

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 Yes No

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CDC estimates the average public reporting burden for this collection of information as 5 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

judgement?

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: _____

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 _____