

Bercier et al. Risk of post-vasectomy infection using non-sterile gloves: A retrospective audit of 4785 office-based procedures

APPENDIX

Post-vasectomy patient interview/questionnaire guide

Patient Name: _____

Date of Birth: _____

Date of Vasectomy: _____

1st Call Date _____ Time _____

2nd Call Date _____ Time _____

3rd Call Date _____ Time _____ — *move on to the next patient*

Hello, Mr. _____,

My name is _____.

I work as a medical secretary for Dr. _____
(vasectomy physician).

According to our records, Dr. _____ performed a vasectomy on you on
_____ (vasectomy date).

Dr. _____ has asked me to call you to make sure we have all the information related to
your vasectomy in your medical file.

Would you agree to answer a few questions on the subject?

Yes

No — *end of questionnaire*

Since your vasectomy, have you consulted a doctor or another healthcare professional for
a question or problem related to your vasectomy, whether by phone, video conference, or
in person?

Yes — circle how:

- by phone
- by video conference
- in person

No — *end of questionnaire. Thank the patient*

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Whom did you consult? Describe:

What was the reason for the consultation? Describe:

What was the diagnosis? _____

Were you prescribed an antibiotic?

Yes. If yes, which antibiotic? _____

No

Were you prescribed another medication?

Yes. If yes, which medication(s)? _____

No

Would you like Dr. _____ to contact you regarding this issue you experienced?

Yes — share the information with the physician who performed the vasectomy.

No

Thank you for taking a few minutes to answer these questions and update your file.