

**CDC REPRODUCTIVE HEALTH ASSESSMENT QUESTIONNAIRE
FOR CONFLICT-AFFECTED WOMEN
2011**

001 QUESTIONNAIRE IDENTIFICATION NUMBER |__|__|__|__| **START TIME:** _____

002 COUNTRY |__|__|__| (provide telephone country code)

003 REGION |__|__| (provide locally appropriate categories)

004 SITE |__|__| (provide locally appropriate categories)

005 TYPE OF SITE _____

Result codes: 1– Refugee; 2 – IDP Camp; 3 – Returnee; 4 – Host community; [5 – Other] _____

006 INTERVIEWER: Code [__|__] Name _____

007 DATE OF INTERVIEW: ____ / ____ / ____
 Day Month Year

008 CHECKED BY SUPERVISOR: Code [__|__] Name _____

009 DATA ENTERED BY: Code [__|__] Name _____

Section 1: Background characteristics

We are doing a women's health survey with _____, and appreciate your taking the time to help us complete the following questions. Your responses are voluntary and will be confidential, which means that we will speak in private and that I will not write your name on the questionnaire. Therefore whatever information you share with me today will not have your name on it, and you can choose to not respond to certain questions or discontinue participation at any time. I'd like to start by asking you some general questions about your daily life here in your household. By household, I mean (provide local definition of household) _____. Are you ready to begin?

No.	Questions and filters	Coding categories	Skip to
Q101	How many people currently live in your household? EXCLUDE VISITORS AND DON'T FORGET TO INCLUDE CHILDREN AND ELDERS.	Males [][] Females [][] Total number of people [][] No Response 99	
Q102	Who is currently the head of your household?	Myself 1 Husband / partner 2 Father 3 Mother 4 Other relative 5 Other (specify) _____ 6 No Response 9	
Q103	Currently, who in your family usually has the final say on the following decisions? READ A-F A) Your own health care? B) Your children's health care? C) Making large household purchases? D) Making daily household purchases? E) Visiting family or relatives? F) Deciding what to prepare for daily meals?	Myself 1 Husband / partner 2 Myself and Husband / partner jointly 3 Someone else 4 Myself and someone else jointly 5 Decision not made / not applicable 6 Parent/ parents 7 No Response 9 A) 1 2 3 4 5 6 9 B) 1 2 3 4 5 6 9 C) 1 2 3 4 5 6 9 D) 1 2 3 4 5 6 9 E) 1 2 3 4 5 6 9 F) 1 2 3 4 5 6 9	
Q104	In what year were you born?	Year [][][][] Don't Know 8888 No Response 9999	
Q105	How old are you now? (COMPARE AND CORRECT Q104 IF NEEDED)	Age in completed years [][] Don't Know 88 No Response 99 ESTIMATE BEST ANSWER	

Q106	What religion do you practice? CIRCLE ONE	<p align="center">(ASSIGN LOCALLY APPROPRIATE CATEGORIES)</p> <p align="right"> No religion 0 Orthodox 1 Catholic 2 Protestant 3 Muslim 4 Jehovah's Witness 5 Traditional 6 Country-specific D 7 Country-specific E 8 Country-specific F 9 Country-specific G 10 Other (specify)_____ 20 No Response 99 </p>	
Q107	To which ethnic group do you belong? CIRCLE ONE	<p align="center">(ASSIGN LOCALLY APPROPRIATE CATEGORIES)</p> <p align="right"> Country-specific A 1 Country-specific B 2 Country-specific C 3 Country-specific D 4 Country-specific E 5 Country-specific F 6 Country-specific G 7 Other (specify)_____ 20 Mixed ethnicity 55 No Response 99 </p>	
Q108	Have you EVER attended school?	<p align="right"> Yes 1 No 2 No Response 9 </p>	<p align="center"> →Q111 →Q111 </p>
Q109	Are you attending school now?	<p align="right"> Yes 1 No 2 No Response 9 </p>	
Q110	What is the highest grade you completed?	<p align="right"> Grade [__ __] If less than grade 1, enter 00 Technical/ vocational 55 University or higher 66 No Response 99 </p>	
Q111	Aside from housework, do you currently work outside of the home to earn money?	<p align="right"> Yes 1 No 2 No Response 9 </p>	

Q112	<p>Are you: READ A-D</p> <p>A) A local resident B) A refugee from (insert country) C) A refugee from another country D) Displaced within this country</p>	<p>A) Local resident 1 B) Refugee from (insert country) _____ 2 C) Refugee from other country (specify)_____ 3 D) Displaced within this country 4 E) No response 9</p>	→ Q201
Q113	<p>Where did you live before you were displaced for the first time?</p> <p>CIRCLE ONE</p>	<p>(ASSIGN LOCALLY APPROPRIATE CATEGORIES)</p> <p>Region A 1 Region B 2 Region C 3 Region D 4 Region E 5 Region F 6 Region G 7 Region H 8 Other (specify)_____ 20 No Response 99</p>	
Q114	<p>In what year did you first leave your home?</p>	<p>Year [][][][] Don't Know 8888 No Response 9999</p>	
Q115	<p>How long have you lived here in _____ (provide name of current community)?</p>	<p>Number of years [][] Record 00 if less than 1 year Don't Know 88 No Response 99</p>	
Q116	<p>In what year did you start to live continuously at this current place of residence?</p>	<p>Year [][][][] Don't Know 8888 No Response 9999</p>	

Section 2: Safe Motherhood

Now I am going to ask you questions about your current and previous pregnancies, if applicable.			
No.	Questions and filters	Coding categories	Skip to
Q201	What are the danger signs during pregnancy? CIRCLE ALL MENTIONED 1=MENTIONED 2=NOT MENTIONED	Severe fatigue 1 2 Severe abdominal pain (pain in the belly) 1 2 Bleeding from the vagina 1 2 Fever 1 2 Unusual swelling of face, fingers, or legs 1 2 Severe and continued headache 1 2 Rapid breathing or difficult breathing 1 2 Foul smelling vaginal discharge 1 2 Convulsions or fits 1 2 Loss of consciousness 1 2 Blurred vision 1 2 Other (specify) _____ 1 2 Don't Know 1 2 No Response 1 2	
Q202	Have you ever been pregnant?	Yes 1 No 2 No Response 9	→Q300 →Q300
Q203	Are you currently pregnant?	Yes 1 No 2 Don't Know 8 No Response 9	→Q210 →Q210 →Q210
Q204	How many months are you in your pregnancy?	Months [__ __] Don't Know 88 No Response 99	
Q205	Have you seen anyone for antenatal care for this pregnancy?	Yes 1 No 2 No Response 9	→Q208 →Q209
Q206	Whom did you see? Anyone else? CIRCLE ALL MENTIONED 1=MENTIONED 2=NOT MENTIONED	Doctor 1 2 Nurse / midwife 1 2 Traditional birth attendant / community health worker 1 2 Other (specify) _____ 1 2 No Response 1 2	

Q207	<p>During your antenatal care visit(s), did someone:</p> <p>READ ALL</p> <p>CIRCLE ALL MENTIONED 1=MENTIONED 2=NOT MENTIONED</p>	<p>Check your blood pressure 1 2</p> <p>Perform an abdominal examination 1 2</p> <p>Listen to the baby's heartbeat 1 2</p> <p>Ask about your medical history 1 2</p> <p>Take a urine sample 1 2</p> <p>Give you advice on what to do if you have a problem 1 2</p> <p>Give you an injection(s) for tetanus toxoid 1 2</p> <p>Give you malaria medicine /conduct a malaria test 1 2</p> <p>Ask you to take / conduct a syphilis test 1 2</p> <p>Ask you to take / conduct an HIV test 1 2</p> <p>Discuss ways to get to a health center in an emergency 1 2</p>	<p>Circle responses and go to →Q209</p>
Q208	<p>What are the reasons that you did not see someone?</p> <p>CIRCLE ALL MENTIONED 1=MENTIONED 2=NOT MENTIONED</p>	<p>LACK OF ACCESS</p> <p>No health care provider available 1 2</p> <p>Could not afford 1 2</p> <p>Distance too far 1 2</p> <p>Lack of transportation 1 2</p> <p>Poor road conditions 1 2</p> <p>OPPOSITION TO CARE</p> <p>Husband/ partner would not permit 1 2</p> <p>PERCEPTIONS OF CARE</p> <p>Afraid of doctor, nurse, or other provider 1 2</p> <p>Have never used doctor, nurse before 1 2</p> <p>Not treated well previously 1 2</p> <p>Embarrassed or ashamed 1 2</p> <p>TIME</p> <p>Too early in pregnancy 1 2</p> <p>Not enough time 1 2</p> <p>Other (specify) _____ 1 2</p> <p>No Response 1 2</p>	
Q209	<p>Is this your first pregnancy?</p>	<p>Yes 1</p> <p>No 2</p> <p>No Response 9</p>	<p>→Q300</p> <p>→Q300</p>
Q210	<p>Now speaking about your children who are alive.</p> <p>How many sons and how many daughters do you have? They can be living with you or elsewhere.</p>	<p>Sons who are alive [] []</p> <p>Daughters who are alive [] []</p> <p>Total children alive [] []</p> <p>No Response 99</p> <p>IF THERE ARE NONE WRITE 00</p>	
Q211	<p>Did you have any sons or daughters who were born alive and died, though they lived a short time?</p>	<p>Yes 1</p> <p>No 2</p> <p>No Response 9</p>	<p>→Q213</p> <p>→Q213</p>
Q212	<p>How many of these sons and daughters were born alive and have died?</p>	<p>Sons who died [] []</p> <p>Daughters who died [] []</p> <p>Total children who have died [] []</p> <p>No Response 99</p>	

Q213	Have you had any sons or daughters who were born dead AFTER completing six months of pregnancy (stillborn)?	Yes 1 No 2 No Response 9	→Q216 →Q216
Q214	How many pregnancies resulted in children who were born dead (stillborn)?	Number of STILLBORN [__ __] No Response 99	
Q215	In this (these) case(s) did the child (children) show any sign of life, for example, breathed or cried? SUPERVISOR: CORRECT Q210, 211, 212, 213, 214 ACCORDINGLY	Yes 1 No 2 No Response 9	→See supervisor
Q216	There are women who lose their pregnancies BEFORE completing six months. Have you lost a baby before completing the sixth month of pregnancy (spontaneous or induced abortions)?	Yes 1 No 2 No Response 9	→Q218 →Q218
Q217	How many losses (spontaneous or induced abortions) have you had, before completing the sixth month of pregnancy?	Number of abortions [__ __] No Response 99	

PREGNANCY HISTORY

Now I would like to talk to you about all of your pregnancies (not counting the current one) in the last TWO (2) years, between 20__ __ and now. Please make sure you include all pregnancies during the last TWO (2) years. It does not matter how they ended, whether in a live birth, an abortion, a miscarriage, or a stillbirth.

- | | | |
|-------------------------|-------------------------|---|
| 1. Live birth | 4. Multiple: stillbirth | 7. Ectopic pregnancy (pregnancy in the tubes) |
| 2. Multiple: live birth | 5. Spontaneous abortion | 8. Pregnancy table complete |
| 3. Stillbirth | 6. Induced abortion | |

NOTE TO INTERVIEWER: PLEASE PLACE THE ABOVE NUMBERS IN THE BOX FOR EACH PREGNANCY. AFTER COMPLETING THE INFORMATION FOR THE LAST PREGNANCY, ENTER "8" IN THE OUTCOME (FIRST COLUMN) TO SIGNIFY THAT THE PREGNANCY TABLE IS COMPLETE.

Q218	How many pregnancies have you had in the last two (2)		Total number of pregnancies __ __			If 0 pregnancies Q300
Q218A Starting with your most recent pregnancy, how did that pregnancy end?	Q218B When did the pregnancy end?	Q218C Did that pregnancy end in a home or health facility? NR=No Response	Q218D Were you living at your current location or somewhere else when that pregnancy ended?	Q218E Just before you became pregnant, did you want to become pregnant then, wait longer to become pregnant or did not want to become pregnant then or at any time in the future? <i>[do not read the following aloud]: if pregnancy did not end in a live birth, ask question and go to next pregnancy or instruction box 2.1, if no more pregnancies.]</i>	Q218F Is the child still alive? NR=No Response	Q218G At what age did he/she die?
#1 __	Month__ Year__	Home 1 Facility 2 Other__ 7 NR 9	Current location 1 Somewhere else 2 No Response 9	Wanted then 1 Wait longer 2 Wanted no more 3 No Response 9	Yes 1 → next pregnancy or Q219 No 2 NR 9 → next pregnancy or Q219	< 7 days old 1 7 -27 days 2 28 days - 12 months 3 > 12 months 4 No Response 9
#2 __	Month__ Year__	Home 1 Facility 2 Other__ 7 NR 9	Current location 1 Somewhere else 2 No Response 9	Wanted then 1 Wait longer 2 Wanted no more 3 No Response 9	Yes 1 → next pregnancy or Q219 No 2 NR 9 → next pregnancy or Q219	< 7 days old 1 7 -27 days 2 28 days - 12 months 3 > 12 months 4 No Response 9

#3 ____	Month____ Year____	Home 1 Facility 2 Other____ 7 NR 9	Current location 1 Somewhere else 2 No Response 9	Wanted then 1 Wait longer 2 Wanted no more 3 No Response 9	Yes 1 → next pregnancy or Q219 No 2 NR 9 → next pregnancy or Q219	< 7 days old 1 7 -27 days 2 28 days - 12 months 3 > 12 months 4 No Response 9
#4 ____	Month____ Year____	Home 1 Facility 2 Other____ 7 NR 9	Current location 1 Somewhere else 2 No Response 9	Wanted then 1 Wait longer 2 Wanted no more 3 No Response 9	Yes 1 → next pregnancy or Q219 No 2 NR 9 → next pregnancy or Q219	< 7 days old 1 7 -27 days 2 28 days - 12 months 3 > 12 months 4 No Response 9
#5 ____	Month____ Year____	Home 1 Facility 2 Other____ 7 NR 9	Current location 1 Somewhere else 2 No Response 9	Wanted then 1 Wait longer 2 Wanted no more 3 No Response 9	Yes 1 → next pregnancy or Q219 No 2 NR 9 → next pregnancy or Q219	< 7 days old 1 7 -27 days 2 28 days - 12 months 3 > 12 months 4 No Response 9
#6 ____	Month____ Year____	Home 1 Facility 2 Other____ 7 NR 9	Current location 1 Somewhere else 2 No Response 9	Wanted then 1 Wait longer 2 Wanted no more 3 No Response 9	Yes 1 → next pregnancy or Q219 No 2 NR 9 → next pregnancy or Q219	< 7 days old 1 7 -27 days 2 28 days - 12 months 3 > 12 months 4 No Response 9
#7 ____	Month____ Year____	Home 1 Facility 2 Other____ 7 NR 9	Current location 1 Somewhere else 2 No Response 9	Wanted then 1 Wait longer 2 Wanted no more 3 No Response 9	Yes 1 → next pregnancy or Q219 No 2 NR 9 → next pregnancy or Q219	< 7 days old 1 7 -27 days 2 28 days - 12 months 3 > 12 months 4 No Response 9
#8 ____	Month____ Year____	Home 1 Facility 2 Other____ 7 NR 9	Current location 1 Somewhere else 2 No Response 9	Wanted then 1 Wait longer 2 Wanted no more 3 No Response 9	Yes 1 → next pregnancy or Q219 No 2 NR 9 → next pregnancy or Q219	< 7 days old 1 7 -27 days 2 28 days - 12 months 3 > 12 months 4 No Response 9
#9 ____	Month____ Year____	Home 1 Facility 2 Other____ 7 NR 9	Current location 1 Somewhere else 2 No Response 9	Wanted then 1 Wait longer 2 Wanted no more 3 No Response 9	Yes 1 → next pregnancy or Q219 No 2 NR 9 → next pregnancy or Q219	< 7 days old 1 7 -27 days 2 28 days - 12 months 3 > 12 months 4 No Response 9

INSTRUCTION TO INTERVIEWER 2.1

REFER TO PREGNANCY HISTORY TABLE (Q218):

- **PROCEED TO Q219 AND ASK ABOUT THE MOST RECENT PREGNANCY THAT ENDED IN A LIVE BIRTH OR A STILLBIRTH (SINGLE OR MULTIPLE).**
- **IF NO PREGNANCY ENDED IN A LIVE OR STILLBIRTH IN THE LAST 2 YEARS, GO TO Q300**

Now I would like to ask you about the most recent pregnancy you had that ended in a live birth or a stillbirth.

Q219	Did you see anyone for antenatal care for this pregnancy?	<p style="text-align: right;">Yes 1 No 2 No Response 9</p>	<p style="text-align: right;">→Q223 →Q223</p>
Q220	Who did you see for antenatal care? Anyone else?	<p style="text-align: right;">Doctor 1 2 Nurse / midwife 1 2 Traditional birth attendant / health worker 1 2 Other (specify) _____ 1 2 No Response 1 2</p>	
Q221	How many times did you see someone for antenatal care?	<p style="text-align: right;">One time 1 Two times 2 Four times 3 More than four times 4 No Response 9</p>	
Q222	During your antenatal care visit(s), did someone: READ ALL 1=MENTIONED 2=NOT MENTIONED	<p style="text-align: right;">Check your blood pressure 1 2 Perform an abdominal examination 1 2 Listen to the baby's heartbeat 1 2 Ask about your medical history 1 2 Take a urine sample 1 2 Give you advice on what to do if you have a problem 1 2 Give you an injection(s) for tetanus toxoid 1 2 Give you malaria medicine / conduct a malaria test 1 2 Ask you to take / conduct a syphilis test 1 2 Ask you to take / conduct an HIV test 1 2 Discuss ways to get to a health center in an emergency 1 2</p>	<p style="text-align: right;">Circle responses and go to →Q224</p>
Q223	What are the reasons that you did not see someone? CIRCLE ALL MENTIONED 1=MENTIONED 2=NOT MENTIONED	<p style="text-align: right;">LACK OF ACCESS No health care provider available 1 2 Could not afford 1 2 Distance too far 1 2 Lack of transportation 1 2 Poor road conditions 1 2 OPPOSITION TO CARE Husband / partner would not permit 1 2 PERCEPTIONS OF CARE Afraid of doctor, nurse, or other provider 1 2 Have never used doctor, nurse before 1 2 Not treated well previously 1 2 Embarrassed or ashamed 1 2 TIME Too early in pregnancy 1 2 Not enough time 1 2 Other (specify) _____ 1 2 No Response 1 2</p>	

Q224	Thinking back about that pregnancy, before you started or went into labor, did you have a problem or complication during pregnancy (not labor or delivery)?	Yes 1 No 2 No Response 9	→Q228 →Q228
Q225	What problem(s) or complication(s) did you have? CIRCLE ALL MENTIONED 1=MENTIONED 2=NOT MENTIONED	Severe fatigue 1 2 Severe abdominal pain (pain in the belly) 1 2 Bleeding from the vagina 1 2 Fever 1 2 Unusual swelling of face, fingers, or legs 1 2 Severe and continued headache 1 2 Rapid breathing or difficult breathing 1 2 Foul smelling vaginal discharge 1 2 Convulsions or fits 1 2 Loss of consciousness 1 2 Blurred vision 1 2 Other (specify) _____ 1 2 Don't Know 1 2 No Response 1 2	
Q226	Did you seek help for the problem(s) or complication(s)?	Yes 1 No 2 No Response 9	→Q228 →Q228
Q227	Where did you seek help?	Had help at home 1 Health center 2 Hospital 3 Other (specify) _____ 4 No Response 9	
Q228	Where did you deliver your most recent pregnancy?	At home 1 Health clinic / hospital 2 On the way to the hospital / clinic 3 Other(specify) _____ 4 No Response 9	
Q229	Did someone help you with the delivery?	Yes 1 No 2 Don't Know / No Response 9	→Q231 →Q231
Q230	Who helped with the delivery?	Relative / friend 1 Traditional birth attendant 2 Midwife, nurse, or doctor 3 Other (specify) _____ 4 No Response 9	
Q231	Were there any complications during labor and delivery?	Yes 1 No 2 No Response 9	→Q233 →Q233

Q232	<p>What complications did you have?</p> <p>CIRCLE ALL MENTIONED 1=MENTIONED 2=NOT MENTIONED</p>	<p>Heavy bleeding 1 2 Labor pains lasting longer than 12 hours 1 2 Vaginal tearing 1 2 Convulsions 1 2 Fever 1 2 Green or brown water coming from the vagina 1 2 Water breaks and labor is not induced within 6 hours 1 2 Placenta not expelled within 1 hour of the birth 1 2 Other (specify) _____ 1 2 No Response 1 2</p>	
Q233	<p>During the 6 weeks after birth, did a health worker come to your home to check on you or did you go to the health center to check your health?</p>	<p>Yes, health worker visited 1 Yes, went to health center 2 Yes, health worker visited and went to health center 3 No 4 No Response 9</p>	<p>→Q235 →Q235</p>
Q234	<p>During this visit, did you receive information or counseling about family planning?</p>	<p>Yes 1 No 2 No Response 9</p>	
Q235	<p>During the 6 weeks after birth, did you have any problems or complications?</p>	<p>Yes 1 No 2 No Response 9</p>	<p>→Q300 →Q300</p>
Q236	<p>What problem(s) or complication(s) did you have?</p> <p>CIRCLE ALL MENTIONED 1=MENTIONED 2=NOT MENTIONED</p>	<p>Heavy bleeding 1 2 Bad smelling vaginal discharge 1 2 High fever 1 2 Painful urination 1 2 Hot, swollen painful breasts 1 2 Other (specify) _____ 1 2 No Response 1 2</p>	
Q237	<p>Did you seek help for the problem(s) or complication(s)?</p>	<p>Yes 1 No 2 No Response 9</p>	<p>→Q300 →Q300</p>
Q238	<p>Where did you seek help for these problem(s) or complication(s)?</p>	<p>Had help at home 1 Health center 2 Hospital 3 Other (specify) _____ 4 No Response 9</p>	

Section 3: Family Planning

Now I am going to ask you questions about ways to prevent pregnancy. The first set of questions is about your knowledge of family planning methods. These are not questions about your current use of family planning methods.

CODES FOR Q303 (DO NOT READ OUT LOUD)

1. Health center in camp/community
2. Private health clinic
3. Supermarket / market
4. Friends / relatives
5. Pharmacy
6. Other (specify) _____
8. Don't Know
9. No response

CODES FOR Q304 (DO NOT READ OUT LOUD)

1. Cannot obtain method
2. Husband / partner will not permit
3. Religious reasons
4. Stops my period
5. Increases / irregular periods
6. Cannot afford
7. Does not work
8. Other (specify) _____
11. No problems
88. Don't Know
99. No response

METHOD	Q300 Have you ever heard of it? NR=No Response	Q301 Have you ever been taught or instructed on how it works? NR=No Response	Q302 Have you ever used it? NR=No Response	Q303 Where would you go to get it? (SEE CODES ABOVE)	Q304 In your opinion, what is the main problem, if any, with using (method)? (SEE CODES ABOVE)
A. The Pill (Oral Contraceptives)	Yes 1→Q301A No 2→B NR 9→B	Yes 1→Q302A No 2→Q302 NR 9→Q302	Yes 1→Q303A No 2→Q303 NR 9→Q303	_____ →Q304	_____ →B
B. IUD (Loop)	Yes 1→Q301B No 2→C NR 9→C	Yes 1→Q302B No 2→Q302 NR 9→Q302	Yes 1→Q303B No 2→Q303 NR 9→Q303	_____ →Q304	_____ →C
C. Condoms (male) (Local name)	Yes 1→Q301C No 2→D NR 9→D	Yes 1→Q302C No 2→Q302 NR 9→Q302	Yes 1→Q303C No 2→Q303 NR 9→Q303	_____ →Q304	_____ →D
D. Female Condoms	Yes 1→Q301D No 2→E NR 9→E	Yes 1→Q302D No 2→Q302 NR 9→Q302	Yes 1→Q303D No 2→Q303 NR 9→Q303	_____ →Q304	_____ →E
E. Implants	Yes 1→Q301D No 2→E NR 9→E	Yes 1→Q302D No 2→Q302 NR 9→Q302	Yes 1→Q303D No 2→Q303 NR 9→Q303	_____ →Q304	_____ →F
F. Injectables (e.g. Depo-Provera)	Yes 1→Q301E No 2→F NR 9→F	Yes 1→Q302E No 2→Q302 NR 9→Q302	Yes 1→Q303E No 2→Q303 NR 9→Q303	_____ →Q304	_____ →G
G. Emergency Hormonal Contraception ("Morning After Pill")	Yes 1→Q301F No 2→G NR 9→G	Yes 1→Q302F No 2→Q302 NR 9→Q302	Yes 1→Q303F No 2→Q303 NR 9→Q303	_____ →Q304	_____ →H
H. Tubal Ligation	Yes 1→Q301G No 2→H NR 9→H	Yes 1→Q302G No 2→Q302 NR 9→Q302	Yes 1→Q303G No 2→Q303 NR 9→Q303	_____ →Q304	_____ →I
I. Rhythm/calendar/ counting days	Yes 1→Q301I No 2→J NR 9→J	Yes 1→Q302I No 2→Q302 NR 9→Q302	Yes 1→Q303I No 2→Q303 NR 9→Q303	→Q304	_____ →J
J. Withdrawal (Coitus Interruptus)	Yes 1→Q301J No 2→K NR 9→K	Yes 1→Q302J No 2→Q302 NR 9→Q302	Yes 1→Q303J No 2→Q303 NR 9→Q303	→Q304	_____ →K
K. Other contraceptive methods (SPECIFY):	Yes 1→Q301K No 2→Q305 NR 9→Q305	Yes 1→Q302K No 2→Q302 NR 9→Q302	Yes 1→Q303K No 2→Q303 NR 9→Q303	_____ →Q304	_____ →Q305

Q310	<p>Which method have you been using?</p> <p>CIRCLE ALL MENTIONED 1=MENTIONED 2=NOT MENTIONED</p>	<p>Pill 1 2 IUD 1 2 Male condom 1 2 Female condom 1 2 Implants 1 2 Injectables 1 2 Emergency hormonal contraception 1 2 Female sterilization / tubal ligation 1 2 Male sterilization / vasectomy 1 2 Lactational amenorrhea 1 2 Rhythm / calendar / counting days 1 2 Withdrawal 1 2 Periodic abstinence 1 2 Other (specify)BC_WHAT_____ 1 2 No Response 1 2</p>	
Q311	<p>Where did you last obtain your method?</p>	<p>Health center in the camp / community 1 Hospital 2 Supermarket / market 3 Pharmacy 4 Other(specify)_____ 5 Not applicable 6 No Response 9</p>	<p>Circle response and go to →Q401</p>
Q312	<p>Do you think you will use a method to delay or avoid pregnancy in the next 12 months?</p>	<p>Yes 1 No 2 Don't Know 8 No Response 9</p>	<p>→Q314 →Q315 →Q315</p>
Q313	<p>What are the reasons that you think you will not use a method?</p> <p>CIRCLE ALL MENTIONED 1=MENTIONED 2=NOT MENTIONED</p>	<p>FERTILITY-RELATED REASONS Wants more children now 1 2 Not having sex / infrequent sex 1 2 Unable / difficulty getting pregnant 1 2 Postpartum (6 weeks after birth) 1 2 Breastfeeding 1 2 OPPOSITION TO USE Respondent opposed 1 2 Husband opposed 1 2 Others opposed 1 2 Religious prohibition 1 2 LACK OF KNOWLEDGE Knows no method 1 2 Knows no source 1 2 METHOD-RELATED REASONS Fears side effects 1 2 Inconvenient to use 1 2 LACK OF ACCESS Too far / method not available 1 2 Expensive 1 2 Other (specify) _____ 1 2 No Response 1 2</p>	<p>Circle responses and go to →Q315</p>

Q314	<p>Which method would you prefer to use?</p> <p>CIRCLE ALL MENTIONED 1=MENTIONED 2=NOT MENTIONED</p>	<p>Pill 1 2 IUD 1 2 Male condom 1 2 Implants 1 2 Injectables 1 2 Female condom 1 2 Emergency hormonal contraception 1 2 Female sterilization / tubal ligation 1 2 Male sterilization / vasectomy 1 2 Lactational amenorrhea 1 2 Rhythm / calendar / counting days 1 2 Withdrawal 1 2 Periodic abstinence 1 2 Other (specify) _____ 1 2 No Response 1 2</p>	
Q315	<p>Do you think you can physically get pregnant now if you want to or are you currently pregnant?</p>	<p>Yes 1 No 2 Currently pregnant 3 No Response 9</p>	<p>→Q401 →Q401 →Q401</p>
Q316	<p>What is the main reason why you think you cannot physically get pregnant?</p> <p>CIRCLE ONE</p>	<p>Menopause 1 Respondent or partner had an operation which makes pregnancy impossible 2 Respondent has tried to get pregnant for at least 2 years without success 3 Respondent is not sexually active 4 Postpartum (6 weeks after birth) 5 Breastfeeding 6 Other(specify) _____ 7 No Response 9</p>	

Section 4: Marriage and live-in partnerships

Next, I am going to ask you questions about your marital status and living arrangements.			
No.	Questions and filters	Coding categories	Skip to
Q401	Have you <i>ever</i> been married or lived with a man with whom you had a sexual relationship?	<p>Yes 1</p> <p>No 2</p> <p>No Response 9</p>	<p>→Q501</p> <p>→Q501</p>
Q402	How old were you when you first got married or started to live with a man?	<p>Age in years [__ __]</p> <p>Don't Know 88</p> <p>No Response 99</p>	
Q403	Did your current or most recent partner ever attend school?	<p>Yes 1</p> <p>No 2</p> <p>Don't Know 8</p> <p>No Response 9</p>	<p>→Q405</p> <p>→Q405</p> <p>→Q405</p>
Q404	What is the highest grade of education that your current or most recent partner completed?	<p>Grade [__ __]</p> <p>If less than grade 1, enter 00</p> <p>Technical / vocational 55</p> <p>University or higher 66</p> <p>Don't Know 88</p> <p>No Response 99</p>	
Q405	What kind of work does/did he normally do?	<p>Professional/business 1</p> <p>Doctor/engineer 2</p> <p>Farmer 3</p> <p>Military / police 4</p> <p>Merchant / trader 5</p> <p>Domestic servant 6</p> <p>Tradesman (mechanic, laborer) 7</p> <p>Student 8</p> <p>Unemployed 9</p> <p>Other (specify)_____ 10</p> <p>Don't Know 88</p> <p>No Response 99</p>	
Q406	Which of the following describes your current marital status?	<p>Married 1</p> <p>Divorced / separated 2</p> <p>Widowed 3</p> <p>Single 4</p> <p>No Response 9</p>	
Q407	Are you living with your husband or a partner now?	<p>Yes 1</p> <p>No 2</p> <p>No Response 9</p>	

Q408 AND Q409 ARE ONLY APPROPRIATE FOR SETTINGS WHERE POLYGAMY IS PRACTICED			
Q408	IF MARRIED: Does your husband currently have other wives besides yourself?		Yes 1 No 2 →Q501 No Response 9 →Q501
Q409	Are you the first, second, third or fourth wife? (Make sure respondent understands this is number of wives at the same time)		First wife 1 Second wife 2 Third wife 3 Fourth wife 4 No Response 9

Section 5: Sexual history

Now I am going to ask you questions about your sexual history. Please remember that everything you tell me will be kept confidential, meaning that anything you tell me will not be repeated to anyone else.

No.	Questions and filters	Coding categories	Skip to
Q501	How old were you when you first had sexual intercourse?	[_ _] Age in years Never had sexual intercourse 00 Don't Know 88 No Response 99	→Q601
Q502	Have you had sexual intercourse in the last 30 days (past month)?	Yes 1 No 2 No Response 9	
Q503	Have you ever had a sexual partner that was occasional, sporadic, or unexpected? This does not include your husband, partner, or boyfriend, if you have one.	Yes 1 No 2 No Response 9	→Q601 →Q601
Q504	How many sexual partners have you had that were occasional, sporadic, or unexpected during the last 12 months? This does not include your husband, partner, or boyfriend, if you have one.	[_ _] If none, enter 00 No Response 99	→Q601 →Q601
Q505	The last time you had sex with an occasional, sporadic, or unexpected partner, did you and your partner use a condom? This does not include your husband, partner, or boyfriend, if you have one.	Yes 1 No 2 No Response 9	→Q507 →Q601
Q506	Why didn't you and your partner use a condom that time? CIRCLE ALL MENTIONED 1=MENTIONED 2=NOT MENTIONED	Not available 1 2 Too expensive 1 2 Partner objected 1 2 Do not like them 1 2 Used other contraceptive 1 2	Circle responses and go to →Q601

		Didn't think it was necessary 1 2 Didn't think of it 1 2 Other (specify) _____ 1 2 No Response 1 2	
Q507	Who suggested the use of a condom?	My partner 1 Myself 2 Joint decision 3 No Response 9	

Section 6: Sexually Transmitted Infections (STIs)

These next questions are about sexually transmitted infections. We understand that these questions are personal and want to assure you again that your answers will be kept confidential.

No.	Questions and filters	Coding categories	Skip to
Q601	Have you ever heard of diseases that can be transmitted through sexual intercourse, other than HIV/AIDS?	Yes 1 No 2 No Response 9	→Q603 →Q603
Q602	If a woman has a sexually transmitted infection, what symptoms might she have? CIRCLE ALL MENTIONED 1=MENTIONED 2=NOT MENTIONED	Abdominal pain 1 2 Green or curd-like vaginal discharge 1 2 Foul-smelling discharge 1 2 Burning pain during urination 1 2 Redness / inflammation in genital area 1 2 Genital ulcers / sores 1 2 Genital itching 1 2 Blood in urine 1 2 Loss of weight 1 2 Yellow eyes / yellow skin 1 2 Hard to get pregnant or have a child 1 2 Other (specify) _____ 1 2 Don't Know 1 2 No Response 1 2	
Q603	Have you had any unusual genital discharge in the past 12 months, such as foul smelling or green/curd like discharge?	Yes 1 No 2 No Response 9	
Q604	Have you had any genital ulcers or sores in the past 12 months?	Yes 1 No 2 No Response 9	If no to both Q603 AND Q604 go to →Q701
Q605	The last time you had any unusual genital discharge, genital ulcers, or sores, did you seek treatment?	Yes 1 No 2 No Response 9	→Q607 →Q701
Q606	Where did you go or whom did you see?	Health center in camp / community 1 Health center outside of camp / community 2 Hospital 3 Local healer 4 Pharmacist 5 Supermarket / market 6 Other (specify) _____ 7 No Response 9	Circle response and go to →Q701

Q607	Why didn't you see anyone for these symptoms? CIRCLE ALL MENTIONED 1=MENTIONED 2=NOT MENTIONED	<p style="text-align: right;">LACK OF ACCESS</p> No health care provider available 1 2 Could not afford 1 2 Distance too far 1 2 Lack of transportation 1 2 Poor road conditions 1 2 <p style="text-align: right;">OPPOSITION TO CARE</p> Husband / partner would not permit 1 2 <p style="text-align: right;">PERCEPTIONS OF CARE</p> Afraid of doctor, nurse, or other provider. 1 2 Have never used doctor, nurse before 1 2 Not treated well previously 1 2 Embarrassed or ashamed 1 2 Other (specify) _____ 1 2 No Response 1 2	
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Section 7: Knowledge, Opinions, and Attitudes about HIV/AIDS

The next set of questions is about your knowledge, opinion, and attitudes about HIV/AIDS. It is important to note that some of the questions that will be read reflect statements that are true and other questions reflect statements that are false.

No.	Questions and filters	Coding categories	Skip to
Q701	Have you ever heard of HIV or a disease called AIDS?	Yes 1 No 2 No Response 9	→Q801 →Q801
Q702	Can people protect themselves from HIV/AIDS infection by having one uninfected faithful sex partner?	Yes 1 No 2 Don't Know 8 No Response 9	
Q703	Can people protect themselves from HIV/AIDS infection by using a condom correctly every time they have sex?	Yes 1 No 2 Don't Know 8 No Response 9	
Q704	Can people protect themselves from HIV/AIDS by abstaining from sexual intercourse?	Yes 1 No 2 Don't Know 8 No Response 9	
Q705	Can a person get HIV/AIDS from a mosquito bite?	Yes 1 No 2 Don't Know 8 No Response 9	
Q706	Can people get infected with HIV/AIDS by sharing a toothbrush with someone who is infected?	Yes 1 No 2 Don't Know 8 No Response 9	
Q707	Can people get infected with HIV/AIDS by having anal sex with a male partner and not using a condom?	Yes 1 No 2 Don't Know 8 No Response 9	
Q708	Can a person get HIV/AIDS by getting injected with a needle that was already used by someone else?	Yes 1 No 2 Don't Know 8 No Response 9	

Q709	Can a person get HIV/AIDS by sharing food with someone who is infected?	Yes 1 No 2 Don't Know 8 No Response 9	
Q710	Is it possible for a healthy-looking person to have HIV/AIDS?	Yes 1 No 2 Don't Know 8 No Response 9	
Q711	Can a pregnant woman infected with HIV/AIDS give the virus to her unborn child during pregnancy or delivery?	Yes 1 No 2 Don't Know 8 No Response 9	
Q712	Can a woman infected with HIV/AIDS give the virus to her baby during breastfeeding?	Yes 1 No 2 Don't Know 8 No Response 9	
Q713	If a member of your family got infected with HIV/AIDS, would you want it to remain a secret?	Yes 1 No 2 Don't Know 8 No Response 9	
Q714	If a relative of yours became sick with HIV/AIDS, would you be willing to care for him/ her in your own household?	Yes 1 No 2 Don't Know 8 No Response 9	
Q715	If a teacher was infected with HIV/AIDS, should he/she be allowed to continue teaching?	Yes 1 No 2 Don't Know 8 No Response 9	
Q716	Would you buy fresh vegetables from a shopkeeper who was infected HIV/AIDS?	Yes 1 No 2 Don't Know 8 No Response 9	
Q717	Should young adolescents be taught on how to use condoms?	Yes 1 No 2 Don't Know 8 No Response 9	

Q718	Have you received information about HIV/AIDS in the past 12 months?	<p style="text-align: right;">Yes 1 No 2 Don't Know 8 No Response 9</p>	<p style="text-align: right;">→Q720 →Q720 →Q720</p>
Q719	<p>From what sources have you received information about HIV/AIDS in the past 12 months?</p> <p>CIRCLE ALL MENTIONED 1=MENTIONED 2=NOT MENTIONED</p> <p>VCT = VOLUNTARY COUNSELING AND TESTING ANC = ANTENATAL CARE MTCT = MOTHER TO CHILD TRANSMISSION</p>	<p style="text-align: right;">MASS MEDIA</p> <p style="text-align: right;">Radio 1 2 TV / video 1 2 Newspaper 1 2 Poster / pamphlet 1 2</p> <p style="text-align: right;">HEALTH SERVICES</p> <p style="text-align: right;">Government / public health facility 1 2 Private health facility 1 2 VCT center 1 2 ANC / MTCT center 1 2</p> <p style="text-align: right;">PEOPLE</p> <p style="text-align: right;">Community health worker 1 2 Friend 1 2 Family member 1 2 Person living with HIV/AIDS 1 2 Peer outreach worker 1 2</p> <p style="text-align: right;">OTHER PLACES</p> <p style="text-align: right;">School 1 2 Place of worship 1 2 Public meeting 1 2 Others (specify) _____ 1 2 No Response 1 2</p>	
Q720	<p>From what sources would you <i>prefer</i> to receive information on HIV/AIDS?</p> <p>CIRCLE ALL MENTIONED 1=MENTIONED 2=NOT MENTIONED</p> <p>VCT = VOLUNTARY COUNSELING AND TESTING ANC = ANTENATAL CARE MTCT = MOTHER TO CHILD TRANSMISSION</p>	<p style="text-align: right;">MASS MEDIA</p> <p style="text-align: right;">Radio 1 2 TV / video 1 2 Newspaper 1 2 Poster / pamphlet 1 2</p> <p style="text-align: right;">HEALTH SERVICES</p> <p style="text-align: right;">Government/Public health facility 1 2 Private health facility 1 2 VCT center 1 2 ANC / MTCT center 1 2</p> <p style="text-align: right;">PEOPLE</p> <p style="text-align: right;">Community health worker 1 2 Friend 1 2 Family member 1 2 Person living with HIV/AIDS 1 2 Peer outreach worker 1 2</p> <p style="text-align: right;">OTHER PLACES</p> <p style="text-align: right;">School 1 2 Place of worship 1 2 Public meeting 1 2 Others (specify) _____ 1 2 No Response 1 2</p>	

Q721	Do you know a place where a person can be tested for HIV/AIDS?	<p style="text-align: right;">Yes 1 No 2 Don't Know 8 No Response 9</p>	<p style="text-align: right;">→Q723 →Q723 →Q723</p>
Q722	Where can a person be tested for HIV/AIDS?	<p style="text-align: right;">In refugee camp 1 In local community 2 In both refugee camp and local community 3 Other (specify) _____ 4 Don't Know 8 No Response 9</p>	
Q723	I don't want to know the result, but have <i>you</i> ever had an HIV/AIDS test?	<p style="text-align: right;">Yes 1 No 2 No Response 9</p>	<p style="text-align: right;">→Q729 →Q729</p>
Q724	When was the last time you were tested for HIV/AIDS?	<p style="text-align: right;">Less than 1 year ago 1 1-2 years ago 2 3 or more years ago 3 No Response 9</p>	
Q725	The last time you were tested for HIV/AIDS was it voluntary or mandatory?	<p style="text-align: right;">Voluntary 1 Mandatory 2 No Response 9</p>	
Q726	The last time you were tested for HIV/AIDS did you receive counseling?	<p style="text-align: right;">Yes 1 No 2 No Response 9</p>	
Q727	The last time you were tested for HIV/AIDS, where did you go to get tested?	<p style="text-align: right;">PUBLIC SECTOR Hospital 1 Government health facility 2 Clinic / family planning 3 Mobile clinic (government, public) 4 PRIVATE SECTOR Private hospital / clinic 5 Pharmacy 6 Private medical doctor 7 Mobile clinic (private) 8 Traditional healer 9 Other (specify) _____ 10 No Response 99</p>	
Q728	Did you find out the result of your test? Please do not tell me the result.	<p style="text-align: right;">Yes 1 No 2 No Response 9</p>	

Q729	Would you go for a HIV/AIDS test in the future?	<p style="text-align: right;">Yes 1 No 2 Don't know / not sure 8 No Response 9</p>	<p style="text-align: right;">→Q801 →Q801</p>
Q730	What is the primary reason you do not want to go for a test?	<p style="text-align: right;">Sure of being infected 1 Afraid of the result 2 Afraid of the blood taking 3 Afraid of catching an infection 4 Fear of stigmatization 5 Too expensive 6 Other (specify)_____ 7 No Response 9</p>	

Section 8: Gender-Based Violence

Now I would like to focus on difficulties that may have happened to you during the conflict [*specify dates* _____]. I am asking about things that may have been done to you by persons outside your family such as soldiers, militia, police officers, and guards. These acts could have happened in places such as on the road, in a refugee or internally displaced person (IDP) camp, or in another village. Please remember that if you need to, we can stop and take a break at any time. And also please remember that I will continue to make sure your answers are absolutely confidential. We also want you to know that we can refer you to someone who can help.

<p>Q801. During the conflict, were you subjected to any of these forms of violence by people outside of your family? These acts could have been done by anyone who is not a family member. Were you: (READ A-I)</p> <p>NR=No Response</p>	<p>Q802. How often did (A-I) happen to you? Would you say once or twice, several times, or many times?</p> <p>NR=No Response</p>	<p>Q803. Who did this to you?</p> <p>Circle all mentioned 1=mentioned 2=not mentioned</p>	<p>Q804. Where did this take place?</p> <p>Circle all mentioned 1=mentioned 2=not mentioned</p>
<p>A. Physically hurt, such as slapped, hit, choked, beaten or kicked?</p> <p>YES 1 NO 2 → B NR 9 → B</p>	<p>Once or twice 1 Several times 2 Many times 3 NR 99</p>	<p>Military 1 2 Paramilitary 1 2 Police 1 2 Jail or prison guard 1 2 Doctor / medical person 1 2 Religious worker 1 2 Humanitarian relief worker 1 2 Neighbor / community member 1 2 Fellow refugee / IDP 1 2 Other(specify) ____ 1 2 No Response 1 2</p>	<p>Current location 1 2 Any previous camp 1 2 Home village / town 1 2 Traveling by road / boat 1 2 Other(specify) _____ 1 2 No Response 1 2</p>
<p>B. Threatened with a weapon of any kind</p> <p>YES 1 NO 2 → C NR 9 → C</p>	<p>Once or twice 1 Several times 2 Many times 3 NR 99</p>	<p>Military 1 2 Paramilitary 1 2 Police 1 2 Jail or prison guard 1 2 Doctor / medical person 1 2 Religious worker 1 2 Humanitarian relief worker 1 2 Neighbor / community member 1 2 Fellow refugee / IDP 1 2 Other(specify) ____ 1 2 No Response 1 2</p>	<p>Current location 1 2 Any previous camp 1 2 Home village / town 1 2 Traveling by road / boat 1 2 Other(specify) _____ 1 2 No Response 1 2</p>
<p>C. Shot at or stabbed</p> <p>YES 1 NO 2 → D NR 9 → D</p>	<p>Once or twice 1 Several times 2 Many times 3 NR 99</p>	<p>Military 1 2 Paramilitary 1 2 Police 1 2 Jail or prison guard 1 2 Doctor / medical person 1 2 Religious worker 1 2 Humanitarian relief worker 1 2 Neighbor / community member 1 2 Fellow refugee / IDP 1 2 Other(specify) ____ 1 2 No Response 1 2</p>	<p>Current location 1 2 Any previous camp 1 2 Home village / town 1 2 Traveling by road / boat 1 2 Other(specify) _____ 1 2 No Response 1 2</p>

<p>D. Detained against your will</p> <p>YES 1 NO 2 → E NR 9 → E</p>	<p>Once or twice 1 Several times 2 Many times 3 NR 99</p>	<p>Military 1 2 Paramilitary 1 2 Police 1 2 Jail or prison guard 1 2 Doctor / medical person 1 2 Religious worker 1 2 Humanitarian relief worker 1 2 Neighbor / community member 1 2 Fellow refugee / IDP 1 2 Other(specify) ____ 1 2 No Response 1 2</p>	<p>Current location 1 2 Any previous camp 1 2 Home village / town 1 2 Traveling by road / boat 1 2 Other(specify) _____ 1 2 No Response 1 2</p>
<p>E. Subjected to improper sexual comments</p> <p>YES 1 NO 2 → F NR 9 → F</p>	<p>Once or twice 1 Several times 2 Many times 3 NR 99</p>	<p>Military 1 2 Paramilitary 1 2 Police 1 2 Jail or prison guard 1 2 Doctor / medical person 1 2 Religious worker 1 2 Humanitarian relief worker 1 2 Neighbor / community member 1 2 Fellow refugee / IDP 1 2 Other(specify) ____ 1 2 No Response 1 2</p>	<p>Current location 1 2 Any previous camp 1 2 Home village / town 1 2 Traveling by road / boat 1 2 Other(specify) _____ 1 2 No Response 1 2</p>
<p>F. Forced to remove or stripped of your clothing</p> <p>YES 1 NO 2 → G NR 9 → G</p>	<p>Once or twice 1 Several times 2 Many times 3 NR 99</p>	<p>Military 1 2 Paramilitary 1 2 Police 1 2 Jail or prison guard 1 2 Doctor / medical person 1 2 Religious worker 1 2 Humanitarian relief worker 1 2 Neighbor / community member 1 2 Fellow refugee / IDP 1 2 Other(specify) ____ 1 2 No Response 1 2</p>	<p>Current location 1 2 Any previous camp 1 2 Home village / town 1 2 Traveling by road / boat 1 2 Other(specify) _____ 1 2 No Response 1 2</p>
<p>G. Subjected to unwanted kissing or touching on sexual parts of your body</p> <p>YES 1 NO 2 → H NR 9 → H</p>	<p>Once or twice 1 Several times 2 Many times 3 NR 99</p>	<p>Military 1 2 Paramilitary 1 2 Police 1 2 Jail or prison guard 1 2 Doctor / medical person 1 2 Religious worker 1 2 Humanitarian relief worker 1 2 Neighbor / community member 1 2 Fellow refugee / IDP 1 2 Other(specify) ____ 1 2 No Response 1 2</p>	<p>Current location 1 2 Any previous camp 1 2 Home village / town 1 2 Traveling by road / boat 1 2 Other(specify) _____ 1 2 No Response 1 2</p>

<p>H. Forced or threatened with harm to make you give or receive oral sex or have vaginal or anal sex</p> <p>YES 1 NO 2 → I NR 9 → I</p>	<p>Once or twice 1 Several times 2 Many times 3 NR 99</p>	<p>Military 1 2 Paramilitary 1 2 Police 1 2 Jail or prison guard 1 2 Doctor / medical person 1 2 Religious worker 1 2 Humanitarian relief worker 1 2 Neighbor / community member 1 2 Fellow refugee / IDP 1 2 Other(specify) ____ 1 2 No Response 1 2</p>	<p>Current location 1 2 Any previous camp 1 2 Home village / town 1 2 Traveling by road / boat 1 2 Other(specify) _____ 1 2 No Response 1 2</p>
<p>I. Anything else (specify)? _____</p> <p>YES 1 NO 2 → Q805 NR 9 → Q805</p>	<p>Once or twice 1 Several times 2 Many times 3 NR 99</p>	<p>Military 1 2 Paramilitary 1 2 Police 1 2 Jail or prison guard 1 2 Doctor / medical person 1 2 Religious worker 1 2 Humanitarian relief worker 1 2 Neighbor / community member 1 2 Fellow refugee / IDP 1 2 Other(specify) ____ 1 2 No Response 1 2</p>	<p>Current location 1 2 Any previous camp 1 2 Home village / town 1 2 Traveling by road / boat 1 2 Other(specify) _____ 1 2 No Response 1 2</p>

Now I would like to focus on difficulties that may have happened to you **after the conflict** [specify dates _____]. Like before, I am asking about things that may have been done to you by persons **outside your family** such as soldiers, militia, police officers, and guards. These acts could have happened in places such as on the road, in a refugee camp or in another village. These are the same questions I just asked you, but now I would like to know if any of them were done to you after the conflict by persons **outside of your family**. Please remember that if you need to, we can stop and take a break at any time. And also please remember that I will continue to make sure your answers are absolutely confidential. We also want you to know that we can refer you to someone who can help.

<p>Q805. After the conflict, were you subjected to any of these forms of violence by people outside of your family? These acts could have been done by anyone who are not family members. Were you (READ A-I)</p> <p>NR=No Response</p>	<p>Q806. How often did (A-I) happen to you? Would you say once or twice, several times, or many times?</p> <p>NR=No Response</p>	<p>Q807. Who did this to you?</p> <p>Circle all mentioned 1=mentioned 2=not mentioned</p>	<p>Q808. Where did this take place?</p> <p>Circle all mentioned 1=mentioned 2=not mentioned</p>
<p>A. Physically hurt, such as slapped, hit, choked, beaten, or kicked?</p> <p>YES 1 NO 2 → B NR 9 → B</p>	<p>Once or twice 1 Several times 2 Many times 3 NR 99</p>	<p>Military 1 2 Paramilitary 1 2 Police 1 2 Jail or prison guard 1 2 Doctor / medical person 1 2 Religious worker 1 2 Humanitarian relief worker 1 2 Neighbor / community member 1 2 Fellow refugee / IDP 1 2 Other(specify) ____ 1 2 No Response 1 2</p>	<p>Current location 1 2 Any previous camp 1 2 Home village / town 1 2 Traveling by road / boat 1 2 Other(specify) _____ 1 2 No Response 1 2</p>

<p>B. Threatened with a weapon of any kind</p> <p>YES 1 NO 2→C NR 9→C</p>	<p>Once or twice 1 Several times 2 Many times 3 NR 99</p>	<p>Military 1 2 Paramilitary 1 2 Police 1 2 Jail or prison guard 1 2 Doctor / medical person 1 2 Religious worker 1 2 Humanitarian relief worker 1 2 Neighbor / community member 1 2 Fellow refugee / IDP 1 2 Other(specify) _____ 1 2 No Response 1 2</p>	<p>Current location 1 2 Any previous camp 1 2 Home village / town 1 2 Traveling by road / boat 1 2 Other(specify) _____ 1 2 No Response 1 2</p>
<p>C. Shot at or stabbed</p> <p>YES 1 NO 2→D NR 9→D</p>	<p>Once or twice 1 Several times 2 Many times 3 NR 99</p>	<p>Military 1 2 Paramilitary 1 2 Police 1 2 Jail or prison guard 1 2 Doctor / medical person 1 2 Religious worker 1 2 Humanitarian relief worker 1 2 Neighbor / community member 1 2 Fellow refugee / IDP 1 2 Other(specify) _____ 1 2 No Response 1 2</p>	<p>Current location 1 2 Any previous camp 1 2 Home village / town 1 2 Traveling by road / boat 1 2 Other(specify) _____ 1 2 No Response 1 2</p>
<p>D. Detained against your will</p> <p>YES 1 NO 2→E NR 9→E</p>	<p>Once or twice 1 Several times 2 Many times 3 NR 99</p>	<p>Military 1 2 Paramilitary 1 2 Police 1 2 Jail or prison guard 1 2 Doctor / medical person 1 2 Religious worker 1 2 Humanitarian relief worker 1 2 Neighbor / community member 1 2 Fellow refugee / IDP 1 2 Other(specify) _____ 1 2 No Response 1 2</p>	<p>Current location 1 2 Any previous camp 1 2 Home village / town 1 2 Traveling by road / boat 1 2 Other(specify) _____ 1 2 No Response 1 2</p>
<p>E. Subjected to improper sexual comments</p> <p>YES 1 NO 2→F NR 9→F</p>	<p>Once or twice 1 Several times 2 Many times 3 NR 99</p>	<p>Military 1 2 Paramilitary 1 2 Police 1 2 Jail or prison guard 1 2 Doctor / medical person 1 2 Religious worker 1 2 Humanitarian relief worker 1 2 Neighbor / community member 1 2 Fellow refugee / IDP 1 2 Other(specify) _____ 1 2 No Response 1 2</p>	<p>Current location 1 2 Any previous camp 1 2 Home village / town 1 2 Traveling by road / boat 1 2 Other(specify) _____ 1 2 No Response 1 2</p>
<p>F. Forced to remove or stripped of your clothing</p> <p>YES 1 NO 2→G NR 9→G</p>	<p>Once or twice 1 Several times 2 Many times 3 NR 99</p>	<p>Military 1 2 Paramilitary 1 2 Police 1 2 Jail or prison guard 1 2 Doctor / medical person 1 2 Religious worker 1 2 Humanitarian relief worker 1 2 Neighbor / community member 1 2 Fellow refugee / IDP 1 2 Other(specify) _____ 1 2 No Response 1 2</p>	<p>Current location 1 2 Any previous camp 1 2 Home village / town 1 2 Traveling by road / boat 1 2 Other(specify) _____ 1 2 No Response 1 2</p>

<p>G. Subjected to unwanted kissing or touching on sexual parts of your body</p> <p>YES 1 NO 2→H NR 9→H</p>	<p>Once or twice 1 Several times 2 Many times 3 NR 99</p>	<p>Military 1 2 Paramilitary 1 2 Police 1 2 Jail or prison guard 1 2 Doctor / medical person 1 2 Religious worker 1 2 Humanitarian relief worker 1 2 Neighbor / community member 1 2 Fellow refugee / IDP 1 2 Other(specify) _____ 1 2 No Response 1 2</p>	<p>Current location 1 2 Any previous camp 1 2 Home village / town 1 2 Traveling by road / boat 1 2 Other(specify) _____ 1 2 No Response 1 2</p>
<p>H. Forced or threatened with harm to make you give or receive oral sex or have vaginal or anal sex</p> <p>YES 1 NO 2→I NR 9→I</p>	<p>Once or twice 1 Several times 2 Many times 3 NR 99</p>	<p>Military 1 2 Paramilitary 1 2 Police 1 2 Jail or prison guard 1 2 Doctor / medical person 1 2 Religious worker 1 2 Humanitarian relief worker 1 2 Neighbor / community member 1 2 Fellow refugee / IDP 1 2 Other(specify) _____ 1 2 No Response 1 2</p>	<p>Current location 1 2 Any previous camp 1 2 Home village / town 1 2 Traveling by road / boat 1 2 Other(specify) _____ 1 2 No Response 1 2</p>
<p>I. Anything else (specify)? _____</p> <p>YES 1 NO 2→INSTRUCTION BOX 8.1 NR 9→INSTRUCTION BOX 8.1</p>	<p>Once or twice 1 Several times 2 Many times 3 NR 99</p>	<p>Military 1 2 Paramilitary 1 2 Police 1 2 Jail or prison guard 1 2 Doctor / medical person 1 2 Religious worker 1 2 Humanitarian relief worker 1 2 Neighbor / community member 1 2 Fellow refugee / IDP 1 2 Other(specify) _____ 1 2 No Response 1 2</p>	<p>Current location 1 2 Any previous camp 1 2 Home village / town 1 2 Traveling by road / boat 1 2 Other(specify) _____ 1 2 No Response 1 2</p>

INSTRUCTIONS TO INTERVIEWER 8.1

IF ANY VIOLENCE REPORTED, DURING (Q801) OR AFTER (Q805) THE CONFLICT, CONTINUE TO → Q809

IF NO VIOLENCE REPORTED, GO TO → Q815

<p>Q809</p>	<p>Did you ever have any injuries from any of these incidents?</p>	<p>Yes 1 No 2 No Response 9</p>	<p>→ Q812 → Q812</p>
<p>Q810</p>	<p>What type of injury did you have?</p> <p>READ ALL</p> <p>YES = 1 NO = 2 NO RESPONSE = 9</p>	<p>Cuts, punctures, bites, 1 2 9 Scratches, abrasions, bruises 1 2 9 Sprains, dislocations 1 2 9 Burns 1 2 9 Penetrating injury, deep cuts, gashes 1 2 9 Broken eardrum, eye injuries 1 2 9 Fractures, broken bones 1 2 9 Broken teeth 1 2 9 Other (specify) _____ 1 2 9</p>	

Q811	Did you see a doctor or any other medical care provider for medical treatment of these injuries?	<p style="text-align: right;">Yes 1 No 2 No Response 9</p>	
Q812	<p>Did you talk about this/these incidents of violence with</p> <p>READ A-F</p> <p>YES = 1 NO = 2 NO RESPONSE = 9</p>	<p style="text-align: right;">A family member 1 2 9 A friend 1 2 9 A doctor / other provider 1 2 9 Police / military 1 2 9 NGO Worker 1 2 9 Other (specify) _____ 1 2 9</p>	
<p>INSTRUCTIONS TO INTERVIEWER 8.2 IF RESPONDENT TALKED TO ANYONE ABOUT THE VIOLENCE IN Q812, GO TO →Q814 IF RESPONDENT DID NOT TALK TO ANYONE ABOUT THE VIOLENCE IN Q812, CONTINUE TO →Q813</p>			
Q813	<p>What were the main reasons you were not able to talk to anyone about the violence?</p> <p>CIRCLE ALL MENTIONED 1=MENTIONED 2=NOT MENTIONED</p>	<p style="text-align: right;">Did not know where to go 1 2 No use / would not do any good 1 2 Embarrassed 1 2 Afraid of more violence 1 2 Afraid of causing problems in relationship 1 2 Would not be believed / taken seriously 1 2 Violence normal / no need to complain 1 2 Thought she would be blamed 1 2 Bring bad name to family 1 2 Other (specify) ____ 1 2 No Response 1 2</p>	
Q814	<p>Are there things that you think might be helpful to you in coping with your experiences of violence?</p> <p>CIRCLE ALL MENTIONED 1=MENTIONED 2=NOT MENTIONED</p>	<p style="text-align: right;">Support group for women 1 2 Talking it over with friends 1 2 Talking it over with family 1 2 Assistance from NGO workers 1 2 Legal advice / traditional justice 1 2 Religious counseling 1 2 Mental health counseling 1 2 Medical assistance 1 2 Trying to forget about it 1 2 Other (specify) _ 1 2 No Response 1 2</p>	

INSTRUCTIONS TO INTERVIEWER 8.3

REFER TO Q401:

IF RESPONDENT HAS EVER HAD A HUSBAND OR PARTNER, CONTINUE WITH Q815

IF RESPONDENT HAS NEVER HAD A HUSBAND OR PARTNER, SKIP TO Q823

This next set of questions is about violence and physical abuse that may have happened between you and a husband, or partner you live with, now or in the past.

Q815. Please tell me if any of your partners or ex-partners ever (READ A-E):	Q816. During the last year, how many times did (A-E) happen to you? Would you say never, once or twice, several times, or most of the time?
A. Forbid you from participating in activities in the community such as seeing friends or family, educational opportunities, women's groups, or employment opportunities YES 1 → Q816 NO 2 → B NO RESPONSE 9 → B	Never 1 Once or twice 2 Several times 3 Most of the time 4 No Response 99
B. Threatened to hurt you with a weapon or himself YES 1 → Q816 NO 2 → C NO RESPONSE 9 → C	Never 1 Once or twice 2 Several times 3 Most of the time 4 No Response 99
C. Slapped you, twisted your arm, hit you with a fist or something else, pushed you down or kicked you, or choked you YES 1 → Q816 NO 2 → D NO RESPONSE 9 → D	Never 1 Once or twice 2 Several times 3 Most of the time 4 No Response 99
D. Threatened to hurt you or used force to make you have sex with him when you did not want to YES 1 → Q816 NO 2 → E NO RESPONSE 9 → E	Never 1 Once or twice 2 Several times 3 Most of the time 4 No Response 99
E. Anything else?(specify) _____ YES 1 → Q816 NO 2 → INSTRUCTION TO THE INTERVIEWER 8.4 NO RESPONSE 9 → INSTRUCTION TO THE INTERVIEWER 8.4	Never 1 Once or twice 2 Several times 3 Most of the time 4 No Response 99

INSTRUCTION TO INTERVIEWER 8.4			
IF <u>ANY</u> VIOLENCE REPORTED IN Q815 (A-E), CONTINUE TO →Q817			
IF <u>NO</u> VIOLENCE REPORTED IN Q815 (A-E), GO TO →Q823			
Q817	Did you ever have any injuries from any of these incidents?		<p style="text-align: right;">Yes 1 No 2 → Q820 No Response 9 → Q820</p>
Q818	What type of injury did you have? READ ALL YES = 1 NO = 2 NO RESPONSE = 9	<p style="text-align: right;">Cuts, punctures, bites, 1 2 9 Scratches, abrasions, bruises 1 2 9 Sprains, dislocations 1 2 9 Burns 1 2 9 Penetrating injury, deep cuts, gashes 1 2 9 Broken eardrum, eye injuries 1 2 9 Fractures, broken bones 1 2 9 Broken teeth 1 2 9 Other (specify) _____ 1 2 9</p>	
Q819	Did you see a doctor or any other medical care provider for medical treatment of these injuries?		<p style="text-align: right;">Yes 1 No 2 No Response 9</p>
Q820	Did you talk about this/these incidents of violence with: READ ALL YES = 1 NO = 2 NO RESPONSE = 9	<p style="text-align: right;">A family member 1 2 9 A friend 1 2 9 A doctor / other provider 1 2 9 Police / military 1 2 9 NGO Worker 1 2 9 Other (specify) _____ 1 2 9</p>	
INSTRUCTION TO INTERVIEWER 8.5			
IF RESPONDENT TALKED TO <u>ANYONE</u> ABOUT THE VIOLENCE IN Q820, CONTINUE TO →Q822			
IF RESPONDENT DID <u>NOT</u> TALK TO ANYONE ABOUT THE VIOLENCE IN Q820, GO TO →Q821			
Q821	What were the main reasons you were not able to talk to anyone about the violence? CIRCLE ALL MENTIONED 1=MENTIONED 2=NOT MENTIONED	<p style="text-align: right;">Did not know where to go 1 2 No use / would not do any good 1 2 Embarrassed 1 2 Afraid of more violence 1 2 Afraid of causing problems in relationship 1 2 Would not be believed / taken seriously 1 2 Violence normal / no need to complain 1 2 Thought she would be blamed 1 2 Bring bad name to family 1 2 Other (specify) _____ 1 2 No Response 1 2</p>	

Q822	Are there things that you think might be helpful to you in coping with your experiences? CIRCLE ALL MENTIONED 1=MENTIONED 2=NOT MENTIONED	Support group for women 1 2 Talking it over with friends 1 2 Talking it over with family 1 2 Assistance from NGO workers 1 2 Legal advice/traditional justice 1 2 Religious counseling 1 2 Mental health counseling 1 2 Medical assistance 1 2 Trying to forget about it 1 2 Other (specify) _____ 1 2 No Response 1 2	
Q823	Has anyone else in your family beaten you or mistreated you physically in the last 12 months (past year)?	Yes 1 No 2 No Response 9	→Q901 →Q901
Q824	Who mistreated you? CIRCLE ALL MENTIONED 1=MENTIONED 2=NOT MENTIONED	Mother 1 2 Father 1 2 Mother-in-law 1 2 Father-in-law 1 2 Other female relative 1 2 Other male relative 1 2 Other (specify) _____ 1 2 No Response 1 2	

Section 9: Female Genital Cutting

The following questions are about the practice of female genital cutting. We will ask about your experiences as well as your daughters' experiences, if you have daughters.			
No.	Questions and filters	Coding categories	Skip to
Q901	In a number of countries, there is a practice in which a girl may have part or all of her genitals cut. Have you ever heard about this practice?	Yes 1 No 2 No Response 9	→Q1001 →Q1001
Q902	Have you yourself ever had your genitals cut?	Yes 1 No 2 No Response 9	→Q905 →Q905
Q903	Was your genital area sewn closed?	Yes 1 No 2 No Response 9	
Q904	How old were you when this occurred? IF THE RESPONDENT DOES NOT KNOW THE EXACT AGE, PROBE TO GET AN ESTIMATE.	Age in completed years [__ __] During infancy 95 Don't Know 88 No Response 99	

Q905	How many daughters do you have (both living and dead)?	Number of daughters [__ __] If no daughters, write 00 No Response 99	→Q913 →Q913
Q906	How many of your daughters have had their genitals cut?	Daughters with genitals cut [__ __] If no daughters cut, write 00 No Response 99	
Q907	Now I am going to ask you questions about your youngest daughter. Did she have her genitals cut?	Yes 1 No 2 No Response 9	→Q909 →Q913
Q908	Do you intend to have your youngest daughter's genitals cut in the future?	Yes 1 No 2 Don't Know 8 No Response 9	Circle response and →Q913
Q909	Was her genital area sewn closed?	Yes 1 No 2 No Response 9	
Q910	How old was she when this occurred? IF THE RESPONDENT DOES NOT KNOW THE EXACT AGE, PROBE TO GET AN ESTIMATE.	Age in completed years [__ __] During infancy 95 No Response 99	
Q911	Who cut the genitals?	Traditional "circumciser" 1 Traditional birth attendant 2 Doctor 3 Trained nurse / midwife 4 Other (specify) _____ 5 No Response 9	
Q912	Did the cutting occur at your current location or somewhere else?	Current location 1 Somewhere else 2 No Response 9	
Q913	What benefits do girls themselves get if they undergo this genital cutting? PROBE: Any other benefits? CIRCLE ALL MENTIONED 1=MENTIONED 2=NOT MENTIONED	No benefits 1 2 Cleanliness / hygiene 1 2 Social acceptance 1 2 Better marriage prospects 1 2 Preserve virginity / prevent premarital sex 1 2 More sexual pleasure for the man 1 2 Religious approval 1 2 Other (specify) _____ 1 2 Don't Know 1 2 No Response 1 2	

Q914	<p>What benefits do girls themselves get if they <u>DO NOT</u> undergo this genital cutting?</p> <p>PROBE: Anything else?</p> <p>CIRCLE ALL MENTIONED 1=MENTIONED 2=NOT MENTIONED</p>	<p>No benefits 1 2</p> <p>Fewer medical problems 1 2</p> <p>Avoiding pain 1 2</p> <p>More sexual pleasure for her 1 2</p> <p>More sexual pleasure for the man 1 2</p> <p>Follows religion 1 2</p> <p>Other (specify) _____ 1 2</p> <p>Don't Know 1 2</p> <p>No Response 1 2</p>	
Q915	<p>Do you think this practice is a way to prevent a girl from having sex before marriage or does it have no effect on premarital sex?</p>	<p>Prevent sex 1</p> <p>No effect 2</p> <p>Don't Know 8</p> <p>No Response 9</p>	
Q916	<p>Do you believe that this practice is required by your religion?</p>	<p>Yes 1</p> <p>No 2</p> <p>Don't Know 8</p> <p>No Response 9</p>	
Q917	<p>Do you think that this practice should be continued, or should it be discontinued?</p>	<p>Continued 1</p> <p>Discontinued 2</p> <p>Don't Know 8</p> <p>No Response 9</p>	
Q918	<p>Do you think that men want this practice to be continued or discontinued?</p>	<p>Continued 1</p> <p>Discontinued 2</p> <p>Don't Know 8</p> <p>No Response 9</p>	

Section 10: Emotional Health

The following questions are on emotional distress and the most important health problems that face women in your community.			
No.	Questions and filters	Coding categories	Skip to
Q1001	<p>The next questions are related to common problems that may have bothered you in the <u>past 4 weeks</u>. If you had the problem in the past 4 weeks, answer yes. If you have not had the problem in the past 4 weeks, answer no.</p> <p>READ A-T</p> <p>A. Do you have headaches? B. Is your appetite poor? C. Do you sleep badly? D. Are you easily frightened?</p> <p>E. Do your hands shake? F. Do you feel nervous, tense, or worried? G. Is your digestion poor? H. Do you have trouble thinking clearly?</p> <p>I. Do you feel unhappy? J. Do you cry more than usual? K. Do you find it difficult to enjoy your daily activities? L. Do you find it difficult to make decisions?</p> <p>M. Is your daily work suffering? N. Are you unable to play a useful part in life? O. Have you lost interest in things? P. Do you feel that you are a worthless person?</p> <p>Q. Has the thought of ending your life been on your mind? R. Do you feel tired all the time? S. Do you have uncomfortable feelings in your stomach? T. Do you easily become tired?</p>	<p>YES = 1 NO = 2 NO RESPONSE = 9</p> <p>A) headaches 1 2 9 B) appetite poor 1 2 9 C) sleep badly 1 2 9 D) frightened 1 2 9</p> <p>E) hands shake 1 2 9 F) nervous 1 2 9 G) digestion poor 1 2 9 H) thinking 1 2 9</p> <p>I) unhappy 1 2 9 J) cry more 1 2 9 K) not enjoy 1 2 9 L) decisions 1 2 9</p> <p>M) work suffers 1 2 9 N) useful part 1 2 9 O) lost interest 1 2 9 P) worthless 1 2 9</p> <p>Q) ending life 1 2 9 R) feel tired 1 2 9 S) stomach 1 2 9 T) easily tired 1 2 9</p>	
Q1002	<p>In your opinion, what is the most important health problem for women in your community?</p> <p>READ LIST</p> <p>(If a woman mentions more than one, probe as follows to narrow it down to a single problem: "if you had to choose one as the most important, which one would that be?")</p>	<p>Pregnancy-related problems 1 Vaginal infections 2 Respiratory infections 3 Diarrhea 4 Malaria 5 Violence within the family 6 Feelings of sadness or hopelessness 7 Headaches / backaches / muscle aches 8 Other (specify) _____ 20 No Response 99</p>	
<p>TIME_END</p> <p>END TIME: _____ That is the end of our questionnaire. Thank you very much for taking time to answer these questions. We appreciate your help. Please wait here while my supervisor reviews the questionnaire completely. He/she will not be looking specifically at your responses, but only to make sure that all the necessary questions were asked.</p>			