

Administration Form

IDENTIFICATION				
PROVINCE				[][]
WARD/TIKINA				[][]
RURAL (0) /URBAN (1)				[]
EA				[][][]
SES				[]
HOUSEHOLD NUMBER				[][][]
NAME OF HOUSEHOLD HEAD :				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY [][] MONTH [][] YEAR [][][][]
INTERVIEWERS NAME RESULT***	_____	_____	_____	INTERVIEWER [][] RESULT [][]
NEXT VISIT: DATE TIME LOCATION	_____	_____		TOTAL NUMBER OF VISITS []
QUESTIONNAIRES COMPLETED? [] 1. None completed =>	*** RESULT CODES Refused (specify): _____ .. 11 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 16 Hh respondent postponed interview 17 Entire hh speaking only strange language. 18			CHECK HH SELECTION FORM: TOTAL IN HOUSEHOLD (Q1) [][] TOTAL ELIGIBLE WOMEN IN HH OF SELECTED WOMAN (Q3, total with YES) [][] LINE NUMBER OF SELECTED FEMALE RESPONDENT (Q3) [][]
[] 2. HH selection form (and in most cases HH questionnaire) only =>	Selected woman refused (specify): _____ .. 21 No eligible woman in household 22 Selected woman not at home 23 Selected woman postponed interview 24 Selected woman incapacitated 25			=> Need to return => Need to return => Need to return => Need to return
[] 3. Woman's questionnaire partly =>	Does not want to continue (specify) : _____ .. 31 Rest of interview postponed to next visit. 32			=> Need to return
[] 4. Woman's questionnaire completed => 41			
LANGUAGE OF QUESTIONNAIRE (1= English, 2= Fijian, 3= Hindi)				[][]
LANGUAGE INTERVIEW MAINLY CONDUCTED IN (1= English, 2= Fijian, 3= Hindi, 4= Rotuman, 5=Mixed)				[][]
QUALITY CONTROL PROCEDURE CONDUCTED (1 = yes, 2 = no)				[]
FIELD EDITOR			OFFICE EDITOR	ENTERED BY
NAME [][] DAY [][] MONTH [][] YEAR [][][][]			NAME [][]	ENTRY 1: _____ ENTRY 2: _____



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

HOUSEHOLD SELECTION FORM					
Hello, my name is _____. I am working in a team on a survey for the Bureau Of Statistics. We are conducting a survey in Fiji to learn about women's health and life experiences.					
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 house help , lodgers or friends who live here and share food? MAKE SURE THESE PEOPLE ARE INCLUDED IN THE TOTAL			TOTAL NUMBER OF PEOPLE IN HOUSEHOLD [] []	
2	Is the head of the household male or female?			MALE1 FEMALE2 BOTH3	
	FEMALE HOUSEHOLD MEMBERS	RELATIONSHIP TO HEAD OF HH	RESIDENCE	AGE	ELIGIBLE
3	Today we would like to talk to one woman from your household. To enable me to identify whom I should talk to, would you please give me the first names of all girls or women who usually live in your household (and share food).	What is the relationship of NAME to the head of the household.* (USE CODES BELOW)	Does NAME usually live here? SPECIAL CASES: SEE (A) BELOW. YES NO	How old is NAME? (YEARS, more or less)	SEE CRITERIA BELOW (A +B) YES NO
LINE NUM.					
1			1 2		1 2
2			1 2		1 2
3			1 2		1 2
4			1 2		1 2
5			1 2		1 2
6			1 2		1 2
7			1 2		1 2
8			1 2		1 2
9			1 2		1 2
10			1 2		1 2
CODES 01 HEAD 02 WIFE (PARTNER) 03 DAUGHTER 04 DAUGHTER-IN-LAW 05 GRANDDAUGHTER 06 MOTHER 07 MOTHER-IN-LAW 08 SISTER 09 SISTER-IN-LAW 10 OTHER RELATIVE 11 ADOPTED/FOSTER/STEP DAUGHTER 12 HOUSE HELP 13 LODGER 14 FRIEND 15 OTHER NOT RELATIVE: _____					
(A) SPECIAL CASES TO BE CONSIDERED MEMBER OF HOUSEHOLD: • HOUSE HELP 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 18 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 18–64 years old. Thank you for your assistance." • FINISH HERE.					

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

ADMINISTERED TO ANY RESPONSIBLE ADULT IN HOUSEHOLD

HOUSEHOLD QUESTIONNAIRE					
QUESTIONS & FILTERS		CODING CATEGORIES			
<i>QUESTIONS 1-6: SOCIOECONOMIC INDICATORS</i>					
1	If you don't mind, I would like to ask you a few questions about your household. What is the main source of drinking-water for your household?	TAP WATER (METERED).....01 FROM A COMMUNAL STANDPIPE02 ROOFTANK03 BOREHOLE.....04 WELL.....05 RIVER OR CREEK06 OTHER:96 DON'T KNOW/DON'T REMEMBER98 REFUSED/NO ANSWER99			
2	What kind of toilet facility does your household have?	OWN FLUSH TOILET01 OWN WATER SEALED TOILET02 SHARED WITH OTHERS03 PIT LATRINE.....04 RIVER/CANAL/SEA/BEACH.....05 NO FACILITY/BUSH/FIELD06 OTHER:96 DON'T KNOW/DON'T REMEMBER98 REFUSED/NO ANSWER99			
3	What are the main materials used for the outer walls? RECORD OBSERVATION	WALLS OF CONCRETE, BRICK OR CEMENT .. 1 WOODEN WALLS 2 PERMANENT WALLS OF TIN OR CORRUGATED IRON 3 WALLS OF TRADITIONAL BURE 4 WALLS OF MAKESHIFT OR IMPROVISED MATERIALS 5 OTHER: 6			
4	What does the household mainly use for lighting?	ELECTRICITY 1 KEROSENE LAMP 2 BENZENE LAMP 3 SOLAR POWER UNIT 4 OTHER: 6 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9			
5	Does any member of your household own:		YES	NO	DK
	a) A car?	a) A CAR	1	2	8
	b) A carrier/truck?	b) CARRIER/TRUCK	1	2	8
	c) A refrigerator?	c) REFRIGERATOR	1	2	8
	d) A computer?	d) COMPUTER	1	2	8
	e) Internet access	e) INTERNET ACCESS	1	2	8
	f) Video/Tv?	f) VIDEO/TV	1	2	8
	g) Radio?	g) RADIO	1	2	8
	h) Washing machine?	h) WASHING MACHINE	1	2	8
	i) Gas/Kerosene/Electric stove?	i) GAS/ELETRIC STOVE	1	2	8
	j) Telephone/mobile phone?	j) TELEPHONE/MOBILE	1	2	8
	k) Outboard motor?	k) OUTBOARD MOTOR	1	2	8
	l) Water pump?	l) WATER PUMP	1	2	8
	m) Brush cutter?	m) BRUSH CUTTER	1	2	8



6	Do people in your household own any land?	YES	1
		NO	2
		DON'T KNOW/DON'T REMEMBER	8
		REFUSED/NO ANSWER	9
7	How many rooms in your household are used for sleeping?	NUMBER OF ROOMS[] []	
		DON'T KNOW/DON'T REMEMBER	98
		REFUSED/NO ANSWER	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	1
		A LITTLE CONCERNED	2
		VERY CONCERNED.....	3
		DON'T KNOW/DON'T REMEMBER	8
		REFUSED/NO ANSWER	9
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	1
		NO	2
		DON'T KNOW/DON'T REMEMBER	8
		REFUSED/NO ANSWER	9
10	NOTE SEX OF RESPONDENT	MALE.....	1
		FEMALE	2

Thank you very much for your assistance



Survey on women's health and life experiences
in the Republic of the Fiji Islands

WOMAN'S QUESTIONNAIRE

Study conducted by
Fiji Women's Crisis Centre
Fiji Bureau of Statistics

Confidential upon completion



INDIVIDUAL CONSENT FORM

Hello, my name is *. I work in a team for the Fiji Women's Crisis Centre in partnership with the Bureau of Statistics. We are conducting a survey in Fiji to learn about women's health and life experiences. You have been chosen by chance to participate in the study.

I want to assure you that all of your answers will be kept strictly secret. 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 Fiji.

Do you have any questions?

(The interview takes approximately half an hour to one hour to complete.) Do you agree to be interviewed?

NOTE WHETHER RESPONDENT AGREES TO INTERVIEW OR NOT

DOES NOT AGREE TO BE INTERVIEWED —————> THANK PARTICIPANT FOR HER TIME AND END

AGREES TO BE INTERVIEWED



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?

We can conduct this interview in English, Fijian and Hindi; which language would you prefer?

TO BE COMPLETED BY INTERVIEWER

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

SIGNED:

DATE OF INTERVIEW: day [][] month [][] year [][][][]

100. RECORD THE TIME (AS ON YOUR WATCH)		Hour [][] (24 h) Minutes [][]	
SECTION 1 RESPONDENT AND HER COMMUNITY			
QUESTIONS & FILTERS		CODING CATEGORIES	SKIP TO
If you don't mind, I would like to start by asking you a little about <COMMUNITY NAME>.			
<i>INSERT NAME OF COMMUNITY/VILLAGE/NEIGHBOURHOOD ABOVE AND IN QUESTIONS BELOW. IF NO NAME, SAY "IN THIS COMMUNITY/VILLAGE/AREA" AS APPROPRIATE.</i>			
101	Do neighbours in COMMUNITY NAME generally tend to know each other well?	YES1 NO2 DON'T KNOW8 REFUSED/NO ANSWER9	
102	If there were a street fight in COMMUNITY NAME would people generally do something to stop it?	YES1 NO2 DON'T KNOW8 REFUSED/NO ANSWER9	
103	If the community decided to undertake a project (school, church, fund raising) would most people be willing to contribute time, labour or money?	YES1 NO2 DON'T KNOW8 REFUSED/NO ANSWER9	
104	In this neighbourhood do most people generally trust one another in matters of lending and borrowing things?	YES1 NO2 DON'T KNOW8 REFUSED/NO ANSWER9	
105	If someone in your family suddenly fell ill or had an accident, would your neighbours offer to help?	YES1 NO2 DON'T KNOW8 REFUSED/NO ANSWER9	
106	I would now like to ask you some questions about yourself. What is your date of birth (day, month and year that you were born)?	DAY [][] MONTH [][] YEAR [][][][] DON'T KNOW YEAR9998 REFUSED/NO ANSWER9999	
107	How old are you (completed years)? (MORE OR LESS)	AGE (YEARS) [][]	
108	How long have you been living continuously in COMMUNITY NAME?	NUMBER OF YEARS [][] LESS THAN 1 YEAR00 LIVED ALL HER LIFE95 VISITOR (AT LEAST 4 WEEKS IN HOUSEHOLD)96 DON'T KNOW/DON'T REMEMBER98 REFUSED/NO ANSWER99	



108 a	Would you mind telling me what is your religion?	METHODIST01 CATHOLIC02 SEVENTH DAY ADVENTIST03 ASSEMBLIES OF GOD04 ANGLICAN05 OTHER CHRISTIAN:06 HINDU07 MUSLIM08 OTHER:10 NO RELIGION77 DON'T KNOW/DON'T REMEMBER98 REFUSED/NO ANSWER99	
108 b	May I enquire what your Ethnic Group is?	FIJIAN01 INDO-FIJIAN02 CHINESE/PART CHINESE03 ROTUMAN04 EUROPEAN (CAUCASIAN)05 OTHER PACIFIC ISLANDER06 MIXED :07 OTHERS :08 DON'T KNOW/DON'T REMEMBER98 REFUSED/NO ANSWER99	
109	Are you able to read and write?	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
110	Have you ever attended school? (NOT BIBLE / BAL BIKASH ETC SCHOOL, NOT SHORT CLASSES LIKE SEWING) VOCATIONAL/LONG TERM TRAINING IS ACCEPTABLE	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	⇒ 112
111	What is the highest level of education that you achieved? MARK HIGHEST LEVEL. (CLASS/FORM)	CLASSES 1-6 _____ year1 FORMS 1-7 _____ year2 HIGHER _____ year3 NUMBER OF YEARS SCHOOLING . [] [] DON'T KNOW/DON'T REMEMBER98 REFUSED/NO ANSWER99	
112	Where did you grow up? PROBE: Before age 12 where did you live longest?	THIS COMMUNITY/NEIGHBOURHOOD1 ANOTHER RURAL AREA/VILLAGE.....2 ANOTHER TOWN/CITY3 ANOTHER COUNTRY4 ANOTHER NEIGHBOURHOOD IN SAME TOWN.....5 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
113	Do any of your family of birth live close enough by that you can easily see/visit them?	YES1 NO2 LIVING WITH FAMILY OF BIRTH3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	⇒ 115

114	How often do you see or talk to (even on the phone) with a member of your family of birth? Would you say at least once a week, once a month, once a year, or never?	AT LEAST ONCE A WEEK1 AT LEAST ONCE A MONTH2 AT LEAST ONCE A YEAR3 NEVER (HARDLY EVER)4 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
115	When you need help or have a problem, can you usually count on members of your family of birth for support?	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
116 a	Do you regularly attend a group, organization or association? IF YES: What kind of group, organization or association? IF NO, PROMPT: Organizations like women's or community groups, religious groups or political associations. MARK ALL MENTIONED PROBE IF NECESSARY TO IDENTIFY TYPE OF GROUP	NONE A CIVIC/POLITICAL/ UNION B SOCIAL WORK/CHARITABLE C SPORTS/ARTS/CRAFTS D ECONOMIC/SAVINGS CLUBE WOMEN'S ORGANIZATIONF RELIGIOUS ORGANIZATION G OTHER: _____ _____ X	⇒ IF NONE GO TO 118 116b. How often do you attend? (ASK ONLY FOR EACH MARKED IN 116a) At least once a week At least once a month At least once a year Never (hardly ever) 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4
117	Is this group (Are any of these groups) attended by women only? (REFER TO THE ATTENDED GROUPS ONLY)	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
118	Has anyone ever prevented you from attending a meeting or participating in an organization? IF YES, ASK Who prevented you? MARK ALL THAT APPLY	NOT PREVENTEDA PARTNER/HUSBAND B PARENTS C PARENTS-IN-LAW/PARENTS OF PARTNER D OTHER: _____ X	
119	Are you <u>currently</u> married or do you have a male partner? IF RESPONDENT HAS A MALE PARTNER ASK: Do you and your partner live together?	CURRENTLY MARRIED1 LIVING WITH MAN, NOT MARRIED.....3 CURRENTLY HAVING A REGULAR MALE PARTNER (ENGAGED OR DATING RELATIONSHIP), LIVING APART4 NOT CURRENTLY MARRIED OR LIVING WITH A MAN (NOT INVOLVED IN A RELATIONSHIP WITH A MAN).....5 CURRENTLY HAVING A FEMALE SEXUAL PARTNER6	⇒123 ⇒123 ⇒123
120 a	Have you <u>ever</u> been married or lived with a male partner?	YES, MARRIED1 YES, LIVED WITH A MAN, BUT NEVER MARRIED3 NO5	⇒121 ⇒121



120 b	Have you ever had a regular male partner (engaged, dating or sexual partner)?	YES1 NO2 REFUSED/NO ANSWER9	⇒S2 ⇒S2
121	Did the <u>last partnership with a man</u> end in divorce or separation, or did your husband/partner die?	DIVORCED1 SEPARATED/BROKEN UP2 WIDOWED/PARTNER DIED3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	⇒123
122	Was the divorce/separation initiated by you, by your husband/partner, or did you both decide that you should separate?	RESPONDENT1 HUSBAND/PARTNER2 BOTH (RESPONDENT AND PARTNER)3 OTHER:6 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
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 MARRIED/ LIVED TOGETHER[] [] []IF "00" DON'T KNOW/DON'T REMEMBER98 REFUSED/NO ANSWER99	⇒S2
124	The next few questions are about your <u>current or most recent</u> partnership. Do/did you live with your husband/partner's parents or any of his relatives?	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
125	IF CURRENTLY WITH PARTNER: Do you <u>currently</u> live with your parents or any of your relatives? IF NOT CURRENTLY WITH PARTNER: Were you living with your parents or relatives <u>during your last relationship</u> ?	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
129	Did you have any kind of marriage ceremony to formalize the union? What type of ceremony did you have? MARK ALL THAT APPLY	NONEA CIVIL MARRIAGEB RELIGIOUS MARRIAGEC CUSTOMARY MARRIAGED OTHER:X	⇒S2
130	In what year was the (first) ceremony performed? (THIS REFERS TO CURRENT/LAST RELATIONSHIP)	YEAR[] [] [] [] DON'T KNOW9998 REFUSED/NO ANSWER9999	
131	Did you yourself choose your <u>current/most recent</u> husband, did someone else choose him for you, or did he choose you? IF SHE DID NOT CHOOSE HERSELF, PROBE: Who chose your <u>current/most recent</u> husband for you?	BOTH CHOSE1 RESPONDENT CHOSE2 RESPONDENT'S FAMILY CHOSE3 PARTNER CHOSE4 PARTNER'S FAMILY CHOSE5 OTHER:6 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	⇒133* ⇒133*
132	Before the marriage with your <u>current /most recent</u> husband, were you asked whether you wanted to marry him or not?	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
*	ONLY INDO FIJIAN RESPONDENTS [] ↓	NON INDO FIJIAN [] ⇒	⇒ S.2
133	Did your marriage involve dowry/meher?	YES/DOWRY1 YES/MEHER2 NO3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	⇒S.2 ⇒S.2



134	Has all of the dowry/meher been paid for, or does some part still remain to be paid?	ALL PAID.....	1
		PARTIALLY PAID	2
		NONE PAID	3
		DON'T KNOW/DON'T REMEMBER	8
		REFUSED/NO ANSWER	9
135	Overall, do you think that the amount of dowry/meher has had a positive impact on how you are treated by your husband and his family, a negative impact, or no particular impact?	POSITIVE IMPACT	1
		NEGATIVE IMPACT	2
		NO IMPACT	3
		DON'T KNOW/DON'T REMEMBER	8
		REFUSED/NO ANSWER	9

**BEFORE STARTING WITH SECTION 2:
REVIEW RESPONSES IN SECTION 1 AND MARK MARITAL STATUS ON REFERENCE SHEET, BOX A.**



SECTION 2 GENERAL HEALTH																							
201	I would now like to ask a few questions about your health and use of health services. In general, would you describe your overall health as excellent, good, fair, poor or very poor?	EXCELLENT1 GOOD.....2 FAIR.....3 POOR4 VERY POOR.....5 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9																					
F201 a	Do you have any of the following: a) Diabetes b) Asthma c) High Blood Pressure d) Physical Disabilities	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>DIABETES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ASTHMA</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>HIGH BLOOD PRESSURE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>PHYSICAL DISABILITIES</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	DIABETES	1	2	8	ASTHMA	1	2	8	HIGH BLOOD PRESSURE	1	2	8	PHYSICAL DISABILITIES	1	2	8	
	YES	NO	DK																				
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202	Now I would like to ask you about your health in the <u>past 4 weeks</u> . How would you describe your ability to walk around? I will give 5 options, which one best describes your situation: Would you say that you have no problems, very few problems, some problems, many problems or that you are unable to walk at all?	NO PROBLEMS1 VERY FEW PROBLEMS.....2 SOME PROBLEMS.....3 MANY PROBLEMS.....4 UNABLE TO WALK AT ALL5 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9																					
203	In the <u>past 4 weeks</u> did you have problems with performing usual activities, such as work, study, household, family or social activities? Please choose from the following 5 options. Would you say no problems, very few problems, some problems, many problems or unable to perform usual activities?	NO PROBLEMS1 VERY FEW PROBLEMS.....2 SOME PROBLEMS.....3 MANY PROBLEMS.....4 UNABLE TO PERFORM USUAL ACTIVITIES5 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9																					
204	In the <u>past 4 weeks</u> have you been in pain or discomfort? Please choose from the following 5 options. Would you say not at all, slight pain or discomfort, moderate, severe or extreme pain or discomfort?	NO PAIN OR DISCOMFORT.....1 SLIGHT PAIN OR DISCOMFORT2 MODERATE PAIN OR DISCOMFORT3 SEVERE PAIN OR DISCOMFORT4 EXTREME PAIN OR DISCOMFORT.....5 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9																					
205	In the <u>past 4 weeks</u> have you had problems with your memory or concentration? Please choose from the following 5 options. Would you say no problems, very few problems, some problems, many problems or extreme memory or concentration problems?	NO PROBLEMS1 VERY FEW PROBLEMS.....2 SOME PROBLEMS.....3 MANY PROBLEMS.....4 EXTREME MEMORY PROBLEMS5 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9																					
206																							
207	In the <u>past 4 weeks</u> , have you taken medication: a) To help you calm down or sleep? b) To relieve pain? c) To help you not feel sad or depressed? FOR EACH, IF YES PROBE: How often? Once or twice, a few times or many times?	<table border="0"> <thead> <tr> <th></th> <th>NO</th> <th>ONCE OR TWICE</th> <th>A FEW TIMES</th> <th>MANY TIMES</th> </tr> </thead> <tbody> <tr> <td>a) FOR SLEEP</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>b) FOR PAIN</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>c) FOR SADNESS</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </tbody> </table>		NO	ONCE OR TWICE	A FEW TIMES	MANY TIMES	a) FOR SLEEP	1	2	3	4	b) FOR PAIN	1	2	3	4	c) FOR SADNESS	1	2	3	4	
	NO	ONCE OR TWICE	A FEW TIMES	MANY TIMES																			
a) FOR SLEEP	1	2	3	4																			
b) FOR PAIN	1	2	3	4																			
c) FOR SADNESS	1	2	3	4																			

208	<p>In the <u>past 4 weeks</u>, did you consult a doctor or other professional or traditional health worker because you yourself were sick?</p> <p>IF YES: Whom did you consult?</p> <p>PROBE: Did you also see anyone else?</p>	<p>NO ONE CONSULTED A</p> <p>DOCTOR B</p> <p>NURSE (AUXILIARY) C</p> <p>MIDWIFE D</p> <p>COUNSELLOR E</p> <p>PHARMACIST F</p> <p>TRADITIONAL HEALER G</p> <p>TRADITIONAL BIRTH ATTENDANT H</p> <p>OTHER: X</p>																																																																
209	<p>The next questions are related to other common problems that may have bothered you in the <u>past 4 weeks</u>. If you had the problem in the past 4 weeks, answer yes. If you have not had the problem in the past 4 weeks, answer no.</p> <p>a) Do you often have headaches?</p> <p>b) Is your appetite poor?</p> <p>c) Do you sleep badly?</p> <p>d) Are you easily frightened?</p> <p>e) Do your hands shake?</p> <p>f) Do you feel nervous, tense or worried?</p> <p>g) Is your digestion poor?</p> <p>h) Do you have trouble thinking clearly?</p> <p>i) Do you feel unhappy?</p> <p>j) Do you cry more than usual?</p> <p>k) Do you find it difficult to enjoy your daily activities?</p> <p>l) Do you find it difficult to make decisions?</p> <p>m) Is your daily work suffering?</p> <p>n) Are you unable to play a useful part in life?</p> <p>o) Have you lost interest in things that you used to enjoy?</p> <p>p) Do you feel that you are a worthless person?</p> <p>q) Has the thought of ending your life been on your mind?</p> <p>r) Do you feel tired all the time?</p> <p>s) Do you have uncomfortable feelings in your stomach?</p> <p>t) Are you easily tired?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>a) HEADACHES</td><td>1</td><td>2</td></tr> <tr><td>b) APPETITE</td><td>1</td><td>2</td></tr> <tr><td>c) SLEEP BADLY</td><td>1</td><td>2</td></tr> <tr><td>d) FRIGHTENED</td><td>1</td><td>2</td></tr> <tr><td>e) HANDS SHAKE</td><td>1</td><td>2</td></tr> <tr><td>f) NERVOUS</td><td>1</td><td>2</td></tr> <tr><td>g) DIGESTION</td><td>1</td><td>2</td></tr> <tr><td>h) THINKING</td><td>1</td><td>2</td></tr> <tr><td>i) UNHAPPY</td><td>1</td><td>2</td></tr> <tr><td>j) CRY MORE</td><td>1</td><td>2</td></tr> <tr><td>k) NOT ENJOY</td><td>1</td><td>2</td></tr> <tr><td>l) DECISIONS</td><td>1</td><td>2</td></tr> <tr><td>m) WORK SUFFERS</td><td>1</td><td>2</td></tr> <tr><td>n) USEFUL PART</td><td>1</td><td>2</td></tr> <tr><td>o) LOST INTEREST</td><td>1</td><td>2</td></tr> <tr><td>p) WORTHLESS</td><td>1</td><td>2</td></tr> <tr><td>q) ENDING LIFE</td><td>1</td><td>2</td></tr> <tr><td>r) FEEL TIRED</td><td>1</td><td>2</td></tr> <tr><td>s) STOMACH</td><td>1</td><td>2</td></tr> <tr><td>t) EASILY TIRED</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	a) HEADACHES	1	2	b) APPETITE	1	2	c) SLEEP BADLY	1	2	d) FRIGHTENED	1	2	e) HANDS SHAKE	1	2	f) NERVOUS	1	2	g) DIGESTION	1	2	h) THINKING	1	2	i) UNHAPPY	1	2	j) CRY MORE	1	2	k) NOT ENJOY	1	2	l) DECISIONS	1	2	m) WORK SUFFERS	1	2	n) USEFUL PART	1	2	o) LOST INTEREST	1	2	p) WORTHLESS	1	2	q) ENDING LIFE	1	2	r) FEEL TIRED	1	2	s) STOMACH	1	2	t) EASILY TIRED	1	2	
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210	<p>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 <u>ever</u> thought about ending your life?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/DON'T REMEMBER 8</p> <p>REFUSED/NO ANSWER 9</p>	⇒ 212																																																															
211	<p>Have you <u>ever</u> tried to take your life?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/DON'T REMEMBER 8</p> <p>REFUSED/NO ANSWER 9</p>																																																																
212	<p>In the <u>past 12 months</u>, have you had an operation (other than a caesarean section)?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/DON'T REMEMBER 8</p> <p>REFUSED/NO ANSWER 9</p>																																																																
213	<p>In the <u>past 12 months</u>, did you have to spend any nights in a hospital because you were sick (other than to give birth)?</p> <p>IF YES: How many nights in the past 12 month (IF DON'T KNOW GET ESTIMATE)</p>	<p>NIGHTS IN HOSPITAL [II]</p> <p>NONE 00</p> <p>DON'T KNOW/DON'T REMEMBER 98</p> <p>REFUSED/NO ANSWER 99</p>																																																																



213a	Have you ever heard of HIV or AIDS?	YES.....1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9	
213b	Is it possible for a person who looks and feels completely healthy to have the AIDS virus?	YES.....1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9	
213c	Many people in Fiji 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.	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
214	Do you <u>currently</u> smoke..... 1. Daily? 2. Occasionally? 3. Not at all?	DAILY1 OCCASIONALLY2 NOT AT ALL.....3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9	⇒ 216 ⇒ 216
215	Have you <u>ever</u> smoked in your life? Did you ever smoke.... 1. Daily? (smoking at least once a day) 2. Occasionally? (at least 100 cigarettes, but never daily) 3. Not at all? (not at all, or less than 100 cigarettes in your life time)	DAILY1 OCCASIONALLY2 NOT AT ALL.....3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9	
216	How often do you drink alcohol? Would you say: 1. Every day or nearly every day 2. Once or twice a week 3. 1 – 3 times a month/fortnightly 4. Occasionally, less than once a month 5. Never (INCLUDING LESS THAN ONCE A YEAR OR LAST TIME LONGER THAN A YEAR AGO)	EVERY DAY OR NEARLY EVERY DAY1 ONCE OR TWICE A WEEK.....2 1 – 3 TIMES IN A MONTH3 LESS THAN ONCE A MONTH4 NEVER5 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9	⇒ 219
217			
218	In the <u>past 12 months</u> , have you experienced any of the following problems, related to your drinking alcohol? a) money problems b) health problems c) conflict with family or friends d) problems with authorities / bar owner/police etc) x) other, specify.	YES NO a) MONEY PROBLEMS 1 2 b) HEALTH PROBLEMS 1 2 c) CONFLICT WITH FAMILY OR FRIENDS 1 2 d) PROBLEMS WITH AUTHORITIES 1 2 x) OTHER: 1 2	
219	How often do you drink yaqona? Would you say: 1. Every day or nearly every day 2. Once or twice a week 3. 1 – 3 times a month 4. Occasionally, less than once a month 5. Never (INCLUDING LESS THAN ONCE A YEAR OR LAST TIME LONGER THAN A YEAR AGO)	EVERY DAY OR NEARLY EVERY DAY1 ONCE OR TWICE A WEEK.....2 1 – 3 TIMES IN A MONTH3 LESS THAN ONCE A MONTH4 NEVER5 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9	⇒ S.3



220	In the <u>past 12 months</u> , have you experienced any of the following problems, related to your drinking yaqona?		YES	NO
		a) money problems	1	2
		b) health problems	1	2
		c) conflict with family or friends	1	2
		d) problems with authorities	1	2
		x) other, specify	1	2



SECTION 3 REPRODUCTIVE HEALTH			
	Now I would like to ask about all of the children that you may have given birth to during your life.		
301	Have you ever given birth? 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[][] IF 1 OR MORE ...=> NONE00	=> 303
302	Have you ever been pregnant?	YES1 NO2 MAYBE/NOT SURE3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	=> 304 => 310 => 310 => 310 => 310
303	How many children do you have, who are alive now? RECORD NUMBER	CHILDREN[][] NONE00	
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?	YES1 NO2	=> 306
305	a) How many sons have died? a) How many daughters have died? (THIS IS ABOUT ALL AGES)	a) SONS DEAD[][] b) DAUGHTERS DEAD[][] IF NONE ENTER '00'	
306	Do (did) all your children have the same biological father, or more than one father?	ONE FATHER1 MORE THAN ONE FATHER2 N/A (NEVER HAD LIVE BIRTH)7 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	=> 308
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.....1 SOME.....2 ALL3 N/A7 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
308	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? PROBE: How many pregnancies were with twins, triplets?	a) TOTAL NO. OF PREGNANCIES[][] b) PREGNANCIES WITH TWINS[] c) PREGNANCIES WITH TRIPLETS[]	
309	Have you ever had a pregnancy that miscarried, or ended in a stillbirth? Or an abortion? PROBE: How many times did you miscarry, how many times did you have a stillbirth, and how many times did you abort?	a) MISCARRIAGES[][] b) STILLBIRTHS[][] c) ABORTIONS[][] IF NONE ENTER '00'	
310	Are you pregnant now?	YES1 NO2 MAYBE3	=> A => B => B
DO EITHER A OR B:		IF PREGNANT NOW ==>	A. [301] ____ + [309 a+b+c] ____ + 1 = [308a] ____ + [308b] ____ + [2x308c] ____ = ____
		IF NOT PREGNANT NOW ==>	B. [301] ____ + [309 a+b+c] ____ = [308a] ____ + [308b] ____ + [2x308c] ____ = ____
VERIFY THAT ADDITION ADDS UP TO THE SAME FIGURE. IF NOT, PROBE AGAIN AND CORRECT.			

311	Have you <u>ever</u> used anything, or tried in any way, to delay or avoid getting pregnant?	YES 1 NO 2 NEVER HAD INTERCOURSE 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒ 315 ⇒ S.5
312	Are you <u>currently</u> doing something, or using any method, to delay or avoid getting pregnant?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒ 315
313	What (main) method are you <u>currently</u> using? IF MORE THAN ONE, ONLY MARK MAIN METHOD	PILL/TABLETS 01 INJECTABLES 02 IMPLANTS (NORPLANT) 03 IUD/LOOP 04 DIAPHRAGM/FOAM/JELLY 05 CALENDAR/MUCUS METHOD 06 FEMALE STERILIZATION 07 CONDOMS 08 MALE STERILIZATION 09 WITHDRAWAL 10 HERBS 11 OTHER: 96 DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99	⇒ 315 ⇒ 315 ⇒ 315
314	Does your <u>current</u> husband/partner know that you are using a method of family planning?	YES 1 NO 2 N/A: NO CURRENT PARTNER 7 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
315	Has/did your <u>current/most recent</u> husband/partner ever refused to use a method or tried to stop you from using a method to avoid getting pregnant?	YES 1 NO 2 N.A. (NEVER HAD A PARTNER) 7 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒ 317 ⇒ S.4 ⇒ 317 ⇒ 317
316	In what ways did he let you know that he disapproved of using methods to avoid getting pregnant? MARK ALL THAT APPLY	TOLD ME HE DID NOT APPROVE A SHOUTED/GOT ANGRY B THREATENED TO BEAT ME C THREATENED TO LEAVE/THROW ME OUT OF HOME D BEAT ME/PHYSICALLY ASSAULTED E TOOK OR DESTROYED METHOD F OTHER X	
317	Apart from what you have told me before, I would now like to ask some specific questions about condoms. Have you ever used a condom with your <u>current/most recent</u> partner?	YES 1 NO 2 N.A. (NEVER HAD A PARTNER) 7 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒ 318 ⇒ S.4
317 a	The last time that you had sex with your <u>current/most recent</u> partner did you use a condom?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
318	Have you ever asked your <u>current/most recent</u> partner to use a condom?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	



319	Has your <u>current/most recent</u> husband/partner ever refused to use a condom?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒S.4 ⇒S.4 ⇒S.4
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 A SHOUTED/GOT ANGRY B THREATENED TO BEAT ME C THREATENED TO LEAVE/THROW ME OUT OF HOME D BEAT ME/PHYSICALLY ASSAULTED E TOOK OR DESTROYED METHOD F ACCUSED ME OF BEING UNFAITHFUL/ NOT A GOOD WOMAN G LAUGHED AT/NOT TAKE ME SERIOUS .. H SAID IT IS NOT NECESSARY I OTHER X	
BEFORE STARTING WITH SECTION 4: REVIEW RESPONSES AND MARK REPRODUCTIVE HISTORY ON REFERENCE SHEET, BOX B.			

SECTION 4 CHILDREN			
CHECK: Ref. Sheet, box B, point Q <i>(s4bir)</i>	ANY LIVE BIRTHS [] ↓ <i>(1)</i>	NO LIVE BIRTHS [] ⇒ <i>(2)</i>	⇒S.5
401	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). What is the date of birth of this child?	DAY [][] MONTH [][] YEAR [][][][]	
402	What name was given to your last born child? Is (NAME) a boy or a girl?	NAME: _____ BOY1 GIRL2	
403	Is your last born child (NAME) still alive?	YES1 NO2	⇒405
404	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS CHECK AGE WITH BIRTH DATE	AGE IN YEARS [][] IF NOT YET COMPLETED 1 YEAR00	⇒406 ⇒406
405	How old was (NAME) when he/she died?	YEARS [][] MONTHS (IF LESS THAN 1 YEAR) [][] DAYS (IF LESS THAN 1 MONTH) [][]	
406	CHECK IF DATE OF BIRTH OF LAST CHILD (IN Q401) IS MORE OR LESS THAN 5 YEARS AGO	5 OR MORE YEARS AGO1 LESS THAN 5 YEARS AGO2	⇒417
407	I would like to ask you about your <u>last pregnancy</u> . 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?	BECOME PREGNANT THEN1 WAIT UNTIL LATER2 NOT WANT CHILDREN3 NOT MIND EITHER WAY4 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
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?	BECOME PREGNANT THEN1 WAIT UNTIL LATER2 NOT WANT CHILDREN3 NOT MIND EITHER WAY4 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
409	When you were pregnant with this child (NAME), did you see anyone for an antenatal check? IF YES: Whom did you see? Anyone else? MARK ALL THAT APPLY	NO ONEA DOCTORB OBSTETRICIAN/GYNAECOLOGISTC NURSE/MIDWIFED AUXILIARY NURSEE TRADITIONAL BIRTH ATTENDANTF OTHER: _____X	
410	Did your husband/partner stop you, encourage you, or have no interest in whether you received antenatal care for your pregnancy?	STOP1 ENCOURAGE2 NO INTEREST3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
411	When you were pregnant with this child, did your husband/partner have preference for a son, a daughter or did it not matter to him whether it was a boy or a girl?	SON1 DAUGHTER2 DID NOT MATTER3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	



412	During this pregnancy, did you consume any alcoholic drinks?	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9	
413	During this pregnancy, did you smoke any cigarettes or use tobacco?	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9	
414	Were you given a (postnatal) check-up at any time during the 6 weeks after delivery?	YES1 NO2 NO, CHILD NOT YET SIX WEEKS OLD3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9	
415	Was this child (NAME) weighed at birth?	YES1 NO2 DON'T KNOW /DON'T REMEMBER8 REFUSED/NO ANSWER.....9	⇒417 ⇒417
416	How much did he/she weigh? RECORD FROM HEALTH CARD WHERE POSSIBLE	KG FROM CARD [] []1 KG FROM RECALL [] []2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9	
417	Do you have any children aged between 6 and 14 years? How many? (include 6-year-old and 14-year-old children)	NUMBER [] [] NONE00	⇒S.5
418	a) How many are boys? b) How many are girls?	a) BOYS [] b) GIRLS []	
419	How many of these children (ages 6-14 years) currently live with you? PROBE: a) How many boys? b) How many girls?	a) BOYS [] b) GIRLS [] IF "0" FOR BOTH SEXES ==== GO TO ⇒	⇒S.5
420	Do any of these children (ages 6-14 years):	YES NO DK	
	a) Have frequent nightmares?	a) NIGHTMARES 1 2 8	
	b) Suck their thumbs or fingers?	b) SUCK THUMB 1 2 8	
	c) Wet their bed often?	c) WET BED 1 2 8	
	d) Are any of these children very timid or withdrawn?	d) TIMID 1 2 8	
	e) Are any of them aggressive with you or other children?	e) AGGRESSIVE 1 2 8	
421	Of these children (ages 6-14 years), how many of your boys and how many of your girls have ever run away from home?	a) NUMBER OF BOYS RUN AWAY [] b) NUMBER OF GIRLS RUN AWAY [] IF NONE ENTER '0'	
422	Of these children (ages 6-14 years), how many of your boys and how many of your girls are studying/in school?	a) BOYS [] b) GIRLS [] IF "0" FOR BOTH SEXES ==== GO TO ⇒	⇒S.5
423	Have any of these children had to repeat (failed) a year at school? MAKE SURE ONLY CHILDREN AGED 6-14 YEARS.	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9	
424	Have any of these children stopped school for a while or dropped out of school? MAKE SURE ONLY CHILDREN AGED 6-14 YEARS.	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9	

SECTION 5 CURRENT OR MOST RECENT PARTNER				
CHECK: Ref. sheet, Box A (s5mar)	CURRENTLY MARRIED, OR LIVING WITH A MAN/ <i>WITH</i> MALE PARTNER (Options K, L) [] ↓ (1)	FORMERLY MARRIED/ LIVING WITH A MAN/ FORMERLY <i>WITH</i> MALE PARTNER (Option M) [] ↓ (2)	NEVER MARRIED/ NEVER LIVED WITH A MAN (<i>NEVER SEXUAL</i> PARTNER) (Option N) [] ⇒ (3)	⇒S.6
501	I would now like you to tell me a little about your <u>current/most recent</u> husband/partner. How old is your husband/partner now? PROBE: MORE OR LESS IF MOST RECENT PARTNER DIED: How old would he be now if he were alive?	AGE (YEARS)[][]		
502	In what year was he born?	YEAR [][][] DON'T KNOW/DON'T REMEMBER 9998 REFUSED/NO ANSWER 9999		
503	Can (could) he read and write?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9		
504	Did he ever attend school?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9		⇒506
505	What is the highest level of education that he achieved? MARK HIGHEST LEVEL. (CLASS/FORM)	CLASSES 1-6 _____ year 1 FORMS 1-7 _____ year 2 HIGHER _____ year 3 DON'T KNOW 8 NUMBER OF YEARS SCHOOLING...[][] DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99		
506	IF CURRENTLY WITH PARTNER: Is he currently working, looking for work or unemployed, retired or studying? IF NOT CURRENTLY WITH PARTNER: Towards the end of your relationship was he working, looking for work or unemployed, retired or studying?	WORKING 1 LOOKING FOR WORK/UNEMPLOYED ... 2 RETIRED 3 STUDENT 4 DISABLED/LONG TERM SICK 5 CASUAL/LABOURER 6 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9		⇒508 ⇒508 ⇒509 ⇒508
507	When did his last job finish? Was it in the past 4 weeks, between 4 weeks and 12 months ago, or before that? (FOR MOST RECENT HUSBAND/PARTNER: in the last 4 weeks or in the last 12 months of your relationship?)	IN THE PAST 4 WEEKS 1 4 WKS - 12 MONTHS AGO 2 MORE THAN 12 MONTHS AGO 3 NEVER HAD A JOB 4 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9		⇒509
508	What kind of work does/did he normally do? SPECIFY KIND OF WORK	PROFESSIONAL: 01 SEMI-SKILLED: 02 UNSKILLED/MANUAL: 03 MILITARY/POLICE: 04 FARMER/FISHERMAN 05 SEAMAN/SAILOR 06 TRADESMAN 07 SECURITY 08 OTHER: 96 DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99		



509	How often does/did your husband/partner drink alcohol? 1. Every day or nearly every day 2. Once or twice a week 3. 1–3 times a month 4. Occasionally, less than once a month 5. Never (INCLUDING LESS THAN ONCE A YEAR OR LAST TIME LONGER THAN A YEAR AGO)	EVERY DAY OR NEARLY EVERY DAY ..1 ONCE OR TWICE A WEEK2 1–3 TIMES IN A MONTH3 LESS THAN ONCE A MONTH4 NEVER5 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	⇒512												
510	In the <u>past 12 months</u> (In the <u>last 12 months</u> of your last relationship), how often have you seen (did you see) your husband/partner drunk? Would you say most days, weekly, once a month, less than once a month, or never?	MOST DAYS1 WEEKLY2 ONCE A MONTH.....3 LESS THAN ONCE A MONTH4 NEVER5 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9													
511	In the <u>past 12 months</u> (In the <u>last 12 months</u> of your relationship), have you experienced any of the following problems, related to your husband/partner's drinking? a) Money problems b) Family problems x) Any other problems, specify.	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>a) MONEY PROBLEMS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) FAMILY PROBLEMS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>x) OTHER: _____</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	a) MONEY PROBLEMS	1	2	b) FAMILY PROBLEMS	1	2	x) OTHER: _____	1	2	
	YES	NO													
a) MONEY PROBLEMS	1	2													
b) FAMILY PROBLEMS	1	2													
x) OTHER: _____	1	2													
512	Does/did your husband/partner ever use (illicit) drugs (marijuana, etc)? Would you say: 1. Every day or nearly every day 2. Once or twice a week 3. 1 – 3 times a month 4. Occasionally, less than once a month 5. Never	EVERY DAY OR NEARLY EVERY DAY ..1 ONCE OR TWICE A WEEK2 1 – 3 TIMES IN A MONTH3 LESS THAN ONCE A MONTH4 NEVER5 IN THE PAST, NOT NOW6 DON'T KNOW /DON'T REMEMBER8 REFUSED/NO ANSWER9													
513	Since you have known him, has he ever been involved in a physical fight with another man?	YES1 NO2 DON'T KNOW /DON'T REMEMBER8 REFUSED/NO ANSWER9	⇒515 ⇒515												
514	In the <u>past 12 months</u> (In the <u>last 12 months</u> of the relationship), has this happened once or twice, a few times, many times or never?	NEVER1 ONCE OR TWICE2 A FEW (3-5) TIMES3 MANY (MORE THAN 5) TIMES4 DON'T KNOW /DON'T REMEMBER8 REFUSED/NO ANSWER9													
515	Has your <u>current/most recent</u> husband/partner had a relationship with any other women while being with you?	YES1 NO2 MAY HAVE3 DON'T KNOW /DON'T REMEMBER8 REFUSED/NO ANSWER9	⇒S.6 ⇒S.6												
516	Has your <u>current/most recent</u> husband/partner had children with any other woman while being with you?	YES1 NO2 MAY HAVE.....3 DON'T KNOW /DON'T REMEMBER8 REFUSED/NO ANSWER9													

SECTION 6 ATTITUDES

SECTION 6 ATTITUDES				
	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.....1		
		DISAGREE2		
		DON'T KNOW8		
		REFUSED/NO ANSWER9		
602				
603	It is important for a man to show his wife/partner who is the boss	AGREE.....1		
		DISAGREE2		
		DON'T KNOW8		
		REFUSED/NO ANSWER9		
604	A woman should be able to choose her own friends even if her husband disapproves	AGREE.....1		
		DISAGREE2		
		DON'T KNOW8		
		REFUSED/NO ANSWER9		
605	It's a wife's obligation to have sex with her husband even if she doesn't feel like it	AGREE.....1		
		DISAGREE2		
		DON'T KNOW8		
		REFUSED/NO ANSWER9		
606	If a man mistreats his wife, others outside of the family should intervene	AGREE.....1		
		DISAGREE2		
		DON'T KNOW8		
		REFUSED/NO ANSWER9		
607	In your opinion, does a man have a good reason to hit his wife if:		YES	NO
	a) She does not complete her household work to his satisfaction	a) HOUSEHOLD	1	2
	b) She disobeys him	b) DISOBEYS	1	2
	c) She refuses to have sexual relations with him	c) NO SEX	1	2
	d) She asks him whether he has other girlfriends	d) GIRLFRIENDS	1	2
	e) He suspects that she is unfaithful	e) SUSPECTS	1	2
	f) He finds out that she has been unfaithful	f) UNFAITHFUL	1	2
	g) She is disrespectful to his family	g) DISRESPECT	1	2
				DK
				8
				8
				8
				8
				8
				8
				8
608	In your opinion, can a married woman refuse to have sex with her husband if:		YES	NO
	a) She doesn't want to	a) NOT WANT	1	2
	b) He is drunk	b) DRUNK	1	2
	c) She is sick	c) SICK	1	2
	d) He mistreats her	d) MISTREAT	1	2
	e) He has a mistress/girlfriend	e) GIRLFRIEND	1	2
	f) She is pregnant	f) PREGNANT	1	2
	g) She has her period	g) PERIOD	1	2
				DK
				8
				8
				8
				8
				8
				8
				8



SECTION 7 RESPONDENT AND HER PARTNER					
CHECK: Ref. sheet, Box A <i>(s7mar)</i>	EVER MARRIED/EVER LIVING WITH A MAN/MALE PARTNER (Options K, L, M) [] ↓ <i>(1)</i>	NEVER MARRIED/NEVER LIVED WITH A MAN/NEVER HAD MALE PARTNER (Option N) [] ⇒ <i>(2)</i>	⇒S.10		
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?					
701	In general, do (did) you and your (current or most recent) husband/partner discuss the following topics together: a) Things that have happened to him in the day b) Things that happen to you during the day c) Your worries or feelings d) His worries or feelings		YES	NO	DK
	a) HIS DAY b) YOUR DAY c) YOUR WORRIES d) HIS WORRIES		1 1 1 1	2 2 2 2	8 8 8 8
702	In your relationship with your (current or most recent) husband/partner, how often would you say that you quarrelled? Would you say rarely, sometimes or often?				
			RARELY 1 SOMETIMES 2 OFTEN 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9		
703	I am now going to ask you about some situations that are true for many women. Thinking about your (current or most recent) husband/partner, would you say it is generally true that he: a) Tries to keep you from seeing your friends b) Tries to restrict contact with your family of birth c) Insists on knowing where you are at all times d) Ignores you and treats you indifferently e) Gets angry if you speak or communicate with another man f) Is often suspicious that you are unfaithful g) Expects you to ask his permission before seeking health care for yourself		YES	NO	DK
	a) Tries to keep you from seeing your friends b) Tries to restrict contact with your family of birth c) Insists on knowing where you are at all times d) Ignores you and treats you indifferently e) Gets angry if you speak or communicate with another man f) Is often suspicious that you are unfaithful g) Expects you to ask his permission before seeking health care for yourself		1 1 1 1 1 1 1	2 2 2 2 2 2 2	8 8 8 8 8 8 8
704	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. Has your <u>current</u> husband/partner, or <u>any</u> other <u>partner</u> ever....	A) (If YES continue with B. If NO skip to next item)	B) Has this happened <u>in the past 12 months</u> ? (If YES ask C only. If NO ask D only)	C) <u>In the past 12 months</u> would you say that this has happened once, a few times or many times? (after answering C, go to next item)	D) <u>Before the past 12 months</u> would you say that this has happened once, a few times or many times?
	a) Insulted you or made you feel bad about yourself? b) Belittled or humiliated you in front of other people? c) Done things to scare or intimidate you on purpose (e.g. by the way he looked at you, by yelling and smashing things)? d) Threatened to hurt you or someone you care about?	YES NO 1 2 1 2 1 2 1 2	YES NO 1 2 1 2 1 2 1 2	One Few Many 1 2 3 1 2 3 1 2 3 1 2 3	One Few Many 1 2 3 1 2 3 1 2 3 1 2 3

705	Has <u>he or any other partner or any other partner</u> ever....	A) (If YES continue with B. If NO skip to next item)	B) Has this happened <u>in the past 12 months?</u> (If YES ask C only. If NO ask D only)	C) <u>In the past 12 months</u> would you say that this has happened once, a few times or many times? (after answering C, go to next item)	D) <u>Before the past 12 months</u> would you say that this has happened once, a few times or many times?	
		YES NO	YES NO	One Few Many	One Few Many	
		a) Slapped you or thrown something at you that could hurt you?	1 2	1 2	1 2 3	1 2 3
		b) Pushed you or shoved you or pulled your hair?	1 2	1 2	1 2 3	1 2 3
		c) Hit you with his fist or with something else that could hurt you?	1 2	1 2	1 2 3	1 2 3
		d) Kicked you, dragged you or beaten you up?	1 2	1 2	1 2 3	1 2 3
		e) Choked or burnt you on purpose?	1 2	1 2	1 2 3	1 2 3
f) Threatened to use or actually used a gun, cane knife or other weapon against you?	1 2	1 2	1 2 3	1 2 3		
706		A) (If YES continue with B. If NO skip to next item)	B) Has this happened <u>in the past 12 months?</u> (If YES ask C only. If NO ask D only)	C) <u>In the past 12 months</u> would you say that this has happened once, a few times or many times? (after answering C, go to next item)	D) <u>Before the past 12 months</u> would you say that this has happened once, a few times or many times?	
		YES NO	YES NO	One Few Many	One Few Many	
		a) Did your <u>current husband/partner or any other partner</u> ever force you to have sexual intercourse when you did not want to?	1 2	1 2	1 2 3	1 2 3
		b) Did you ever have sexual intercourse you did not want to because you were afraid of what your partner or any other partner might do?	1 2	1 2	1 2 3	1 2 3
c) Did your partner or any other partner ever force you do something sexual that you found degrading or humiliating?	1 2	1 2	1 2 3	1 2 3		
707	VERIFY WHETHER ANSWERED YES TO ANY QUESTION ON PHYSICAL VIOLENCE, SEE QUESTION 705	YES, PHYSICAL VIOLENCE 1 NO PHYSICAL VIOLENCE 2			MARK IN BOX C	
708	VERIFY WHETHER ANSWERED YES TO ANY QUESTION ON SEXUAL VIOLENCE, SEE QUESTION 706	YES, SEXUAL VIOLENCE 1 NO SEXUAL VIOLENCE 2			MARK IN BOX C	
708b	Have you ever hit or physically mistreated your husband/partner when he was not hitting or physically mistreating you? IF YES: How often? Would you say once or twice, several times or many times?	NEVER 1 ONCE OR TWICE 2 SEVERAL TIMES 3 MANY TIMES 4 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9				



CHECK : Ref. sheet, Box B	(s7preg) (s7prnum) (s7prcur)	EVER BEEN PREGNANT (option P) (1) [] ↓ NUMBER OF PREGNANCIES (option T) [][] ↓ CURRENTLY PREGNANT? (option S) YES...1 NO... 2 ↓	NEVER PREGNANT (2) []⇒	⇒ s716cur ⁹
709	You said that you have been pregnant TOTAL times. Was there ever a time when you were slapped, hit or beaten by (any of) your partner(s) while you were pregnant?	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	⇒ s716cur ⁹ ⇒ s716cur ⁹ ⇒ s716cur ⁹	
710	IF RESPONDENT WAS PREGNANT ONLY ONCE, ENTER "01" IF RESPONDENT WAS PREGNANT MORE THAN ONCE: Did this happen in one pregnancy, or more than one pregnancy? In how many pregnancies were you beaten?	NUMBER OF PREGNANCIES BEATEN ..[][]		
710 a	Did this happen in the <u>last</u> pregnancy? IF RESPONDENT WAS PREGNANT ONLY ONCE, CIRCLE CODE '1'.	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9		
711	Were you ever punched or kicked in the abdomen while you were pregnant?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9		
IF VIOLENCE REPORTED IN ONE PREGNANCY, REFER TO THAT PARTICULAR PREGNANCY IF VIOLENCE REPORTED IN MORE THAN ONE PREGNANCY, THE FOLLOWING QUESTIONS REFER TO THE LAST/MOST RECENT PREGNANCY IN WHICH VIOLENCE REPORTED				
712	During the <u>most recent pregnancy in which you were beaten</u> , was the person who has slapped, hit or beaten you the father of the child?	YES 1 NO 2 DON'T KNOW /DON'T REMEMBER 8 REFUSED/NO ANSWER 9		
713	Were you living with this person when it happened?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9		
714	Had the same person also done this to you before you were pregnant?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒ s716cur ⁹ ⇒ s716cur ⁹	
715	Compared to before you were pregnant, did the slapping/beating (REFER TO RESPONDENT'S PREVIOUS ANSWERS) get less, stay about the same, or get worse while you were pregnant? By worse I mean, more frequent or more severe.	GOT LESS 1 STAYED ABOUT THE SAME 2 GOT WORSE..... 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9		

*CHECK: Ref. sheet Box A (s716cur) (s716num)	Option K: CURRENTLY MARRIED AND/OR LIVING WITH MAN: YES1 NO... 2 Option O: NUMBER OF TIMES MARRIED/LIVED TOGETHER WITH A MAN? If 00 ⇒ S 8				
CHECK: Ref. sheet Box C (S7check)	WOMAN HAS NOT EXPERIENCED PHYSICAL OR SEXUAL VIOLENCE (“NO” TO BOTH Options U and V) [] ASK ONLY COLUMNS a AND b ↓ (1)	WOMAN EXPERIENCED VIOLENCE (“YES” TO Option U AND/OR Option V) ASK COLUMNS a TO e [] (FOR ALL PARTNERS) ↓ (2)			
716 IF RESPONDENT ONLY MARRIED/LIVED WITH ONE MALE PARTNER , ASK: Could you now please tell me a little about the period that you are with your partner? IF RESPONDENT MARRIED/LIVED WITH MALE PARTNER MORE THAN ONCE , ASK: You told me you have been married or lived with a man TOTAL times. Could you now please tell me a little about your husband/partner(s)? (Starting with your current or most recent partner):					
a) When did you start living together? * IF CURRENTLY MARRIED OR LIVING TOGETHER START WITH 1. IF NOT, START WITH 2.		b) When did the relationship end (when did you stop living together)?	c) Did he do this (MENTION ACTS) to you? ** IF NO, SKIP TO NEXT PARTNER. IF YES CONTINUE	d) When was the first incident?	e) When was the last incident?
1. [] [] MONTH [] [] [] [] YEAR			YES1 ⇒ NO2 ↓	[] [] MONTH [] [] [] [] YEAR	[] [] MONTH [] [] [] [] YEAR
2. [] [] MONTH [] [] [] [] YEAR		[] [] MONTH [] [] [] [] YEAR	YES1 ⇒ NO2 ↓	[] [] MONTH [] [] [] [] YEAR	[] [] MONTH [] [] [] [] YEAR
3. [] [] MONTH [] [] [] [] YEAR		[] [] MONTH [] [] [] [] YEAR	YES1 ⇒ NO2 ↓	[] [] MONTH [] [] [] [] YEAR	[] [] MONTH [] [] [] [] YEAR
4. [] [] MONTH [] [] [] [] YEAR		[] [] MONTH [] [] [] [] YEAR	YES1 ⇒ NO2 ↓	[] [] MONTH [] [] [] [] YEAR	[] [] MONTH [] [] [] [] YEAR
5. [] [] MONTH [] [] [] [] YEAR		[] [] MONTH [] [] [] [] YEAR	YES1 ⇒ NO2	[] [] MONTH [] [] [] [] YEAR	[] [] MONTH [] [] [] [] YEAR

CHECK WHETHER ALL PARTNERS INCLUDED

* YEAR UNKNOWN: 9998, REFUSE/NO ANSWER: 9999

** PROBE USING ACTS THAT RESPONDENT MENTIONED IN 705 AND/OR 706



SECTION 8 INJURIES			
CHECK: Ref. sheet Box C (S8phsex)	WOMAN EXPERIENCED PHYSICAL OR SEXUAL VIOLENCE ("YES" TO Option U or V) (1)	WOMAN HAS NOT EXPERIENCED PHYSICAL OR SEXUAL VIOLENCE ("NO" to BOTH Option U and V) I] ⇒ (2)	⇒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 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒804a
802 a	In <u>your life</u> , 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/TWICE 1 SEVERAL (3-5) TIMES 2 MANY (MORE THAN 5) TIMES 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
802 b	Has this happened <u>in the past 12 months</u> ?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
803 a	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 PROBE: Any other injury?	CUTS, PUNCTURES, BITES A SCRATCH, ABRASION, BRUISES B SPRAINS, DISLOCATIONS C BURNS D PENETRATING INJURY, DEEP CUTS, GASHES E BROKEN EARDRUM, EYE INJURIES F FRACTURES, BROKEN BONES G BROKEN TEETH H INTERNAL INJURIES I PERMANENT DISABILITY J OTHER (specify): X	b) ONLY ASK FOR RESPONSES MARKED IN 803a: Has this happened <u>in the past 12 months</u> ? YES NO DK 1 2 8 1 2 8
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 1 NO 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒805a ⇒805a
804 b	Has this happened <u>in the past 12 months</u> ?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
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 YES: How many times? IF NOT SURE: More or less?	TIMES NEEDED HEALTH CARE [] [] REFUSED/NO ANSWER 99 NOT NEEDED 00	⇒S.9

805 b	Has this happened <u>in the past 12 months</u> ?	YES..... 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	
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?	YES, SOMETIMES 1 YES, ALWAYS 2 NO, NEVER 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	⇒ S.9
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 '00' DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER..... 99	
808	Did you tell a health worker the real cause of your injury?	YES..... 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	



SECTION 9 IMPACT AND COPING			
<p>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).</p> <p>IF REPORTED MORE THAN ONE VIOLENT PARTNER, ADD: I would like you to answer these questions in relation to the most recent/last partner who did these things to you.</p>			
CHECK: Ref. sheet Box C (S9phys)	WOMAN EXPERIENCED PHYSICAL VIOLENCE ("YES" TO Option U) [] ↓ (1)	WOMAN HAS EXPERIENCED SEXUAL VIOLENCE ONLY ("NO" to Option U and "YES" to option V) [] ⇒ (2)	⇒906
901	Are there any particular situations that tend to lead to (or trigger) your husband/partner's behaviour? REFER TO ACTS OF PHYSICAL VIOLENCE MENTIONED BEFORE. PROBE: Any other situation? MARK ALL MENTIONED	NO PARTICULAR REASONA WHEN MAN DRUNKB MONEY PROBLEMSC DIFFICULTIES AT HIS WORKD WHEN HE IS UNEMPLOYEDE NO FOOD AT HOMEF PROBLEMS WITH HIS OR HER FAMILYG SHE IS PREGNANTH HE IS JEALOUS OF HERI SHE REFUSES SEXJ SHE IS DISOBEDIENTK HE SHOWS HE IS BOSSL OTHER (specify):X	
CHECK: (Ref. sheet, Box B, option R) (s9child)	CHILDREN LIVING [] ↓ (1)	NO CHILDREN ALIVE [] ⇒ (2)	⇒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?	NEVER1 ONCE OR TWICE2 SEVERAL TIMES3 MANY TIMES/MOST OF THE TIME4 DON'T KNOW8 REFUSED/NO ANSWER9	
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?	NEVER1 ONCE OR TWICE2 SEVERAL TIMES3 MANY TIMES/MOST OF THE TIME4 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
904	During the times that you were hit, did you ever fight back physically or to defend yourself? IF YES: How often? Would you say once or twice, several times or most of the time?	NEVER1 ONCE OR TWICE2 SEVERAL TIMES3 MANY TIMES/MOST OF THE TIME4 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	⇒906
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 EFFECT1 VIOLENCE BECAME WORSE2 VIOLENCE BECAME LESS3 VIOLENCE STOPPED4 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
905			

906	<p>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</p>	<p>NO EFFECT1 A LITTLE2 A LOT3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9</p>	
907	<p>In what way, if any, has your husband/partner's behaviour disrupted your work or other income-generating activities? MARK ALL THAT APPLY</p>	<p>N/A (NO WORK FOR MONEY).....A WORK NOT DISRUPTEDB PARTNER INTERRUPTED WORKC UNABLE TO CONCENTRATE.....D UNABLE TO WORK/SICK LEAVEE LOST CONFIDENCE IN OWN ABILITY F OTHER (specify):X</p>	
908	<p>Who have you told about his behaviour? MARK ALL MENTIONED PROBE: Anyone else?</p>	<p>NO ONEA FRIENDSB PARENTSC BROTHER OR SISTERD UNCLE OR AUNTE HUSBAND/PARTNER'S FAMILYF CHILDRENG NEIGHBOURSH POLICEI DOCTOR/HEALTH WORKERJ PRIEST/NUN/OTHER RELIGIOUS FIGUREK COUNSELLORL NGO/WOMEN'S ORGANIZATIONM LOCAL LEADERN OTHER (specify):X</p>	
909	<p>Did anyone ever try to help you? IF YES, Who helped you? MARK ALL MENTIONED PROBE: Anyone else?</p>	<p>NO ONEA FRIENDSB PARENTSC BROTHER OR SISTERD UNCLE OR AUNTE HUSBAND/PARTNER'S FAMILYF CHILDRENG NEIGHBOURSH POLICEI DOCTOR/HEALTH WORKERJ PRIEST NUN/OTHER RELIGIOUS FIGUREK COUNSELLORL NGO/WOMEN'S ORGANIZATIONM LOCAL LEADERN OTHER (specify):X</p>	



910 a	<p>Did you ever go to any of the following for help? READ EACH ONE</p> <p>a) Police b) Hospital or health centre c) Social services d) Legal advice centre e) Court f) Shelter g) Local leader h) Fiji Women's Crisis Centre/Branches j) Priest/Religious leader x) Anywhere else? Where?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 15%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> <th style="width: 10%;"></th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td>a) POLICE</td> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) HOSPITAL/ HEALTH CENTRE</td> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) SOCIAL SERVICES</td> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) LEGAL AID</td> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e) COURT</td> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f) SHELTER</td> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>g) LOCAL LEADER</td> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>h) FIJI WOMEN'S CENTER/BRANCHES:</td> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>j) PRIEST, RELIGIOUS LEADER</td> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>x) ELSEWHERE (specify) : _____</td> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table> <p style="text-align: right; margin-right: 20px;">* **</p>			YES	NO			a) POLICE		1	2	1	2	b) HOSPITAL/ HEALTH CENTRE		1	2	1	2	c) SOCIAL SERVICES		1	2	1	2	d) LEGAL AID		1	2	1	2	e) COURT		1	2	1	2	f) SHELTER		1	2	1	2	g) LOCAL LEADER		1	2	1	2	h) FIJI WOMEN'S CENTER/BRANCHES:		1	2	1	2	j) PRIEST, RELIGIOUS LEADER		1	2	1	2	x) ELSEWHERE (specify) : _____		1	2	1	2	<p>910 b. ASK ONLY FOR THOSE MARKED YES in 910a. Were you satisfied with the help given?</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO		1	2		1	2		1	2		1	2		1	2		1	2		1	2		1	2		1	2
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<p>CHECK: Question 910a * ** <i>(s9check)</i></p>	<p>MARK WHEN YES FOR ANY IN Q. 910a (AT LEAST ONE "1" CIRCLED IN COLUMN MARKED WITH *) [] ↓</p> <p><i>(1)</i></p>	<p>MARK WHEN ALL ANSWERS NO CIRCLED (ONLY "2" CIRCLED **) []</p> <p><i>(2)</i></p>	<p>⇒912</p>																																																																																																
911	<p>What were the reasons that made you go for help?</p> <p>MARK ALL MENTIONED AND GO TO 913</p>	<p>ENCOURAGED BY FRIENDS/FAMILY A COULD NOT ENDURE MORE B BADLY INJURED C HE THREATENED OR TRIED TO KILL HER D HE THREATENED OR HIT CHILDREN E SAW THAT CHILDREN SUFFERING F THROWN OUT OF THE HOME G AFRAID SHE WOULD KILL HIM H AFRAID HE WOULD KILL HER I AWARE OF HER RIGHTS J</p> <p>OTHER (specify): _____ X</p>	<p>FOR ALL OPTIONS GO TO 913</p>																																																																																																
912	<p>What were the reasons that you did not go to any of these?</p> <p>MARK ALL MENTIONED</p>	<p>DON'T KNOW/NO ANSWER A FEAR OF THREATS/CONSEQUENCES/ MORE VIOLENCE B VIOLENCE NORMAL/NOT SERIOUS C EMBARRASSED/ASHAMED/AFRAID WOULD NOT BE BELIEVED OR WOULD BE BLAMED D BELIEVED NOT HELP/KNOW OTHER WOMEN NOT HELPED E AFRAID WOULD END RELATIONSHIP F AFRAID WOULD LOSE CHILDREN G BRING BAD NAME TO FAMILY H FAMILY (EITHER) STOPPED HER FROM GOING I</p> <p>OTHER (specify): _____ X</p>																																																																																																	

913	Is there anyone that you would like (have liked) to receive (more) help from? Who? MARK ALL MENTIONED	NO ONE MENTIONED..... A FAMILY B HER MOTHER C HIS MOTHER D HEALTH CENTRE E POLICE F PRIEST/RELIGIOUS LEADER G FIJI WOMEN'S CRISIS CENTRE H OTHER (specify): X	
914	Did you ever leave, even if only overnight, because of his behaviour? IF YES: How many times? (MORE OR LESS)	NUMBER OF TIMES LEFT [][] NEVER 00 N.A. (NOT LIVING TOGETHER) 97 DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99	⇒919 ⇒S.10
915	What were the reasons why you left the last time? MARK ALL MENTIONED	NO PARTICULAR INCIDENT A ENCOURAGED BY FRIENDS/FAMILY B COULD NOT ENDURE MORE C BADLY INJURED D HE THREATENED OR TRIED TO KILL HER E HE THREATENED OR HIT CHILDREN F SAW THAT CHILDREN SUFFERING G THROWN OUT OF THE HOME H AFRAID SHE WOULD KILL HIM I ENCOURAGED BY ORGANIZATION: J AFRAID HE WOULD KILL HER K OTHER (specify): X	
916	Where did you go the last time? MARK ONE	HER RELATIVES 01 HIS RELATIVES 02 HER FRIENDS/NEIGHBOURS 03 HOTEL/LODGINGS 04 STREET 05 CHURCH/TEMPLE 06 SHELTER 07 (OLDER) CHILDREN'S HOUSE 08 OTHER (specify): 96 DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99	
917	How long did you stay away the last time? RECORD NUMBER OF DAYS OR MONTHS	NUMBER OF DAYS (IF LESS THAN 1 MONTH)..... [][] ..1 NUMBER OF MONTHS (IF 1 MONTH OR MORE)..... [][] ..2 LEFT PARTNER/DID NOT RETURN/NOT WITH PARTNER 3	⇒S.10
918	What were the reasons that you returned? MARK ALL MENTIONED AND GO TO SECTION 10	DIDN'T WANT TO LEAVE CHILDREN A SANCTITY OF MARRIAGE B FOR SAKE OF FAMILY/CHILDREN (FAMILY HONOUR) C COULDN'T SUPPORT CHILDREN D LOVED HIM E HE ASKED HER TO GO BACK F FAMILY SAID TO RETURN G FORGAVE HIM H THOUGHT HE WOULD CHANGE I THREATENED HER/CHILDREN J COULD NOT STAY THERE (WHERE SHE WENT) K VIOLENCE NORMAL/NOT SERIOUS L COULDN'T SUPPORT HERSELF AND CHILDREN M TRADITIONAL RECONCILIATION N OTHER (specify): X	FOR ALL OPTIONS GO TO Section 10



919	What were the reasons that made you stay? MARK ALL MENTIONED	DIDN'T WANT TO LEAVE CHILDREN A SANCTITY OF MARRIAGEB DIDN'T WANT TO BRING SHAME ON FAMILYC COULDN'T SUPPORT CHILDREN D LOVED HIME DIDN'T WANT TO BE SINGLEF FAMILY SAID TO STAY G FORGAVE HIM H THOUGHT HE WOULD CHANGEI THREATENED HER/CHILDRENJ NOWHERE TO GO K VIOLENCE NORMAL/NOT SERIOUSL TRADITIONAL RECONCILIATIONM RELIGIOUS REASONS N OTHER (specify): _____ X	
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1006	When you were a child, was your mother hit by your father (or her husband or boyfriend)?	YES 1 NO 2 PARENTS DID NOT LIVE TOGETHER 3 DON'T KNOW 8 REFUSED/NO ANSWER 9	⇒s10mar* ⇒s10mar* ⇒s10mar*
1007	As a child, did you see or hear this violence?	YES 1 NO 2 DON'T KNOW 8 REFUSED/NO ANSWER 9	
* CHECK: Ref. sheet Box A (s10mar)	EVER MARRIED/EVER LIVING WITH A MAN/DATING PARTNER (Options K,L,M) [] ↓ (1)	NEVER MARRIED/NEVER LIVED WITH A MAN (Option N) [] ⇒ (2)	⇒S.11
1008	As far as you know, was your (most recent) partner's mother hit or beaten by her husband?	YES 1 NO 2 PARENTS DID NOT LIVE TOGETHER 3 DON'T KNOW 8 REFUSED/NO ANSWER 9	⇒ 1010 ⇒ 1010 ⇒ 1010
1009	Did your (most recent) husband/partner see or hear this violence?	YES 1 NO 2 DON'T KNOW 8 REFUSED/NO ANSWER 9	
1010	As far as you know, was your (most recent) husband/partner himself hit or beaten regularly (when he was a child) by someone in his family?	YES 1 NO 2 DON'T KNOW 8 REFUSED/NO ANSWER 9	

SECTION 11 FINANCIAL AUTONOMY

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:	YES Own by self	YES Own with others	NO Don't own	
	a) Land	a) LAND	1	2	3
	b) Your house	b) HOUSE	1	2	3
	c) A company or business	c) COMPANY	1	2	3
	d) Large animals (cows, horses, etc.)	d) LARGE ANIMALS	1	2	3
	e) Small animals (chickens, pigs, goats, etc.)	e) SMALL ANIMALS	1	2	3
	f) Crops from certain fields or trees	f) CROPS	1	2	3
	g) Large household items (TV, bed, cooker)	g) HOUSEHOLD ITEMS	1	2	3
	h) Jewellery, gold or other valuables	h) JEWELLERY	1	2	3
	j) Motor car	j) MOTOR CAR	1	2	3
	k) Savings in the bank?	k) SAVINGS IN BANK	1	2	3
	x) Other property, specify	x) OTHER PROPERTY:	1	2	3
	FOR EACH, PROBE: Do you own this on your own, or do you own it with others?				
1102	a) Do you earn money by yourself? IF YES: What exactly do you do to earn money? ASK ALL. SPECIFY:	NO A	⇒ *s11mar		
	b) Job	b) JOB: ..	1	2	
	c) Selling things, trading	c) SELLING/TRADING: ..	1	2	
	d) Doing seasonal work	d) SEASONAL WORK: ..	1	2	
	e) Remittance	e) REMITTANCE: ..	1	2	
	x) Any other activity, specify	x) OTHER: ..	1	2	
* CHECK: Ref. sheet, Box A	CURRENTLY MARRIED/CURRENTLY LIVING WITH A MAN (Option K) []	NOT CURRENTLY MARRIED OR LIVING WITH A MAN/CURRENT OR PAST SEXUAL PARTNER (Options L, M, N) [] ⇒			⇒ S.12
(s11mar)	(1)	(2)			
CHECK 1102	1. OPTIONS b)c)d)e) or x) MARKED []	2. OPTION a) MARKED [] ⇒			⇒ 1105
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 1 GIVE PART TO HUSBAND/PARTNER 2 GIVE ALL TO HUSBAND/PARTNER 3 DON'T KNOW 8 REFUSED/NO ANSWER 9			
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 1 LESS THAN HUSBAND/PARTNER 2 ABOUT THE SAME 3 DO NOT KNOW 8 REFUSED/NO ANSWER 9			
1105	Have you ever given up/refused a job for money because your husband/partner did not want you to work?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9			



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..... 1 ONCE OR TWICE 2 SEVERAL TIMES 3 MANY TIMES/ALL OF THE TIME 4 N/A (DOES NOT HAVE SAVINGS/EARNINGS) 7 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	
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..... 1 ONCE OR TWICE 2 SEVERAL TIMES 3 MANY TIMES/ALL OF THE TIME 4 N/A (PARTNER DOES NOT EARN MONEY) 7 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	
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..... 1 NO 2 DON'T KNOW 8 REFUSED/NO ANSWER..... 9	

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

Box A. MARITAL STATUS

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

119	Are you <u>currently</u> married or do you have a male partner? IF RESPONDENT HAS A MALE PARTNER ASK Do you and your partner live together?	CURRENTLY MARRIED..... 1 LIVING WITH MAN, NOT MARRIED..... 3 <i>CURRENTLY HAVING A REGULAR PARTNER (DATING RELATIONSHIP/ENGAGEMENT), LIVING APART</i> 4 NOT CURRENTLY MARRIED OR LIVING WITH A MAN (<i>NOT INVOLVED IN A RELATIONSHIP WITH MAN</i>)..... 5 CURRENTLY HAVING A FEMALE SEXUAL PARTNER 6	<input type="checkbox"/> Currently married and/or living with man (K) <input type="checkbox"/> Currently with regular sexual partner (dating relationship) (L) <input type="checkbox"/> Previously married/previously lived with man (<i>no current sexual relationship</i>) (M1) <input type="checkbox"/> Previously had <i>sexual relationship</i> (M2) <input type="checkbox"/> Never married /never lived with man (<i>no current or past sexual relationship</i>) (N)
120 a	Have you <u>ever</u> been married or lived with a male partner?	YES, MARRIED..... 1 LIVED WITH A MAN, NOT MARRIED.....3 NO 5	
120 b	Have you ever had a regular male sexual partner?	YES.....1 NO.....2	
123. Number of times married/lived together with man:			<input type="checkbox"/> <input type="checkbox"/> (O)

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, 1 or more) Yes No

(Q) Respondent had at least one child born alive (Question 301, 1 or more) Yes No

(R) Respondent has children who are alive (Question 303, 1 or more) Yes No

(S) Respondent is currently pregnant (Question 310, option 1) Yes No

(T) Number of pregnancies reported (Question 308):

Box C. VIOLENCE BY 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