Appendix 1: Study questionnaire

S.no	Question	Options
1	What is your age on your last birthday?	…….. years
2	What is your religious affiliation?	1. Christian 2. Islam 3. Traditionalist 4. No Religion 5. Others
3	Marital Status	1. Married 2. Cohabiting 3. In a relationship
6	Highest education level attained	1. No formal education 2. Primary school 3. JHS 4. SHS 5. Tertiary
7	Education level spouse/partner	1. No formal education 2. Primary school 3. JHS 4. SHS 5. Tertiary
8	Ethnicity	1. Builsa 2. Frafra 3. Kasena 4. Others
9	Employment status	1. Employed 2. Unemployed
10	Including your current pregnancy, how many pregnancies have you had in total?	
11	Number of children ever born	
12	Number of children alive	
13	Do/did you experience any form of complications in your current pregnancy?	1. No 2. Yes
14	Is your current pregnancy planned or wanted?	1. No 2. Yes
15	Do you have sexual preferences for children?	1. No 2. Yes
16	If yes to Q15, what is your preferred sex?	1. Male 2. Female 3. Not applicable
17	Has your partner paid your bride price	1. No 2. Yes
18	Do you get any support from your partner?	1. No 2. Yes
19	Do you get any support from external family members?	1. No 2. Yes
20	Is your husband employed?	1. No 2. Yes

21	Do you consume alcohol?	1. No 2. Yes
22	Does your partner consume alcohol?	1. No 2. Yes
	First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your husband/partner?	
23	He frequently (accuses/accused) you of being unfaithful?	1. No 2. Yes
24	He (does/did) not permit you to meet your female friends?	1. No 2. Yes
25	He (tries/tried) to limit your contact with your family?	1. No 2. Yes
26	He (insists/insisted) on knowing where you (are/were) at all times?	1. No 2. Yes
During your recent pregnancy did your husband/partner ever:		
27	Say or do something to humiliate you in front of others?	1. No 2. Yes
28	Threaten to hurt or harm you or someone you care about?	1. No 2. Yes
29	Insult you or make you feel bad about yourself?	1. No 2. Yes
Did your husband/partner ever do any of the following things to you during your current pregnancy?		
30	Push you, shake you, or throw something at you?	1. No 2. Yes
31	Slap you?	1. No 2. Yes
32	Twist your arm or pull your hair?	1. No 2. Yes
33	Punch you with his fist or with something that could hurt you?	1. No 2. Yes
34	Kick you, drag you, or beat you up?	1. No 2. Yes
35	Try to choke you or burn you on purpose?	1. No 2. Yes
36	Threaten or attack you with a knife, gun, or other weapon?	1. No 2. Yes
37	Physically force you to have sexual intercourse with him when you did not want to?	1. No 2. Yes
38	Physically force you to perform any other sexual acts you did not want to?	1. No 2. Yes
39	Force you with threats or in any other way to perform sexual acts you did not want to?	1. No 2. Yes
Over the last 2 weeks, how often have you been bothered by the following problems?		

40	Feeling nervous, anxious, or on edge	1. Not at all 2. Several days 3. Over half the days 4. Nearly every day
41	Not being able to stop or control worrying?	1. Not at all 2. Several days 3. Over half the days 4. Nearly every day

	Over the last two weeks, how often have you been bothered by any of the following problems?	Not at all (1)	Several days (2)	More than half the days (3)	Nearly everyday (4)
42	Little interest or pleasure in doing things				
43	Feeling down, depressed or hopeless				
44	Trouble falling or staying asleep or sleeping too much				
45	Feeling tired or having little energy				
46	Poor appetite or overeating				
47	Feeling bad about yourself _ or that you are a failure or have let yourself or family down				
48	Trouble concentrating on things, such as reading the newspaper or watching television				
49	Moving or speaking so slowly that other people could have noticed or the opposite _ being so fidgety or restless that you have been moving around a lot more than usual				
50	Thoughts that you would be better off dead, or of hurting yourself				