

**QUESTIONNAIRE (Phase I)****Introduction:**

Amaziina gangye ninye..... Nitubuuza abaturagye ba Mbarara district omuri Uganda aha miringo eyo eyokubarira oruzaro hamwe nenkozero y'obupiira. Haine obaire yakuburizeho ebikwatinine nebyo omu sande nkye ezihiwire?

If the respondent has been interviewed before, do not interview this person again. Tell them you cannot interview them a second time, thank them, and end the interview. If she has not been interviewed before, explain the study using the information sheet.

If the respondent agrees to participate, ask her the following questions.

**Screening question:**

- |   |      |   |        |
|---|------|---|--------|
| 1. Oine emyaka engahi ?gorora ego yaba aine emyaka 18 - 49 y'obukuru                      | Eego | • | Ngaaha |
| 2. Obwahati oshwirwe ninga shi otwiire n'omushajja owu ori kwegaita nawe omu myezi 3 ehin | Eego | • | Ngaaha |
| 3. Wayegisire nawe omu byomubonano omu myezi 3 ehingwiire                                 | Eego | • | Ngaaha |
| 4. Noyenda kwerinda kutunga enda omu myezi 12 erikwija?                                   | Eego | • | Ngaaha |
| 5. Nokozesa family planning nka obushuma, implants, ninga ebikatu?                        | Eego | • | Ngaaha |
| 6. Oyine enamber ye ssimu?  | Eego | • | Ngaaha |
| 7. Oyine ndaah ninga tokazala?  | Eego | • | Ngaaha |
| 8. Nokora omwiraro, omukanisa ninga ori omushomessa?                                      | Eego | • | Ngaaha |

*If the respondent answers yes to 1-6 and no to 7-8, she is eligible for this study, ask her to give the informed consent and start the interview.*

*If the respondent has proved not to be eligible for the study, tell her you cannot interview her, thank her, and end the interview.*

**Identification:**

Date	<u>DD / MM / YYYY</u>
Facility	
Interviewer	
Field editor	

## QUESTIONNAIRE

Date: DD/MM/YYYY  
 Facility: \_\_\_\_\_  
 Interviewer: \_\_\_\_\_  
 Field editor: \_\_\_\_\_  
 Phone No 1. \_\_\_\_\_  
 Phone No 2. \_\_\_\_\_

## A) BACKGROUND INFORMATION

Questions (Runyankore)		Responses (Runyankore)		Skip
A-1	Ni nshonga ki eyakureetaha erizooba?	<input type="checkbox"/> _0 Okutandika family planning <input type="checkbox"/> _1 Kugumizamu family planning <input type="checkbox"/> _2 Okutunga obuhabuzi aha bya family planning <input type="checkbox"/> _3 Endiijo yoon ( )		
A-2	Oyine emyaka engahi?	<input type="checkbox"/> _8 Emyaka <input type="checkbox"/> _8 Tindikugimanya	□□	
A-3	Oryomuki?	<input type="checkbox"/> _1 Banyankore <input type="checkbox"/> _2 Baganda <input type="checkbox"/> _3 Bakiga <input type="checkbox"/> _4 Batooro <input type="checkbox"/> _5 Acholi <input type="checkbox"/> _6 Abandi ( )		
A-4	Noshoma diini ki?	<input type="checkbox"/> _1 Omukatoliki <input type="checkbox"/> _2 Omukristaayo <input type="checkbox"/> _3 Omusiraamu <input type="checkbox"/> _4 Tinyine diini <input type="checkbox"/> _5 Ediini endiijo		
A-5	Okashoma waahikahi?	<input type="checkbox"/> _0 Tinkashomahoga <input type="checkbox"/> _1 Tindahezize purayimare <input type="checkbox"/> _2 Nkaheza purayimare <input type="checkbox"/> _3 Tindaherize siniya <input type="checkbox"/> _4 Nkaheza siniya <input type="checkbox"/> _5 Nkarenga aha siniya		
A-6	Nookora murimo ki?	<input type="checkbox"/> _0 Tinyine murimo <input type="checkbox"/> _1 Omuhingi / Omuriisa <input type="checkbox"/> _2 Omukozi wa gavumenti <input type="checkbox"/> _3 Ninkorera abiine bizineesi <input type="checkbox"/> _4 Nyine bizineesi yangye <input type="checkbox"/> _5 Nkiri omwishomero <input type="checkbox"/> _6 Ekindi kyona ( )		
A-7	Omuk'owaanyu mwine: a) Amashanyarazi? b) Reediyo? c) Tiivi? d) Esimu y'omungaro ? e) Esimu y'omunju? f) Furiigi? g) Amashanyarazi ag'eizooba aga soola? h) Emeza? i) Entebe? j) Entebe empango za soofa ez'omumuryango? k) Ekitanda? l) Ekabada? m) Eshaaha? n) Akooma kamashanyarazi ak'okutagasizamu? o) Ekyoma ky'okuteera za vidiyo? p) Ekyoma ky'okuteera kaseti ninga CD? q) Emotoka ninga akarore? r) Egaari?	a) Amashanyarazi? <input type="checkbox"/> _0 <input type="checkbox"/> _1 b) Reediyo? <input type="checkbox"/> _0 <input type="checkbox"/> _1 c) Tiivi? <input type="checkbox"/> _0 <input type="checkbox"/> _1 d) Esimu y'omungaro <input type="checkbox"/> _0 <input type="checkbox"/> _1 e) Esimu y'omunju <input type="checkbox"/> _0 <input type="checkbox"/> _1 f) Furiigi <input type="checkbox"/> _0 <input type="checkbox"/> _1 g) Amashanyarazi ag'eizooba aga soola? <input type="checkbox"/> _0 <input type="checkbox"/> _1 h) Emeza <input type="checkbox"/> _0 <input type="checkbox"/> _1 i) Entebe <input type="checkbox"/> _0 <input type="checkbox"/> _1 j) Entebe empango za soofa ez'omumuryango? <input type="checkbox"/> _0 <input type="checkbox"/> _1 k) Ekitanda <input type="checkbox"/> _0 <input type="checkbox"/> _1 l) Ekabada <input type="checkbox"/> _0 <input type="checkbox"/> _1 m) Eshaaha <input type="checkbox"/> _0 <input type="checkbox"/> _1 n) Akooma kamashanyarazi ak'okutagasizamu? <input type="checkbox"/> _0 <input type="checkbox"/> _1 o) Ekyoma ky'okuteera za vidiyo? <input type="checkbox"/> _0 <input type="checkbox"/> _1 p) Ekyoma ky'okuteera kaseti ninga CD? <input type="checkbox"/> _0 <input type="checkbox"/> _1 q) Emotoka ninga akarore <input type="checkbox"/> _0 <input type="checkbox"/> _1 r) Egaari <input type="checkbox"/> _0 <input type="checkbox"/> _1	NO YES	
A-8	Waashweire/Waashweirwe?	<input type="checkbox"/> _1 Tikashweirwe <input type="checkbox"/> _2 Shweirwe <input type="checkbox"/> _3 Nintuura nomushaija <input type="checkbox"/> _4 Enfaakazi <input type="checkbox"/> _5 Tukataana		
A-9	Obwahati oshweirwe nari shi notuura n'omushaija ow'orikwegaita nawe?	<input type="checkbox"/> _1 Nshweirwe, nintuura n'ibanyi <input type="checkbox"/> _2 Nshweirwe kwonka nintuura n'omushaija ondiijo atari ibanyi <input type="checkbox"/> _3 Nshweirwe kwonka tinkuntuura n'ibanyi nari shi omushaija ondiijo weena <input type="checkbox"/> _4 Tinshweirwe kwonka nintuura nomushaija ori nk'ibanyi <input type="checkbox"/> _5 Tinshweirwe kandi tinkuntuura namushaija weena		→A-11 →Check Criteria
A-10	Baro nari shi omushaija waawe aine abakazi abandi?	<input type="checkbox"/> _0 Ngaaha <input type="checkbox"/> _1 Eego <input type="checkbox"/> _8 Tindikumanya		
A-11	Orazaireho??	<input type="checkbox"/> _0 Ngaaha <input type="checkbox"/> _1 Eego		→A-15
A-12	Oratwairaho enda otakigyendereire?	<input type="checkbox"/> _0 Ngaaha <input type="checkbox"/> _1 Eego		
A-13	Okazaara abaana bangahi?		□□	
A-14	IF NONE, RECORD '00'.		□□	
A-15	Noohurira noyenda kuzaarayo ondiijo mwana, ninga aboine nibakumara nari shi tokwenda kuzaara nakakye?	<input type="checkbox"/> _0 Tinkyenda ndiijo <input type="checkbox"/> _1 Ninyenda omwana / Ninyenda omwan'ondiijo <input type="checkbox"/> _2 Tinkashaziremu		
A-16	Baro, nari shi omushaija ow'orikutuura nawe hati, we akabaire nayenda kuzaarayo ondiijo ninga shi nayenda kuzaara abaana? Nari shi takwenda kuzaara ninga takyenda kuzaara bandi?	<input type="checkbox"/> _0 Takyenda ndiijo <input type="checkbox"/> _1 Nayenda omwana / Nayenda omwan'ondiijo <input type="checkbox"/> _2 Takashaziremu <input type="checkbox"/> _8 Tindikumanya		

**B) CONTRACEPTIVE USE and HIV/STIs**

	Questions (Runtankore)	Responses (Runyankole)	Skip
B-1	Obu wahereruka kwegaita na baro nari shi omushaija waawe okakozesa akapiira? Akapiira kabashaija nari shi akabakazi?	<input type="checkbox"/> _0 Ngaaha <input type="checkbox"/> _1 Eego akapiira akabashaija <input type="checkbox"/> _2 Eego, akapiira akabakazi	
B-2	Oyihireho obupiira, hariho omuringo ogundi gwona ogw'orikukozesa kureeba ngu tiwagir'enda nari shi tiwatwara?	<input type="checkbox"/> _0 Ngaaha <input type="checkbox"/> _1 Eego	→Check Criteria
B-3	Obwahati nookozesa ki?	<input type="checkbox"/> _1 Ekikatu <input type="checkbox"/> _2 Implants <input type="checkbox"/> _3 Akaheta <input type="checkbox"/> _4 Obujuma <input type="checkbox"/> _5 Okushara enshekye <input type="checkbox"/> _6 Okushara emisi y'amagosi <input type="checkbox"/> _7 Omuringo ogundi ( )	
B-4	Okatandika okwezi ki, omwaka ki, okukozesa omuringo ugu waagamba otarekiir'aho?	<input type="checkbox"/> _88 Okwezi..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _88 Omwaka ..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _88 Tinkumanya mwaka	
B-5	Omu myezi ebiri eyenyima okakozesaho akapiira kabakazi nari shi akabashaija?	<input type="checkbox"/> _0 Tinkakakozesahoga <input type="checkbox"/> _1 Obumwe n'obumwe <input type="checkbox"/> _2 Haihi buri mwanya <input type="checkbox"/> _3 Buri mwanya <input type="checkbox"/> _8 Tindinkumanya <input type="checkbox"/> _9 Tikyagarukwamu	
B-6	Omushaho arakugambiireho ngu oine akakooko ka siliimu nari shi endwara z'obushambani nk'enziku, chlamydia or trichomonas?	<input type="checkbox"/> _0 Ngaaha <input type="checkbox"/> _1 Eego <input type="checkbox"/> _8 Tindikumanya <input type="checkbox"/> _9 Tikyagarukwamu	