

Col ID	VARIABLE NAME	INSTRUCTIONS
a	Date	Enter the date when the client presents to theatre for surgery in the format dd/mm/yyyy
b	Theatre Register Number	Enter the number given to the client at the theatre, according to facility procedures
c	Client Number	Enter the client number as per facility procedures e.g. MC client number for client presenting for MC
d	Referred by	Enter the name /department from which the client was referred from. The options, as provided in the Client Form, are given below Self: Where client is an adult who reports for VMMC Parent / Guardian: Where client is a minor reporting for VMMC in the presence of a parent or guardian. Be sure to complete the appropriate consent / assent form for minors. HTC: For clients referred from VCT or other clinic where HIV testing and counselling is provided MCH: For those under 5 years old who are referred from the Maternal and Child Health clinic OPD: For those who are referred for MC from the Out Patient Department CHW: For clients who are referred by Community Health Workers for MC Other: For all others who present themselves for MC from other areas not stated above, be sure to write where client was referred from in the space provided
e	Client's Full Name	Enter the first, middle and last name of the client
f	Age	This column has been divided using a dotted line; • Enter the client's age in completed years in col f (before the dotted line) for clients older than 12 months and the subsequent completed months after the dotted line. Note 1: For clients aged under 12 months, indicate the age in completed months after the dotted line followed by the term e.g. 11 months, in this case, enter a dash in the section before the dotted line in column (f). Note 2: If age is less than a month, report age in weeks out of the number of weeks in a year. e.g. 3 weeks' old is 3/52. If the age is less than a week report age in days
g	Sex	Enter the sex of the client - M=Male, F= Female
h	Residence	Enter the Sub County of residence of the client
i	HIV Status	Enter: U=Unknown status, KP= Self-reported known Positive, P=Tested Positive, N= Tested Negative. NOTE: Clients self-reporting as "Negative" should be documented as unknown = "U"
j	Diagnosis	Enter the clinician's diagnosis of the client. NOTE: Write N/A for clients presenting for MC for HIV prevention
k	Procedure	Indicate the name of the Procedure conducted at this visit, Eg Early Infant Male Circumcision, Male Circumcision, Debridement etc.

l	Method	Enter the following for the type method used: "FG" if "Forcep Guided"; "DS" for "Dorsal Slit"; "SR" for "Sleeve Resection" and "DEV" for devices.
m	Start Time	Record the time when the surgical procedure started in the 24-hour format
n	End Time	Record the time when the surgical procedure ended in the 24-hour format
o	Procedure outcome	Indicate the outcome of the procedure
p	AE During Surgery? (Y/N)	Enter whether there was an Adverse Event DURING the surgery. N=None or Mild (Hence Skip Column q); Y=Moderate or Severe (Hence Complete Column q)
q	Severity of AE (M/S)	Enter the level of severity of the Adverse Event DURING surgery. M=moderate; S = Severe. Refer to the DURING CIRCUMCISION ADVERSE EVENT FORM FOR DEFINITIONS AND MANAGEMENT
r	Surgeon	Enter the full name of the clinician who conducted the surgical procedure
s	Assistant	Enter the full name of the health care provider who assisted in conducting the surgical procedure
t	Post-surgery visit	If the client made a post-surgery visit, enter the date of the visit in the format dd/mm/yyyy
u	Number of Days since surgery	This column should only be filled if the client made a post-surgery visit. Indicate the number of days that have elapsed from the date of surgery to the date of the post-surgery visit.
v	AE Post Surgery? (Y/N)	Enter whether there was an Adverse Event AFTER the surgery. Enter N=None or Mild (Skip Column S); Y=Moderate or Severe (Complete Column S)
w	Severity of AE (M/S)	Enter the level of severity of the Adverse Event POST surgery. M=Moderate; S = Severe. If there were only mild, or no adverse events enter "NA" Refer to the POST CIRCUMCISION ADVERSE EVENT FORM FOR DEFINITIONS AND MANAGEMENT
x	Amount Paid	Record the fee paid for the surgical procedure, if any. If no fee was charged, write FREE
y	Receipt Number	Record the receipt number corresponding to the fee paid for the operation procedure. If no fee was charges and there is no receipt, write N/A (not applicable)
z	Remarks	Record any additional information that can clarify the data collected about the client further.