

Annex IV. FSM FHSS Questionnaire



Federated States of Micronesia Family Health and Safety Study (FHSS)

A study on family health and safety in selected population centers of the Federated States of Micronesia.
Study conducted by the FSM Department of Health and Social Affairs

English Version

*Questionnaire Version 11.5
(March 2014*)*

** This version is based on version 10 of the WHO Multi-country Study on Women's Health and Domestic Violence with adaptations for use in the Federated States of Micronesia. For comparability purposes, this version also incorporates adaptations made in version 11.4 for other Pacific Island countries part of the UNFPA/AusAID supported national VAW studies.*

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ADMINISTRATION FORM

Dwelling ID: _____

IDENTIFICATION					Skip
COUNTRY CODE: FSM				FSM	
STATE CODE:				_____	
WARD/VILLAGE:				_____	
CLUSTER NUMBER:				_____	
HOUSEHOLD NUMBER/DWELLING ID:				_____	
NAME OF HEAD OF HOUSEHOLD:				_____	
LOCATION OF SURVEY (If participant requested alternative location):				_____	
INTERVIEWER VISITS					
	1	2	3	Final Visit	
DATE OF VISIT	M D Y_2014	M D Y_2014	M D Y_2014	M	D Y 2014
INTERVIEWER	_____		_____		
RESULT ***	[]	[]	[]	[]	
NEXT VISIT DATE	M D Y_2014	M D Y_2014			TOTAL VISITS
NEXT VISIT TIME	_____		_____		[]
QUESTIONNAIRES COMPLETED (****Results Codes)					
1	NONE COMPLETED	Dwelling vacant or address not a dwelling	[]	12	
		Dwelling destroyed	[]	13	
		Dwelling not found, not accessible	[]	14	
		Entire HH absent for extended period	[]	15	
		No HH member at home at time of visit (Need to return)	[]	16	Return
		HH respondent postponed interview (Need to return)	[]	17	Return
		Entire HH speaking only strange language	[]	18	
		Not safe to conduct interview	[]	10	
Refused (Specify): _____		[]	11		
2	HOUSEHOLD SELECTION FORM ONLY	No eligible woman in the household	[]	22	
		Selected woman not at home (Need to return)	[]	23	Return
		Selected woman postponed interview (Need to return)	[]	24	Return
		Selected woman incapacitated	[]	25	
		Selected woman refused (Specify): _____	[]	21	
3	Woman's Questionnaire Partly Completed	Rest of Interview postponed to next visit (Need to return)	[]	31	Return
		Selected woman does not want to continue (Specify): _____	[]	32	
4	Questionnaire Completed	Woman's Questionnaire Completed	[]	41	
LANGUAGE OF QUESTIONNAIRE: English (# 1)			ENG	[]	1
LANGUAGE OF INTERVIEW (circle one):			CHK PNI KSA YAP ENG OTH		
CHECK HH SELECTION FORM:	TOTAL IN HOUSEHOLD (Q1): []		TOTAL ELIGIBLE WOMEN IN HH OF SELECTED WOMAN (Q3, total w/YES): []		
	LINE NUMBER OF SELECTED FEMALE RESPONDENT (Q3): []				
FOR OFFICE USE ONLY					
VERIFICATIONS					
	FIELD SUPERVISOR	CHECKED BY	OFFICE EDITOR	DATA ENTRY	
NAME/INITIAL	_____	_____	_____	1: _____	2: _____
DATE	M D Y 2014	M D Y 2014	M D Y 2014	1: _____	2: _____
QUALITY CONTROL PROCEDURE CONDUCTED?				YES []	1
SIGNATURE:	DATE:			NO []	2

HOUSEHOLD SELECTION FORM

Dwelling ID: _____

IF MORE THAN ONE HH IN SELECTED DWELLING: FILL OUT SEPERATE HH SELECTION FORM FOR EACH ONE

Hello, my name is _____. I am visiting your household on behalf of the FSM Department of Health and Social Affairs. We are conducting a survey in the FSM to learn about family health and safety.

1	Please can you tell me how many people live here and share food? PROBE: Does this include children (including infants) living here? Does it include any other people who may not be members of your family, such as domestic servants, lodgers or friends who live here and share food? MAKE SURE THESE PEOPLE ARE INCLUDED IN THE TOTAL	TOTAL NUMBER OF PEOPLE IN HOUSEHOLD <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div>									
2	Is the head of the household male or female?	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">MALE</td> <td style="width:10%; text-align:center;"><input type="checkbox"/></td> <td style="width:30%; text-align:center;">1</td> </tr> <tr> <td>FEMALE</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;">2</td> </tr> <tr> <td>BOTH</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;">3</td> </tr> </table>	MALE	<input type="checkbox"/>	1	FEMALE	<input type="checkbox"/>	2	BOTH	<input type="checkbox"/>	3
MALE	<input type="checkbox"/>	1									
FEMALE	<input type="checkbox"/>	2									
BOTH	<input type="checkbox"/>	3									

Today we would like to talk to one woman from your household.

3	FEMALE HOUSEHOLD MEMBERS To enable me to identify whom I should talk to, would you please give me the first letter names of all girls or women who usually live in your household (and share food).	RELATIONSHIP to HH What is the relationship of [NAME] to the head of the household.* (USE CODES BELOW)	RESIDENCE Does NAME usually live here? SPECIAL CASES: SEE (A) BELOW.	AGE How old is [NAME]? Years (#)	ELIGIBLE SEE CRITERIA BELOW (A +B) YES (1) NO (2)				
			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align:center;">YES (1)</td> <td style="width:50%; text-align:center;">NO (2)</td> </tr> </table>	YES (1)	NO (2)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align:center;">Years (#)</td> <td style="width:50%; text-align:center;">YES (1) NO (2)</td> </tr> </table>	Years (#)	YES (1) NO (2)	
YES (1)	NO (2)								
Years (#)	YES (1) NO (2)								
			<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>		

CODES	06 MOTHER	12 DOMESTIC SERVANT
01 HEAD	07 MOTHER-IN-LAW	13 LODGER/RENTER
02 WIFE (PARTNER)	08 SISTER	14 FRIEND
03 DAUGHTER	09 SISTER-IN-LAW	98 OTHER NOT RELATIVE:
04 DAUGHTER-IN-LAW	10 OTHER RELATIVE	_____
05 GRANDDAUGHTER	11 ADOPTED/FOSTER/STEP DAUGHTER	

(A) SPECIAL CASES TO BE CONSIDERED MEMBER OF HOUSEHOLD:

- DOMESTIC SERVANTS IF THEY SLEEP 5 NIGHTS A WEEK OR MORE IN THE HOUSEHOLD.
- VISITORS IF THEY HAVE SLEPT IN THE HOUSEHOLD FOR THE PAST 4 WEEKS.

(B) ELIGIBLE: ANY WOMAN BETWEEN 15 AND 64 YEARS LIVING IN HOUSEHOLD.

MORE THAN ONE ELIGIBLE WOMEN IN HH:

§: **RANDOMLY SELECT ONE ELIGIBLE WOMAN FOR INTERVIEW.** TO DO THIS, WRITE THE LINE NUMBERS OF ELIGIBLE WOMEN ON PIECES OF PAPER, AND PUT IN A BAG. ASK A HOUSEHOLD MEMBER TO PICK OUT A NUMBER – SO SELECTING THE PERSON TO BE INTERVIEWED.

§: **PUT CIRCLE AROUND LINE NUMBER OF WOMAN SELECTED.** ASK IF YOU CAN TALK WITH THE SELECTED WOMAN. IF SHE IS NOT AT HOME, AGREE ON DATE FOR RETURN VISIT.

§: **CONTINUE WITH HOUSEHOLD QUESTIONNAIRE**

NO ELIGIBLE WOMAN IN HH: ...

§: **SAY “I cannot continue because I can only interview women 15–64 years old. Thank you for your assistance.”**

§: **FINISH HERE.**

* If both (male and female) are the head, refer to the male.

HOUSEHOLD QUESTIONNAIRE

ADMINISTERED TO ANY RESPONSIBLE ADULT IN HH Dwelling ID: _____

If you don't mind, I would like to ask you a few questions about your household.				
	Questions and Filters	Check Best Answer	Code	Skip
1	Does your household have access to piped water?	YES, IN THE UNIT	<input type="checkbox"/>	1
		YES, IN THIS BUILDING	<input type="checkbox"/>	2
		ONLY OUTSIDE THE BUILDING	<input type="checkbox"/>	3
		NO ACCESS TO PIPED WATER	<input type="checkbox"/>	4
		OTHER: _____	<input type="checkbox"/>	96 (+)
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
2	Is your home connected to a public sewer?	YES, CONNECTED TO A PUBLIC SEWER	<input type="checkbox"/>	1
		NO, CONNECTED TO SEPTIC TANK/CESSPOOL	<input type="checkbox"/>	2
		NO, OUTHOUSE	<input type="checkbox"/>	3
		NO, OTHER MEANS	<input type="checkbox"/>	4
		OTHER: _____	<input type="checkbox"/>	96 (+)
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
3	Type of building (Structure)? RECORD OBSERVATION	CONCRETE FOUNDATION, WALL AND ROOF	<input type="checkbox"/>	1
		CONCRETE FOUNDATION, METAL/WOOD WALLS, METAL/TILE ROOF	<input type="checkbox"/>	2
		CONCRETE FOUNDATION AND WALL, METAL/TILE ROOF	<input type="checkbox"/>	3
		ON STILTS, WOODEN FLOOR, METAL/WOOD WALLS, METAL/TILE ROOF	<input type="checkbox"/>	4
		OTHER: _____	<input type="checkbox"/>	96 (+)
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
4 a	Does your household have electricity?	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2
		DON'T KNOW	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
4 f	Does your household have Internet?	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2
		DON'T KNOW	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
5 a	Does any member of your household own a Bicycle?	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2
		DON'T KNOW	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
5 b	Does any member of your household own a Motorcycle?	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2
		DON'T KNOW	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
5 c	Does any member of your household own a Car?	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2
		DON'T KNOW	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99

HOUSEHOLD QUESTIONNAIRE

ADMINISTERED TO ANY RESPONSIBLE ADULT IN HH Dwelling ID: _____

5 d	Does any member of your household own a boat, sea/water transportation?	YES	<input type="checkbox"/>	1	→ 6
		NO	<input type="checkbox"/>	2	
		DON'T KNOW	<input type="checkbox"/>	98	
		REFUSED TO ANSWER	<input type="checkbox"/>	99	
5 e	IF YES to BOAT (5d): What type of boat do they own? Mark all that apply.	BOAT WITH ENGINE	<input type="checkbox"/>	1	
		SKIFF (boat with oars)	<input type="checkbox"/>	2	
		CANOE/DUGOUT	<input type="checkbox"/>	3	
		OTHER: _____	<input type="checkbox"/>	96 (+)	
		DON'T KNOW	<input type="checkbox"/>	98	
		REFUSED TO ANSWER	<input type="checkbox"/>	99	
6	Does any member of your household own any land?	YES	<input type="checkbox"/>	1	
		NO	<input type="checkbox"/>	2	
		DON'T KNOW	<input type="checkbox"/>	98	
		REFUSED TO ANSWER	<input type="checkbox"/>	99	
7	How many rooms in your household are used for sleeping?	NUMBER OF ROOMS _____	<input type="checkbox"/>	(#)	
		DON'T KNOW	<input type="checkbox"/>	98	
		REFUSED TO ANSWER	<input type="checkbox"/>	99	
8	Are you concerned about the levels of crime in your neighbourhood (like robberies or assaults)? Would you say that you are not at all concerned, a little concerned, or very concerned?	NOT CONCERNED	<input type="checkbox"/>	1	
		A LITTLE CONCERNED	<input type="checkbox"/>	2	
		VERY CONCERNED	<input type="checkbox"/>	3	
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98	
		REFUSED TO ANSWER	<input type="checkbox"/>	99	
9	In the past 4 weeks, has someone from this household been the victim of a crime in this neighbourhood, such as a robbery or assault?	YES	<input type="checkbox"/>	1	
		NO	<input type="checkbox"/>	2	
		DON'T KNOW	<input type="checkbox"/>	98	
		REFUSED TO ANSWER	<input type="checkbox"/>	99	
10	NOTE SEX OF RESPONDENT	MALE	<input type="checkbox"/>	1	
		FEMALE	<input type="checkbox"/>	2	

Thank you very much for your assistance.

Dwelling ID: _____

INDIVIDUAL CONSENT FORM FOR WOMAN'S QUESTIONNAIRE

A.: READ SECTION TO RESPONDENT

Hello, my name is *. I work for *. We are conducting a survey in the FSM to learn about family health and safety. You have been chosen by chance (as in a lottery/raffle) to participate in the study.

I want to assure you that all of your answers will be kept strictly confidential. I will not keep a record of your name or address. You have the right to stop the interview at any time, or to skip any questions that you don't want to answer. There are no right or wrong answers. Some of the topics may be difficult to discuss, but many women have found it useful to have the opportunity to talk.

Your participation is completely voluntary but your experiences could be very helpful to other women in the FSM.

Do you have any questions?

The interview takes approximately 180 minutes / 3 hrs to complete. Do you agree to be interviewed?

B. NOTE (Check Box) WHETHER RESPONDENT AGREES TO INTERVIEW OR NOT:

- DOES NOT AGREE TO BE INTERVIEWED → **STOP HERE**
 AGREES TO BE INTERVIEWED



C. READ SECTION TO RESPONDENT

Is now a good time to talk?

It's very important that we talk in private. Is this a good place to hold the interview or is there somewhere else that you would like to go?

D. NOTE (Check Box) WHETHER RESPONDENT AGREES TO INTERVIEW IN THE HOME OR OTHER LOCATION:

- AGREES TO BE INTERVIEWED AT HOME
 WISHES TO BE INTERVIEWED IN ANOTHER LOCATION
Specify location: _____

E. TO BE COMPLETED BY INTERVIEWER

I CERTIFY THAT I HAVE READ THE ABOVE CONSENT PROCEDURE TO THE PARTICIPANT.

Signature: _____

SECTION 1 RESPONDENT AND HER COMMUNITY

Dwelling ID: _____

100	RECORD THE TIME	HOUR	_____	(#)
		MINUTES	_____	(#)

If you don't mind, I would like to start by asking you a little about your community or village.

Community or Village Name: _____

ID	Questions and Filters	Check Best Answer	Code	Skip To
101	Do neighbors in your Community/Village generally tend to know each other well?	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
102	If there were a street fight in your Community/Village would people do something to stop it?	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
103	If someone in your Community/Village decided to undertake a community project would most people be willing to contribute time, labour or money?	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
104	In this neighbourhood do most people generally trust one another in matters of lending and borrowing things?	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
105	If someone in your family suddenly fell ill or had an accident, would your neighbours offer to help?	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
I would now like to ask you some questions about yourself.				
106	What is your date of birth (day, month and year that you were born)?	DAY _____ MONTH _____	_____	(#)
		YEAR _____	_____	(#)
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
107	How old are you (completed in years)?	AGE (years) _____	_____	(#)
		DON'T KNOW	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
108	How long have you been living continuously in this Community/Village?	NUMBER OF YEARS _____	_____	(#)
		LESS THAN 1 YEAR	<input type="checkbox"/>	0
		ALL YOUR LIFE	<input type="checkbox"/>	95
		VISITOR (AT LEAST 4 WEEKS)	<input type="checkbox"/>	96
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
108 a	What is your religion?	REFUSED TO ANSWER	<input type="checkbox"/>	99
		NO RELIGION	<input type="checkbox"/>	1
		CATHOLIC	<input type="checkbox"/>	2
		PROTESTANT (BAPTIST)	<input type="checkbox"/>	3
		SDA/ADVENTIST	<input type="checkbox"/>	10
		JEHOVAH WITNESS	<input type="checkbox"/>	11
		CONGREGATIONAL	<input type="checkbox"/>	12
		MORMON/LDS	<input type="checkbox"/>	13
OTHER: _____	<input type="checkbox"/>	96(+)		
REFUSED TO ANSWER	<input type="checkbox"/>	99		

SECTION 1 RESPONDENT AND HER COMMUNITY

Dwelling ID: _____

108 b	What is your ethnicity/citizenship	FSM	<input type="checkbox"/>	1
		USA	<input type="checkbox"/>	2
		JAPAN	<input type="checkbox"/>	3
		PHILIPPINES	<input type="checkbox"/>	4
		TAIWAN	<input type="checkbox"/>	5
		PEOPLES REPUBLIC OF CHINA	<input type="checkbox"/>	6
		AUSTRALIA or NEW ZEALAND	<input type="checkbox"/>	9
		EUROPEAN	<input type="checkbox"/>	10
		OTHER: _____	<input type="checkbox"/>	96(+)
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
109	Can you read and write (BOTH READ AND WRITE)? >>>>If only read or only write answer NO.	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
110	Have you ever attended school? >>>>>>If NO, skip to 111a.	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2 → 111a
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
U111	What is the highest level of education that you achieved? MARK HIGHEST LEVEL AND COMPLETED GRADE.	ELEMENTARY (GRADE _____)	<input type="checkbox"/>	1 (+)
		HIGH SCHOOL (GRADE _____)	<input type="checkbox"/>	2 (+)
		COLLEGE/UNIVERSITY (GRADE _____)	<input type="checkbox"/>	3 (+)
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
111	Total number of years of schooling.	YEARS: _____	<input type="checkbox"/>	(#)
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
111 a	What is your <u>main</u> daily occupation? PROMPT: that can earn you income/wages? [MARK ONE]	NOT WORKING	<input type="checkbox"/>	1
		EMPLOYEE (Public Sector/NGO/UN Agencies)	<input type="checkbox"/>	2
		FARMING/FISHING (INCL. SELLING)	<input type="checkbox"/>	3
		EMPLOYEE (Private Sector)	<input type="checkbox"/>	4
		SELF-EMPLOYED/RUN OWN BUSINESS	<input type="checkbox"/>	5
		OTHER (Specify): _____	<input type="checkbox"/>	96(+)
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
111 b	What is <u>now</u> the <u>main</u> source of income for you and your household? [MARK ONE]	NO MONEY/INCOME	<input type="checkbox"/>	1
		MONEY FROM OWN WORK	<input type="checkbox"/>	2
		SUPPORT FROM HUSBAND/PARTNER	<input type="checkbox"/>	3
		SUPPORT FROM OTHER RELATIVES	<input type="checkbox"/>	4
		PENSION	<input type="checkbox"/>	5
		OTHER (Specify): _____	<input type="checkbox"/>	96(+)
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99

SECTION 1 RESPONDENT AND HER COMMUNITY

Dwelling ID: _____

112	Where did you grow up? PROMPT: Before age 12 where did you live longest?	CHUUK	<input type="checkbox"/>	11
		KOSRAE	<input type="checkbox"/>	12
		POHNPEI	<input type="checkbox"/>	13
		YAP	<input type="checkbox"/>	14
		OUTER ISLAND (Specify): _____	<input type="checkbox"/>	15
		ANOTHER COUNTRY (Specify): _____	<input type="checkbox"/>	16
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
113	Do any of your family of birth live close enough that you can easily see/visit them?	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2
		LIVING WITH FAMILY OF BIRTH	<input type="checkbox"/>	3 → 115
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
114	How often do you see or talk to a member of your family of birth? [MARK ONE]	DAILY OR AT LEAST ONCE A WEEK	<input type="checkbox"/>	1
		AT LEAST ONCE A MONTH	<input type="checkbox"/>	2
		AT LEAST ONCE A YEAR	<input type="checkbox"/>	3
		NEVER (OR HARDLY EVER)	<input type="checkbox"/>	4
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
115	When you need help or have a problem, can you usually count on members of your family of birth for support?	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
116	Do you regularly attend a group, organization, or association? PROMPT: Like women's, community, religious, or political groups.	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2 → U118
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
117	Is this group attended by women only? [REFER TO ATTENDED GROUPS ONLY]	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
U118	Has anyone ever prevented you from attending a meeting or participating in an organization? >>>>>>If NO, skip to 119.	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2 → 119
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
118	Who prevented you? MARK ALL THAT APPLY	PARTNER/HUSBAND	<input type="checkbox"/>	1
		YOUR OWN PARENTS	<input type="checkbox"/>	2
		PARENTS OF PARTNER	<input type="checkbox"/>	3
		OTHER: _____	<input type="checkbox"/>	96 (+)

SECTION 1 RESPONDENT AND HER COMMUNITY

Dwelling ID: _____

119	Are you <u>currently</u> married, living together, or involved in a relationship ? [MARK ONE]	CURRENTLY MARRIED, LIVING TOGETHER	<input type="checkbox"/>	1	→ 123
		MARRIED, NOT LIVING TOGETHER	<input type="checkbox"/>	2	→ 123
		LIVING WITH MAN, NOT MARRIED	<input type="checkbox"/>	3	
		REGULAR MALE PARTNER NOT LIVING TOGETHER	<input type="checkbox"/>	4	
		NOT MARRIED OR NO MALE PARTNER	<input type="checkbox"/>	5	
		HAVE A FEMALE PARTNER	<input type="checkbox"/>	6	
		REFUSED TO ANSWER	<input type="checkbox"/>	99	
120 a	Have you <u>ever</u> been married or lived with a male partner? (include custom/local, legal or religious marriage)	YES, MARRIED	<input type="checkbox"/>	1	→ 121
		YES, BUT NEVER MARRIED	<input type="checkbox"/>	3	→ 121
		NO	<input type="checkbox"/>	5	
		REFUSED TO ANSWER	<input type="checkbox"/>	99	
120 b	Have you ever been involved in a relationship with a man without living together (being engaged or dating)?	YES	<input type="checkbox"/>	1	
		NO	<input type="checkbox"/>	2	
		REFUSED TO ANSWER	<input type="checkbox"/>	99	
121	How did the last partnership with a man end?	DIVORCED	<input type="checkbox"/>	1	
		SEPARATED/BROKEN UP	<input type="checkbox"/>	2	
		PARTNER DIED/WIDOWED	<input type="checkbox"/>	3	→ 123
		N/A: DID NOT END	<input type="checkbox"/>	4	→ 123
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98	→ 123
		REFUSED TO ANSWER	<input type="checkbox"/>	99	→ 123
122	Who initiated the divorce or separation?	YOU	<input type="checkbox"/>	1	
		HUSBAND or PARTNER	<input type="checkbox"/>	2	
		BOTH YOU AND YOUR HUSBAND/PARTNER	<input type="checkbox"/>	3	
		OTHER: _____	<input type="checkbox"/>	96(+)	
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98	
		REFUSED TO ANSWER	<input type="checkbox"/>	99	
123	How many times in your life have you been married and/or lived together with a man? (INCLUDE CURRENT PARTNER IF LIVING TOGETHER)	NUMBER OF TIMES: _____		(#)	
		NEVER MARRIED OR LIVED TOGETHER	<input type="checkbox"/>	0	→ S2
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98	
		REFUSED TO ANSWER	<input type="checkbox"/>	99	
The next few questions are about your <u>current or most recent</u> partnership.					
124	Do/did you live with your <u>husband/partner's</u> parents or any of his relatives?	YES	<input type="checkbox"/>	1	
		NO	<input type="checkbox"/>	2	
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98	
		REFUSED TO ANSWER	<input type="checkbox"/>	99	
125	IF CURRENTLY WITH HUSBAND/PARTNER: Do you currently live with your parents or any of your relatives?	YES	<input type="checkbox"/>	1	
		NO	<input type="checkbox"/>	2	
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98	
		REFUSED TO ANSWER	<input type="checkbox"/>	99	
125 b	IF NOT CURRENTLY WITH HUSBAND/PARTNER: Were you living with your parents or relatives during your last relationship?	YES	<input type="checkbox"/>	1	
		NO	<input type="checkbox"/>	2	
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98	
		REFUSED TO ANSWER	<input type="checkbox"/>	99	

SECTION 1 RESPONDENT AND HER COMMUNITY

Dwelling ID: _____

131	Who chose your <u>current/most recent HUSBAND/Partner</u> for you? (Did you yourself choose, did someone else choose for you, or did he choose you?)	BOTH YOU AND YOUR HUSBAND/PARTNER	<input type="checkbox"/>	1
		YOU	<input type="checkbox"/>	2
		YOUR OWN FAMILY	<input type="checkbox"/>	3
		HUSBAND/PARTNER	<input type="checkbox"/>	4
		HUSBAND/PARTNER's FAMILY	<input type="checkbox"/>	5
		OTHER: _____	<input type="checkbox"/>	96(+)
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
	REFUSED TO ANSWER	<input type="checkbox"/>	99	
126	Does/did your husband/partner have any other wives while being married (having a long term relationship) with you?	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2 → U129
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
127	How many wives does/did he have (including yourself)?	NUMBER OF WIVES: _____		(#)
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
128	Are/were you the first, second.... wife? REFERS TO OTHER WIVES HE HAD AT SAME TIME WHILE BEING WITH RESPONDENT	NUMBER/POSITION: _____		(#)
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
U129	Did you have any kind of marriage ceremony to formalize your current or last relationship?	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2 → S2
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
129	What type of ceremony did you have? MARK ALL THAT APPLY	CIVIL MARRIAGE	<input type="checkbox"/>	B
		RELIGIOUS MARRIAGE	<input type="checkbox"/>	C
		CUSTOMARY (LOCAL CUSTOM) CEREMONY	<input type="checkbox"/>	D
		OTHER: _____	<input type="checkbox"/>	96 (+)
130	In what year was the (first) ceremony performed? (THIS REFERS TO CURRENT/LAST RELATIONSHIP)	YEAR: _____		(#)
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
132	Before the marriage with your <u>current /most recent husband</u> , were you asked whether you wanted to marry him or not?	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
133	Did your marriage involve a dowry/bride price or payment?	YES/Dowry	<input type="checkbox"/>	1
		YES/Bride Price	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2 → S2
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
134	Has all of the dowry/bride price been paid for?	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
135	Overall, do you think that the amount of dowry/bride price payment has had a positive impact on how you are treated by your husband and his family, a negative impact, or no impact?	POSITIVE IMPACT	<input type="checkbox"/>	1
		NEGATIVE IMPACT	<input type="checkbox"/>	2
		NO IMPACT	<input type="checkbox"/>	3
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99

SECTION 2 GENERAL HEALTH

Dwelling ID: _____

BEFORE STARTING WITH SECTION 2: REVIEW RESPONSES IN SECTION 1 AND MARK MARITAL STATUS ON REFERENCE SHEET, BOX A.							
I would now like to ask a few questions about your health and use of health services.						Code	Skip To
201	In general, would you describe your overall health as excellent, good, fair, poor or very poor?	EXCELLENT	<input type="checkbox"/>			1	
		GOOD	<input type="checkbox"/>			2	
		FAIR	<input type="checkbox"/>			3	
		POOR	<input type="checkbox"/>			4	
		VERY POOR	<input type="checkbox"/>			5	
		DON'T KNOW	<input type="checkbox"/>			98	
		REFUSED TO ANSWER	<input type="checkbox"/>			99	
201 b	Do you have any of the following?		Yes (1)	No (2)	Don't Know (98)	Refused to Answer (99)	
a	DIABETES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		—
b	ASTHMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		—
c	HIGH BLOOD PRESSURE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		—
d	PHYSICAL DISABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		—
202	In the past 4 weeks, how would you describe your ability to walk around? I will give 5 options, which one best describes your situation:	NO PROBLEMS	<input type="checkbox"/>				1
		SOME PROBLEMS	<input type="checkbox"/>				2
		MANY PROBLEMS	<input type="checkbox"/>				4
		UNABLE TO WALK AT ALL	<input type="checkbox"/>				5
		DON'T KNOW	<input type="checkbox"/>				98
		REFUSED TO ANSWER	<input type="checkbox"/>				99
203	In the past 4 weeks, did you have problems with performing usual activities, such as work, study, household, family or social activities because of your health? (Please choose from the following 5 options)	NO PROBLEMS	<input type="checkbox"/>				1
		SOME PROBLEMS	<input type="checkbox"/>				2
		MANY PROBLEMS	<input type="checkbox"/>				4
		UNABLE TO PERFORM ACTIVITIES	<input type="checkbox"/>				5
		DON'T KNOW	<input type="checkbox"/>				98
		REFUSED TO ANSWER	<input type="checkbox"/>				99
204	In the past 4 weeks, have you been in pain or discomfort? (Please choose from the following 5 options)	NO PAIN OR DISCOMFORT	<input type="checkbox"/>				1
		SLIGHT PAIN OR DISCOMFORT	<input type="checkbox"/>				2
		MODERATE PAIN OR DISCOMFORT	<input type="checkbox"/>				3
		SEVERE PAIN OR DISCOMFORT	<input type="checkbox"/>				4
		EXTREME PAIN OR DISCOMFORT	<input type="checkbox"/>				5
		DON'T KNOW	<input type="checkbox"/>				98
		REFUSED TO ANSWER	<input type="checkbox"/>				99
205	In the past 4 weeks, have you had problems with your memory or concentration? (Please choose from the following 5 options)	NO PROBLEMS	<input type="checkbox"/>				1
		SOME PROBLEMS	<input type="checkbox"/>				2
		MANY PROBLEMS	<input type="checkbox"/>				4
		EXTREME MEMORY PROBLEMS	<input type="checkbox"/>				5
		DON'T KNOW	<input type="checkbox"/>				98
		REFUSED TO ANSWER	<input type="checkbox"/>				99

SECTION 2 GENERAL HEALTH

Dwelling ID: _____

		Yes (1)	No (2)	Don't Know (98)	Refused to Answer (99)	—		
206	In the past 4 weeks have you had:							
a	DIZZINESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—		
b	VAGINAL DISCHARGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—		
207 a	In the past 4 weeks, have you taken medication to help you calm down or sleep? (Include local/traditional medicine)	NO				<input type="checkbox"/>	1	
		ONCE OR TWICE				<input type="checkbox"/>	2	
		A FEW TIMES				<input type="checkbox"/>	3	
		MANY TIMES				<input type="checkbox"/>	4	
		DON'T KNOW				<input type="checkbox"/>	98	
		REFUSED TO ANSWER				<input type="checkbox"/>	99	
207 b	In the past 4 weeks, have you taken medication to relieve pain? (Include local/traditional medicine)	NO				<input type="checkbox"/>	1	
		ONCE OR TWICE				<input type="checkbox"/>	2	
		A FEW TIMES				<input type="checkbox"/>	3	
		MANY TIMES				<input type="checkbox"/>	4	
		DON'T KNOW				<input type="checkbox"/>	98	
		REFUSED TO ANSWER				<input type="checkbox"/>	99	
207 c	In the past 4 weeks, have you taken medication to help you not feel sad or depressed? (Include local/traditional medicine)	NO				<input type="checkbox"/>	1	
		ONCE OR TWICE				<input type="checkbox"/>	2	
		A FEW TIMES				<input type="checkbox"/>	3	
		MANY TIMES				<input type="checkbox"/>	4	
		DON'T KNOW				<input type="checkbox"/>	98	
		REFUSED TO ANSWER				<input type="checkbox"/>	99	
U208	In the past 4 weeks, did you go to a doctor or other professional or traditional health worker because you were sick?	YES				<input type="checkbox"/>	1	
		NO				<input type="checkbox"/>	2	
		DON'T KNOW/DON'T REMEMBER				<input type="checkbox"/>	98	
		REFUSED TO ANSWER				<input type="checkbox"/>	99	
208	IF YES.....	A			B			
	A. Who did you go to?	Went to for help?			They helped you?			
	B. Do you feel they helped You?			Refused to Answer			Don't Know	Refused to Answer
	MARK ALL THAT APPLY	Yes (1)	No (2)	(99)	Yes (1)	No (2)	(98)	(99)
	1/A DOCTOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2/C NURSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3/E COUNSELLOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4/F PHARMACIST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5/G TRADITIONAL HEALER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6/D TRADITIONAL MIDWIFE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7/X OTHER: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION 2 GENERAL HEALTH

Dwelling ID: _____

209	In the past 4 weeks, have you had any of the following common problems?	Yes (1)	No (2)	Don't Know (98)	Refused to Answer (99)	—
a	Do you often have headaches?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
b	Is your appetite poor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
c	Do you sleep badly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
d	Are you easily frightened/scared?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
e	Do your hands shake?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
f	Do you feel nervous, tense, or worried?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
g	Is your digestion poor?(Vomiting, heartburn, diarrhea)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
h	Do you have trouble thinking clearly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
l	Do you feel unhappy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
j	Do you cry more than usual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
k	Do you find it hard to enjoy your daily activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
l	Do you find it difficult to make decisions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
m	Is your daily work suffering?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
n	Are you unable to play a useful part in life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
o	Have you lost interest in things you used to enjoy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
p	Do you feel that you are a useless person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
q	Have you thought of ending your life ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
r	Do you feel tired all the time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
s	Do you have uncomfortable feelings in your stomach?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
t	Are you easily tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
210	Just now we talked about problems that may have bothered you in the past 4 weeks. I would like to ask you now: In your life, have you ever thought about ending your life?	YES			<input type="checkbox"/>	1
		NO			<input type="checkbox"/>	2
		DON'T KNOW/DON'T REMEMBER			<input type="checkbox"/>	98
		REFUSED TO ANSWER			<input type="checkbox"/>	99
211	Have you ever tried to take your own life?	YES			<input type="checkbox"/>	1
		NO			<input type="checkbox"/>	2
		DON'T KNOW/DON'T REMEMBER			<input type="checkbox"/>	98
		REFUSED TO ANSWER			<input type="checkbox"/>	99
212	In the past 12 months, have you had an operation (other than a caesarean section)?	YES			<input type="checkbox"/>	1
		NO			<input type="checkbox"/>	2
		DON'T KNOW/DON'T REMEMBER			<input type="checkbox"/>	98
		REFUSED TO ANSWER			<input type="checkbox"/>	99
213	In the past 12 months, did you have to spend any nights in a hospital because you were sick (other than to give birth)?	NIGHTS IN HOSPITAL _____				(#)
		NO			<input type="checkbox"/>	2
		DON'T KNOW/DON'T REMEMBER			<input type="checkbox"/>	98
		REFUSED TO ANSWER			<input type="checkbox"/>	99
	IF YES: How many nights in the past 12 months?					

SECTION 2 GENERAL HEALTH

Dwelling ID: _____

213 a	Have you ever heard of HIV or AIDS?	YES	<input type="checkbox"/>	1	→ 214			
		NO	<input type="checkbox"/>	2				
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98				
		REFUSED TO ANSWER	<input type="checkbox"/>	99				
213 b	Is it possible for a person who looks and feels completely healthy to have the HIV/AIDS virus?	YES	<input type="checkbox"/>	1				
		NO	<input type="checkbox"/>	2				
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98				
		REFUSED TO ANSWER	<input type="checkbox"/>	99				
213 c	Many people in Micronesia are getting tested for HIV. Have you had an HIV/AIDS test? We do not want to know the result, only if you ever had the test.	YES	<input type="checkbox"/>	1				
		NO	<input type="checkbox"/>	2				
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98				
		REFUSED TO ANSWER	<input type="checkbox"/>	99				
214	Do you <u>now</u> smoke or use tobacco (including chewing tobacco)?	DAILY	<input type="checkbox"/>	1	→ 216			
		OCCASIONALLY	<input type="checkbox"/>	2	→ 216			
		NO (NOT AT ALL)	<input type="checkbox"/>	3				
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98				
		REFUSED TO ANSWER	<input type="checkbox"/>	99				
215	Have you <u>ever</u> smoked or used tobacco in your life (including chewing)?	DAILY	<input type="checkbox"/>	1				
		OCCASIONALLY	<input type="checkbox"/>	2				
		NO (NOT AT ALL)	<input type="checkbox"/>	3				
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98				
		REFUSED TO ANSWER	<input type="checkbox"/>	99				
216	How often do you drink alcohol? PROBE: Beer, Wine, Yeast, Palm Wine? >>>>>If NEVER or STOPPED, skip to U220.	EVERY DAY OR NEARLY EVERY DAY	<input type="checkbox"/>	1				
		ONCE OR TWICE A WEEK	<input type="checkbox"/>	2				
		1 - 3 TIMES A MONTH	<input type="checkbox"/>	3				
		LESS THAN ONCE A MONTH	<input type="checkbox"/>	4				
		NEVER OR STOPPED MORE THAN 1 YR AGO	<input type="checkbox"/>	5	→ U220			
		DON'T KNOW	<input type="checkbox"/>	98				
		REFUSED TO ANSWER	<input type="checkbox"/>	99				
217	On the days that you drank in the <u>past 4 weeks</u> , about how many alcoholic drinks did you usually have a day?	USUAL NUMBER OF DRINKS: _____		(#)				
		NO ALCOHOL DRINKS IN THE PAST 4 WEEKS	<input type="checkbox"/>	0				
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98				
		REFUSED TO ANSWER	<input type="checkbox"/>	99				
219	In the <u>past 12 months</u> , have you experienced any of the following problems related to your drinking?		Yes (1)	No (2)	Don't Know (98)	Refused to Answer (99)	—	
		a	MONEY PROBLEMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
		b	HEALTH PROBLEMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
		c	CONFLICT WITH FAMILY OR FRIENDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
		d	PROBLEMS WITH AUTHORITIES (BAR OWNER, POLICE, Etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
		x	OTHER: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—

SECTION 2 GENERAL HEALTH

Dwelling ID: _____

U220	Is there a Dispensary or Hospital close enough by that you can easily visit?	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
U221 a	In the past 12 months, have you or anyone in your household been to a Dispensary, Clinic or Hospital in [STATE]?	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2 → U222a
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
U221 b	If Yes, were you or the members of your household satisfied with the services they received?	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
U222 a	Does anyone in your household have a disability or special need? [PROBE: unable to see, unable to hear, crippled, learning disabled, developmentally disabled]	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2 → U223
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
U222 b	If Yes, is your household receiving any support for the person with a disability or special need from a Government Health, Public Safety or School Program?	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
U223	Have you ever been treated by a doctor or traditional practitioner for a mental illness? [PROBE: anxiety, depression, hearing voices, hallucinations (seeing things not there), or other]	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
U224	Has anyone else in your household ever been treated by a doctor or traditional practitioner for a mental illness? [PROBE: anxiety, depression, hearing voices, hallucinations (seeing things not there), or other]	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99

SECTION 3 REPRODUCTIVE HEALTH

Dwelling ID: _____

Now I would like to ask about all of the children that you may have given birth to during your life.			
	Questions and Filters	Check Best Answer	Code
U321	[Women under 40] In the <u>past 12 months</u> , has your menstrual cycle been regular? (i.e., happening at least once per month)	YES	<input type="checkbox"/> 1
		NO	<input type="checkbox"/> 2
		NOT APPLICABLE/OVER 40	<input type="checkbox"/> 3
		DON'T KNOW	<input type="checkbox"/> 98
		REFUSED TO ANSWER	<input type="checkbox"/> 99
U322	[Women under 40] Do you experience pain, discomfort, or heavy bleeding during your menstrual cycle/period?	YES	<input type="checkbox"/> 1
		NO	<input type="checkbox"/> 2
		NOT APPLICABLE/OVER 40	<input type="checkbox"/> 3
		DON'T KNOW	<input type="checkbox"/> 98
		REFUSED TO ANSWER	<input type="checkbox"/> 99
Check 120 b	Have you <u>ever</u> had a male sexual partner?	YES	<input type="checkbox"/> 1
		NO	<input type="checkbox"/> 2
		REFUSED TO ANSWER	<input type="checkbox"/> 99
302	Have you <u>ever</u> been pregnant? >>>>If YES, continue. >>>>>>>If ANY other answer, skip to 310.	YES	<input type="checkbox"/> 1
		NO	<input type="checkbox"/> 2 → 310
		MAYBE/NOT SURE	<input type="checkbox"/> 3 → 310
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/> 98 → 310
		REFUSED TO ANSWER	<input type="checkbox"/> 99 → 310
U301	Have you <u>ever</u> given birth?	YES	<input type="checkbox"/> 1
		NO	<input type="checkbox"/> 2 → 308a
		REFUSED TO ANSWER	<input type="checkbox"/> 99
301	How many children have you given birth to that were alive when they were born? INCLUDE BIRTHS WHERE THE BABY DIDN'T LIVE FOR LONG	NUMBER OF CHILDREN BORN: _____	(#)
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/> 98
		REFUSED TO ANSWER	<input type="checkbox"/> 99
303	How many children do you have, who are alive now? RECORD NUMBER	NUMBER OF CHILDREN ALIVE: _____	(#)
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/> 98
		REFUSED TO ANSWER	<input type="checkbox"/> 99
304	Have you ever given birth to a boy or a girl who was born alive, but later died? This could be at any age. IF NO, PROBE: Any baby who cried or showed signs of life but survived for only a few hours or days?	YES	<input type="checkbox"/> 1
		NO	<input type="checkbox"/> 2 → 306
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/> 98
		REFUSED TO ANSWER	<input type="checkbox"/> 99
305	How many children have died?	TOTAL NUMBER OF CHILDREN WHO DIED: _____	(#)
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/> 98
		REFUSED TO ANSWER	<input type="checkbox"/> 99
305	How many sons have died? IF NONE, ENTER '0'	NUMBER OF SONS WHO DIED : _____	(#)
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/> 98
		REFUSED TO ANSWER	<input type="checkbox"/> 99
305 b	How many daughters have died? IF NONE, ENTER '0'	NUMBER OF DAUGHTERS WHO DIED: _____	(#)
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/> 98
		REFUSED TO ANSWER	<input type="checkbox"/> 99

SECTION 3 REPRODUCTIVE HEALTH

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306	Do (did) all your children have the same biological father or more than one father?	ONE FATHER	<input type="checkbox"/>	1	→ 308
		MORE THAN ONE FATHER	<input type="checkbox"/>	2	
		N/A (NEVER HAD LIVE BIRTH)	<input type="checkbox"/>	7	
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98	
		REFUSED TO ANSWER	<input type="checkbox"/>	99	
307	How many of your children receive financial support from their father(s)? Would you say none, some or all? IF ONLY ONE CHILD AND SHE SAYS 'YES,' CODE '3' ('ALL').	NONE	<input type="checkbox"/>	1	
		SOME	<input type="checkbox"/>	2	
		ALL	<input type="checkbox"/>	3	
		N/A (NEVER HAD LIVE BIRTH)	<input type="checkbox"/>	7	
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98	
308 a	How many times have you been pregnant? Include pregnancies that did not end up in a live birth, and if you are pregnant now, your current pregnancy.	TOTAL NUMBER OF PREGNANCIES: _____	<input type="checkbox"/>	(#)	
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98	
		REFUSED TO ANSWER	<input type="checkbox"/>	99	
308 b	How many pregnancies with twins?	NUMBER PREGNANCIES WITH TWINS: _____	<input type="checkbox"/>	(#)	
308 c	How many pregnancies with triplets?	NUMBER PREGNANCIES WITH TRIPLETS: _____	<input type="checkbox"/>	(#)	
309a	Have you ever had a pregnancy that miscarried? IF NONE, MARK 'NONE'	TOTAL NUMBER OF MISCARRIAGES: _____	<input type="checkbox"/>	(#)	
		NONE	<input type="checkbox"/>	2	
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98	
		REFUSED TO ANSWER	<input type="checkbox"/>	99	
309 b	Have you ever had a pregnancy that ended in a still birth (baby born dead)? IF NONE, MARK 'NONE'	TOTAL NUMBER OF STILLBIRTHS: _____	<input type="checkbox"/>	(#)	
		NONE	<input type="checkbox"/>	2	
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98	
		REFUSED TO ANSWER	<input type="checkbox"/>	99	
309	Have you ever had a pregnancy that ended in an abortion? IF NONE, MARK 'NONE'	TOTAL NUMBER OF ABORTIONS: _____	<input type="checkbox"/>	(#)	
		NONE	<input type="checkbox"/>	2	
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98	
		REFUSED TO ANSWER	<input type="checkbox"/>	99	
310	Are you pregnant now?	YES	<input type="checkbox"/>	1	→ A
		NO	<input type="checkbox"/>	2	→ B
		MAYBE/NOT SURE	<input type="checkbox"/>	3	→ B
		DON'T KNOW	<input type="checkbox"/>	98	
		REFUSED TO ANSWER	<input type="checkbox"/>	99	
A	IF PREGNANT NOW	[301] _____ + [309 a+b+c] _____ + 1 = _____			
		[308a] _____ + [308b] _____ + [2x308c] _____ = _____			
B	IF NOT PREGNANT NOW	[301] _____ + [309 a+b+c] _____ = _____			
		[308a] _____ + [308b] _____ + [2x308c] _____ = _____			
1004	How old were you when you first had sex (intercourse)? IF NECESSARY: We define sexual intercourse as oral sex, anal, or vaginal penetration.	AGE YEARS (MORE OR LESS)	<input type="checkbox"/>	(#)	→ S6
		NOT HAD SEX	<input type="checkbox"/>	95	
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98	
		REFUSED TO ANSWER	<input type="checkbox"/>	99	
1005	How would you describe the first time that you had sex? Would you say that you wanted to have sex, you did not want to have sex but it happened anyway, or were you forced to have sex?	WANTED TO HAVE SEX	<input type="checkbox"/>	1	
		NOT WANT BUT HAD SEX	<input type="checkbox"/>	2	
		FORCED TO HAVE SEX	<input type="checkbox"/>	3	
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98	
		REFUSED TO ANSWER	<input type="checkbox"/>	99	

SECTION 3 REPRODUCTIVE HEALTH

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1005c	Was the first time you had sex with the person who was (at the time or later) your husband/cohabiting partner, or was it with someone else?	HUSBAND/PARTNER	<input type="checkbox"/>	1	
		SOMEONE ELSE	<input type="checkbox"/>	2	
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98	
		REFUSED TO ANSWER	<input type="checkbox"/>	99	
311	Have you <u>ever</u> used (IN YOUR WHOLE LIFE) anything, or tried in any way, to delay or avoid getting pregnant?	YES	<input type="checkbox"/>	1	
		NO	<input type="checkbox"/>	2	▶ 315
		N/A (NEVER HAD INTERCOURSE)	<input type="checkbox"/>	3	▶ S5
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98	
		REFUSED TO ANSWER	<input type="checkbox"/>	99	
312	Are you <u>currently</u> doing something or using any method to avoid getting pregnant?	YES	<input type="checkbox"/>	1	
		NO	<input type="checkbox"/>	2	▶ 315
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98	
		REFUSED TO ANSWER	<input type="checkbox"/>	99	
S312b	Have you or your current husband/partner been sterilized? Had a surgical procedure to prevent pregnancy?	YES	<input type="checkbox"/>	1	
		NO	<input type="checkbox"/>	2	
		DON'T KNOW	<input type="checkbox"/>	98	
		REFUSED TO ANSWER	<input type="checkbox"/>	99	
313	What (main) method are you currently using to prevent pregnancy? IF MORE THAN ONE, ONLY MARK THE MAIN METHOD	PILL/TABLETS	<input type="checkbox"/>	1	
		INJECTIONS/INJECTABLES (SHOTS)	<input type="checkbox"/>	2	
		IMPLANTS (NORPLANTS)	<input type="checkbox"/>	3	
		IUD	<input type="checkbox"/>	4	
		DIAPHRAM/FOAM/JELLY	<input type="checkbox"/>	5	
		CALENDAR/MUCUS METHOD (COUNTING DAYS)	<input type="checkbox"/>	6	
		FEMALE STERILIZATION	<input type="checkbox"/>	7	
		CONDOMS	<input type="checkbox"/>	8	▶ 315
		MALE STERILIZATION	<input type="checkbox"/>	9	▶ 315
		WITHDRAWAL	<input type="checkbox"/>	10	▶ 315
		HERBS	<input type="checkbox"/>	11	
		OTHER: _____	<input type="checkbox"/>	96(+)	
		DON'T KNOW	<input type="checkbox"/>	98	
REFUSED TO ANSWER	<input type="checkbox"/>	99			
314	Does your <u>current</u> husband/partner know that you are using a method of family planning?	YES	<input type="checkbox"/>	1	
		NO	<input type="checkbox"/>	2	
		N/A: NO CURRENT PARTNER	<input type="checkbox"/>	7	
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98	
		REFUSED TO ANSWER	<input type="checkbox"/>	99	
315	Did your <u>current/most recent</u> husband/partner ever refuse to use a method or try to stop you from using a method to avoid getting pregnant?	YES	<input type="checkbox"/>	1	
		NO	<input type="checkbox"/>	2	▶ 317
		N/A (NEVER HAD PARTNER)	<input type="checkbox"/>	3	▶ S4
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98	▶ 317
		REFUSED TO ANSWER	<input type="checkbox"/>	99	▶ 317

SECTION 3 REPRODUCTIVE HEALTH

Dwelling ID: _____

316	In what ways did your <u>current/most recent</u> husband/partner let you know that he disapproved of using methods to avoid getting pregnant? MARK ALL THAT APPLY	TOLD ME HE DID NOT APPROVE	<input type="checkbox"/>	1	
		SHOUTED/GOT ANGRY	<input type="checkbox"/>	2	
		THREATENED TO BEAT ME	<input type="checkbox"/>	3	
		THREATENED TO LEAVE/THROW ME OUT OF HOME	<input type="checkbox"/>	4	
		BEAT ME/PHYSICALLY ASSAULTED	<input type="checkbox"/>	5	
		TOOK OR DESTROYED THE BIRTH CONTROL METHOD	<input type="checkbox"/>	6	
		OTHER: _____	<input type="checkbox"/>	96(+)	
		DON'T KNOW	<input type="checkbox"/>	98	
	REFUSED TO ANSWER	<input type="checkbox"/>	99		
Apart from what you have told me before, I would now like to ask some specific questions about condoms.					
317	Have you ever used a condom with your <u>current/most recent</u> partner? (male or female condom)	YES	<input type="checkbox"/>	1	
		NO	<input type="checkbox"/>	2	→ 318
		N/A: NEVER HAD A PARTNER	<input type="checkbox"/>	7	
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98	
		REFUSED TO ANSWER	<input type="checkbox"/>	99	
317 a	The last time that you had sex with your <u>current/most recent</u> partner did you use a condom?	YES	<input type="checkbox"/>	1	
		NO	<input type="checkbox"/>	2	
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98	
		REFUSED TO ANSWER	<input type="checkbox"/>	99	
318	Have you ever asked your <u>current/most recent</u> partner to use a condom?	YES	<input type="checkbox"/>	1	
		NO	<input type="checkbox"/>	2	
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98	
		REFUSED TO ANSWER	<input type="checkbox"/>	99	
319	Has your <u>current/most recent</u> husband/partner ever refused to use a condom?	YES	<input type="checkbox"/>	1	
		NO	<input type="checkbox"/>	2	→ S4
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98	→ S4
		REFUSED TO ANSWER	<input type="checkbox"/>	99	→ S4
320	In what ways did he let you know that he disapproved of using a condom? MARK ALL THAT APPLY	TOLD ME HE DID NOT APPROVE	<input type="checkbox"/>	1	
		SHOUTED/GOT ANGRY	<input type="checkbox"/>	2	
		THREATENED TO BEAT ME	<input type="checkbox"/>	3	
		THREATENED TO LEAVE/THROW ME OUT OF HOME	<input type="checkbox"/>	4	
		BEAT ME/PHYSICALLY ASSAULTED	<input type="checkbox"/>	5	
		TOOK OR DESTROYED THE BIRTH CONTROL METHOD	<input type="checkbox"/>	6	
		ACCUSED ME OF BEING UNFAITHFULL/NOT A GOOD WOMAN	<input type="checkbox"/>	7	
		LAUGHED AT ME/DID NOT TAKE ME SERIOUSLY	<input type="checkbox"/>	8	
		SAID IT IS NOT NECESSARY	<input type="checkbox"/>	9	
		OTHER: _____	<input type="checkbox"/>	96(+)	
		DON'T KNOW	<input type="checkbox"/>	98	
		REFUSED TO ANSWER	<input type="checkbox"/>	99	

SECTION 4 CHILDREN AND PREGNANCY

Dwelling ID: _____

BEFORE STARTING WITH SECTION 4: REVIEW RESPONSES AND MARK REPRODUCTIVE HISTORY ON REFERENCE SHEET, BOX B.			
IF NO LIVE BIRTHS (Check question 301), SKIP TO SECTION 5			
I would like to ask about the last time that you gave birth (Live birth, regardless of whether the child is still alive or not).			Code
401	What was the date of birth of this child?	DAY: _____	(#)
		MONTH: _____	(#)
		YEAR: _____	(#)
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/> 98
		REFUSED TO ANSWER	<input type="checkbox"/> 99
U402a	What name was given to your last born child?	First Letter of First Name: _____	(#)
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/> 98
		REFUSED TO ANSWER	<input type="checkbox"/> 99
402	Was your last born child a boy or girl?	BOY	<input type="checkbox"/> 1
		GIRL	<input type="checkbox"/> 2
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/> 98
		REFUSED TO ANSWER	<input type="checkbox"/> 99
403	Is your last born child still alive?	YES	<input type="checkbox"/> 1
		NO	<input type="checkbox"/> 2
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/> 98
		REFUSED TO ANSWER	<input type="checkbox"/> 99
404	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS CHECK AGE WITH BIRTH DATE	AGE IN YEARS: _____	(#)
		(IF LESS THAN 1 YEAR OLD ENTER 0)	
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/> 98
		REFUSED TO ANSWER	<input type="checkbox"/> 99
CHECK 406	CHECK IF DATE OF BIRTH OF LAST CHILD (IN Q401) IS MORE OR LESS THAN 5 YEARS AGO >>>>If more than 5 years ago, skip to 417	5 or MORE YEARS AGO	<input type="checkbox"/> 1
		LESS THAN 5 YEARS AGO	<input type="checkbox"/> 2
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/> 98
		REFUSED TO ANSWER	<input type="checkbox"/> 99
I would like to ask you about your <u>last pregnancy</u> .			
407	At the time you became pregnant with this child (NAME), did you want to become pregnant then, did you want to wait until later, did you want no (more) children, or did you not mind either way?	WANTED TO BECOME PREGNANT THEN	<input type="checkbox"/> 1
		WANTED TO WAIT UNTIL LATER	<input type="checkbox"/> 2
		DID NOT WANT MORE CHILDREN	<input type="checkbox"/> 3
		DID NOT CARE EITHER WAY	<input type="checkbox"/> 4
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/> 98
		REFUSED TO ANSWER	<input type="checkbox"/> 99
408	At the time you became pregnant with this child (NAME), did your husband/partner want you to become pregnant then, did he want to wait until later, did he want no (more) children at all, or did he not mind either way?	WANTED YOU TO BECOME PREGNANT THEN	<input type="checkbox"/> 1
		WANTED TO WAIT UNTIL LATER	<input type="checkbox"/> 2
		DID NOT WANT MORE CHILDREN	<input type="checkbox"/> 3
		DID NOT CARE EITHER WAY	<input type="checkbox"/> 4
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/> 98
		REFUSED TO ANSWER	<input type="checkbox"/> 99
U409	When you were pregnant with this child, did you see anyone for any prenatal check?	YES	<input type="checkbox"/> 1
		NO	<input type="checkbox"/> 2
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/> 98
		REFUSED TO ANSWER	<input type="checkbox"/> 99
409	If YES, whom did you see for your prenatal checkups? MARK ALL THAT APPLY	GENERAL DOCTOR	<input type="checkbox"/> 1
		OBSTETRICIAN/GYNECOLOGIST	<input type="checkbox"/> 2
		NURSE/MIDWIFE	<input type="checkbox"/> 3
		TRADITIONAL BIRTH ATTENDANT	<input type="checkbox"/> 4
		OTHER: _____	96(+)
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/> 98
	REFUSED TO ANSWER	<input type="checkbox"/> 99	

SECTION 4 CHILDREN AND PREGNANCY

Dwelling ID: _____

410	Did your husband/partner stop you, encourage you, or have no interest in whether you received prenatal care for your pregnancy?	STOPPED ME	<input type="checkbox"/>	1
		ENCOURAGED ME	<input type="checkbox"/>	2
		HAD NO INTEREST	<input type="checkbox"/>	3
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
411	When you were pregnant with this child (NAME), did your husband/partner want a boy or a girl or did not care what the baby was?	SON	<input type="checkbox"/>	1
		DAUGHTER	<input type="checkbox"/>	2
		DID NOT MATTER WHICH	<input type="checkbox"/>	3
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
412	During this pregnancy, did you consume any alcoholic drinks?	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
413	During this pregnancy, did you smoke any cigarettes or use tobacco?	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
S413a	During this pregnancy, did use any Betel Nut?	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
S413b	During this pregnancy, did use any Marijuana?	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
414	Were you given a (postnatal) check-up at any time during the 6 weeks after delivery?	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2
		NO, BIRTH WAS LESS THAN 6 WEEKS AGO	<input type="checkbox"/>	3
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
S414b	Did your husband/partner stop you, encourage you, or have no interest in whether you received postnatal check-ups after your pregnancy?	STOPPED ME	<input type="checkbox"/>	1
		ENCOURAGED ME	<input type="checkbox"/>	2
		HAD NO INTEREST	<input type="checkbox"/>	3
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
415	Was this child (NAME) weighed at birth?	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
416	How much did he/she weigh? RECORD FROM HEALTH CARD WHERE POSSIBLE	WEIGHT FROM CARD: _____		1(+)
		WEIGHT FROM MEMORY: _____		2(+)
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99

→ U417

SECTION 4 CHILDREN AND PREGNANCY

Dwelling ID: _____

U417	Do you have any children aged between 6 and 13 years? If NO, skip to U429.	YES	<input type="checkbox"/>	1	→ U429			
		NO	<input type="checkbox"/>	2				
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98				
		REFUSED TO ANSWER	<input type="checkbox"/>	99				
417	How many children between 6 and 13 years? (include 6-year-old and 13-year-old children)	TOTAL NUMBER: _____		(#)				
418 a	How many boys are between 6 and 13 years? IF NO BOYS, ENTER '0'	NUMBER OF BOYS: _____		(#)				
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98				
		REFUSED TO ANSWER	<input type="checkbox"/>	99				
419 b	How many girls are between 6 and 13 years? IF NO GIRLS, ENTER '0'	NUMBER OF GIRLS: _____		(#)				
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98				
		REFUSED TO ANSWER	<input type="checkbox"/>	99				
419 a	How many of these boys (ages 6-13 years) currently live with you?	NUMBER OF BOYS: _____		(#)				
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98				
		REFUSED TO ANSWER	<input type="checkbox"/>	99				
419 b	How many of these girls (ages 6-13 years) currently live with you?	NUMBER OF GIRLS: _____		(#)				
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98				
		REFUSED TO ANSWER	<input type="checkbox"/>	99				
IF boys and girls is both 0 or don't known or refused to answer in 419a and 419b, skip to U429					→ U429			
420	Do any of these children (ages 6-13 years):		Yes (1)	No (2)	Don't Know (98)	Refused to Answer (99)		
		a	HAVE FREQUENT NIGHTMARES (BAD DREAMS)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
		b	SUCK THEIR THUMB OR FINGERS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
		c	WET THEIR BED OFTEN?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
		d	ARE ANY OF THESE CHILDREN SHY?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
		e	ARE ANY OF THEM AGGRESSIVE WITH YOU OR OTHER CHILDREN?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
421 a	How many of these boys (ages 6-13 years) have ever run away from home?	NUMBER OF BOYS: _____		(#)				
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98				
		REFUSED TO ANSWER	<input type="checkbox"/>	99				
421 b	How many of these girls (ages 6-13 years) have ever run away from home?	NUMBER OF GIRLS: _____		(#)				
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98				
		REFUSED TO ANSWER	<input type="checkbox"/>	99				
422 a	How many of your boys (ages 6-13 years) are studying/in school?	NUMBER OF BOYS: _____		(#)				
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98				
		REFUSED TO ANSWER	<input type="checkbox"/>	99				
422 b	How many of your girls (ages 6-13 years) are studying/in school?	NUMBER OF GIRLS: _____		(#)				
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98				
		REFUSED TO ANSWER	<input type="checkbox"/>	99				
IF boys and girls is both 0 or don't known or refused to answer in 422a and 422b, skip to U429					→ U429			
423	Have any of these children had to repeat (failed) a year at school? MAKE SURE ONLY CHILDREN AGED 6-13 YEARS	YES	<input type="checkbox"/>	1				
		NO	<input type="checkbox"/>	2				
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98				
		REFUSED TO ANSWER	<input type="checkbox"/>	99				
424	Have any of these children stopped school for a while or dropped out of school? MAKE SURE ONLY CHILDREN AGED 6-13 YEARS	YES	<input type="checkbox"/>	1				
		NO	<input type="checkbox"/>	2	→ U427			
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98				
		REFUSED TO ANSWER	<input type="checkbox"/>	99				

SECTION 4 CHILDREN AND PREGNANCY

Dwelling ID: _____

U425	What were the reasons these children stopped school for a while or dropped out of school? MAKE SURE RESPONSE IS ONLY ABOUT CHILDREN AGED 6-13 YEARS MARK ALL THAT APPLY	CHILD DID NOT WANT TO GO	<input type="checkbox"/>	1			
		CHILD WAS BEING BULLIED/TORMENTED BY OTHER STUDENTS	<input type="checkbox"/>	2			
		CHILD LEFT SCHOOL TO WORK OR CARE FOR FAMILY	<input type="checkbox"/>	3			
		TOO DIFFICULT TO ARRANGE TRANSPORTATION	<input type="checkbox"/>	4			
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98			
		REFUSED TO ANSWER	<input type="checkbox"/>	99			
U426	Did you receive any counseling or assistance from any of the following people/organizations to help you return your child to school? MAKE SURE RESPONSE IS ONLY ABOUT CHILDREN AGED 6-13 YEARS MARK ALL THAT APPLY	FAMILY/FRIENDS	<input type="checkbox"/>	1			
		TEACHER/PRINCIPAL	<input type="checkbox"/>	2			
		HEALTH WORKER	<input type="checkbox"/>	3			
		PUBLIC SAFETY/POLICE	<input type="checkbox"/>	4			
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98			
		REFUSED TO ANSWER	<input type="checkbox"/>	99			
U427	Of these children (aged 6-13 years), have any of them received dental care from a clinic, hospital, or as part of a school-based dental program? MAKE SURE RESPONSE IS ONLY ABOUT CHILDREN AGED 6-13 YEARS	YES	<input type="checkbox"/>	1			
		NO	<input type="checkbox"/>	2			
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98			
		REFUSED TO ANSWER	<input type="checkbox"/>	99			
U428	All adults use certain ways to teach children the right behaviour or to address a behaviour problem. I will read various methods that are used and I want you to tell me if you or anyone else in your household has used this method with any of your children aged 6-13 years in the past month?	Yes (1)	No (2)	Don't Know (98)	Refused to Answer (99)		
		a Took away privileges, forbade something the child liked, or did not allow him/her to leave the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
		b Shouted, yelled at or screamed at him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
		c Hit or slapped him/her on the face, head, or ears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
		d Hit him/her on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other object.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
		e Withheld food or did not allow him/her to eat a meal during normal meal times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—

SECTION 4 CHILDREN AND PREGNANCY

Dwelling ID: _____

U429	Do you think it is important for a child to go to school?	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
U430	Do you have any children under the age of 5?	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2 → U433
		REFUSED TO ANSWER	<input type="checkbox"/>	99
U431	Of these children (under 5 years), have all of them received at least one immunization?	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
U432	Have any of your children ages 0-8, ever been left alone for more than 12 hours?	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
U433	At what age do you feel a child is old enough to be left without adult supervision?	AGE IN YEARS: _____	<input type="checkbox"/>	(#)
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
U435	Do you believe that in order to bring up (raise, educate) a child properly you need to physically punish him/her?	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
U436	Have you ever been forced to give up one or more of your children to a family member or a stranger against your will?	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2
		REFUSED TO ANSWER	<input type="checkbox"/>	99

SECTION 5 CURRENT OR MOST RECENT HUSBAND/PARTNER

Dwelling ID: _____

IF NEVER MARRIED / NEVER LIVED WITH A MAN (NEVER HAD A PARTNER), SKIP TO SECTION 6.				→ S 6
I would now like you to tell me a little about your <u>current/most recent</u> husband/partner.			CODE	
501	How old is your husband/partner (completed years)? IF MOST RECENT HUSBAND/PARTNER DIED: How old would he be now if he were alive?	AGE TO THE NEAREST WHOLE YEAR: _____	(#)	
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
502	In what year was he born?	BIRTH YEAR: _____	(#)	
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
502 a	Where did he grow up [before age 12]? PROBE: Is he from the same State as you?	SAME STATE	<input type="checkbox"/>	1
		OTHER FSM STATE: KOS CHK PNI YAP	<input type="checkbox"/>	2(+)
		OTHER COUNTRY: _____	<input type="checkbox"/>	96(+)
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
503	Can (could) he read and write?	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
504	Did he ever attend school?	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2 → 506
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
505 a	What is the highest level of education that he achieved? MARK HIGHEST LEVEL.	ELEMENTARY (GRADE _____)	<input type="checkbox"/>	1
		HIGH SCHOOL (GRADE _____)	<input type="checkbox"/>	2
		COLLEGE/UNIVERSITY (GRADE _____)	<input type="checkbox"/>	3
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
505 b	What is his total number of years of education?	TOTAL NUMBER OF YEARS _____	(#)	
506	IF CURRENTLY WITH HUSBAND/PARTNER: Is he currently working, looking for work or unemployed, retired or studying?	WORKING	<input type="checkbox"/>	1 → 508
		LOOKING FOR WORK/UNEMPLOYED	<input type="checkbox"/>	2
		RETIRED	<input type="checkbox"/>	3 → 508
		STUDENT	<input type="checkbox"/>	4 → 509
	IF NOT CURRENTLY WITH HUSBAND/PARTNER: Towards the end of your relationship was he working, looking for work or unemployed, retired or studying?	DISABLED/SICK LONG TERM	<input type="checkbox"/>	5
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
507	When did his last job finish? Was it in the past 4 weeks, between 4 weeks and 12 months ago, or before that?	IN THE PAST 4 WEEKS	<input type="checkbox"/>	1
		4 WKS - 12 MONTHS AGO	<input type="checkbox"/>	2
		MORE THAN 12 MONTHS AGO	<input type="checkbox"/>	3
	FOR MOST RECENT HUSBAND/PARTNER: in the last 4 weeks or in the last 12 months of your relationship?	NEVER HAD A JOB	<input type="checkbox"/>	4 → 509
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99

SECTION 5 CURRENT OR MOST RECENT HUSBAND/PARTNER

Dwelling ID: _____

508	What kind of work does/did he normally do? SPECIFY KIND OF WORK	PROFESSIONAL	<input type="checkbox"/>	1
		SEMI-SKILLED	<input type="checkbox"/>	2
		UNSKILLED/MANUAL LABOR	<input type="checkbox"/>	3
		MILITARY/POLICE	<input type="checkbox"/>	4
		FARMER/FISHERMAN	<input type="checkbox"/>	5
		SELF-EMPLOYED	<input type="checkbox"/>	6
		OTHER _____	<input type="checkbox"/>	96(+)
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
	REFUSED TO ANSWER	<input type="checkbox"/>	99	
509	How often does/did your husband/partner drink alcohol?	EVERY DAY OR NEARLY EVERY DAY	<input type="checkbox"/>	1
		ONCE OR TWICE A WEEK	<input type="checkbox"/>	2
		1-3 TIMES IN A MONTH	<input type="checkbox"/>	3
		LESS THAN ONCE A MONTH	<input type="checkbox"/>	4
		NEVER	<input type="checkbox"/>	5
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
510	In the past 12 months (In the last 12 months of your last relationship), how often have you seen (did you see) your husband/partner drunk?	MOST DAYS	<input type="checkbox"/>	1
		WEEKLY	<input type="checkbox"/>	2
		ONCE A MONTH	<input type="checkbox"/>	3
		LESS THAN ONCE A MONTH	<input type="checkbox"/>	4
		NEVER	<input type="checkbox"/>	5
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
	REFUSED TO ANSWER	<input type="checkbox"/>	99	
511	In the past 12 months (In the last 12 months of your relationship), have you experienced any of the following problems related to your husband/partner's drinking?			
a	MONEY PROBLEMS	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
b	FAMILY PROBLEMS	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
x	ANY OTHER PROBLEMS: SPECIFY: _____	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
512	Does/did your husband/partner ever use MARIJUANA? HOW OFTEN?	EVERY DAY OR NEARLY EVERY DAY	<input type="checkbox"/>	1
		ONCE OR TWICE A WEEK	<input type="checkbox"/>	2
		1 - 3 TIMES IN A MONTH	<input type="checkbox"/>	3
		LESS THAN ONCE A MONTH	<input type="checkbox"/>	4
		IN THE PAST BUT NOT NOW	<input type="checkbox"/>	5
		NEVER	<input type="checkbox"/>	6
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99

→ 512

SECTION 5 CURRENT OR MOST RECENT HUSBAND/PARTNER

Dwelling ID: _____

S512a	Does/did your husband/partner ever use BETEL NUT? HOW OFTEN?	EVERY DAY OR NEARLY EVERY DAY	<input type="checkbox"/>	1	
		ONCE OR TWICE A WEEK	<input type="checkbox"/>	2	
		1 – 3 TIMES IN A MONTH	<input type="checkbox"/>	3	
		LESS THAN ONCE A MONTH	<input type="checkbox"/>	4	
		IN THE PAST BUT NOT NOW	<input type="checkbox"/>	5	
		NEVER	<input type="checkbox"/>	6	
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98	
		REFUSED TO ANSWER	<input type="checkbox"/>	99	
S512b	Does/did your husband/partner ever use COCAINE? HOW OFTEN?	EVERY DAY OR NEARLY EVERY DAY	<input type="checkbox"/>	1	
		ONCE OR TWICE A WEEK	<input type="checkbox"/>	2	
		1 – 3 TIMES IN A MONTH	<input type="checkbox"/>	3	
		LESS THAN ONCE A MONTH	<input type="checkbox"/>	4	
		IN THE PAST BUT NOT NOW	<input type="checkbox"/>	5	
		NEVER	<input type="checkbox"/>	6	
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98	
		REFUSED TO ANSWER	<input type="checkbox"/>	99	
S512c	Does/did your husband/partner ever use SAKAU / KAVA? HOW OFTEN?	EVERY DAY OR NEARLY EVERY DAY	<input type="checkbox"/>	1	
		ONCE OR TWICE A WEEK	<input type="checkbox"/>	2	
		1 – 3 TIMES IN A MONTH	<input type="checkbox"/>	3	
		LESS THAN ONCE A MONTH	<input type="checkbox"/>	4	
		IN THE PAST BUT NOT NOW	<input type="checkbox"/>	5	
		NEVER	<input type="checkbox"/>	6	
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98	
		REFUSED TO ANSWER	<input type="checkbox"/>	99	
513	Since you have known him, has he ever been involved in a physical fight with another man?	YES	<input type="checkbox"/>	1	
		NO	<input type="checkbox"/>	2	→ 515
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98	→ 515
		REFUSED TO ANSWER	<input type="checkbox"/>	99	→ 515
514	In the past 12 months (In the last 12 months of the relationship), how often has this happened: once or twice, a few times, many times, or never?	NEVER	<input type="checkbox"/>	1	
		ONCE OR TWICE	<input type="checkbox"/>	2	
		A FEW (3-5) TIMES	<input type="checkbox"/>	3	
		MANY (MORE THAN 5) TIMES	<input type="checkbox"/>	4	
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98	
		REFUSED TO ANSWER	<input type="checkbox"/>	99	
515	Has your <u>current/most recent</u> husband/partner had a relationship with any other women while being with you?	YES	<input type="checkbox"/>	1	
		NO	<input type="checkbox"/>	2	→ 1008
		MAY HAVE	<input type="checkbox"/>	3	
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98	→ 1008
		REFUSED TO ANSWER	<input type="checkbox"/>	99	→ 1008
516	Has your <u>current/most recent</u> husband/partner had children with any other woman while being with you?	YES	<input type="checkbox"/>	1	
		NO	<input type="checkbox"/>	2	
		MAY HAVE	<input type="checkbox"/>	3	
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98	
		REFUSED TO ANSWER	<input type="checkbox"/>	99	

SECTION 5 CURRENT OR MOST RECENT HUSBAND/PARTNER

Dwelling ID: _____

1008	As far as you know, was your <u>current/most recent</u> husband /partner's mother hit or beaten by her husband/partner?	YES	<input type="checkbox"/>	1	→ 1010
		NO	<input type="checkbox"/>	2	
		MAY HAVE	<input type="checkbox"/>	3	
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98	
		REFUSED TO ANSWER	<input type="checkbox"/>	99	
1009	Did your <u>current/most recent</u> husband/partner see or hear this violence?	YES	<input type="checkbox"/>	1	
		NO	<input type="checkbox"/>	2	
		MAY HAVE	<input type="checkbox"/>	3	
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98	
		REFUSED TO ANSWER	<input type="checkbox"/>	99	
1010	As far as you know, was your <u>current/most recent</u> husband/partner hit or beaten regularly by someone in his family, when he was a child?	YES	<input type="checkbox"/>	1	
		NO	<input type="checkbox"/>	2	
		MAY HAVE	<input type="checkbox"/>	3	
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98	
		REFUSED TO ANSWER	<input type="checkbox"/>	99	

SECTION 6 ATTITUDES

Dwelling ID: _____

In this community and elsewhere, people have different ideas about families and what is acceptable behaviour for men and women in the home. I am going to read you a list of statements, and I would like you to tell me whether you generally agree or disagree with the statement. There are no right or wrong answers.

601	A good wife obeys her husband even if she disagrees	AGREE	<input type="checkbox"/>	1		
		DISAGREE	<input type="checkbox"/>	2		
		DON'T KNOW	<input type="checkbox"/>	98		
		REFUSED TO ANSWER	<input type="checkbox"/>	99		
602	Family problems should only be discussed with people in the family	AGREE	<input type="checkbox"/>	1		
		DISAGREE	<input type="checkbox"/>	2		
		DON'T KNOW	<input type="checkbox"/>	98		
		REFUSED TO ANSWER	<input type="checkbox"/>	99		
603	It is important for a man to show his wife/partner who is the boss	AGREE	<input type="checkbox"/>	1		
		DISAGREE	<input type="checkbox"/>	2		
		DON'T KNOW	<input type="checkbox"/>	98		
		REFUSED TO ANSWER	<input type="checkbox"/>	99		
604	A woman should be able to choose her own friends even if her husband disapproves	AGREE	<input type="checkbox"/>	1		
		DISAGREE	<input type="checkbox"/>	2		
		DON'T KNOW	<input type="checkbox"/>	98		
		REFUSED TO ANSWER	<input type="checkbox"/>	99		
605	It's a wife's obligation to have sex with her husband even if she doesn't feel like it	AGREE	<input type="checkbox"/>	1		
		DISAGREE	<input type="checkbox"/>	2		
		DON'T KNOW	<input type="checkbox"/>	98		
		REFUSED TO ANSWER	<input type="checkbox"/>	99		
606	If a man mistreats his wife, others outside of the family should intervene	AGREE	<input type="checkbox"/>	1		
		DISAGREE	<input type="checkbox"/>	2		
		DON'T KNOW	<input type="checkbox"/>	98		
		REFUSED TO ANSWER	<input type="checkbox"/>	99		
607	In your opinion, does a man have a good reason to hit his wife if:	Yes (1)	No (2)	Don't Know (98)	Refused to Answer (99)	
	a She does not complete her household work to his satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
	b She disobeys him	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
	c She refuses to have sexual relations with him	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
	d She asks him whether he has other girlfriends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
	e He suspects that she is unfaithful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
	f He finds out that she has been unfaithful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
608	In your opinion, can a married woman refuse to have sex with her husband if:	Yes (1)	No (2)	Don't Know (98)	Refused to Answer (99)	
	a She doesn't want to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
	b He is drunk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
	c She is sick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
	d She does not want to get pregnant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—

SECTION 7 RESPONDENT AND HER HUSBAND/PARTNER

Dwelling ID: _____

IF RESPONDENT HAS NEVER BEEN MARRIED OR NEVER LIVED WITH A MAN/MALE PARTNER, SKIP TO S 10.						→ S 10	
<p>When two people marry or live together, they usually share both good and bad moments. I would now like to ask you some questions about your current and past relationships and how your husband/partner treats (treated) you. If anyone interrupts us I will change the topic of conversation. I would again like to assure you that your answers will be kept secret, and that you do not have to answer any questions that you do not want to. May I continue?</p>							
701	In general, do (did) you and your (current or most recent) husband/partner discuss the following topics together:	YES (1)	NO (2)	DON'T KNOW (98)	REFUSED TO ANSWER (99)		
a	Things that have happened to him in the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—	
b	Things that happen to you during the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—	
c	Your worries or feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—	
d	His worries or feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—	
702	In your relationship with your (current or most recent) husband/partner, how often would you say that you argued? Would you say rarely, sometimes or often?	RARELY SOMETIMES OFTEN NEVER DON'T KNOW/DON'T REMEMBER REFUSED TO ANSWER			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 98 99	
I am now going to ask you about some situations that are true for many women.							
703	Thinking about your (current or most recent) husband/partner, would you say it is generally true that he: [COMPLETE A and B]	A YES NO Refused to Answer (1) (2) (99)			B If Yes, has this happened in the past 12 months? YES NO (1) (2)		
a	Tries to keep you from seeing your friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
b	Tries to restrict contact with your family of birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
c	Insists on knowing where you are at all times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
d	Ignores you and treats you indifferently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
e	Gets angry if you speak with another man	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
f	Is often suspicious that you are unfaithful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
g	Expects you to ask his permission before seeking health care for yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
h	Your husband/partner refuses to give you enough money for household expenses, even when he has money for other things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
CHECK	MARK WHEN YES FOR ANY ACT (AT LEAST ONE 'YES')	MARK WHEN NO FOR ALL ACTS (ALL 'NO')					→ 704
703k	Was the behaviour you just talked about (MENTION ACTS REPORTED IN 703) by your current or most recent husband/partner, by any other husband or partner that you may have had before, or both?	CURRENT/MOST RECENT HUSBAND/ PARTNER PREVIOUS HUSBAND/PARTNER BOTH DON'T KNOW/DON'T REMEMBER REFUSED TO ANSWER			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 98 99	

SECTION 7 RESPONDENT AND HER HUSBAND/PARTNER

Dwelling ID: _____

The next questions are about things that happen to many women, and that your current partner, or any other partner may have done to you.

Questions		A		B		C			D				
704	Has your <u>current</u> husband/partner, or <u>any</u> other husband/partner ever.... [COMPLETE A, B, C and D]	(If YES continue with B. If NO skip to next item)		Has this happened in the past 12 months (If YES ask C and D. If NO ask D only)		In the past 12 months would you say that this has happened once, a few times or many times?			Before the past 12 months would you say that this has happened once, a few times or many times? IF YES: would you say that this has happened once, a few times or many times?				
													YES (1)
a	Insulted you or made you feel bad about yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b	Belittled or humiliated you in front of other people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c	Done things to scare or intimidate you on purpose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d	Verbally threatened to hurt you or someone you care about?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CHECK	MARK WHEN YES FOR ANY ACT (AT LEAST ONE 'YES') <input type="checkbox"/>	MARK WHEN NO FOR ALL ACTS (ALL 'NO')						<input type="checkbox"/>	→ 705				
704e	Was the behaviour you just talked about (MENTION ACTS REPORTED IN 704) by your <u>current</u> or <u>most recent</u> husband/partner, by any other husband or partner that you may have had before, or both?	CURRENT/MOST RECENT HUSBAND/ PARTNER		<input type="checkbox"/>	1	—							
		PREVIOUS HUSBAND/PARTNER		<input type="checkbox"/>	2	—							
		BOTH		<input type="checkbox"/>	3	—							
		DON'T KNOW/DON'T REMEMBER		<input type="checkbox"/>	98	—							
		REFUSED TO ANSWER		<input type="checkbox"/>	99	—							

SECTION 7 RESPONDENT AND HER HUSBAND/PARTNER

Dwelling ID: _____

705	Has he or any other partner ever.... [COMPLETE A, B, C and D]	A		B		C			D				
		(If YES continue with B. If NO skip to next item)		Has this happened in the past 12 months (If YES ask C and D. If NO ask D only)		In the past 12 months would you say that this has happened once, a few times or many times?			Before the past 12 months would you say that this has happened once, a few times or many times? IF YES: would you say that this has happened once, a few times or many times?				
		YES (1)	NO (2)	YES (1)	NO (2)	One (1)	Few (2)	Many (3)	NO (0)	One (1)	Few (2)	Many (3)	
a	Slapped you or thrown something at you that could hurt you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b	Pushed you or shoved you or pulled your hair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c	Hit you with his fist or with something else that could hurt you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d	Kicked you, dragged you, or beaten you up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e	Choked or burnt you on purpose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f	Threatened with or actually used a gun, knife, or other weapon against you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CHECK	MARK WHEN YES FOR ANY ACT (AT LEAST ONE 'YES') <input type="checkbox"/>	MARK WHEN NO FOR ALL ACTS (ALL 'NO')						<input type="checkbox"/>	→ 706				
705g	Was the behavior you just talked about done (MENTION ACTS REPORTED IN 705) by your <u>current</u> or <u>most recent</u> husband/partner, any other husband/partner that you may have had before, or both?	CURRENT/MOST RECENT HUSBAND/ PARTNER							<input type="checkbox"/>	1	—		
		PREVIOUS HUSBAND/PARTNER							<input type="checkbox"/>	2	—		
		BOTH							<input type="checkbox"/>	3	—		
		DON'T KNOW/DON'T REMEMBER							<input type="checkbox"/>	98	—		
		REFUSED TO ANSWER							<input type="checkbox"/>	99	—		

SECTION 7 RESPONDENT AND HER HUSBAND/PARTNER

Dwelling ID: _____

706	Did your <u>current</u> husband/partner or <u>any other partner</u> ever.... [COMPLETE A,B,C and D]	A		B		C			D					
		(If YES continue with B. If NO skip to next item)		Has this happened in the past 12 months (If YES ask C and D. If NO ask D only)		In the past 12 months would you say that this has happened once, a few times or many times?			Before the past 12 months would you say that this has happened once, a few times or many times? IF YES: would you say that this has happened once, a few times or many times?					
		YES (1)	NO (2)	YES (1)	NO (2)	One (1)	Few (2)	Many (3)	NO (0)	One (1)	Few (2)	Many (3)		
a	Physically force you to have sexual intercourse when you did not want to? For example, by threatening you or holding you down.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b	Did you ever have sexual intercourse you did not want to because you were afraid of what your husband/partner or any other husband/partner might do if you refused?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c	Did your husband/partner or any other husband/partner ever forced you to do something sexual that you found degrading or humiliating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
CHECK	MARK WHEN YES FOR ANY ACT (AT LEAST ONE 'YES') <input type="checkbox"/>	MARK WHEN NO FOR ALL ACTS (ALL 'NO') <input type="checkbox"/>						→ 707						
706d	Was the behaviour you just talked about (MENTION ACTS REPORTED IN 706) done by your <u>current</u> or <u>most recent</u> husband/partner, any other husband or partner that you may have had before, or both?	CURRENT/MOST RECENT HUSBAND/ PARTNER											<input type="checkbox"/>	1
											<input type="checkbox"/>	2		
											<input type="checkbox"/>	3		
											<input type="checkbox"/>	98		
											<input type="checkbox"/>	99		
707	VERIFY WHETHER ANSWERED 'YES' TO ANY QUESTION ON PHYSICAL VIOLENCE (SEE QUESTION 705)	YES, PHYSICAL VIOLENCE											<input type="checkbox"/>	1
											<input type="checkbox"/>	2		
708	VERIFY WHETHER ANSWERED 'YES' TO ANY QUESTION ON SEXUAL VIOLENCE (SEE QUESTION 706)	YES, SEXUAL VIOLENCE											<input type="checkbox"/>	1
											<input type="checkbox"/>	2		
708a	Are you afraid of your <u>current/most recent</u> husband or partner? Would you say never, sometimes, many times, most/all of the time?	NEVER											<input type="checkbox"/>	1
											<input type="checkbox"/>	2		
											<input type="checkbox"/>	3		
											<input type="checkbox"/>	4		
											<input type="checkbox"/>	98		
											<input type="checkbox"/>	99		

SECTION 7 RESPONDENT AND HER HUSBAND/PARTNER

Dwelling ID: _____

905	Have you ever slapped, pushed, hit or physically mistreated your husband/partner <u>when he was not</u> slapping, pushing, hitting or physically mistreating you? IF YES: How often? Would you say once, several times or many times?	NEVER	<input type="checkbox"/>	1
		ONCE OR TWICE	<input type="checkbox"/>	2
		SEVERAL TIMES	<input type="checkbox"/>	3
		MANY TIMES/MOST OF THE TIME	<input type="checkbox"/>	4
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
IF RESPONDENT HAS NEVER BEEN PREGNANT (ANSWERED 'NO' TO QUESTION 302), SKIP TO SECTION 8 → S 8				
709	You said that you have been pregnant before. Was there ever a time when you were pushed, slapped, hit, kicked or beaten by (any of) your partner(s) while you were pregnant?	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2 → S8
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98 → S8
		REFUSED TO ANSWER	<input type="checkbox"/>	99 → S8
710	Did this happen in one pregnancy or more than one pregnancy? In how many pregnancies were you beaten? IF PREGNANT ONLY ONCE, ENTER '01'	NUMBER OF PREGNANCIES BEATEN: _____	<input type="checkbox"/>	(#)
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
710 a	Did this happen in the <u>last pregnancy</u> ? IF PREGNANT ONLY ONCE, MARK 'YES'	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
711	Were you ever punched or kicked in the abdomen while you were pregnant?	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
IF VIOLENCE REPORTED IN MORE THAN ONE PREGNANCY, THE FOLLOWING QUESTIONS REFER TO THE LAST/MOST RECENT PREGNANCY IN WHICH VIOLENCE WAS REPORTED				
712	During the <u>most recent pregnancy</u> in which you were beaten, was the person who has slapped, hit, or beaten you the father of the child?	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
713 a	Was the man who did this to you your <u>current or most recent</u> husband/partner?	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
714	Had the same person also done such things to you <u>before</u> you were pregnant?	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2 → S8
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98 → S8
		REFUSED TO ANSWER	<input type="checkbox"/>	99
715	Compared to before you were pregnant, did the slapping/beating get less, stay about the same, or get worse while you were pregnant? By worse I mean, more frequent or more severe. REFER TO HER PREVIOUS ANSWERS	GOT LESS	<input type="checkbox"/>	1
		STAYED ABOUT THE SAME	<input type="checkbox"/>	2
		GOT WORSE	<input type="checkbox"/>	3
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99

SECTION 8 INJURIES

Dwelling ID: _____

IF RESPONDENT HAS NOT EXPERIENCED PHYSICAL OR SEXUAL VIOLENCE (CHECK QUESTIONS 707 & 708), GO TO SECTION 10						S 10	
I would now like to learn more about the injuries that you experienced from (any of) your partner's acts that we have talked about (MAY NEED TO REFER TO SPECIFIC ACTS RESPONDENT MENTIONED IN SECTION 7). By injury, I mean any form of physical harm, including cuts, sprains, burns, broken bones or broken teeth, or other things like this.							
801	Have you <u>ever</u> been injured as a result of these acts by (any of) your husband/partner(s). Please think of the acts that we talked about before.	YES	<input type="checkbox"/>			1	
		NO	<input type="checkbox"/>			2	
		DON'T KNOW	<input type="checkbox"/>			98	
		REFUSED TO ANSWER	<input type="checkbox"/>			99	
802 a	In your life, how many times were you injured by (any of) your husband(s)/partner(s)? Would you say once or twice, several times or many times?	ONCE or TWICE	<input type="checkbox"/>			1	
		SEVERAL (3-5) TIMES	<input type="checkbox"/>			2	
		MANY TIMES (MORE THAN 5)	<input type="checkbox"/>			3	
		DON'T KNOW	<input type="checkbox"/>			98	
		REFUSED TO ANSWER	<input type="checkbox"/>			99	
802 b	Has this happened in the <u>past 12 months</u> ?	YES	<input type="checkbox"/>			1	
		NO	<input type="checkbox"/>			2	
		DON'T KNOW	<input type="checkbox"/>			98	
		REFUSED TO ANSWER	<input type="checkbox"/>			99	
803	What type of injury did you have? Please mention any injury due to (any of) your husband/partners acts, no matter how long ago it happened. MARK ALL THAT APPLY PROBE: Any other injury?	Yes (1)	No (2)	Don't Know (98)	Refused to Answer (99)		
		A CUTS, PUNCTURES, BITES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	---
		B SCRATCH, ABRASION, BRUISES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	---
		C SPRAINS, DISLOCATIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	---
		D BURN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	---
		E PENETRATING INJURY, DEEP CUTS, GASHES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	---
		F BROKEN EARDRUM, EYE INJURIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	---
		G FRACTURES, BROKEN BONES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	---
		H BROKEN TEETH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	---
		I INTERNAL INJURIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	---
		X OTHER (Specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	---
804 a	In your life, did you <u>ever</u> lose consciousness because of what (any of your) your husband/partner(s) did to you?	YES	<input type="checkbox"/>			1	
		NO	<input type="checkbox"/>			2	
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>			98	
		REFUSED TO ANSWER	<input type="checkbox"/>			99	
804 b	Has this happened in the <u>past 12 months</u> ?	YES	<input type="checkbox"/>			1	
		NO	<input type="checkbox"/>			2	
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>			98	
		REFUSED TO ANSWER	<input type="checkbox"/>			99	
805 a	In your life, were you <u>ever</u> hurt badly enough by (any of) your husband/partner(s) that you needed health care (even if you did not receive it)? >>> IF NO, skip to SECTION 9 >>> IF YES: How many times?	NO, NEVER NEEDED	<input type="checkbox"/>			0	
		YES, NUMBER OF TIMES NEEDED: _____ (#)					
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>			98	
		REFUSED TO ANSWER	<input type="checkbox"/>			99	
805 b	Has this happened in the <u>past 12 months</u> ?	YES	<input type="checkbox"/>			1	
		NO	<input type="checkbox"/>			2	
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>			98	
		REFUSED TO ANSWER	<input type="checkbox"/>			99	

SECTION 8 INJURIES

Dwelling ID: _____

806	In your life, did you <u>ever</u> receive health care for this injury (these injuries)? Would you say, sometimes or always or never? >>> IF NO/NEVER, skip to SECTION 9	SOMETIMES	<input type="checkbox"/>	1
		ALWAYS	<input type="checkbox"/>	2
		NO, NEVER	<input type="checkbox"/>	3 → S 9
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
807	In your life, have you ever had to spend any nights in a hospital due to the injury/injuries? >>> IF YES: How many nights? (MORE OR LESS)	NUMBER OF NIGHTS IN HOSPITAL: _____	_____	(#)
		(IF NONE ENTER '0')		
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
808	Did you tell a health worker the real cause of your injury?	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99

SECTION 9 IMPACT AND COPING

Dwelling ID: _____

THIS SECTION IS ONLY FOR WOMEN WHO REPORTED PHYSICAL OR SEXUAL VIOLENCE BY HUSBAND/PARTNER (CHECK QUESTIONS 707 & 708)

I would now like to ask you some questions about what effects your husband/partner's acts has had on you . With acts I mean... (REFER TO SPECIFIC ACTS THE RESPONDENT HAS MENTIONED IN SECTION 7).

IF REPORTED MORE THAN ONE VIOLENT PARTNER, ADD: I would like you to answer these questions in relation to the most recent/last husband/partner who did these things to you.

IF RESPONDENT ONLY REPORTED SEXUAL VIOLENCE, SKIP TO QUESTION 906 → 906

901	Are there any particular situations that lead to (or trigger) your husband/partner's behaviour? REFER TO ACTS OF PHYSICAL VIOLENCE MENTIONED BEFORE (CHECK QUESTIONS 705 AND 706) PROBE: Any other situation? MARK ALL MENTIONED	NO PARTICULAR REASON	<input type="checkbox"/>	1
		WHEN HE IS DRUNK	<input type="checkbox"/>	2
		MONEY PROBLEMS	<input type="checkbox"/>	3
		DIFFICULTIES AT HIS WORK	<input type="checkbox"/>	4
		WHEN HE IS UNEMPLOYED	<input type="checkbox"/>	5
		NO FOOD AT HOME	<input type="checkbox"/>	6
		PROBLEMS WITH HIS OR HER FAMILY	<input type="checkbox"/>	7
		SHE IS PREGNANT	<input type="checkbox"/>	8
		HE IS JEALOUS OF HER	<input type="checkbox"/>	9
		SHE REFUSES SEX	<input type="checkbox"/>	10
		SHE IS DISOBEDIENT	<input type="checkbox"/>	11
		HE WANTS TO TEACH HER A LESSON/EDUCATE OR DISCIPLINE HER	<input type="checkbox"/>	12
		HE WANTS TO SHOW HE IS BOSS	<input type="checkbox"/>	13
		OTHER (Specify): _____	<input type="checkbox"/>	96(+)
DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98		
REFUSED TO ANSWER	<input type="checkbox"/>	99		

CHECK IF NO CHILDREN ALIVE (CHECK QUESTIONS 301 & 303), SKIPT TO QUESTION 903

902	For any of these incidents, were your children present or did they overhear you being beaten? IF YES: How often? Would you say once or twice, several times or most of the time? >>> IF NO CHILDREN ALIVE, skip to QUESTION 903	NEVER	<input type="checkbox"/>	1
		ONCE OR TWICE	<input type="checkbox"/>	2
		SEVERAL (3-5) TIMES	<input type="checkbox"/>	3
		MANY TIMES OR MOST OF THE TIME	<input type="checkbox"/>	4
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99

903	During or after a violent incident, does (did) he ever force you to have sex? PROBE: Make you have sex with him against your will? IF YES: How often? Would you say once or twice, several times or most of the time?	NEVER	<input type="checkbox"/>	1
		ONCE OR TWICE	<input type="checkbox"/>	2
		SEVERAL (3-5) TIMES	<input type="checkbox"/>	3
		MANY TIMES OR MOST OF THE TIME	<input type="checkbox"/>	4
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99

904	During the times that you were hit, did you ever fight back physically or try to defend yourself? IF YES: How often? Would you say once or twice, several times or most of the time? >>>IF NEVER, skip to QUESTION 906	NEVER	<input type="checkbox"/>	1
		ONCE OR TWICE	<input type="checkbox"/>	2
		SEVERAL (3-5) TIMES	<input type="checkbox"/>	3
		MANY TIMES OR MOST OF THE TIME	<input type="checkbox"/>	4
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99

SECTION 9 IMPACT AND COPING

Dwelling ID: _____

904 a	What was the effect of you fighting back on the violence at the time? Would you say, that it had no effect, the violence became worse, the violence became less, or that the violence stopped, at least for the moment.	NO CHANGE/NO EFFECT	<input type="checkbox"/>	1
		VIOLENCE BECAME WORSE	<input type="checkbox"/>	2
		VIOLENCE BECAME LESS	<input type="checkbox"/>	3
		VIOLENCE STOPPED	<input type="checkbox"/>	4
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
906	Would you say that your husband /partner's behaviour towards you has affected your physical or mental health? Would you say, that it has had no effect, a little effect or a large effect? REFER TO SPECIFIC ACTS OF PHYSICAL AND/OR SEXUAL VIOLENCE SHE DESCRIBED EARLIER	NO EFFECT	<input type="checkbox"/>	1
		A LITTLE EFFECT	<input type="checkbox"/>	2
		A LARGE EFFECT	<input type="checkbox"/>	3
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
907	In what way, if any, has your husband/partner's behaviour (the violence) disrupted your work or other income-generating activities? MARK ALL THAT APPLY	N/A (NO WORK FOR MONEY)	<input type="checkbox"/>	1
		WORK NOT DISRUPTED	<input type="checkbox"/>	2
		PARTNER INTERRUPTED WORK	<input type="checkbox"/>	3
		UNABLE TO CONCENTRATE	<input type="checkbox"/>	4
		UNABLE TO WORK/SICK LEAVE	<input type="checkbox"/>	5
		LOST CONFIDENCE IN OWN ABILITY	<input type="checkbox"/>	6
		OTHER (Specify): _____	<input type="checkbox"/>	96
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
908	Who have you told about his behavior? MARK ALL MENTIONED PROBE: Anyone else?	NO ONE	<input type="checkbox"/>	1
		FRIENDS	<input type="checkbox"/>	2
		PARENTS	<input type="checkbox"/>	3
		BROTHER OR SISTER	<input type="checkbox"/>	4
		UNCLE OR AUNT	<input type="checkbox"/>	5
		HUSBAND/PARTNER'S FAMILY	<input type="checkbox"/>	6
		CHILDREN	<input type="checkbox"/>	7
		NEIGHBORS	<input type="checkbox"/>	8
		POLICE	<input type="checkbox"/>	9
		DOCTOR/HEALTH WORKER	<input type="checkbox"/>	10
		PRIEST/RELIGIOUS LEADER	<input type="checkbox"/>	11
		COUNSELLOR	<input type="checkbox"/>	12
		NGO/WOMEN'S ORGANIZATION	<input type="checkbox"/>	13
		LOCAL LEADER	<input type="checkbox"/>	14
		OTHER	<input type="checkbox"/>	96
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99

SECTION 9 IMPACT AND COPING

Dwelling ID: _____

909	Did anyone ever try to help you? IF YES, Who helped you? MARK ALL MENTIONED PROBE: Anyone else?	NO ONE	<input type="checkbox"/>	1
		FRIENDS	<input type="checkbox"/>	2
		PARENTS	<input type="checkbox"/>	3
		BROTHER OR SISTER	<input type="checkbox"/>	4
		UNCLE OR AUNT	<input type="checkbox"/>	5
		HUSBAND/PARTNER'S FAMILY	<input type="checkbox"/>	6
		CHILDREN	<input type="checkbox"/>	7
		NEIGHBORS	<input type="checkbox"/>	8
		POLICE	<input type="checkbox"/>	9
		DOCTOR/HEALTH WORKER	<input type="checkbox"/>	10
		PRIEST/RELIGIOUS LEADER	<input type="checkbox"/>	11
		COUNSELLOR	<input type="checkbox"/>	12
		NGO/WOMEN'S ORGANIZATION	<input type="checkbox"/>	13
		LOCAL LEADER	<input type="checkbox"/>	14
		OTHER	<input type="checkbox"/>	96
DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98		
REFUSED TO ANSWER	<input type="checkbox"/>	99		

910	Did you ever go to any of the following for help? Were you satisfied with the help you received? READ EACH ONE and COMPLETE A & B	A			B		
		WENT FOR HELP			SATISFIED WITH HELP		
		YES (1)	NO (2)	REFUSED TO ANSWER (99)	YES (1)	NO (2)	REFUSED TO ANSWER (99)
		a POLICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		b HOSPITAL/HEALTH CENTER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		d LEGAL AID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		e COURT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		f SHELTER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		g LOCAL LEADER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		h WOMEN'S GROUP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j PRIEST/RELIGIOUS LEADER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
x OTHER:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

IF RESPONDENT NEVER WENT FOR HELP TO ANY LISTED ABOVE (ANSWERED 'NO' FOR ALL IN 910), SKIP TO QUESTION 912

→ 912

911	What were the reasons that made you go for help? MARK ALL MENTIONED AND GO TO QUESTION 913	ENCOURAGED BY FRIENDS AND FAMILY	<input type="checkbox"/>	1
		COULD NOT ENDURE MORE VIOLENCE	<input type="checkbox"/>	2
		BADLY INJURED	<input type="checkbox"/>	3
		HE THREATENED or TRIED TO KILL HER	<input type="checkbox"/>	4
		HE THREATENED OR HIT CHILDREN	<input type="checkbox"/>	5
		SAW THE CHILDREN SUFFERING	<input type="checkbox"/>	6
		SHE WAS THROWN OUT OF HOME	<input type="checkbox"/>	7
		AFRAID SHE WOULD KILL HIM	<input type="checkbox"/>	8
		AFRAID HE WOULD KILL HER	<input type="checkbox"/>	9
		OTHER (Specify): _____	<input type="checkbox"/>	96
DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98		
REFUSED TO ANSWER	<input type="checkbox"/>	99		

SECTION 9 IMPACT AND COPING

Dwelling ID: _____

912	What were the reasons that you did not go to any of these? MARK ALL MENTIONED	DON'T KNOW/NO ANSWER	<input type="checkbox"/>	1
		FEAR OF THREATS/MORE VIOLENCE	<input type="checkbox"/>	2
		VIOLENCE NORMAL/NOT SERIOUS	<input type="checkbox"/>	3
		EMBARRASSED/ASHAMED	<input type="checkbox"/>	4
		AFRAID WOULD NOT BE BELIEVED	<input type="checkbox"/>	5
		AFRAID SHE WOULD BE BLAMED	<input type="checkbox"/>	6
		BELIEVED NO ONE WOULD HELP	<input type="checkbox"/>	7
		AFRAID WOULD END RELATIONSHIP	<input type="checkbox"/>	8
		AFRAID WOULD LOSE CHILDREN	<input type="checkbox"/>	9
		WOULD BRING BAD NAME TO FAMILY	<input type="checkbox"/>	10
		DID NOT KNOW HER OPTIONS	<input type="checkbox"/>	11
		OTHER (Specify): _____	<input type="checkbox"/>	96(+)
913	Is there anyone that you would like (have liked) to receive (more) help from? Who? MARK ALL MENTIONED PROBE: Anyone else?	NO ONE	<input type="checkbox"/>	1
		HIS RELATIVES	<input type="checkbox"/>	2
		HER RELATIVES	<input type="checkbox"/>	3
		FRIENDS/NEIGHBORS	<input type="checkbox"/>	4
		HEALTH CENTER	<input type="checkbox"/>	6
		POLICE	<input type="checkbox"/>	7
		PRIEST/RELIGIOUS LEADER	<input type="checkbox"/>	8
		WOMEN'S GROUP	<input type="checkbox"/>	9
		OTHER (Specify): _____	<input type="checkbox"/>	96(+)
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
		914	Did you ever leave, even if only overnight, because of his behavior? IF YES: How many times? (MORE OR LESS)	NUMBER OF TIMES
NEVER	<input type="checkbox"/>			0 → 919
N.A. (NOT LIVING TOGETHER)	<input type="checkbox"/>			97 → S10
DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>			98
REFUSED TO ANSWER	<input type="checkbox"/>			99
915	What were the reasons why you left the <u>last time</u> ? MARK ALL MENTIONED	NO PARTICULAR INCIDENT	<input type="checkbox"/>	1
		ENCOURAGED BY FRIENDS AND FAMILY	<input type="checkbox"/>	2
		COULD NOT ENDURE MORE VIOLENCE	<input type="checkbox"/>	3
		BADLY INJURED	<input type="checkbox"/>	4
		HE THREATENED OR TRIED TO KILL HER	<input type="checkbox"/>	5
		HE THREATENED OR HIT CHILDREN	<input type="checkbox"/>	6
		SAW THE CHILDREN WERE SUFFERING	<input type="checkbox"/>	7
		SHE WAS THROWN OUT OF THE HOME	<input type="checkbox"/>	8
		AFRAID SHE WOULD KILL HIM	<input type="checkbox"/>	9
		ENCOURAGED BY AN ORGANIZATION	<input type="checkbox"/>	10
		AFRAID HE WOULD KILL HER	<input type="checkbox"/>	11
		OTHER (Specify): _____	<input type="checkbox"/>	96(+)
DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98		
REFUSED TO ANSWER	<input type="checkbox"/>	99		

SECTION 9 IMPACT AND COPING

Dwelling ID: _____

916	Where did you go the <u>last time you left</u> ? MARK ONE	HER RELATIVES	<input type="checkbox"/>	1
		HIS RELATIVES	<input type="checkbox"/>	2
		HER FRIENDS/NEIGHBORS	<input type="checkbox"/>	3
		HOTEL/LODGINGS	<input type="checkbox"/>	4
		STREET	<input type="checkbox"/>	5
		CHURCH/TEMPLE	<input type="checkbox"/>	6
		SHELTER	<input type="checkbox"/>	7
		OTHER (Specify): _____	<input type="checkbox"/>	96(+)
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
917	How long did you stay away the <u>last time</u> ? RECORD NUMBER OF DAYS OR MONTHS MARK ONE	NUMBER OF DAYS (IF < 1 MONTH): _____		1(#)
		NUMBER OF MONTHS (IF > 1 MONTH) _____		2(#)
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
918	What were the reasons why you returned <u>last time</u> ? MARK ALL MENTIONED	DIDN'T WANT TO LEAVE CHILDREN	<input type="checkbox"/>	1
		SANCTITY OF MARRIAGE	<input type="checkbox"/>	2
		FOR SAKE OF FAMILY/CHILDREN (FAMILY HONOUR)	<input type="checkbox"/>	3
		COULDN'T SUPPORT CHILDREN	<input type="checkbox"/>	4
		LOVED HIM	<input type="checkbox"/>	5
		HE ASKED HER TO GO BACK	<input type="checkbox"/>	6
		FAMILY TOLD HER TO RETURN	<input type="checkbox"/>	7
		FORGAVE HIM	<input type="checkbox"/>	8
		THOUGHT HE WOULD CHANGE	<input type="checkbox"/>	9
		THREATENED HER AND/OR CHILDREN	<input type="checkbox"/>	10
		HAD NO PLACE ELSE TO STAY	<input type="checkbox"/>	11
		VIOLENCE NORMAL/NOT SERIOUS	<input type="checkbox"/>	12
		OTHER (Specify): _____	<input type="checkbox"/>	96(+)
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
REFUSED TO ANSWER	<input type="checkbox"/>	99		
919	What were the reasons that made you stay? MARK ALL MENTIONED	DIDN'T WANT TO LEAVE CHILDREN	<input type="checkbox"/>	1
		SANCTITY OF MARRIAGE	<input type="checkbox"/>	2
		DID NOT WANT TO BRING SHAME TO FAMILY	<input type="checkbox"/>	3
		COULDN'T SUPPORT CHILDREN	<input type="checkbox"/>	4
		LOVED HIM	<input type="checkbox"/>	5
		DID NOT WANT TO BE SINGLE	<input type="checkbox"/>	6
		FAMILY TOLD HER TO STAY	<input type="checkbox"/>	7
		FORGAVE HIM	<input type="checkbox"/>	8
		THOUGHT HE WOULD CHANGE	<input type="checkbox"/>	9
		THREATENED HER AND/OR CHILDREN	<input type="checkbox"/>	10
		HAD NO WHERE ELSE TO GO	<input type="checkbox"/>	11
		VIOLENCE NORMAL/NOT SERIOUS	<input type="checkbox"/>	12
		OTHER (Specify): _____	<input type="checkbox"/>	96(+)
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
REFUSED TO ANSWER	<input type="checkbox"/>	99		

SECTION 10 OTHER EXPERIENCES

Dwelling ID: _____

N01	READ TO RESPONDENT: In their lives, many women experience different forms of violence from relatives, other people that they know, and/or from strangers. If you don't mind, I would like to briefly ask you about some of these situations. Everything that you say will be kept confidential. May I continue? FOR WOMEN WHO WERE EVER MARRIED OR PARTNERED ADD: These questions are about people other than your husband/partner(s).								
N02	Since the age of 15 years, has anyone (IF APPLICABLE: other than your partner/husband) hit, beaten, kicked or done anything else to hurt you physically? Thrown something at you? Pushed you or pulled your hair, choked or burned you on purpose? Threatened you or used a gun, knife or other weapon against you?	YES	<input type="checkbox"/>	1	→ N06				
		NO	<input type="checkbox"/>	2					
		DON'T KNOW/REMEMBER	<input type="checkbox"/>	98					
		REFUSED TO ANSWER	<input type="checkbox"/>	99					
N03	Who did this to you? DO NOT READ OUT THE LIST -PROMPT: A friend or relative? Someone from school? A stranger? MARK ALL MENTIONED, COMPLETE A and B	A Has this happened since you were 15 years?			B Has this happened in the past 12 months?				
		Once (1)	Few (2)	Many (3)	NO (0)	Once (1)	Few (2)	Many (3)	
		A FATHER/STEP FATHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		B MOTHER/STEP MOTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		C MOTHER IN LAW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		D OTHER MALE FAMILY MEMBER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		E OTHER FEMALE FAMILY MEMBER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F SOMEONE AT WORK - MALE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		G SOMEONE AT WORK - FEMALE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		H FRIEND/AQUAINTANCE - MALE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		I FRIEND/AQUAINTANCE - FEMALE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		J NEW AQUAINTANCE - MALE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		K NEW AQUAINTANCE - FEMALE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		L STRANGER - MALE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		M STRANGER - FEMALE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		N TEACHER -MALE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		O TEACHER -FEMALE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		P DOCTOR/HEALTH WORKER - MALE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Q DOCTOR/HEALTH WORKER - FEMALE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		R PRIEST/RELIGIOUS LEADER - MALE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		S POLICE/ SOLDIER - MALE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		W OTHER MALE (Specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		X OTHER FEMALE (Specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 10 OTHER EXPERIENCES

Dwelling ID: _____

N06	<p>Now I would like to ask you about other unwanted experiences you may have had. Again, I want you to think about any person, man or woman. FOR WOMEN WHO EVER HAD A PARTNER ADD IF NECESSARY: except your husband/male partner.</p> <p>Since the age of 15, has anyone ever forced you into sexual intercourse when you did not want to, for example by threatening you, holding you down, or putting you in a situation where you could not say no. Remember to include people you have known as well as strangers. Please at this point exclude attempts to force you. IF NECESSARY: We define sexual intercourse as oral sex, anal or vaginal penetration.</p> <p>NOTE THAT THIS QUESTIONS IS ABOUT FORCED INTERCOURSE(S) THAT ACTUALLY HAPPENED</p>	YES	<input type="checkbox"/>	1	→ N08			
		NO	<input type="checkbox"/>	2				
		REFUSED TO ANSWER	<input type="checkbox"/>	99				
N07	<p>Who did this to you?</p> <p>DO NOT READ OUT THE LIST - PROMPT: A friend or relative? Someone from school? A stranger?</p> <p>MARK ALL MENTIONED, COMPLTE A AND B</p>	<p>A</p> <p>Has this happened since you were 15 years old?</p>			<p>B</p> <p>Has this happened in the past 12 months?</p>			
		Once (1)	Few (2)	Many (3)	NO (0)	Once (1)	Few (2)	Many (3)
A	FATHER/STEP FATHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	MOTHER/STEP MOTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	MOTHER IN LAW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	OTHER MALE FAMILY MEMBER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	OTHER FEMALE FAMILY MEMBER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	SOMEONE AT WORK - MALE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	SOMEONE AT WORK - FEMALE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	FRIEND/AQUAINTANCE - MALE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	FRIEND/AQUAINTANCE - FEMALE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J	NEW AQUAINTANCE - MALE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K	NEW AQUAINTANCE - FEMALE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L	STRANGER - MALE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M	STRANGER - FEMALE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N	TEACHER -MALE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O	TEACHER- FEMALE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P	DOCTOR/HEALTH WORKER - MALE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q	DOCTOR/HEALTH WORKER - FEMALE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R	PRIEST/RELIGIOUS LEADER - MALE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S	POLICE/ SOLDIER - MALE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
W	OTHER MALE (Specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X	OTHER FEMALE (Specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 10 OTHER EXPERIENCES

Dwelling ID: _____

Again, I want you to think about any person, man or woman. FOR WOMEN WHO EVER HAD A PARTNER ADD: except your husband/male partner.

N08	Apart from anything you may have mentioned, can you tell me if, since the age of 15, any of the following has happened to you? Has anyone attempted to force you to perform a sexual act you did not want, attempted to force you into sexual intercourse (which did not take place), touched you sexually, or did anything else sexual that you did not want? Remember to include people you have known as well as strangers.	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2 → 1003
		DON'T KNOW/REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99

N09	Who did this to you? DO NOT READ OUT THE LIST - PROMPT: A friend or relative? Someone from school? A stranger? MARK ALL MENTIONED	A			B			
		Has this happened since you were 15 years old?			Has this happened in the past 12 months?			
		Once (1)	Few (2)	Many (3)	NO (0)	Once (1)	Few (2)	Many (3)
A	FATHER/STEP FATHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	MOTHER/STEP MOTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	MOTHER IN LAW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	OTHER MALE FAMILY MEMBER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	OTHER FEMALE FAMILY MEMBER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	SOMEONE AT WORK - MALE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	SOMEONE AT WORK - FEMALE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	FRIEND/AQUAINTANCE - MALE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	FRIEND/AQUAINTANCE - FEMALE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J	NEW AQUAINTANCE - MALE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K	NEW AQUAINTANCE - FEMALE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L	STRANGER - MALE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M	STRANGER - FEMALE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N	TEACHER - MALE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O	TEACHER - FEMALE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P	DOCTOR/HEALTH WORKER - MALE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q	DOCTOR/HEALTH WORKER - FEMALE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R	PRIEST/RELIGIOUS LEADER - MALE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S	POLICE/ SOLDIER - MALE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
W	OTHER MALE (Specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X	OTHER FEMALE (Specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 10 OTHER EXPERIENCES

Dwelling ID: _____

Now I would like to ask you about other unwanted experiences you may have had. Again, I want you to think about any person, man or woman. FOR WOMEN WHO EVER HAD A PARTNER ADD IF NECESSARY: except your husband/male partner.

1003	Before the age of 15 years, did anyone in your family ever touch you sexually or made you do something sexual that you did not want?	YES	<input type="checkbox"/>	1	1006
		NO	<input type="checkbox"/>	2	
		DON'T KNOW/DON'T	<input type="checkbox"/>	98	
		REFUSED TO ANSWER	<input type="checkbox"/>	99	

1003 a	Who did this to you? DO NOT READ OUT THE LIST -PROMPT: A friend or relative? Someone from school? A stranger? MARK ALL MENTIONED	A	B	C		
		How old were you when this happened with this person for the first time?	How old was this person?	How many times did this happen before you were 15?		
				Once (1)	Few (2)	Many (3)
A	FATHER/STEP FATHER	---	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	MOTHER/STEP MOTHER	---	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	MOTHER IN LAW	---	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	OTHER MALE FAMILY MEMBER	---	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	OTHER FEMALE FAMILY MEMBER	---	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	SOMEONE AT WORK - MALE	---	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	SOMEONE AT WORK - FEMALE	---	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	FRIEND/AQUAINTANCE - MALE	---	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	FRIEND/AQUAINTANCE - FEMALE	---	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J	NEW AQUAINTANCE - MALE	---	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K	NEW AQUAINTANCE - FEMALE	---	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L	STRANGER - MALE	---	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M	STRANGER - FEMALE	---	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N	TEACHER - MALE	---	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O	TEACHER - FEMALE	---	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P	DOCTOR/HEALTH WORKER - MALE	---	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q	DOCTOR/HEALTH WORKER - FEMALE	---	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R	PRIEST/RELIGIOUS LEADER - MALE	---	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S	POLICE/ SOLDIER - MALE	---	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
W	OTHER MALE (Specify): _____	---	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X	OTHER FEMALE (Specify): _____	---	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Note: If they don't know the age, use "DK" for the age.				REFUSED TO ANSWER	<input type="checkbox"/>	99

1003 e	During any of the instances you mentioned above of sexual things that happened to you before you were 15 years, did anyone put a penis or something else into your vagina, your backside (anus), or mouth?	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2
		DON'T KNOW/DON'T	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99

1006	When you were a child, was your mother hit by your father or her husband/partner?	YES	<input type="checkbox"/>	1	S11
		NO	<input type="checkbox"/>	2	
		DON'T KNOW/DON'T	<input type="checkbox"/>	98	
		REFUSED TO ANSWER	<input type="checkbox"/>	99	

1007	As a child, did you see or hear this violence?	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2
		DON'T KNOW/DON'T	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99

SECTION 11 FINANCIAL AUTONOMY

Dwelling ID: _____

Now I would like to ask you some questions about things that you own and your earnings. We need this information to understand the financial position of women nowadays.

1101	Please tell me if you own any of the following, either by yourself or with someone else:	OWN BY SELF (1)	OWN WITH OTHERS (2)	DON'T OWN (3)	DON'T KNOW (98)	REFUSED to ANSWER (99)
a	LAND	<input type="checkbox"/>				
b	YOUR HOME/HOUSE	<input type="checkbox"/>				
c	A COMPANY OR BUSINESS	<input type="checkbox"/>				
d	LARGE ANIMALS (COW, HORSES, ETC.)	<input type="checkbox"/>				
e	SMALL ANIMALS (CHICKENS, PIGS, GOATS, ETC.)	<input type="checkbox"/>				
f	PRODUCE/CROPS	<input type="checkbox"/>				
g	LARGE HOUSHOLD ITEMS (TV, BED, COOKER)	<input type="checkbox"/>				
h	JEWELRY, GOLD OR OTHER VALUABLES	<input type="checkbox"/>				
j	MOTOR CAR	<input type="checkbox"/>				
k	SAVINGS IN BANK	<input type="checkbox"/>				
x	OTHER PROPERTY (Specify): _____	<input type="checkbox"/>				

U1102 a	Do you earn money by yourself?	YES <input type="checkbox"/>	1
		NO <input type="checkbox"/>	2 → 1105
		DON'T KNOW <input type="checkbox"/>	98
		REFUSED TO ANSWER <input type="checkbox"/>	99

1102	If YES, what exactly do you do to earn money?	YES (1)	NO (2)	DON'T KNOW (98)	REFUSED to (99)
b	JOB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	SELLING OR TRADING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	DO SEASONAL WORK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x	OTHER (Specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ue	FARMER/FISHERMAN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
uf	OWN A COMPANY OR BUSINESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ug	JOB - MILITARY POLICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Check Ref Box A	CURRENTLY MARRIED/CURRENTLY LIVING WITH A MAN <input type="checkbox"/>	NOT CURRENTLY MARRIED OR LIVING WITH A MAN/CURRENT OR PAST MALE PARTNER <input type="checkbox"/>	→ S12
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*Check 1102	1. OPTIONS b) c) d) x) ue) uf) or ug) MARKED <input type="checkbox"/>	2. OPTION a) MARKED <input type="checkbox"/>	→ 1105
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1103	Are you able to spend the money you earn how you want yourself, or do you have to give all or part of the money to your husband/partner?	SELF/OWN CHOICE <input type="checkbox"/>	1
		GIVE PART TO HUSBAND/PARTNER <input type="checkbox"/>	2
		GIVE ALL TO HUSBAND/PARTNER <input type="checkbox"/>	3
		DON'T KNOW/DON'T REMEMBER <input type="checkbox"/>	98
		REFUSED TO ANSWER <input type="checkbox"/>	99

1104	Would you say that the money that you bring into the family is more than what your husband/partner contributes, less than what he contributes, or about the same as he contributes?	MORE THAN HUSBAND/PARTNER <input type="checkbox"/>	1
		LESS THAN HUSBAND/PARTNER <input type="checkbox"/>	2
		ABOUT THE SAME AS HUSBAND/PARTNER <input type="checkbox"/>	3
		DON'T KNOW/DON'T REMEMBER <input type="checkbox"/>	98
		REFUSED TO ANSWER <input type="checkbox"/>	99

SECTION 11 FINANCIAL AUTONOMY

Dwelling ID: _____

1105	Have you ever given up/refused a job for money because your husband/partner did not want you to work?	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
1106	Has your husband/partner ever taken your earnings or savings from you against your will? IF YES: Has he done this once or twice, several times or many times?	NEVER	<input type="checkbox"/>	1
		ONCE OR TWICE	<input type="checkbox"/>	2
		SEVERAL TIMES	<input type="checkbox"/>	3
		MANY TIMES/ALL OF THE TIME	<input type="checkbox"/>	4
		N/A (NO SAVINGS/EARNINGS)	<input type="checkbox"/>	7
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
1107	Does your husband /partner ever refuse to give you money for household expenses, even when he has money for other things? IF YES: Has he done this once or twice, several times or many times?	NEVER	<input type="checkbox"/>	1
		ONCE OR TWICE	<input type="checkbox"/>	2
		SEVERAL TIMES	<input type="checkbox"/>	3
		MANY TIMES/ALL OF THE TIME	<input type="checkbox"/>	4
		N/A (NO SAVINGS/EARNINGS)	<input type="checkbox"/>	7
		DON'T KNOW/DON'T REMEMBER	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99
1108	In case of emergency, do you think that you alone could raise enough money to house and feed your family for 4 weeks? This could be for example by selling things that you own, or by borrowing money from people you know, or from a bank or moneylender?	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2
		DON'T KNOW	<input type="checkbox"/>	98
		REFUSED TO ANSWER	<input type="checkbox"/>	99

SECTION 12 COMPLETION OF INTERVIEW

Dwelling ID: _____

1201	<p>I would now like to give you a card. There are two pictures on this card. No other information is written on the card. The first picture is of a sad face, the second is of a happy face.</p> <p>No matter what you have already told me, I would like you to put a mark below the sad face picture if someone has ever touched you sexually or made you do something sexual that you didn't want to <u>before you were 15 years old</u>.</p> <p>Please put a mark below the happy face if this has never happened to you. Once you have marked the card, please fold it over and put it in this envelope. This will ensure that I do not know your answer.</p>	CARD GIVEN FOR COMPLETION	<input type="checkbox"/>	1
		CARD NOT GIVEN FOR COMPLETION	<input type="checkbox"/>	2
<p>GIVE RESPONDENT CARD AND PEN. MAKE SURE THAT THE RESPONDENT FOLDS THE CARD; PUTS IT IN THE ENVELOPE; AND SEALS THE ENVELOPE BEFORE GIVING IT BACK TO YOU. ON LEAVING THE INTERVIEW SECURELY ATTACH THE ENVELOPE TO THE QUESTIONNAIRE AND WRITE THE QUESTIONNAIRE CODE ON THE ENVELOPE.</p>				
1202	<p>We have now finished the interview. Do you have any comments or is there anything else you would like to add?</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
1202 a	<p>Do you have any recommendations or suggestions that could help to stop violence against women in the FSM?</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
1203	<p>I have asked you about many difficult things. How has talking about these things made you feel?</p> <p>WRITE DOWN ANY SPECIFIC RESPONSE GIVEN BY RESPONDENT</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	GOOD/BETTER	<input type="checkbox"/>	1
		BAD/WORSE	<input type="checkbox"/>	2
		SAME/NO DIFFERENCE	<input type="checkbox"/>	3
1204	<p>Finally, do you agree that we may contact you again in the next month if we need to ask a few more questions for clarification?</p>	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2

REFERENCE SHEET (THIS WILL BE USED IF VIOLENCE QUESTIONS APPLIED TO ALL WOMEN WHO EVER HAD A HUSBAND/PARTNER, CURRENT OR PAST)

Box A. MARITAL STATUS

Copy exactly from Q119 and 120. Follow arrows and mark **only ONE** of the following for marital status:

119	Are you currently married, living together or <i>involved in a relationship with a man without living together</i> ?	CURRENTLY MARRIED AND LIVING TOGETHER1 CURRENTLY MARRIED NOT LIVING TOGETHER2 LIVING WITH MAN, NOT MARRIED3 CURRENTLY HAVING A REGULAR PARTNER (ENGAGED, DATING), NOT LIVING TOGETHER4 NOT CURRENTLY MARRIED OR LIVING WITH A MAN (NOT INVOLVED IN A RELATIONSHIP WITH A MAN)5 CURRENTLY HAVING FEMALE PARTNER ..6	<input type="checkbox"/> Currently married and/or living with man <input type="checkbox"/> Currently with regular partner; dating relationship <input type="checkbox"/> Previously married/previously lived with man; <i>no current (dating) relationship</i>
120 a	Have you ever been married or lived with a male partner?	YES, MARRIED1 LIVED WITH A MAN, NOT MARRIED... ..3 NO5	<input type="checkbox"/> Previously had (dating) relationship
120 b	Have you ever been involved in a relationship with a man without living together (such as being engaged or dating)?	YES.....1 NO.....2	<input type="checkbox"/> Never married /never lived with man; <i>never (dating) relationship</i>

123. Number of times married/lived together with man: [] []

Box B. REPRODUCTIVE HISTORY

Check and complete ALL that applies for reproductive history of respondent:

(P) Respondent has been pregnant at least once (Question 308) [] Yes [] No

(Q) Respondent had at least one child born alive (Question 301) [] Yes [] No

(R) Respondent has children who are alive (Question 303) [] Yes [] No

(S) Respondent is currently pregnant (Question 310) [] Yes [] No

(T) Number of pregnancies reported (Question 308) [] []

Box C. VIOLENCE BY HUSBAND/PARTNER

Check and complete ALL that applies for respondent:

(U) Respondent has been victim of physical violence (Question 707) [] Yes [] No

(V) Respondent has been victim of sexual violence (Question 708) [] Yes [] No