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

	Code number:		
1.	Marital status: 1. Married 2. Widowed	3. Divorced 4. Separated	
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 y	res: How many? Number of b	poys: Number of girls:	
7.	(Does/Did) your husband ever say any or	f the following things to you?	
	If yes: How often? 1. Once 2. Few times	mes (2-5 times) 3. Many times (> 5 times))
	Did this happen during the last 12 month	hs ? If yes, how often? (If respondent not w	ridowed,
sep	arated nor divorced). 1. Once 2. Few times	mes (2-5 times) 3. Many times (> 5 times	s)
A)	Insult you?	Ever If yes, How often	? 🔲
		Last 12 month If yes, How ofte	n?
B)	Say or do something to humiliate you?	Ever If yes, How ofter	n?
		Last 12 month If yes, How often	n?
C)	Threaten to hurt you?	Ever If yes, How ofter	n?
		Last 12 month If yes, How ofter	n?
D)	Threaten to divorce you?	Ever If yes, How ofter	n?
		Last 12 month If yes, How often	n?
E)	Threaten to remarry?	Ever If yes, How ofter	n?
		Last 12 month If yes, How ofte	en?
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 ofte	en?

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 a	t 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				