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FOLLOW-UP QUESTIONNAIRE: DAY 7

Data Collector
(initials)

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Today's Date

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D	D	M	M	Y	Y	Y	Y

Instructions:

"I am going to ask you some questions about your satisfaction with your recent circumcision procedure. Your answers to these questions will be used to help educate people about the recommended healing processes after circumcision.

Please answer the questions as honestly as you can and remember that we will follow strict procedures to keep the information you provide private.

Please remember that you do not have to answer any questions that you do not want to answer and you may discontinue the interview at any time. This form will not have your name anywhere on it. You will be identified by a number only. Please remember that there are no right or wrong answers. If you have any questions or do not understand what I am asking you at any time throughout this interview, please ask for clarification.

Do you have any questions before we begin?"

ANSWER ANY QUESTIONS AND ADDRESS RESPONDENT'S CONCERNS.

1	<p>How do you clean your wound? <i>How do you clean your wound?</i></p>	<input type="checkbox"/> SOAP AND WATER <input type="checkbox"/> SALT WATER <input type="checkbox"/> TRADITIONAL MEDICINE <input type="checkbox"/> SPIRITS <input type="checkbox"/> OTHER (specify) _____ <input type="checkbox"/> PREFER NOT TO ANSWER	
2	<p>How would you report your satisfaction with the circumcision procedure? <i>How would you report your satisfaction with the circumcision procedure?</i></p>	<input type="checkbox"/> VERY SATISFIED <input type="checkbox"/> SOMEWHAT SATISFIED <input type="checkbox"/> SOMEWHAT DISSATISFIED <input type="checkbox"/> VERY DISSATISFIED <input type="checkbox"/> PREFER NOT TO ANSWER	} → SKIP TO 4
3	<p>Why are you dissatisfied with the circumcision procedure? (Select all that apply) <i>Why are you dissatisfied with the circumcision procedure?</i></p>	<input type="checkbox"/> OVERALL APPEARANCE <input type="checkbox"/> WOUND CARE REQUIREMENTS <input type="checkbox"/> COMPLICATION RELATED TO THE PROCEDURE <input type="checkbox"/> OTHER (specify) _____ _____ <input type="checkbox"/> PREFER NOT TO ANSWER	

National Safe Male Circumcision Program in Botswana:
Assessing Changes in Sexual Behavior, Adverse Events, and Uptake of Services

Study ID

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4	<p>How would you report your satisfaction with circumcision follow-up care?</p> <p><i>How would you report your satisfaction with circumcision follow-up care?</i></p>	<input type="checkbox"/> VERY SATISFIED <input type="checkbox"/> SOMEWHAT SATISFIED <input type="checkbox"/> SOMEWHAT DISSATISFIED <input type="checkbox"/> VERY DISSATISFIED <input type="checkbox"/> PREFER NOT TO ANSWER	} → SKIP TO 6
5	<p>Why are you dissatisfied with follow-up care? (Select all that apply)</p> <p><i>Why are you dissatisfied with follow-up care?</i></p>	<input type="checkbox"/> WAIT TIME AT CLINIC <input type="checkbox"/> PROVIDER SKILL LEVEL <input type="checkbox"/> TRANSPORT DIFFICULTIES <input type="checkbox"/> OTHER (specify) _____ <input type="checkbox"/> PREFER NOT TO ANSWER	
6	<p>Have you resumed normal activities or work since the circumcision procedure?</p> <p><i>Have you resumed normal activities or work since the circumcision procedure?</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PREFER NOT TO ANSWER	} → SKIP TO 8
7	<p>How many days after the circumcision procedure did you resume normal activities or work?</p> <p><i>How many days after the circumcision procedure did you resume normal activities or work?</i></p>	_____ DAYS <input type="checkbox"/> PREFER NOT TO ANSWER	
8	<p>Have you had an erection since your last follow-up visit 2 days after the circumcision procedure?</p> <p><i>Have you had an erection since your last follow-up visit 2 days after the circumcision procedure?</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PREFER NOT TO ANSWER	} → SKIP TO 10
9	<p>Did the erection cause any of the following?</p> <p><i>Did the erection cause any of the following?</i></p> <p><i>(Select all that apply)</i></p>	<input type="checkbox"/> PAIN <input type="checkbox"/> BLEEDING <input type="checkbox"/> OPENING UP OF THE WOUND <input type="checkbox"/> WEAK ERECTION <input type="checkbox"/> OTHER (specify) <input type="checkbox"/> PREFER NOT TO ANSWER	
10	<p>Have you had sexual intercourse since your last follow-up visit 2 days after the circumcision procedure?</p> <p><i>Have you had sexual intercourse since your last follow-up visit 2 days after the circumcision procedure?</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PREFER NOT TO ANSWER	} → FINISHED
11	<p>How often did you use a condom during sexual intercourse since your last follow-up visit 2 days after the circumcision procedure?</p> <p><i>How often did you use a condom during sexual intercourse since your last follow-up visit 2 days after the circumcision procedure?</i></p>	<input type="checkbox"/> NEVER <input type="checkbox"/> SOMETIMES <input type="checkbox"/> OFTEN <input type="checkbox"/> ALWAYS <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> PREFER NOT TO ANSWER	