

## Appendix I. Study Questionnaire

### A. Socio-demographics

1. What is your date of birth? D D / M M / Y Y Y Y (enter all 0 if not remembered) (If date of birth or year of birth is given, skip to Question 3)

2. What is your age? \_\_\_ \_\_\_ (Years)

3. What is your marital status?

Married/Cohabiting

Divorced

Widowed

Separated

Single

Choose not to answer

4. Do you live in Kigali?

Yes

No {Skip to Question A5}

Choose not to answer {Skip to Question A5}

5. In what area of Kigali City Province do you live?

Nyarugenge

Kicukiro

Gasabo urban (e.g., Kacyiru, Kimironko, Kinyinya, etc.)

Gasabo rural (e.g., Nduba, Jabana, Gikomero, etc.)

Do not know

Choose not to answer

6. What is your household income per month in FRW?

< 5,000

5,000 – 9,999

10,000 – 34,999

35,000 – 59,999

- 60,000 – 84,999
- 85,000 – 109,999
- 110,000 – 134,999
- 135,000 – 269,999
- 270,000 or more

**7. How many people live in your household?** \_\_ \_\_ {Enter 00 if refuse to answer}

**8. What is your occupation?**

- Employed by government, another institution, or company
- Self-employed (Small and medium enterprises)
- Self-employed (High income earnings)
- Farming (peasants)
- Unemployed/Does not work
- Other (specify) \_\_\_\_\_
- Choose not to answer {Skip to Question B1}

{The following questions are sensitive and personal in nature. Your answers will be kept confidential. You may choose not to answer certain questions. Answering any question is voluntary}

**B. Sexual Behaviors**

**1. How old were you when you first had sex?** \_\_ \_\_ (Years) {Enter 00 if refuse to answer}

**2. How many sexual partners have you had in your lifetime?**

- No Partners (Ineligible)
- 1 Partner
- 2-3 Partners
- 4-5 Partners
- 6-9 Partners
- 10 or more partners
- Choose not to answer

**3. How many sexual partners have you had in the last 6 months?**

- No Partners

- 1 Partner
- 2 or more Partners
- Choose not to answer

**C. Parity**

1. **What age did you have your first child? \_\_\_ (Years)** {Enter 00 if refuse to answer, Enter 99 if never pregnant} (if 00 or 99, skip to Question D1)
2. **How many live births have you had in your lifetime? \_\_\_**
3. **Have you given birth in the last year?**

- Yes
- No
- Choose not to answer

**D. Tobacco Use**

1. **Have you ever smoked cigarettes?**

- Yes
- No (skip to Question D3)
- Choose not to answer (skip to Question D3)

2. **Do you currently smoke cigarettes?**

- Yes
- No
- Choose not to answer

3. **Have you ever chewed/used tobacco orally (Ubugoro)?**

- Yes
- No (skip to Question D5)
- Choose not to answer (skip to Question D5)

4. **Are you currently chewing/using tobacco orally (Ubugoro)?**

- Yes
- No
- Choose not to answer

**5. Have you ever chewed/used tobacco orally (Tobacco leaves-Igikamba)?**

- Yes
- No (skip to Question E1)
- Choose not to answer (skip to Question E1)

**6. Are you currently chewing/using tobacco orally (Tobacco leaves-Igikamba)?**

- Yes
- No
- Choose not to answer

**E. Contraceptive Use**

**1. Have you ever used oral contraceptives?**

- Yes
- No (Skip to Question E3)
- Choose not to answer (Skip to Question E3)

**2. Do you currently use oral contraceptives?**

- Yes
- No
- Choose not to answer

**3. Have you ever used Depo Provera (contraceptive)?**

- Yes
- No (Skip to Question E5)
- Choose not to answer (Skip to Question E5)

**4. Do you currently use Depo Provera (contraceptive)?**

- Yes
- No
- Choose not to answer

**5. Have you ever used Jadell (contraceptive)?**

- Yes
- No (Skip to Question E7)

Choose not to answer (Skip to Question E7)

**6. Do you currently use Jadell (contraceptive)?**

Yes

No

Choose not to answer

**7. Have you ever used IUD (contraceptive)?**

Yes

No (Skip to Question E9)

Choose not to answer (Skip to Question E9)

**8. Do you currently use IUD (contraceptive)?**

Yes

No

Choose not to answer

**9. Do use condoms as a contraceptive?**

Yes

No (skip to Question F1)

Choose not to answer (skip to Question F1)

**10. Have you used condoms as a contraceptive in the last 6 months?**

Yes

No

Choose not to answer

**F. Infections**

**1. Have you ever had Malaria**

Yes

No (skip to Question F8)

Choose not to answer (skip to Question F8)

**2. How many times have you had Malaria? \_\_\_**

**3. What was the year that you last had Malaria? Y Y Y Y**

**4. Have you had your Malaria treated using drugs?**

- Yes
- No
- Choose not to answer

**5. If Yes, how was it treated?**

- Treated only with traditional medicine
- Treated only with drugs (e.g. Coartem)
- Treated with both (traditional and modern)
- Not treated
- Choose not to answer

**6. Was your last episode of Malaria treated using drugs?**

- Yes
- No
- Choose not to answer

**7. If Yes, how was it treated?**

- Treated only with traditional medicine
- Treated only with drugs (e.g. Coartem)
- Treated with both (traditional and modern)
- Not treated
- Choose not to answer

**8. Have you ever had Tuberculosis (TB)?**

- Yes
- No (skip to end)
- Choose not to answer (skip to end)

**9. If Yes, how many times have you had TB in your lifetime? \_ \_**

**10. What year did you last have Tuberculosis (TB)? Y Y Y Y**

**END OF QUESTIONNAIRE**