



107718

THIS FORM IS ONLY VALID FOR WOMEN AGED 15-49 YEARS. YOU MUST INTERVIEW THE WOMAN HERSELF

Woman's Identification

Form for woman's identification including fields for Surname, Firstname(s), Intended BSID, Actual BSID, TempID/DSID, Staff Member, Visit ref.#, Visit Date, and Supervised checkbox.

Section 1. General Health

Section 1 questions: 1. How would you describe your general health at present? 2. Are you able to carry heavy objects... 3. Are you able to walk 5 km without stopping? 4. Are you able to participate in heavy or vigorous activities...

Section 2: Confirmation of marital state & age at marriage

Section 2 questions: 1. Can I confirm that your current marital state is... 2a. IS CURRENT MARITAL STATE: NVE, NNE... 3. How old were you when you married for the first time?

Section 3 : Contraceptive Use

I would like to ask you some questions about contraception and reproductive health. Please be as open as you can because this information will be important in helping to improve health services for women and their partners. Please remember that all of your answers are confidential.

Section 3 questions: 1. Have you ever had a pregnancy... 2. Have you ever had sexual intercourse? 3. For the moment, are you doing something or using any contraceptive method... 4. The last time you had sexual intercourse, did you or your partner use anything, or use any contraceptive method to prevent pregnancy?

Table for contraceptive methods with columns for '1. CURRENT CONTRACEPTION' and '2. CONTRACEPTION AT LAST SEX'. Rows include Pill, Intra-uterine device (loop), Deproprovera Injection(3m), Nur-isterate injection (2m), Male condom, Female condom, Emergency contraception, Female sterilization, Male sterilization, and Other.

Section 3 : Sexual Relationships

INTERVIEWER: BEGIN WITH INFORMAL DISCUSSION FIRST TO BUILD RAPPORT TRUST & STRESS ABSENCE OF PREJUDICE. EXPLAIN THE NEED TO ASK SOME QUESTIONS ON THE RESPONDENTS OWN EXPERIENCE OF SEXUAL RELATIONSHIPS. STRESS THE IMPORTANCE OF PROVIDING ACCURATE INFORMATION. REQUEST PRIVACY.

Now I would like to ask you some questions concerning sexual relations. This information is strictly confidential and we will not reveal your name to anyone. Your answers are very important to our research to help us understand health

Form for sexual relationships including question: How old were you when you first started having sex? and interviewer instructions.

## Section 4. Sexual Relationships

THE QUESTIONS IN SECTION 4 ARE TO BE ASKED ABOUT ANY SEXUAL PARTNERS IN THE PAST YEAR. REPEAT THE QUESTIONS FOR UP TO 3 PARTNERS. BEGIN BY ASKING ABOUT THE MOST RECENT PARTNER. IF THE MOST RECENT RELATIONSHIP WAS MORE THAN A YEAR AGO, STILL ASK ABOUT THIS MOST RECENT PARTNER.

	MOST RECENT PARTNER	PREVIOUS PARTNER	PREVIOUS PARTNER
2. Remembering the most recent time you had sex, what was your relationship to that partner at the time?	Current husband (at the time) <input type="checkbox"/> Current regular partner (at the time) <input type="checkbox"/> Former husband/ regular partner <input type="checkbox"/> Boyfriend <input type="checkbox"/> Occasion or casual friend <input type="checkbox"/> Visitor (incl. wedding/funeral) <input type="checkbox"/> Other (specify) <input type="checkbox"/> _____	Current husband (at the time) <input type="checkbox"/> Current regular partner (at the time) <input type="checkbox"/> Former husband/ regular partner <input type="checkbox"/> Boyfriend <input type="checkbox"/> Occasion or casual friend <input type="checkbox"/> Visitor (incl. wedding/funeral) <input type="checkbox"/> Other (specify) <input type="checkbox"/> _____	Current husband (at the time) <input type="checkbox"/> Current regular partner (at the time) <input type="checkbox"/> Former husband/ regular partner <input type="checkbox"/> Boyfriend <input type="checkbox"/> Occasion or casual friend <input type="checkbox"/> Visitor (incl. wedding/funeral) <input type="checkbox"/> Other (specify) <input type="checkbox"/> _____
3. Are you still in a sexual relationship with him?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/>	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/>	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/>
4. Is he older, younger or about the same age?	Older <input type="checkbox"/> Younger <input type="checkbox"/> Same age <input type="checkbox"/> GO TO Q6	Older <input type="checkbox"/> Younger <input type="checkbox"/> Same age <input type="checkbox"/> GO TO Q6	Older <input type="checkbox"/> Younger <input type="checkbox"/> Same age <input type="checkbox"/> GO TO Q6
5. About how many years [older/younger]? RECORD ACTUAL # OR 98=DON'T KNOW	_____ Number of years younger/older	_____ Number of years younger/older	_____ Number of years younger/older
6. Is he a member of this household?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/>	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/>	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/>
7. Does he normally reside in this izigodi?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/>	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/>	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/>
8. How far away does he normally live (i.e. where is his normal residency)?	Within one hour walk or 5kms <input type="checkbox"/> More than one hour or 5kms <input type="checkbox"/> Don't know <input type="checkbox"/>	Within one hour walk or 5kms <input type="checkbox"/> More than one hour or 5kms <input type="checkbox"/> Don't know <input type="checkbox"/>	Within one hour walk or 5kms <input type="checkbox"/> More than one hour or 5kms <input type="checkbox"/> Don't know <input type="checkbox"/>
9. Have you and your partner ever used a condom? (If yes) How often do you use condoms?	Never <input type="checkbox"/> Sometimes/ inconsistent <input type="checkbox"/> Always <input type="checkbox"/>	Never <input type="checkbox"/> Sometimes/ inconsistent <input type="checkbox"/> Always <input type="checkbox"/>	Never <input type="checkbox"/> Sometimes/ inconsistent <input type="checkbox"/> Always <input type="checkbox"/>
10. Did you use a condom the last time you had sex with that partner?	Yes <input type="checkbox"/> Don't know/remember <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/>	Yes <input type="checkbox"/> Don't know/remember <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/>	Yes <input type="checkbox"/> Don't know/remember <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/>
11. How long (were you/have you) been, _____ IF LESS THAN ONE WEEK, CODE ONE WEEK IF LESS THAN ONE MONTH, CODE NUMBER OF WEEKS IF LESS THAN ONE YEAR, CODE NUMBER OF MONTHS IF ONE YEAR OR MORE, CODE COMPLETED NUMBER OF YEARS	_____ Weeks Don't know <input type="checkbox"/> _____ Months Refused <input type="checkbox"/> _____ Years	_____ Weeks Don't know <input type="checkbox"/> _____ Months Refused <input type="checkbox"/> _____ Years	_____ Weeks Don't know <input type="checkbox"/> _____ Months Refused <input type="checkbox"/> _____ Years
12. When is the last time you had sex with him? IF LESS THAN ONE WEEK, CODE ONE WEEK IF LESS THAN ONE MONTH, CODE NUMBER OF WEEKS IF LESS THAN ONE YEAR, CODE NUMBER OF MONTHS IF ONE YEAR OR MORE, CODE COMPLETED NUMBER OF YEARS	_____ Weeks ago _____ Months ago _____ Years ago Don't know <input type="checkbox"/> Refused <input type="checkbox"/>	_____ Weeks ago _____ Months ago _____ Years ago Don't know <input type="checkbox"/> Refused <input type="checkbox"/>	_____ Weeks ago _____ Months ago _____ Years ago Don't know <input type="checkbox"/> Refused <input type="checkbox"/>

INTERVIEWER: ASK "CAN YOU TELL ME ABOUT THE SEXUAL PARTNER JUST PRIOR TO THE ONE WE JUST DISCUSSED? DID YOU HAVE SEX WITH HIM IN THE PAST 12 MONTHS?" IF YES, REPEAT QUESTIONS FOR UP TO 2 ADDITIONAL PARTNERS, THEN GO TO Q13. IF THERE WERE NO OTHER PARTNERS IN PAST YEAR, SKIP Q13 AND END FORM.

13. How many sexual partners, in total, have you had in the past 12 months?

\_\_\_\_\_  
 Number of partners