**Male Partner Eligibility**

*Note: Before enrolling a man, make sure you have enough supplies (blood and urine collection materials, paper forms, etc.)*

Name of Person Completing the Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cedula of Male Partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of pregnant women’s enrollment: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ (DD/MMM/YYYY)

Today’s date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ (DD/MMM/YYYY)

\*This date should be within one month of pregnant women’s enrollment

**IPS Information**

Clinic name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

City: □ Barranquilla □ Bucaramanga □ Tuluá

**Male Partner Information**

Last names:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

First name(s): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Inclusion Criteria**

|  |  |
| --- | --- |
| Is the pregnant partner 18 years or older? | □ Yes □ No |
| Did the pregnant partner agree that this man can be asked to be included in the study? | □ Yes □ No |
| Does this man live in the same household as the pregnant partner enrolled in ZEN? (Woman’s ZEN ID #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | □ Yes □ No |
| Is this man aged 18 years or older? | □ Yes □ No |
| Does this man speak Spanish? | □ Yes □ No |

**Exclusion Criteria**

|  |  |
| --- | --- |
| Is this man incarcerated? | □ Yes □ No |
| Is this man unable to physically or psychologically participate based on clinical judgement? | □ Yes □ No |
|  |  |
|  |  |

**Eligibility Determination**

This man is eligible for the study. (All answers to eligibility criteria questions are Yes AND all answers to exclusion criteria are No.)

□ Yes 🡪 Eligible

□ No 🡪 Not Eligible

□ Unsure 🡪 If unsure, then fill out Appendix E1 (contact information) and

follow-up in one week.

**Notes about eligibility determination:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**If eligible, please complete the sections below.**

**Informed Consent Determination**

Did the partner receive and provide informed consent for participation?

  □ Yes          🡪 Enroll

□ Unsure 🡪 If unsure, then fill out Appendix E1 (contact information) and

follow-up in one week (if still within one month of pregnant women’s

enrollment)

□ No 🡪 If no, thank the partner for their time and note that they declined

participation in the study.

Reason(s) for declining (*check all that apply*):

□ Not interested

□ Concerned about study protocol (safety, invasive)

□ Concerns about time/transportation

□ Concerns about family member approval (e.g. partner, parents)

□ Other concern:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Zika Study Kit**

Did you give the partner a Study Kit before he left?

□ Yes, he took it

□ Offered, but he didn’t want/take it

□ Not offered 🡪 **STOP**. Do not enroll if no information sheets are available. Schedule enrollment visit for another day.

If not offered, why?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ZEN Participant and Non-Participant Identification Numbers**

If the man was eligible and has consented, assign a ZEN Participant ID. If the man was not eligible or was eligible and did not consent, assign a ZEN Non-Participant ID (see SOP 2-02).

ZEN Participant ID: \_ \_ \_ \_ \_ \_- \_ - \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

ZEN Non-Participant ID: N \_ \_ \_ \_ \_ \_- \_ - \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_