

Women's Health and Relationships Project in Ethiopia.



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Poverty Action Lab



TRANSLATING RESEARCH INTO ACTION



Collaborative Study by
The School of Public Health, Addis Ababa University;
The Ethiopian Public Health Association
and
The Abdul Latif Jameel Poverty Action Lab.

Women's Questionnaire
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Addis Ababa, Ethiopia
Nov 2014

Eligibility of study subject

1. Woman in the age between 18-49 years
2. Currently living in marriage or cohabiting with a man
3. Residing in the selected village for at least 6 months

QUESTIONS ABOUT THE HOUSEHOLD

QUESTIONS & FILTERS		CODING CATEGORIES			
1.	If you don't mind, I would like to ask you a few questions about your household. What is the main source of drinking water for your household?	TAP/PIPED WATER IN RESIDENCE.....	01		
		OUTSIDE TAP (PIPED WATER)	02		
		PUBLIC TAP	03		
		WELL WATER, WITHIN RESIDENCE	04		
		OUTSIDE / PUBLIC WELL.....	05		
		SPRING WATER	06		
		RIVER / STREAM / POND / LAKE / DAM	08		
		RAINWATER	09		
		TANKER / TRUCK / WATER VENDOR	10		
		OTHER:	96		
		DON'T KNOW/DON'T REMEMBER	98		
		REFUSED/NO ANSWER.....	99		
2.	What are the main materials used in the roof? RECORD OBSERVATION	ROOF FROM NATURAL MATERIALS	1		
		RUDIMENTARY ROOF	2		
		TILED OR CONCRETE ROOF	3		
		CORRUGATED IRON	4		
		OTHER:	6		
		DON'T KNOW/DON'T REMEMBER	8		
		REFUSED/NO ANSWER.....	9		
3.	Does your household have:		YES	NO	DK
	a) Electricity	a) ELECTRICITY	1	2	8
	b) A radio	b) RADIO	1	2	8
	c) A television	c) TELEVISION	1	2	8
	d) A telephone	d) TELEPHONE	1	2	8
	e) A refrigerator	e) REFRIGERATOR	1	2	8
4.	Do people in your household own any land?	YES.....	1		
		NO	2		
		DON'T KNOW/DON'T REMEMBER	8		
		REFUSED/NO ANSWER.....	9		
5.	How many rooms in your household are used for sleeping?	NUMBER OF ROOMS	[]	[]	
		DON'T KNOW/DON'T REMEMBER	8		
		REFUSED/NO ANSWER.....	9		
6.	Are you member of a social banking system called "Ekub"	YES.....	1		
		NO	2		
7.	Are you member of a social support system called "edir"	YES.....	1		
		NO	2		
8.	If you got something that made you happy, who would come to participate your happiness	Most of Kebele members.....	1		
		Most of your neighbors	2		
		Some of your neighbors.....	3		
		No one will participate	4		
9.	If you sustained a heavy problem (eg death of a family member), who would participate to support you	Most of Kebele members.....	1		
		Most of your neighbors	2		
		Some of your neighbors.....	3		
		No one will participate	4		
10.	In the last week, lack of money, is there a person in a family who sustained hunger per a day?	YES.....	1		
		NO	2		
11.	Based on your perception, how do you rank your economically with your neighbors	Higher	1		
		Moderate.....	2		
		Lower.....	3		
12.	Based on your perception, how do you rank your social status (being heard) with your neighbors	Higher	1		
		Moderate.....	2		
		Lower.....	3		

BASELINE SURVEY

Identity Number: | |
Woreda Gotte House No

Enumerator Information

1. Names and Codes of enumerators	
2. Name and codes of the supervisors	

Identification

3.	District (Woreda)	W01 Meskan W02 Mareko W03 Silte W04 Sodo	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4.	Village (Kebele), name and code		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5.	Subvillage (Gote), name and code		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6.	Name of respondent	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Name Father's Name Grand name
7.	Name of spouse	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Name Father's Name Grand name
8.	Address (write down names of road, alley, house number) Given by supervisor (computer identity)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
9.	Identity Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Woreda Gotte House No
10.	Telephone/Cellphone Self... Spouse .Family... Neighbor.. If no phone number put 000000	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1. Self 2. Spouse 3 Family 4. Neighbor 5. None

Results of Visits

11.		First Visit	Second Visit	Third Visit
12.	Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 20 <input type="text"/> <input type="text"/> <small>Date Month Year</small>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 20 <input type="text"/> <input type="text"/> <small>Date Month Year</small>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 20 <input type="text"/> <input type="text"/> <small>Date Month Year</small>
13.	Time Interview Started	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <small>Hour Minute</small>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <small>Hour Minute</small>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <small>Hour Minute</small>
14.	Time interview completed	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <small>Hour Minute</small>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <small>Hour Minute</small>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <small>Hour Minute</small>
15.	Results of Visits	1. <input type="checkbox"/> Completed 2. <input type="checkbox"/> Partly Completed 3. <input type="checkbox"/> Respondent not at home 4. <input type="checkbox"/> Respondent Declined 5. <input type="checkbox"/> Respondent not available in the village 6. <input type="checkbox"/> Other (Specify) _____ Make appointment if 2 or 3 answered	1. <input type="checkbox"/> Completed 2. <input type="checkbox"/> Partly Completed 3. <input type="checkbox"/> Respondent not at home 4. <input type="checkbox"/> Respondent Declined 5. <input type="checkbox"/> Respondent not available in the village 6. <input type="checkbox"/> Other (Specify) _____ 1. Make appointment if 2 or 3 answered	1. <input type="checkbox"/> Completed 2. <input type="checkbox"/> Partly Completed 3. <input type="checkbox"/> Respondent not at home 4. <input type="checkbox"/> Respondent Declined 5. <input type="checkbox"/> Respondent not available in the village 6. <input type="checkbox"/> Other (Specify) _____

A. Background Info/Education/Community Participation/SES

A1.	What is your relationship to the head of the household?	1. <input type="checkbox"/> Head 2. <input type="checkbox"/> Wife 3. <input type="checkbox"/> Co-wife
A2.	In what day, month and year were you born? If she does not know her birth date – write 01/01/ for date and month, and use year	____ / ____ / _____ Day month Year
A3.	How old were you at your last birthday?	____ Years
A4.	Are you able to read?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No >>>>> SKIP TO A9
A5.	Have you ever attended school?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No >>> SKIP to A8
A6.	What is the highest level of school you attended- primary, secondary or higher?	1. <input type="checkbox"/> Primary (grade 1-8) 2. <input type="checkbox"/> Secondary (grade 9-12) 3. <input type="checkbox"/> Higher (>=13)
A7.	What is the highest class/form/year you completed at that level?	____
A8.	How often do you read a newspaper or magazine?	1. <input type="checkbox"/> Almost every day 2. <input type="checkbox"/> At least once a week 3. <input type="checkbox"/> Less than once a week 4. <input type="checkbox"/> Not at all
A9.	How often do you listen to the radio? ?	1. <input type="checkbox"/> Almost every day 2. <input type="checkbox"/> At least once a week 3. <input type="checkbox"/> Less than once a week 4. <input type="checkbox"/> Not at all
A10.	How often do you watch television?	1. <input type="checkbox"/> Almost every day 2. <input type="checkbox"/> At least once a week 3. <input type="checkbox"/> Less than once a week 4. <input type="checkbox"/> Not at all
A11.	What is your religion?	1. <input type="checkbox"/> Muslim 2. <input type="checkbox"/> Orthodox 3. <input type="checkbox"/> Protestant 4. <input type="checkbox"/> Catholic 5. <input type="checkbox"/> Other _____
A12.	How many years have you lived in this village?	____ years ____ Months
A13.	How was your marriage ceremony conducted?	1. <input type="checkbox"/> Municipality Wedding 2. <input type="checkbox"/> Religious ceremony 3. <input type="checkbox"/> By elderly people 4. <input type="checkbox"/> co-habiting (not legally married)
A14.	Including you, how many wives does your husband have?	____ wives
A15.	What number wife are you?	____
A16.	If currently married or cohabiting, how long have you been living with your spouse or sexual	____ months ____ Years

	partner?	
A17.	How many times have you been married (civil, religious, common, customary law marriage)?	<input type="text"/> times IF 00 SKIP TO A20
A18.	How old were you when you first got married?	<input type="text"/> Years old
A19.	The building that you sleep in – of what material are the walls made? (Tick all that apply) To be filled by observation	1. <input type="checkbox"/> Stone, solid cement 2. <input type="checkbox"/> Fired brick 3. <input type="checkbox"/> Sun-dried bricks 4. <input type="checkbox"/> Mud, cement 5. <input type="checkbox"/> Mud, sticks, reeds 6. <input type="checkbox"/> Other (specify)_____
A20.	What is the roof of this building made of? (Tick all that apply) To be filled by observation	1. <input type="checkbox"/> Iron 2. <input type="checkbox"/> Grass or reeds 3. <input type="checkbox"/> Mud, branches 4. <input type="checkbox"/> Mud, cement 5. <input type="checkbox"/> Other (specify)_____
A21.	What is the floor of your house made of? (Tick all that apply) To be filled by observation	1. <input type="checkbox"/> Cement 2. <input type="checkbox"/> Mud 3. <input type="checkbox"/> Cow dung/soil 4. <input type="checkbox"/> Other (specify)_____
A22.	Do you own a latrine?	1. <input type="checkbox"/> Yes, outdoor pit latrine, shared 2. <input type="checkbox"/> Yes, outdoor pit latrine, private 3. <input type="checkbox"/> Yes, indoor latrine 4. <input type="checkbox"/> Yes, outdoor pit latrine and indoor latrine 5. <input type="checkbox"/> No, neither type of latrine >>> skip to A25
A23.	If you have a latrine at home, do you use the latrine nearly always, for long call only, or rarely?	1. <input type="checkbox"/> Use it always 2. <input type="checkbox"/> Use it for long call only 3. <input type="checkbox"/> Use it rarely
A24.	Does your household have:	
	a. Electricity? b. Wall Watch/clock? c. A radio? d. A television? e. A mobile phone? f. An ox? g. A cow? h. A table? i. A chair? j. A bed? k. A cotton/sponge/spring mattress?	a. 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No b. 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No c. 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No d. 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No e. 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No f. 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No g. 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No h. 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No i. 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No j. 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No k. 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
A25.	If one walked at an average pace, approximately how many minutes would it take to walk from your home to the nearest place where you can catch a bus?	<input type="text"/> minutes

B16.	Who usually decides how the money you earn will be used: mainly you, mainly your husband/partner or you and your husband/partner jointly?	1. <input type="checkbox"/> Respondent 2. <input type="checkbox"/> Husband/partner 3. <input type="checkbox"/> Respondent and husband/partner jointly 4. <input type="checkbox"/> Other _____
B17.	Would you say that the money that you earn is more than what your husband/partner earns, less than what he earns or about the same?	1. <input type="checkbox"/> More than him 2. <input type="checkbox"/> Less than him 3. <input type="checkbox"/> About the same 4. <input type="checkbox"/> Husband/partner doesn't bring in money 5. <input type="checkbox"/> Don't know
B18.	Who usually decides how your husband's/partner's earnings will be used: you, your husband/partner, or you and your husband/partner jointly?	1. <input type="checkbox"/> Respondent 2. <input type="checkbox"/> Husband/partner 3. <input type="checkbox"/> Respondent and husband/partner jointly 4. <input type="checkbox"/> Other _____
B19.	How many times per day or week you participate in a traditional coffee ceremony? If displayed in days, put 00 on the per-week If displayed in weeks, put 00 on the per day	_____ per day _____ per week
B20.	Who usually participates in the coffee ceremony with you? Tick all that apply.	1. <input type="checkbox"/> Husband/partner 2. <input type="checkbox"/> Family members 3. <input type="checkbox"/> Neighbors 4. <input type="checkbox"/> Village leader 5. <input type="checkbox"/> Religious leader 6. <input type="checkbox"/> Friends 7. <input type="checkbox"/> Other _____
B21.	What do you discuss with others during a coffee ceremony? Tick all that apply.	1. <input type="checkbox"/> Family or personal issues 2. <input type="checkbox"/> Issues related to your community 3. <input type="checkbox"/> National or political news 4. <input type="checkbox"/> Health challenges 5. <input type="checkbox"/> Problems with farming or cattle 6. <input type="checkbox"/> Other
B22.	Who usually prepares the coffee during the traditional coffee ceremony?	1. <input type="checkbox"/> Men 2. <input type="checkbox"/> Women
B23.	Has your husband ever prepared the coffee during the traditional coffee ceremony?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
B24.	Would you be happy to participate in a coffee ceremony if a man prepared the coffee?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No>>>>> SKIP TO B26
B25.	If yes, why?	1. <input type="checkbox"/> Men and women are equal. 2. <input type="checkbox"/> Both men and women can participate fully in the coffee ceremony. 3. <input type="checkbox"/> I enjoy participating without having to make coffee. 4. <input type="checkbox"/> Other: _____
B26.	If not, why not?	1. <input type="checkbox"/> This is not customary 2. <input type="checkbox"/> I prefer the company of other women.

		3. [] Men should not perform women's role in a coffee ceremony. 4. [] Other: _____
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B27	Now if you permit me, I will ask some more questions about your relationship with your husband. In the last twelve months, did your husband ever:	Yes	No	Yes, how often?		
				Often	Sometimes	Rarely
	a) Expect that you ask permission to purchase large items?	1	2	1	2	3
	b) Expect that you ask permission to purchase small items?	1	2	1	2	3
	c) Take your earnings or savings from you against your will?	1	2	1	2	3
	d) Refuse to give you money for household expenses, even when he had money for other things?	1	2	1	2	3
	e) Require that you give up or refuse a job for money outside the home because your partner did not want you to work?	1	2	1	2	3
	f) Make important financial decisions without talking to you about them?	1	2	1	2	3
	g) Decide how you could spend money?	1	2	1	2	3
	h) Demand to know how you spent money?	1	2	1	2	3
	i) Hide money from you?	1	2	1	2	3
	j) Spent money you needed for rent, food or clothes on things for him?	1	2	1	2	3
	k) Threaten to not give you money or take it away from you?	1	2	1	2	3
	l) Given you little money or reduced your spacing when he is angry?	1	2	1	2	3
	m) Stopped giving you money for food?	1	2	1	2	3
	n) Taken away or used your belongings against your will?	1	2	1	2	3

B28.	How often does your husband/partner drink alcohol?	1. <input type="checkbox"/> Every day or nearly every day 2. <input type="checkbox"/> Once or twice a week 3. <input type="checkbox"/> 1-3 times in a month 4. <input type="checkbox"/> Rarely 5. <input type="checkbox"/> Never drinks >>>>>>> Skip to B31
B29.	In the past 12 months how often have you seen your husband/partner drunk? Would you say most days, weekly, once a month, less than once a month or never?	1. <input type="checkbox"/> Most days 2. <input type="checkbox"/> Weekly 3. <input type="checkbox"/> Once a month 4. <input type="checkbox"/> Very Rarely 5. <input type="checkbox"/> Never drinks >>>>>>> Skip to B31
B30.	In the past 12 months, have you experienced any of the following problems, related to your husband/partner's drinking? a. Money problems b. Health problems c. Conflict with family or friends d. Problems with authorities (police etc) e. Any other problems (specify)	a. 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No b. 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No c. 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No d. 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No e. Other(Specify)_____
B31.	How often does your husband/partner chew khat? 1. Every day or nearly every day 2. Once or twice a week 3. 1-3 times a month 4. Occasionally, less than once a month 5. Never	1. <input type="checkbox"/> Every day or nearly every day 2. <input type="checkbox"/> Once or twice a week 3. <input type="checkbox"/> 1-3 times in a month 4. <input type="checkbox"/> Very Rarely 5. <input type="checkbox"/> Never >>>>>>> Skip to C1
B32.	In the past 12 months, have you experienced any of the following problems, related to your husband/partner's khat chewing? a. Money problems b. Health problems c. Conflict with family or friends d. Problems with authorities (police etc) Any other problems (specify)	a. 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No b. 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No c. 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No d. 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No e. Other(Specify)_____

C. General Health and Well-being

Enumerator: *Next we would like to ask you about your general health, history of pregnancy, your experience with pregnancy and childbirth, family planning and nutrient. We assure you that the information you provide will be kept confidentially.*

C1.	On most days of the last week, how did you feel? (Read out options)	1. <input type="checkbox"/> Well 2. <input type="checkbox"/> Tired/weak 3. <input type="checkbox"/> Sick 4. <input type="checkbox"/> Extremely sick
C2.	Overall, in the last 30 days, how much difficulty did you have with moving around? (Read out options)	1. <input type="checkbox"/> None 2. <input type="checkbox"/> Mild 3. <input type="checkbox"/> Moderate 4. <input type="checkbox"/> Severe
C3.	In the last 30 days how much difficulty did you have in doing vigorous activities (such as walking long distances or fetching numerous buckets of water from the well). (Read out options)	1. <input type="checkbox"/> None 2. <input type="checkbox"/> Mild 3. <input type="checkbox"/> Moderate 4. <input type="checkbox"/> Severe
C4.	Overall, in the last 30 days, how much difficulty did you have with concentrating or remembering things? (Read out options)	1. <input type="checkbox"/> None 2. <input type="checkbox"/> Mild 3. <input type="checkbox"/> Moderate 4. <input type="checkbox"/> Severe
FOR NEXT QUESTIONS ASK ABOUT MOST SEVERE/PERSISTENT SYMPTOM / DISEASE IN LAST 30 DAYS		
C5.	Have you suffered from any symptoms of illness/injury in the past 30 days?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No >>>> SKIP TO D1

C6. What symptoms did you suffer from? (Use code below)	C7. How many days did you suffer from this symptom?	C8. Did you seek any type of medical treatment for your health problem?	C9. Where did you seek treatment? 1. Own house/other home 2. community health worker 3. Health post 4. Primary health center 5. Government hospital 6. Private hospital 7. Private drug store 8. Other (specify)	C10. If not, why not? 1. Problem not serious 2. Treatment too costly 3. Distance is too far 4. Afraid to find serious problem 5. Didn't have permission 6. Nobody to care for kids 7. Didn't want to go alone 8. Didn't know where to go 9. Other	C11. Did you suffer from any other symptom of illness/injury in the past 30 days?
a. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> >> If 61 (other), specify _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1. <input type="checkbox"/> Yes >> 2. <input type="checkbox"/> No Skip to C10	<input type="checkbox"/> >> If 8 (other), specify: _____	<input type="checkbox"/> >> If 9 (other), specify _____	1. <input type="checkbox"/> Yes > Cont. to C6 2. <input type="checkbox"/> No > Skip to D1
b. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> >> If 61 (other), specify _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1. <input type="checkbox"/> Yes >> 2. <input type="checkbox"/> No Skip to C10	<input type="checkbox"/> >> If 8 (other), specify: _____	<input type="checkbox"/> >> If 9 (other), specify _____	1. <input type="checkbox"/> Yes > Cont. to C6 2. <input type="checkbox"/> No > Skip to D1
c. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> >> If 61 (other), specify _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1. <input type="checkbox"/> Yes >> 2. <input type="checkbox"/> No Skip to C10	<input type="checkbox"/> >> If 8 (other), specify: _____	<input type="checkbox"/> >> If 9 (other), specify _____	1Skip to D1

GENERAL

Weakness	01
Headache	02
Back pain	03
Generalized body ache	- 04
Unexplained weight loss	05
Unexplained Fever	- 06
Night sweats	- 07
Chills -	08
Swelling ankles -	09
Eye problems -	10
Ear problems -	11
Throat problems -	12
Skin problems -	13
Dental problem- -	14

GASTROINTESTINAL

Upper abdomen Pain -	15
Lower abdomen Pain -	16
Dyspepsia -	17
Flatulence -	18
Vomiting -	19
Diarrhea -	20
Constipation	- 21
Rectal/anal pain -	22
Rectal prolapse -	23
Blood in stool -	25

RESPIRATORY TRACT

Catarrh -	24
Cough -	26
Cough with blood -	27
Blood in spit -	28
Difficulty with breathing -	29
Chest pain -	30
Asthma -	31
GENITO-URINARY	
Bladder/Urinary Tract -	32
Infection -	33
Genital Ulcers -	34
STIs -	35
Uterus (genitourinary) prolapse -	36
Painful urination -	59

**MUSCULOSKELTAL/
NEUROLOGICAL**

Joint pains	- 37
Broken bones	- 38
Fully paralysis	- 39
Partial paralysis	- 40
Convulsion	- 41
Epilepsy	- 42
Memory loss	- 43
Physically Disabled	- 60

PARASITIC

Worms in stool	- 44
Fever with chills (Malaria)	- 45

IMMUNIZABLE

Chicken pox	- 46
Measles	- 47
Mumps	- 48
Tetanus	- 49
Yellow fever	- 50

OTHER

Anemia (iron)	- 51
Goiter (iodine)	- 52
ARI	- 53
Cut/ burn	- 54
Jaundice-	- 55
Diabetic	- 56
Boil	57
Tumor	- 58

F. Gender and Domestic Violence

Enumerator: Now, I am going to read you a list of statements. For each statement, I would like you to first tell me if you agree with this statement yourself, and next tell me if you think a majority (more than half) of your friends and family agree with this statement. For example, I could read the statement "It is beneficial for all children to attend primary school." First, you would say "Yes" if you agree with this statement yourself. Next, if you believe that the majority of your friends and families also agree, you would say "Yes" again.

		(a) Do you agree with this statement?	(b) Do your friends and family agree with this statement?
F1.	A man should have the final word on decisions in his home.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F2.	A woman should obey her husband in all things.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F3.	It must be the man who provides for the family.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F4.	The husband should decide what major household items to buy	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F5.	If a wife does something wrong her husband has the right to punish her.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F6.	A woman should be able to choose her own friends even if her husband disapproves	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F7.	A woman should be able to get help from a skilled birth attendant when she needs it, even without her husband's approval.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F8.	A husband and wife should make decisions together about health care for themselves.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F9.	A husband and wife should make decisions together about health care for their children.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F10.	Village assemblies and local development committee members should be mainly men because women don't have a voice in village matters.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F11.	A man needs other women, even if things with his wife are fine.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F12.	You don't talk about sex, you just do it.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F13.	Women who carry condoms on them are easy.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F14.	Men need sex more than women do.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F15.	Men are always ready to have sex.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No

F16.	A woman should not initiate sex.	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No
F17.	It is the man who decides what type of sex to have.	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No
F18.	A man should be outraged if his wife asks him to use a condom.	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No
F19.	A woman can suggest using condoms just like a man can.	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No
F20.	A married woman should not refuse to have sex if her husband wants to.	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No
F21.	It is a woman's responsibility to avoid getting pregnant.	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No
F22.	A couple should decide together if they want to have children.	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No
F23.	If a man gets a woman pregnant, the child is the responsibility of both.	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No
F24.	A woman who has sex before she marries does not deserve respect.	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No
F25.	Only when a woman has a child is she a real woman.	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No
F26.	A real man produces a male child.	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No
F27.	Parents should be happy if their daughter is going to be married at any age – even if she is younger than 18 years old.	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No
F28.	Women are sometimes to blame for violence against them.	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No
F29.	Women should not tolerate violence just in order to keep her family together.	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No
F30.	No one outside the couple should intervene if a husband beats up his wife.	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No
F31.	There are times a woman deserves to be beaten.	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No
F32.	A woman who intervenes when a husband is beating his wife is meddling.	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No

FO: Now, some people may believe that a man has a good reason to hit his wife in certain situations. I am going to read you a list of situations. For each one, please tell me if you believe that a man has a good reason to hit his wife in this situation. Please also tell me if you think most of your friends and families agree that a man would have a good reason to hit his wife in this situation.

	<i>Good reason for a husband to beat his wife.....</i>	(a) Do you agree a man would have a good reason to hit his wife in this situation?	(b) Would your friends and family agree a man has a good reason to hit his wife in this situation?
F33.	She disobeys him.	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No
F34.	She answers back to him.	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No
F35.	She disrespects his relatives.	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No
F36.	He suspects that she is unfaithful.	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No
F37.	He finds out that she has been unfaithful.	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No
F38.	She spends her time gossiping with neighbors.	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No
F39.	She neglects taking care of the children.	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No
F40.	She does not complete her household work to his satisfaction.	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No
F41.	She accuses him of infidelity.	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No
F42.	She tells his secrets to others in the community.	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No
F43.	He is angry with her.	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No
F44.	She burns the food.	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No
F45.	She goes out without telling him.	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No	1. <input type="checkbox"/>]Yes 2. <input type="checkbox"/>]No

FO: Now I would like to ask you questions about some other important aspects of a woman's life. I know some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women in Ethiopia. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else will know that you were asked these questions.

F46.	Do you think violence against women is a major problem in your village?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO 3. <input type="checkbox"/> Don't Know
F47.	Out of 10 women living in your village, how many do you think are experiencing any type of physical violence from their husbands?	<input type="text"/> women
F48.	Out of 10 women living in your village, how many do you think are experiencing any type of sexual violence from their husbands?	<input type="text"/> women
F49.	What are some of the consequences of violence against women? Tick all that are mentioned. (Do not read options)	1. <input type="checkbox"/> Psychological outcomes 2. <input type="checkbox"/> Physical injuries 3. <input type="checkbox"/> Sexual and reproductive health problems 4. <input type="checkbox"/> Suicide or death 5. <input type="checkbox"/> Health or psychological risks for children 6. <input type="checkbox"/> HIV or STI 7. <input type="checkbox"/> Other (Specify) _____ 8. <input type="checkbox"/> Don't Know
F50.	How does violence against women increase their vulnerability to HIV/AIDS? Tick all that are mentioned. (Do not read options)	1. <input type="checkbox"/> Limits ability to negotiate safe sex 2. <input type="checkbox"/> Violent men may engage in risky sexual behaviors and put their spouses at risk 3. <input type="checkbox"/> Limits access to information and treatment 4. <input type="checkbox"/> Increases risk of transmission to infants 5. <input type="checkbox"/> Other (Specify) _____
F51.	If a woman in your village was experiencing violence from her husband, who could she go to for help? Tick all that are mentioned. (Do not read options)	1. <input type="checkbox"/> Female relative/friend 2. <input type="checkbox"/> Male relative 3. <input type="checkbox"/> Police officer 4. <input type="checkbox"/> Health worker 5. <input type="checkbox"/> Religious leader 6. <input type="checkbox"/> Community leader 7. <input type="checkbox"/> Neighbor 8. <input type="checkbox"/> Other: _____
F52.	If a woman in your village told you that she was experiencing violence from her husband, what would you do? Tick all that apply.	1. <input type="checkbox"/> Discuss the problem of violence with her 2. <input type="checkbox"/> Encourage her to visit a health facility for treatment 3. <input type="checkbox"/> Encourage her to report violence to a police officer 4. <input type="checkbox"/> Encourage her to discuss this problem with traditional / religious leaders 5. <input type="checkbox"/> Inform your husband about your conversation 6. <input type="checkbox"/> Inform other women in the village about your

		<p>conversation</p> <p>7. [] Speak to the woman's husband or family about the problem of violence.</p> <p>8. [] Nothing, since we should not interfere in other people's private lives.</p> <p>9. [] Tell her that violence is common/normal and she should accept it.</p> <p>10. [] Discourage her from telling other people</p> <p>11. [] Advise her to resolve conflict elicited with her husband</p> <p>12. [] Other: _____</p>
F53.	<p>I am going to read some statements about violence against women. For each statement, please state whether you agree or disagree.</p> <p>a) If a man does not give his wife money for household necessities, even though he spends money on things for himself, it is an example of violence against women.</p> <p>b) If a man forbids his wife from seeing his parents and other family members, or friends, it is not an example of violence against women.</p> <p>c) If a man slaps, pushes, shoves, kicks or drags a woman, including his wife, it is not an example of violence against women.</p> <p>d) If a man threatens to hit a woman, but does not actually hit her, it is an example of violence against women.</p> <p>e) If a man forces a woman he does not know to have sex, it is an example of violence against women.</p> <p>f) If a man forces his wife to have sex, it is not an example of violence against women.</p> <p>g) If a man shouts at his wife in public and embarrasses her, it is an example of violence against women.</p>	<p>a) 1. [] Agree 2. [] Disagree</p> <p>b) 1. [] Agree 2. [] Disagree</p> <p>c) 1. [] Agree 2. [] Disagree</p> <p>d) 1. [] Agree 2. [] Disagree</p> <p>e) 1. [] Agree 2. [] Disagree</p> <p>f) 1. [] Agree 2. [] Disagree</p> <p>g) 1. [] Agree 2. [] Disagree</p>

	When two people marry or live together, they usually share both good and bad moments. I would now like to ask you some questions about your current and past relationships and how your husband/partner treats you. If anyone interrupts us I will change the topic of conversation. I would again like to assure you that your answers will be kept secret, and that you do not have to answer any questions that you do not want to. May I continue?				
F54.	In general, do you and your husband/partner discuss the following topics together: a) things that have happened to him in the day b) Things that happened to you during the day c) Your worries or feelings d) His worries or feelings	a) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No b) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No c) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No d) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No			
F55.	In your relationship with your husband/partner, how often would you say that you quarreled? Would you say rarely, sometimes or often?	1. <input type="checkbox"/> Rarely 2. <input type="checkbox"/> Sometimes 3. <input type="checkbox"/> Often			
F56.	I am now going to ask you about some situations that are true for many women. Thinking about your current husband/partner, would you say it is generally true that he: a) Tries to keep you from seeing your friends? b) Tries to restrict contact with your family of birth? c) Insists on knowing where you are at all times? d) Ignores you and treats you indifferently? e) Gets angry if you talked to other men? f) Is often suspicious that you are unfaithful? g) Expects you to ask his permission before leaving home? h) Expects you to ask his permission before seeking health care for yourself? i) Prevent you from expressing your opinion in public?	a) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No b) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No c) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No d) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No e) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No f) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No g) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No h) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No i) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No			
F57.	Now, I'd like to ask you some questions about how your husband interacts with you. In the last twelve months , did your husband ever:	YES	N O	If YES, How often did this happen <u>in the last 12 months</u>: often, only sometimes or rarely.	
				Often	Sometimes
					Rarely

	<p>a) Insulted you or made you feel bad about yourself</p> <p>b) Belittled or humiliated you in front of other people?</p> <p>c) Do things to scare or intimidate you on purpose (eg by the way he looked at you, by yelling and smashing things)?</p> <p>d) Threatened to hurt you or someone you care about?</p>	<p>a) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No</p> <p>b) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No</p> <p>c) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No</p> <p>d) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No</p>	<p>aa) 1. <input type="checkbox"/> Often 2. <input type="checkbox"/> Sometimes 3. <input type="checkbox"/> Rarely</p> <p>bb) 1. <input type="checkbox"/> Often 2. <input type="checkbox"/> Sometimes 3. <input type="checkbox"/> Rarely</p> <p>cc) 1. <input type="checkbox"/> Often 2. <input type="checkbox"/> Sometimes 3. <input type="checkbox"/> Rarely</p> <p>dd) 1. <input type="checkbox"/> Often 2. <input type="checkbox"/> Sometimes 3. <input type="checkbox"/> Rarely</p>		
F58.	Has your your husband ever done any of the following things to you?	<p>A. If Yes, continue with</p> <p>B. If NO, skip to next item.</p>	<p>B. Has this happened in the past 12 months?</p> <p>(If YES ask C only. If NO ask D only.)</p>	<p>C. In the past 12 months would you say this has happened</p> <p>1 many time 2.few times 3 once,?</p> <p>(After answering C, skip D)</p>	<p>D. Before the past 12 months would you say that this happened</p> <p>1 many time 2.few times 3 once,?</p>
	<p>a) Slapped you or thrown something at you that could hurt you?</p> <p>b) Pushed you or shoved you?</p> <p>c) Hit you with his fist or something that could hurt you?</p> <p>d) Kicked you, dragged you or beaten you up?</p> <p>e) Choked or burnt you on purpose?</p>	<p>a) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No</p> <p>b) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No</p> <p>c) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No</p> <p>d) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No</p> <p>e) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No</p>	<p>a) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No</p> <p>b) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No</p> <p>c) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No</p> <p>d) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No</p> <p>e) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No</p>	<p>1 2 3 Many Few One</p> <p>a) 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/></p> <p>b) 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/></p> <p>c) 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/></p> <p>d) 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/></p> <p>e) 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/></p>	<p>1 2 3 Many Few One</p> <p>a) 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/></p> <p>b) 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/></p> <p>c) 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/></p> <p>d) 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/></p> <p>e) 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/></p>

	<p>f) Threatened to use or actually used a gun, knife or other weapon against you?</p> <p>g) Physically force you to have sexual intercourse with him even when you did not want to?</p> <p>h) Force you to perform sexual acts you did not want to?</p> <p>i) Did you ever have sexual intercourse because you were intimidated by him or afraid he would hurt you?</p> <p>Note: If the respondent reports no violence, SKIP</p>	<p>f) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No</p> <p>g) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No</p> <p>h) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No</p> <p>i) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No</p>	<p>f) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No</p> <p>g) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No</p> <p>h) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No</p> <p>i) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No</p>	<p>f) 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/></p> <p>g) 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/></p> <p>h) 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/></p> <p>i) 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/></p>	<p>f) 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/></p> <p>g) 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/></p> <p>h) 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/></p> <p>i) 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/></p>
F59.	Did your husband ever beat or assault you while you were pregnant?	<p>1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO</p>			
F60.	As the result of actions by your husband, have you suffered any of the following in the last twelve months?	<p>a) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No</p> <p>b) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No</p> <p>c) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No</p> <p>d) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No</p> <p>e) Specify _____</p>			
F61.	In the past twelve months, were you ever treated badly enough by your husband that you needed health care (even if you didn't receive it)?	<p>1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO</p>			

F62.	In the past twelve months, have you ever had to spend any nights in a hospital due to the injury/injuries?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO
F63.	Are there any particular situations that tend to lead to violence? Do not read options. Probe: Any other situation? MARK ALL MENTIONED	1. <input type="checkbox"/> No particular reason 2. <input type="checkbox"/> When man drunk 3. <input type="checkbox"/> Money problems 4. <input type="checkbox"/> Difficulties at his work 5. <input type="checkbox"/> When he is unemployed 6. <input type="checkbox"/> No food at home 7. <input type="checkbox"/> Problems with his or her family 8. <input type="checkbox"/> She is pregnant 9. <input type="checkbox"/> He is jealous of her 10. <input type="checkbox"/> She refuses sex 11. <input type="checkbox"/> She is disobedient 12. <input type="checkbox"/> Other: _____
F64.	In the past twelve months, were your children ever present when your husband mistreated you?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO
F65.	In the past twelve months, did mistreatment by your partner result in any of the following consequences? a) The violence disrupted your household work? b) The violence disrupted work outside the household or income-generating activities? c) The violence disrupted your ability of take care of your children? d) The violence caused your children to miss school? e) The violence caused you to leave home, even if only for a night?	a) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No b) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No c) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No d) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No e) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
F66.	Have you ever disclosed to anyone that your husband mistreats you?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO >>>>SKIP TO F69
F67.	When did you disclose this information? <i>If more than once, record the date of the most recent disclosure.</i>	___ months ___ years
F68.	Who did you disclose this mistreatment to?	1. <input type="checkbox"/> No one 2. <input type="checkbox"/> Friends

	<p>>>>>If respondent reports disclosure, SKIP TO F70</p> <p>[Check all that apply]</p>	<p>3. [] Parents 4. [] Uncle or aunt 5. [] Husband/partner's family 6. [] Children 7. [] Neighbors 8. [] Police 9. [] Doctor/Health worker 10. [] Priest/religious leader 11. [] Counselor 12. [] NGO/Women's organization 13. [] Local leader 14. [] Other _____</p>
<p>F69.</p>	<p>If you did not disclose this mistreatment, which of these reasons were relevant to your decision not to disclose? For each statement, please state whether or not this was a factor in your decision.</p> <p>a) You don't have anyone to confide in.</p> <p>b) You don't know where to go for help.</p> <p>c) You were embarrassed by what took place.</p> <p>d) You didn't want other community members to know.</p> <p>e) You never considered it a big problem.</p> <p>f) You fear people will blame you.</p> <p>g) You were afraid it would worsen the situation.</p> <p>h) You felt you could take care of it yourself.</p> <p>i) Family/friends discouraged getting help.</p> <p>j) You believed the violence would stop.</p> <p>k) You believe violence is a normal point of relationships.</p>	<p>a) 1. [] Yes 2. [] No b) 1. [] Yes 2. [] No c) 1. [] Yes 2. [] No d) 1. [] Yes 2. [] No e) 1. [] Yes 2. [] No f) 1. [] Yes 2. [] No g) 1. [] Yes 2. [] No h) 1. [] Yes 2. [] No i) 1. [] Yes 2. [] No j) 1. [] Yes 2. [] No k) 1. [] Yes 2. [] No l) 1. [] Yes 2. [] No m) 1. [] Yes 2. [] No n) 1. [] Yes 2. [] No</p> <p>>>>>>>> SKIP to F71</p>

	<p>l) You were afraid it would end your relationship.</p> <p>m) You were afraid you would lose children.</p> <p>n) You were watched by your partner all the time.</p> <p>If F69 is answered or tried to be answered</p>	
F70.	<p>Did anyone ever tried to help you? If yes, who helped you?</p> <p>MARK ALL MENTIONED</p> <p>PROBE: Anyone else?</p>	<p>1. [] Village elders</p> <p>2. [] Friends</p> <p>3. [] Parents</p> <p>4. [] Uncle or aunt</p> <p>5. [] Husband/partner's family</p> <p>6. [] Children</p> <p>7. [] Neighbors</p> <p>8. [] Police</p> <p>9. [] Doctor/Health worker</p> <p>10. [] Priest</p> <p>11. [] Counselor/religious leader</p> <p>12. [] NGO/Women's organization</p> <p>13. [] Local leader</p> <p>14. [] Other _____</p> <p>15. [] No one</p>
F71.	<p>Did you ever go to any of the following for help?</p> <p>READ EACH ONE, AND MARK ALL MENTIONED</p>	<p>1. [] Police</p> <p>2. [] Hospital/health center</p> <p>3. [] Social services</p> <p>4. [] Legal Services</p> <p>5. [] Legal advice center</p> <p>6. [] Court</p> <p>7. [] Shelter</p> <p>8. [] Local Leader</p> <p>9. [] Women's organization: _____</p> <p>10. [] Priest/religious leader</p> <p>11. [] Elsewhere: _____</p> <p>12. [] No where >>>>> SKIP TO F73</p>
F72.	<p>What were the reasons that made you go for help?</p> <p>Do not read options aloud, tick all mentioned.</p>	<p>1. [] Encouraged by friends/family</p> <p>2. [] Could not endure more</p> <p>3. [] Badly injured/afraid he would kill her</p> <p>4. [] He threatened or tried to kill her</p> <p>5. [] He threatened or hit children</p> <p>6. [] Saw that children suffering</p> <p>7. [] Thrown out of home</p> <p>8. [] Afraid he would kill her</p> <p>9. [] Other: _____</p> <p>If any of the above is answered SKIP TO F74</p>
F73.	<p>Why did you not go to any of these?</p> <p>Do not read options aloud, tick all mentioned.</p>	<p>1. [] Don't know/no answer</p> <p>2. [] Fear of threats/consequences/more violence</p> <p>3. [] Violence normal/not serious</p> <p>4. [] Embarrassed/ashamed/afraid would not be believed or would be blamed</p>

F96	Apart from your biological father, were there other important male figures in your life when you were growing up?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO
F97	Who had the final word in your household about decisions involving you and your brothers and sisters (their schooling, their activities)? Would you say your mother, father or both equally?	1. <input type="checkbox"/> Mother 2. <input type="checkbox"/> Father 3. <input type="checkbox"/> Both equally 4. <input type="checkbox"/> Other _____
F98	Who had the final word about decisions involving how your family spent money on food and clothing? Would you say your mother, father or both equally?	1. <input type="checkbox"/> Mother 2. <input type="checkbox"/> Father 3. <input type="checkbox"/> Both equally 4. <input type="checkbox"/> Other _____
F99	Who had the final word about decisions involving how your family spent money on large investments such as buying a car, a house or a household appliance? Would you say your mother, father or both equally?	1. <input type="checkbox"/> Mother 2. <input type="checkbox"/> Father 3. <input type="checkbox"/> Both equally 4. <input type="checkbox"/> Other _____
F100	According to the law, is a husband who forces his wife to have sex against her will committing a criminal act (That is, the husband can be fined or put in jail)?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO 3. <input type="checkbox"/> I don't know
F101	Are there any laws in your country about violence against women?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO 3. <input type="checkbox"/> I don't know
F102	Have you ever heard of any campaigns or activities in your community or workplace that talk about preventing violence against women?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO 3. <input type="checkbox"/> I don't know
F103	Have you ever seen an advertisement or public service announcement on television about violence against women?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO 3. <input type="checkbox"/> I don't know
F104	Have you ever participated in an activity (group session, rally, etc.) in your community or workplace on violence against women?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO 3. <input type="checkbox"/> I don't know
F105	How many of the following statements truthfully describe your life in the last twelve months? Please do not tell me which statements are true, just how many. 1. I delivered a new baby. 2. I attended a wedding. 3. I received some health service at a hospital. 4. I purchased new clothing for myself.	<input type="text"/> statements
F106	How many of the following statements truthfully describe your life in the last twelve months? Please do not tell me which	

	<p>statements are true, just how many.</p> <ol style="list-style-type: none"> 1. I delivered a new baby. 2. I attended a wedding. 3. I received some health service at a hospital. 4. I purchased new clothing for myself. 5. My husband slapped me or threw something at me that could hurt me. 	<p><input type="checkbox"/> statements</p>
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F107. Anonymous picture technique

I would now like to give you a card with photos. On this card are two pictures, but no other message. The first picture is of a happy face, the second is of a sad face.

No matter what you have already told me!! I would like you to put a mark next to the sad picture if your husband has ever committed any act of physical or sexual violence against you. Please put a mark next to the happy face if this has never happened to you.

Once you have marked the card, please fold it over and put it in an envelope and then on this bag, along with many other women’s responses from this village. This will ensure that I do not know your answer.

GIVE RESPONDENT CARD AND PEN. DO NOT LOOK AT RESPONSE. ONCE CARD IS FOLDED, ASK REPENDENT TO PUT IT IN AN ENVELOPE AND INTO A BAG THAT ALSO CONTAINS OTHER COMPLETED CARDS. DO NOT RECORD DETAILS OF QUESTIONNAIRE IDENTIFICATION ON CARD.

G7.	<p>Can you tell me all the ways you know of that people can protect themselves from HIV?</p> <p>Tick all that are mentioned.</p>	<ol style="list-style-type: none"> 1. <input type="checkbox"/> Abstinence 2. <input type="checkbox"/> Being faithful 3. <input type="checkbox"/> Using condoms 4. <input type="checkbox"/> Using condoms correctly and consistently 5. <input type="checkbox"/> Going for VCT before engaging in sex 6. <input type="checkbox"/> Not sharing sharp objects 7. <input type="checkbox"/> Avoiding drugs/alcohol/anything which hampers judgment 8. <input type="checkbox"/> Avoiding bad company 9. <input type="checkbox"/> Avoiding prostitution 10. <input type="checkbox"/> Avoiding walking alone at night 11. <input type="checkbox"/> Avoiding contact between bloody wounds and skin 12. <input type="checkbox"/> Avoiding circumcision with unsafe tools 13. <input type="checkbox"/> Avoiding wife-inheritance 14. <input type="checkbox"/> Avoiding sugar daddies/mummies 15. <input type="checkbox"/> Avoiding multiple sexual partners 16. <input type="checkbox"/> Voluntary male circumcision 17. <input type="checkbox"/> Other (specify _____) 18. <input type="checkbox"/> Don't know/ Don't remember
G8.	Do you think that a healthy-looking person can have HIV?	<ol style="list-style-type: none"> 1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO 3. <input type="checkbox"/> Don't Know
G9.	Can a pregnant woman infected with HIV transmit the virus to her baby?	<ol style="list-style-type: none"> 1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO 3. <input type="checkbox"/> Don't Know
G10.	Can a mother infected with HIV transmit the virus to her newborn baby through breastfeeding?	<ol style="list-style-type: none"> 1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO 3. <input type="checkbox"/> Don't Know
G11.	Can a person get the HIV virus by sharing a meal with someone who is infected?	<ol style="list-style-type: none"> 1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO 3. <input type="checkbox"/> Don't Know
G12.	Can people protect themselves from getting the HIV virus by avoiding mosquito bites?	<ol style="list-style-type: none"> 1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO 3. <input type="checkbox"/> Don't Know

G25.	Where can you get condoms? (tick all that are mentioned)	1. <input type="checkbox"/> Hospital 2. <input type="checkbox"/> Health center/clinic 3. <input type="checkbox"/> Mobile clinic 4. <input type="checkbox"/> Community health worker 5. <input type="checkbox"/> Pharmacy 6. <input type="checkbox"/> Street vendor 7. <input type="checkbox"/> Bars/clubs 8. <input type="checkbox"/> Shop 9. <input type="checkbox"/> Friends/relative 10. <input type="checkbox"/> Church 11. <input type="checkbox"/> NGO 12. <input type="checkbox"/> Other (specify)_____
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FO: The objective of the next section is to find out your opinions about HIV/AIDS. I will read a statement. Please tell me if you strongly agree/agree/neither agree nor disagree/ disagree or strongly disagree with each statement.

Statements		Answer					
		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't know
G26.	Using condoms reduces sexual pleasure.	1	2	3	4	5	0
G27.	It is embarrassing to buy or ask for condoms.	1	2	3	4	5	
G28.	Using a condom is a sign of not trusting your partner.	1	2	3	4	5	
G29.	Men need to have more than one sexual partner, often at the same time.	1	2	3	4	5	
G30.	HIV/AIDS is a punishment for bad behavior.	1	2	3	4	5	
G31.	It is women prostitutes that spread HIV in our community.	1	2	3	4	5	
G32.	It is promiscuous men that spread HIV in our community.	1	2	3	4	5	

(c) Behavior Questions

FO: Now I am going to ask you some more questions. These ones will be about some topics that may seem embarrassing. Again, this is totally confidential and I won't share this information anyone else.

G33.	How old were you when you had sexual intercourse for the first time?	_ _ years
G34.	In your lifetime , how many sexual partners have you had? Including the current spouse	_ _ partners
G35.	In the last 6 months , how many sexual partners have you had? Including the current spouse	_ _ partners

G36.	Have you ever used a condom?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO >>>>>>> skip to question G40
G37.	Did you use a condom last time you had sex ?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO >>>>>>> skip to question G39 3. <input type="checkbox"/> Not sure
G38.	What were the reasons you used a condom? <i>(tick all that are mentioned)</i>	1. <input type="checkbox"/> Own concern to prevent pregnancy 2. <input type="checkbox"/> Own concern to prevent STI/HIV 3. <input type="checkbox"/> Partner insisted/ partner's choice 4. <input type="checkbox"/> Other (specify) If any of the above answered>> skip to G40
G39.	What were the reasons you did not use a condom? <i>(tick all that are mentioned)</i>	1. <input type="checkbox"/> Condoms are uncomfortable 2. <input type="checkbox"/> Embarrassing to use condoms 3. <input type="checkbox"/> Unable to get condoms 4. <input type="checkbox"/> Had sex with a partner who was not a sex worker 5. <input type="checkbox"/> Had sex with my regular partner 6. <input type="checkbox"/> Partner did not want 7. <input type="checkbox"/> Other (specify)_____
G40.	Would you like to use a condom next time you have sex?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO 3. <input type="checkbox"/> I Don't Know
G41.	Who will make the decision about whether to use a condom?	1. <input type="checkbox"/> Self 2. <input type="checkbox"/> Partner 3. <input type="checkbox"/> Both 4. <input type="checkbox"/> Not sure
G42.	How confident are you that you could convince your partner to use a condom if you wanted to use one?	1. <input type="checkbox"/> Not at all confident 2. <input type="checkbox"/> Somewhat confident 3. <input type="checkbox"/> Confident 4. <input type="checkbox"/> Very confident
G43.	What would you do if your partner refused or declined to use a condom?	1. <input type="checkbox"/> Have sex without condom 2. <input type="checkbox"/> Talk it over and use condom 3. <input type="checkbox"/> Talk it over and not use condom 4. <input type="checkbox"/> Would not have sex 5. <input type="checkbox"/> Other_____
G44.	Could you say no to your partner if you did not want to have sexual intercourse?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 3. <input type="checkbox"/> Depends/Not sure
G45.	Have you ever discussed HIV risk behaviors with your partner?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO

G46.	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO 3. <input type="checkbox"/> Don't Know
G47.	Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO 3. <input type="checkbox"/> Don't Know
G48.	Sometimes women have a genital sore or ulcer. During the past 12 months, have you had a genital sore or ulcer?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO 3. <input type="checkbox"/> Don't Know
G48b	<i>Enumerator Check: Did the respondent answer yes to question either G46, G47, OR D48?</i>	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO >>>>>>>>SKIP TO G51
G49.	The last time you had (PROBLEM FROM G46/G47/G48) did you seek any kind of advice or treatment?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO 3. <input type="checkbox"/> Don't Know
G50.	Where did you go?	1. <input type="checkbox"/> Community health worker 2. <input type="checkbox"/> Health post 3. <input type="checkbox"/> Primary health center 4. <input type="checkbox"/> Government hospital 5. <input type="checkbox"/> Private hospital 6. <input type="checkbox"/> Private drug store 7. <input type="checkbox"/> Other (specify)
G51.	Have you ever heard of female circumcision? IF NO PROBE: Have you ever heard of the practice in which a girl may have parts of her genitals cut	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO
G52.	Have you yourself ever been circumcised?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO 3. <input type="checkbox"/> Don't Know
G53.	In some parts of Ethiopia, there is a type of circumcision where the genital area is sewn closed. Was this done to you?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO 3. <input type="checkbox"/> Don't Know
G54.	<i>ENUMERATOR CHECK: Does the respondent have at least one living daughter (Question D2)</i>	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO >>>>>>>> SKIP TO G56
G55.	Has your daughter/ have any of your daughters been circumcised? IF YES: How many?	1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO _ _ daughters
G56.	Do you think this practice should be continued or should it be discontinued?	1. <input type="checkbox"/> Continued 2. <input type="checkbox"/> Discontinued 3. <input type="checkbox"/> Depends 4. <input type="checkbox"/> Don't know

H. Patient Health Questionnaire-9

Over the last 2 weeks, how often have you been bothered by any of the following problems?		Answer			
		Not at all	Several Das	More than half the days	Nearly every day
H1.	Little interest or pleasure in doing things	0	1	2	3
H2.	Feeling down, depressed or hopeless	0	1	2	3
H3.	Trouble falling or staying asleep, or sleeping too much	0	1	2	3
H4.	Feeling tired or having little energy	0	1	2	3
H5.	Poor appetite or overeating	0	1	2	3
H6.	Feeling bad about yourself- or that you are a failure or have let yourself or your family down	0	1	2	3
H7.	Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
H8.	Moving or speaking so slowly that other people could have noticed. Or the opposite – being so figety or restless that you have been moving around a lot more than usual	0	1	2	3
H9.	Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3
		Not difficult at all	Somewh at difficult	Very difficult	Extremel y difficult
H10.	If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	0	1	2	3

The End

Note:

Before leaving the participant

- Check for consistency and completeness of each question
- Provide the referral and community resource after informing her
- Provide greetings and thank her.