

Conjugal Relationship Form

CRR

Batch ID 93442



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Round 30

BSID

HHID

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Complete this form only for women who are in a conjugal relationship with another member of the same household

Visit

Visit Ref.# _____

Visit Date Y Y Y Y | M M | D D

Staff ID _____

Section 1. Identification

1. Woman's DSID or Temp ID _____

2. Woman's name _____
Surname, First name

Informant

Visit ref.#

- A Self _____
- Partner
- Household head
- Household member → B
- Other → B +/- or C
- B Temp Id / DSID _____
- C Details _____

Section 2. Conjugal Relationship Details

1. Partner's DSID or Temp ID _____

2. Partner's name _____
Surname, First name

3. On what date did this relationship start? Y Y Y Y | M M | D D

Note: This is the date when the relationship started. Do not confuse this with the date of marriage.

4. Is [NAME] married to her partner? Yes

CHECK HMR, Q27 No → Form complete

DK

5. What was the date of marriage? Y Y Y Y | M M | D D

6. Does your husband have any other wives? Yes

CHECK HMR, Q25 No

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