**MALE PARTNER Enrollment Questionnaire**

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First, I will start with some questions about you.**

**1.** What is your birthdate?

\_\_ \_\_/\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ 🞎77 *Don’t know* 🞎88 *Refused*

D D M M M Y Y Y Y

**2.** What is the highest level of education that you have completed?

🞎1 Less than primary 🞎2 Primary 🞎3 Secondary 🞎4 Technical 🞎5 University or more 🞎0 None

🞎77 *Don’t know* 🞎88 *Refused*

**3.** What type of health insurance do you have?

🞎1 Contributory 🞎2 Subsidized 🞎3 Not insured 🞎4 Specialized 🞎5 Exception

🞎6 Indeterminate / independent 🞎77 *Don’t know* 🞎88 *Refused*

**4.** What is the name of your health insurance provider?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎77 *Don’t know* 🞎88 *Refused*

**The next questions are about mosquito bites.**

**5.** In the past 7 days, how many mosquito bites did you get?

🞎0 None 🞎1 Less than 20 🞎2 20 or more, or too many to count 🞎77 *Don’t know* 🞎88 *Refused*

**6.** In the past 7 days, how often have you done the following things? Response options include never, some of the time, or always.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never0 | Some of the time1 | Always2 | *Don’t know77* | *Refused88* |
| Worn long pants that covered your legs |  |  |  |  |  |
| Worn shirts or jackets with long sleeves that covered your arms |  |  |  |  |  |
| Kept your ankles and feet completely covered |  |  |  |  |  |
| Used mosquito repellant |  |  |  |  |  |

**The next questions are about what you might have heard about Zika virus.**

**7.** Do you think it’s possible for a person to get Zika virus in your community?

🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused*

**8.** Do you think that everybody with Zika virus has symptoms?

🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused*

**9.** Do you know anyone who has had Zika virus?

🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused*

Have you had Zika virus?

🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused*

**10.** How worried have you been about getting Zika virus during your partner’s current pregnancy?

🞎3 Very worried 🞎2 Somewhat worried 🞎1 Not at all worried

🞎77 *Don’t know* 🞎88 *Refused*

**11.** Momentarily, I will give you a number of statements about Zika virus; we ask that you respond if you consider it to be “very likely”, “somewhat likely”, or “impossible” that Zika can be transmitted by any one of these means.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very likely2 | Somewhat likely1 | Impossible0 | *Don’t know77* | *Refused88* |
| Being bitten by an infected mosquito |  |  |  |  |  |
| Having vaginal sex with a woman who has Zika without using a condom |  |  |  |  |  |
| Kissing someone on the mouth who has Zika |  |  |  |  |  |
| Shaking hands with someone who has Zika |  |  |  |  |  |
| Being coughed or sneezed on by someone who has Zika |  |  |  |  |  |
| Receiving a blood transfusion with Zika in it |  |  |  |  |  |
| Being in utero if a mother has Zika during pregnancy |  |  |  |  |  |

**12.** Momentarily, I will give you a number of statements about the possible effects on a baby if their mother was infected with Zika during her pregnancy; we ask that you respond if you consider it to be “very likely”, “somewhat likely”, or “impossible” that a baby could be born with the following conditions:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very likely2 | Somewhat likely1 | Impossible0 | *Don’t know77* | *Refused88* |
| Microcephaly (a small sized head) |  |  |  |  |  |
| Other birth defects |  |  |  |  |  |
| Intrauterine growth restriction (small baby) |  |  |  |  |  |
| Miscarriages/stillbirths |  |  |  |  |  |

**The next questions are about Zika symptoms you might have had.**

**13.** In the past 3 months, have you had symptoms of Zika virus? Symptoms of Zika virus means being sick with 2 or more of fever, rash, red eyes, and joint pain that are not explained by other causes.

🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused*

When?

\_\_ \_\_/ \_\_ \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ 🞎77 *Don’t know* 🞎88 *Refused*

D D M M M Y Y Y Y

**14.** At any time, has a doctor or healthcare provider ever told you that you might have Zika virus?

🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused*

When?

\_\_ \_\_/ \_\_ \_\_ \_\_/ \_\_ \_\_ \_\_ \_\_ 🞎77 *Don’t know* 🞎88 *Refused*

D D M M M Y Y Y Y

**Next I’ll ask you some questions about your job.**

**15.** In the past 3 months, have you worked at a job? Include jobs in which you don’t have a formal employer, such as selling goods or providing services.

🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused*

Have any of your jobs in the past 3 months involved the following:

|  |  |
| --- | --- |
| Battery manufacturing or battery recycling | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Electronic waste recycling | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Gold mining or gold processing | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Other metal mining (for example, uranium, nickel, or cobalt) | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| A job in which you or your coworkers use lead | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| A job in which you or your coworkers use mercury | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |

**Now I’ll ask you about your health.**

**16.** Have you ever had…?

**16a.** Yellow fever

🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused*

When?

|  |  |
| --- | --- |
| Less than 3 months ago | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Between 3-6 months ago | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| 7-12 months ago | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| 13 months-5 years ago | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| More than 5 years ago | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |

**16b.** Dengue

🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused*

When?

|  |  |  |
| --- | --- | --- |
| Less than 3 months ago | 🞎1 Yes  🞎0 No  🞎77 *Don’t know*  🞎88 *Refused* | Was it hemorrhagic?  🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Between 3-6 months ago | 🞎1 Yes  🞎0 No  🞎77 *Don’t know*  🞎88 *Refused* | Was it hemorrhagic?  🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| 7-12 months ago | 🞎1 Yes  🞎0 No  🞎77 *Don’t know*  🞎88 *Refused* | Was it hemorrhagic?  🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| 13 months-5 years ago | 🞎1 Yes  🞎0 No  🞎77 *Don’t know*  🞎88 *Refused* | Was it hemorrhagic?  🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| More than 5 years ago | 🞎1 Yes  🞎0 No  🞎77 *Don’t know*  🞎88 *Refused* | Was it hemorrhagic?  🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |

**16c.** Chikungunya

🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused*

When?

|  |  |
| --- | --- |
| Less than 3 months ago | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Between 3-6 months ago | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| 7-12 months ago | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| 13 months-5 years ago | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| More than 5 years ago | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |

**17.** Have you ever been vaccinated for yellow fever?

🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused*

**18.** In the past 3 months, have you smoked cigarettes?

🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused*

**These next few questions are about your recent sexual experiences. You do not have to answer any questions if they make you uncomfortable.**

**19.** In the past 3 months, how many women have you had sex with?

🞎0 None **🡪 End of questionnaire**

🞎1 1

🞎2 2

🞎3 3 or more

🞎77 *Don’t know* **🡪 End of questionnaire**

🞎88 *Refused* **🡪 End of questionnaire**

**20**. In the past 3 months, how often have you had vaginal sex with a woman? Choose the best answer.

🞎1 Once a day or more (7 times or more per week)

🞎2 2-6 times a week

🞎3 Once a week (4 times per month)

🞎4 2-3 a month

🞎5 Once a month

🞎6 Less than once a month

🞎0 Never **🡪 Go to question #22**

🞎77 *Don’t know* **🡪 Go to question #22**

🞎88 *Refused* **🡪 Go to question #22**

**21.** When you had vaginal sex in the past 3 months, how often have you used a condom?

🞎2 Always 🞎1 Sometimes 🞎0 Never 🞎77 *Don’t know* 🞎88 *Refused*

**22.** In the past 3 months, have you…?

|  |  |
| --- | --- |
| Received oral sex from someone | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Performed oral sex on someone | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Had anal sex | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |

**23.** Since you found out that your partner was pregnant, have you changed how often you use condoms during sex with your partner?

🞎1 Yes, I use them more often

🞎2 Yes, I use them less often

🞎3 No, I haven’t changed how often I use condoms

🞎4 No, we don’t use condoms

🞎0 I haven’t had regular sex with my partner

🞎77 *Don’t know*

🞎88 *Refused*

**Thank you for answering this questionnaire. Do you have any questions?**