# 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.

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| *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? | □ |
| 1. 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*) | □ |
| 1. Are you allergic to any medicines? | □ |
| 1. *If administering tetanus toxoid*: Have you ever a bad reaction to a vaccine? | □ |
| 1. Have you had any previous operations? If yes, did you have a bad reaction to anaesthesia? | □ |
| 1. Have you ever experienced wounds that take a long time to stop bleeding? | □ |
| 1. Have ever visited the dentist? If yes, have you experienced bleeding for a long time after a dental procedure? | □ |
| 1. Have you ever had nose bleeds? If yes, please describe how often and how long they last. | □ |
| 1. Do any of your family members have bleeding disorders (example: haemophilia), nose bleeds, or wounds that take a long time to stop bleeding? | □ |
| 1. *If site has a blood glucose monitor AND a policy on maximum blood sugar for same-day VMMC:* Do you have diabetes? | □ |
| 1. Have you ever been diagnosed with anemia or told you have low iron in your blood? | □ |
| 1. *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? | □ |