Note to VMMC programs: This form can be used to supplement existing client intake forms, and/or questions from this form can be added to client forms. Programs using a separate client intake form when verbally screening clients may wish to select only the questions below that do not duplicate questions asked.

Improving Quality VMMC

Provider Verbal Pre-Screening Questions for Voluntary Medical Male Circumcision

INSTRUCTIONS TO PROVIDERS:

- These questions are intended to identify conditions that may not be apparent through physical screening but could still compromise the safety of VMMC.
- Please verbally ask the following questions ***in addition to*** performing physical screening of ***all*** voluntary medical male circumcision (VMMC) clients prior to performing circumcision, regardless of the circumcision method to be used.
- Questions should be asked even if a client or their guardian already completed a written form with similar information.
- If a client answers 'Yes' to any of the full questions below, please follow site policies or consult the senior on-site clinician to determine whether any further testing or referral to a specialized provider is needed before circumcision.

	Check if answer is YES – Consider further screening
1. Do you have any current or past conditions, or a chronic illness that we should be aware of?	☐
2. Are you currently taking any medications or vitamins? If yes, please list them. (***Consider further screening if client cites medications other than over-the-counter analgesics***)	☐
3. Are you allergic to any medicines?	☐
4. ***If administering tetanus toxoid*:** Have you ever a bad reaction to a vaccine?	☐
5. Have you had any previous operations? If yes, did you have a bad reaction to anaesthesia?	☐
6. Have you ever experienced wounds that take a long time to stop bleeding?	☐
7. Have ever visited the dentist? If yes, have you experienced bleeding for a long time after a dental procedure?	☐
8. Have you ever had nose bleeds? If yes, please describe how often and how long they last.	☐
9. Do any of your family members have bleeding disorders (example: haemophilia), nose bleeds, or wounds that take a long time to stop bleeding?	☐
10. ***If site has a blood glucose monitor AND a policy on maximum blood sugar for same-day VMMC:*** Do you have diabetes?	☐
11. Have you ever been diagnosed with anemia or told you have low iron in your blood?	☐
12. ***If client is or has been sexually active:*** Do you have any concerns or problems with penile erection or any other concerns about sexual function? ***If not yet sexually active:*** Do you have any concerns about the health of your penis that you want to discuss?	☐