QUESTIONNAIRE

The reason for this survey, anonymous and voluntary, is to know your opinion as a health professional on Female Genital Mutilation or Ablation.

Gender: □ Male □ Female

Age: ................ years old

Speciality:

□ General or Family medicine   □ Paediatric nursing
□ Gynaecology          □ Paediatrician
□ General nursing   □ Midwife
□ Social worker

1. Do you know what ablation is? □ No □ Yes

If your answer is Yes, please select the correct option:

□ Removal of the clitoris
□ Removal of the labia majora
□ Removal of the labia majora and minora
□ All of the above are true

2. Are you interested in knowing more about this topic? □ No □ Yes

3. Why do you think that the ablation is performed? ( *)

□ Religious reasons
□ Hygiene
□ Tradition

4. Do you know in which countries it is practiced? ( *) □ No □ Yes

If your answer is Yes, please select which of them:

□ Morocco
□ Senegal
□ Gambia
□ Mauritania

Survey conducted in the year ............
5. Do you see patients …
   … from Morocco? □ No □ Yes
   … from Sub-Saharan Africa? □ No □ Yes

6. Have you met any girl to whom the ablation was performed? □ No □ Yes

7. How do you think we should react to this situation?
   □ Ignore
   □ Educate
   □ Report to authorities

8. Have you received any kind of education about this topic? □ No □ Yes
   If your answer is Yes, which kind of formation?
   .................................................................
   If your answer is NO, do you have any interest in doing so? □ No □ Yes

9. Do you have knowledge of any protocol of actuation? □ No □ Yes
   If your answer is Yes, specify which:
   .................................................................

Thank you for your collaboration.

MJ Castany    J Moreno    (ABS Llavaneres)

* These questions were not included in the 2004 edition.