# Annex: Sample VIA Screening Form

*Name of Screening Centre*

| PERSONAL DETAILS & CONTACT INFORMATION | | |
|---|---|---|
| 1. | Unique registration ID: | [ ][ ][ ][ ][ ][ ] |
| 2. | Date of registration (day/month/year): | [ ][ ]/[ ][ ]/[ ][ ][ ][ ] |
| 3. | Last name: | _____ |
| 4. | First name: | _____ |
| 5. | Husband's name | |
| 6. | Age: | [ ][ ] |
| 7. | Date of birth (day/month/year): | [ ][ ]/[ ][ ]/[ ][ ][ ][ ] |
| 8. | Address: | _____<br>_____<br>_____ |
| 9. | Telephone number: | [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] |
| 10. | **REGISTRATION NUMBER** | |

| REPRODUCTIVE HISTORY | | |
|---|---|---|
| 1. | Age at marriage or first sexual intercourse *(in years)*: | [ ][ ] |
| 2. | Total number of pregnancies: | [ ][ ] |
| 3. | Last menstruation: *(1. Less than 1 year; 2. More than 1 year; 9. Unknown)* | [ ] |
| 4. | Date of onset of last menstruation | [ ][ ]/[ ][ ]/[ ][ ][ ][ ] |

| VIA PROCEDURE | | |
|---|---|---|
| 1. | SCJ visible: *(1. Fully visible; 2. Partially visible; 3. Not visible)* | [ ] |
| 2. | Findings of VIA: *(1. Not done; 2. Negative; 3. Positive; 4. Suspicious of invasive cancer)* | [ ] |
| 3. | If positive, size of the acetowhite area (% of ectocervix): *(1. <25%; 2. 25–50%; 3. 50–75%; 4. >75%)* | [ ] |
| 4. | Can the lesion be covered by the cryotherapy probe? *(1. Yes; 2. No)* | [ ] |
| 5. | Is the lesion suitable for cryotherapy? *(1. Yes; 2. No)* | [ ] |

| TREATMENT | | |
|---|---|---|
| 1. | Thermal ablation: *(1. Not required; 2. Not suitable; 3. Performed; 4. Refused; 5; Not done due to other reason)* | [ ] |
| 2. | Problem during thermal ablation: *(1. None; 2. Pain; 3. Other; 4. Could not be completed)* | [ ] |
| 3. | Next follow-up date | [ ][ ]/[ ][ ]/[ ][ ][ ][ ] |

| REFERRAL | | |
|---|---|---|
| 1. | Reason for referral *(1. VIA +ve & not suitable for cryo; 2. VIA +ve & cryo not available; 3. Suspicious of cancer)* | [ ] |
| 2. | Referred to: | |

**Name of Health Worker/Nurse** **Signature & date**