Additional file 1 - Questionnaire used to assess the prevalence of intimate partner violence against women in Erbil, Iraqi Kurdistan region

Code number: 


2. Age (years):

3. Age at marriage (years):

4. Duration of marriage (years):

5. Years of formal education:

6. Do you have children?  1-Yes  0-No

If yes: How many?  Number of boys:  Number of girls:

7. (Does/Did) your husband ever say any of the following things to you?

   If yes: How often?  1. Once  2. Few times (2-5 times)  3. Many times (> 5 times)

   Did this happen during the last 12 months? If yes, how often? (If respondent not widowed, separated nor divorced).  1. Once  2. Few times (2-5 times)  3. Many times (> 5 times)

A) Insult you?  Ever  If yes, How often?

   Last 12 month  If yes, How often?

B) Say or do something to humiliate you?  Ever  If yes, How often?

   Last 12 month  If yes, How often?

C) Threaten to hurt you?  Ever  If yes, How often?

   Last 12 month  If yes, How often?

D) Threaten to divorce you?  Ever  If yes, How often?

   Last 12 month  If yes, How often?

E) Threaten to remarry?  Ever  If yes, How often?

   Last 12 month  If yes, How often?

F) Did or do things to scare or intimidate you on purpose (e.g. by the way he looked at you, by yelling and smashing things)?  Ever  If yes, How often?

   Last 12 month  If yes, How often?
8. (Does/Did) your husband ever do any of the following things to you?

A) Slap you? Ever □ If yes, How often? □
   Last 12 month □ If yes, How often? □

B) Push you, shake you, or through something at you? Ever □ If yes, How often? □
   Last 12 month □ If yes, How often? □

C) Twist your arm or pull your hair? Ever □ If yes, How often? □
   Last 12 month □ If yes, How often? □

D) Hit you with his fist or with something that could hurt you? Ever □ If yes, How often? □
   Last 12 month □ If yes, How often? □

E) Kick you, drag you? Ever □ If yes, How often? □
   Last 12 month □ If yes, How often? □

F) Try to choke you or burn you on purpose? Ever □ If yes, How often? □
   Last 12 month □ If yes, How often? □

G) Threaten or attack you with a knife, gun, or any other weapon? Ever □ If yes, How often? □
   Last 12 month □ If yes, How often? □

H) Physically force you to have sexual intercourse with him even when you did not want to? Ever □ If yes, How often? □
   Last 12 month □ If yes, How often? □

I) Force you to perform any sexual acts you did not want to? Ever □ If yes, How often? □
   Last 12 month □ If yes, How often? □

9. Did the following ever happen as a result of what your husband did to you?

A) You had cuts, bruises or aches? 1-Yes 0-No □

B) You had eye injuries, sprains, dislocations, or burns? 1-Yes 0-No □

C) You had deep wounds, broken bones, broken teeth or any other serious injuries?
   1-Yes 0-No □

10. Were your children present or did they overhear you being beaten? 1-Yes 0-No □