



**WHO Multi-country Study
on Women's Health and
Life Experiences**

*QUESTIONNAIRE
Version 10, 2003*

(Rev. 26 January 2005)

Department of Gender, Women and Health
Family and Community Health
World Health Organization
Geneva

**Survey on women's health and life experiences
in SOLOMON ISLANDS**

**ADMINISTRATION FORM
HOUSEHOLD SELECTION FORM
HOUSEHOLD QUESTIONNAIRE**

**Study conducted by
MINISTRY OF WOMEN, YOUTH AND CHILDREN**

ADMINISTRATION FORM

IDENTIFICATION				
COUNTRY CODE			SI	
PROVINCE (01-10)			[][]	
ENUMERATION AREA (EA)			[][]	
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?	*** RESULT CODES			CHECK HH SELECTION FORM:
[] 1. None completed ⇒	Refused (specify): _____ _____11 Dwelling vacant or address not a dwelling12 Dwelling destroyed.....13 Dwelling not found, not accessible14 Entire hh absent for extended period.....15 No hh member at home at time of visit16 ⇒Need to return Hh respondent postponed interview17 ⇒Need to return Entire hh speaking only strange language. 18			TOTAL IN HOUSEHOLD (Q1) [][]
[] 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 ⇒Need to return Selected woman postponed interview24 ⇒Need to return Selected woman incapacitated.....25			TOTAL ELIGIBLE WOMEN IN HH OF SELECTED WOMAN (Q3, total with YES) [][]
[] 3. Woman's questionnaire partly ⇒	Does not want to continue (specify) : _____ _____31 Rest of interview postponed to next visit .32 ⇒Need to return			LINE NUMBER OF SELECTED FEMALE RESPONDENT (Q3) [][]
[] 4. Woman's questionnaire completed ⇒41			
LANGUAGE OF QUESTIONNAIRE			[][]	
LANGUAGE INTERVIEW CONDUCTED IN			[][]	
QUALITY CONTROL PROCEDURE CONDUCTED (1 = yes, 2 = no)			[]	
FIELD SUPERVISOR	QUESTIONNAIRE CHECKED BY	OFFICE EDITOR	ENTERED BY	
NAME [][]	NAME [][]	NAME [][]	ENTRY 1: _____	
DAY [][]	DAY [][]		ENTRY 2: _____	
MONTH [][]	MONTH [][]			
YEAR [][][][]	YEAR [][][][]			

ADMINISTERED TO ANY RESPONSIBLE ADULT IN HOUSEHOLD

HOUSEHOLD QUESTIONNAIRE

QUESTIONS & FILTERS		CODING CATEGORIES																									
<i>QUESTIONS 1-6: COUNTRY-SPECIFIC SOCIOECONOMIC INDICATORS, TO BE ADAPTED IN EACH COUNTRY</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/PIPED WATER IN RESIDENCE01 OUTSIDE TAP (PIPED WATER) WITH HH.....02 PUBLIC TAP03 WELL-WATER, WITH HOUSEHOLD04 OUTSIDE/PUBLIC WELL05 SPRING WATER06 RIVER/STREAM/POND/LAKE/DAM08 RAINWATER.....09 TANKER/TRUCK/WATER VENDOR.....10 OTHER:96 DON'T KNOW/DON'T REMEMBER.....98 REFUSED/NO ANSWER.....99																									
2	What kind of toilet facility does your household have?	OWN FLUSH TOILET01 SHARED FLUSH TOILET02 VENTILATED IMPROVED PIT LATRINE03 TRADITIONAL PIT TOILET/LATRINE04 RIVER/CANAL/SEA05 NO FACILITY/BUSH/FIELD/BEACH06 OTHER:96 DON'T KNOW/DON'T REMEMBER.....98 REFUSED/NO ANSWER.....99																									
3	What are the main materials used in the roof? RECORD OBSERVATION	ROOF FROM NATURAL MATERIALS.....1 RUDIMENTARY ROOF (PLASTIC/CARTON)....2 TILED OR CONCRETE ROOF.....3 CORRUGATED IRON4 OTHER:6 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9																									
4	Does your household have: a) Electricity b) A radio c) A television d) A telephone e) A refrigerator	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) ELECTRICITY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) RADIO</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) TELEVISION</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) TELEPHONE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) REFRIGERATOR</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) ELECTRICITY	1	2	8	b) RADIO	1	2	8	c) TELEVISION	1	2	8	d) TELEPHONE	1	2	8	e) REFRIGERATOR	1	2	8	
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e) REFRIGERATOR	1	2	8																								
5	Does any member of your household own: a) A bicycle? b) A motorcycle? c) A car/ outboard motor boat	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) BICYCLE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) MOTORCYCLE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) CAR / OBM</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) BICYCLE	1	2	8	b) MOTORCYCLE	1	2	8	c) CAR / OBM	1	2	8									
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c) CAR / OBM	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 CONCERNED1 A LITTLE CONCERNED.....2 VERY CONCERNED3 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?	YES1 NO.....2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
10	NOTE SEX OF RESPONDENT	MALE1 FEMALE2	

Thank you very much for your assistance.

**Survey on women's health and life experiences
in SOLOMON ISLANDS**

WOMAN'S QUESTIONNAIRE

**Study conducted by
The Ministry of Women, Youth and Children**

Confidential upon completion

INDIVIDUAL CONSENT FORM

Hello, my name is *. I work for the Ministry of Women, Youth and Children. We are conducting a survey in the Solomon Islands to learn about women's health and life experiences. 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 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 COUNTRY.

Do you have any questions?

(The interview takes approximately * minutes 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?

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		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?	YES..... 1 NO 2 DON'T KNOW 8 REFUSED/NO ANSWER..... 9	
102	If there were a street fight in COMMUNITY NAME would people generally do something to stop it?	YES..... 1 NO 2 DON'T KNOW 8 REFUSED/NO ANSWER..... 9	
103	If someone in COMMUNITY NAME decided to undertake a community project would most people be willing to contribute time, labour or money?	YES..... 1 NO 2 DON'T KNOW 8 REFUSED/NO ANSWER..... 9	
104	In this neighbourhood do most people generally trust one another in matters of lending and borrowing things?	YES..... 1 NO 2 DON'T KNOW 8 REFUSED/NO ANSWER..... 9	
105	If someone in your family suddenly fell ill or had an accident, would your neighbours offer to help?	YES..... 1 NO 2 DON'T KNOW 8 REFUSED/NO ANSWER..... 9	
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 YEAR 9998 REFUSED/NO ANSWER..... 9999	
107	How old were you on your last birthday? (MORE OR LESS)	AGE (YEARS) [][]	
108	How long have you been living continuously in COMMUNITY NAME?	NUMBER OF YEARS [][] LESS THAN 1 YEAR..... 00 LIVED ALL HER LIFE 95 VISITOR (AT LEAST 4 WEEKS IN HOUSEHOLD) 96 DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER..... 99	
108 a	What is your religion?	NO RELIGION 0 CATHOLIC 1 ANGLICAN/PROTESTANT/METHODIST .2 SEVENTH DAY ADVENTIST (SDA) 3 JEHOVAH'S WITNESS 4 BAHAI 5 OTHER 6 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	

108 b	Are you matrilineal or patrilineal?	MATRILINEAL..... 1 PATRILINEAL 2 OTHER 6 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	
108 c	What is your ethnicity?	MELANESEAN 1 MICRONESEAN 2 POLYNESEAN 3 MIXED 4 OTHER 6 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	
109	Can you read and write?	YES..... 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	
110	Have you ever attended school?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	⇒ 112
111	What is the highest level of education that you achieved? MARK HIGHEST LEVEL.	PRIMARY _____ year 1 SECONDARY _____ year..... 2 HIGHER _____ year 3 NUMBER OF YEARS SCHOOLING..[] [] DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER..... 99	
112	Where did you grow up? PROBE: Before age 12 where did you live longest?	THIS COMMUNITY/NEIGHBOURHOOD 1 ANOTHER RURAL AREA/VILLAGE 2 ANOTHER TOWN/CITY 3 ANOTHER COUNTRY 4 ANOTHER NEIGHBOURHOOD IN SAME TOWN 5 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	
113	Do any of your family of birth live close enough by that you can easily see/visit them?	YES..... 1 NO 2 LIVING WITH FAMILY OF BIRTH..... 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	⇒ 115
114	How often do you see or talk to 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 WEEK 1 AT LEAST ONCE A MONTH 2 AT LEAST ONCE A YEAR 3 NEVER (HARDLY EVER) 4 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	
115	When you need help or have a problem, can you usually count on members of your family of birth for support?	YES..... 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	

116 a	Do you regularly attend a group, organization or association? IF NO, PROMPT: Organizations like women's or community groups, religious groups or political associations.	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒ 118
117	Is this group (Are any of these groups) attended by women only? (REFER TO THE ATTENDED GROUPS ONLY)	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
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 PREVENTED A 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 MARRIED 1 LIVING WITH MAN, NOT MARRIED 3 CURRENTLY HAVING A REGULAR PARTNER (SEXUAL RELATIONSHIP), LIVING APART 4 NOT CURRENTLY MARRIED OR LIVING WITH A MAN (NOT INVOLVED IN A SEXUAL RELATIONSHIP) 5	⇒ 123 ⇒ 123 ⇒ 123
120 a	Have you <u>ever</u> been married or lived with a male partner?	YES, MARRIED 1 YES, LIVED WITH A MAN, BUT NEVER MARRIED 3 NO 5	⇒ 121 ⇒ 121
120 b	Have you ever had a regular male sexual partner?	YES 1 NO 2 REFUSED/NO ANSWER 9	⇒ S2 ⇒ S2
121	Did the <u>last partnership with a man</u> end in divorce or separation, or did your husband/partner die?	DIVORCED 1 SEPARATED/BROKEN UP 2 WIDOWED/PARTNER DIED 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒ 123
122	Was the divorce/separation initiated by you, by your husband/partner, or did you both decide that you should separate?	RESPONDENT 1 HUSBAND/PARTNER 2 BOTH (RESPONDENT AND PARTNER) 3 OTHER: 6 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
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 REMEMBER 98 REFUSED/NO ANSWER 99	⇒ 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?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	

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> ?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
129	Did you have any kind of marriage ceremony to formalize the union? What type of ceremony did you have? MARK ALL THAT APPLY	NONE A CIVIL MARRIAGE B RELIGIOUS MARRIAGE C CUSTOMARY MARRIAGE D OTHER:	⇒S.2
130	In what year was the (first) ceremony performed? (THIS REFERS TO CURRENT/LAST RELATIONSHIP)	YEAR [][][][] DON'T KNOW 9998 REFUSED/NO ANSWER 9999	
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 CHOSE 1 RESPONDENT CHOSE 2 RESPONDENT'S FAMILY CHOSE 3 PARTNER CHOSE 4 PARTNER'S FAMILY CHOSE 5 OTHER: 6 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒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?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
133	Did your marriage involve dowry/bride price payment?	YES/BRIDE PRICE 2 NO 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒S.2 ⇒S.2
134	Has all of the dowry/ bride price 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/bride price payment 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?	EXCELLENT 1 GOOD 2 FAIR..... 3 POOR 4 VERY POOR 5 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9																					
SI 201 a	Do you have any physical or intellectual disability?	NO PROBLEM A PHYSICAL DISABILITY B INTELECTUAL DISABILITY C OTHER X																					
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 PROBLEMS 1 VERY FEW PROBLEMS 2 SOME PROBLEMS 3 MANY PROBLEMS 4 UNABLE TO WALK AT ALL 5 DON'T KNOW/DON'T REMEMBER 8 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 PROBLEMS 1 VERY FEW PROBLEMS 2 SOME PROBLEMS 3 MANY PROBLEMS 4 UNABLE TO PERFORM USUAL ACTIVITIES 5 DON'T KNOW/DON'T REMEMBER 8 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 DISCOMFORT 2 MODERATE PAIN OR DISCOMFORT 3 SEVERE PAIN OR DISCOMFORT 4 EXTREME PAIN OR DISCOMFORT 5 DON'T KNOW/DON'T REMEMBER 8 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 PROBLEMS 1 VERY FEW PROBLEMS 2 SOME PROBLEMS 3 MANY PROBLEMS 4 EXTREME MEMORY PROBLEMS 5 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9																					
206	In the <u>past 4 weeks</u> have you had: a) Dizziness b) Vaginal discharge		<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) DIZZINESS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) VAGINAL DISCHARGE</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) DIZZINESS	1	2	8	b) VAGINAL DISCHARGE	1	2	8								
	YES	NO	DK																				
a) DIZZINESS	1	2	8																				
b) VAGINAL DISCHARGE	1	2	8																				
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="1"> <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																			
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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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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																																																																
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 months?</p>	<p>NIGHTS IN HOSPITAL [][]</p> <p>NONE 00</p> <p>DON'T KNOW/DON'T REMEMBER 98</p> <p>REFUSED/NO ANSWER 99</p>																																																																

214	Do you <u>now</u> smoke..... 1. Daily? 2. Occasionally? 3. Not at all?	DAILY 1 OCCASIONALLY..... 2 NOT AT ALL 3 DON'T KNOW/DON'T REMEMBER 8 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)	DAILY 1 OCCASIONALLY..... 2 NOT AT ALL 3 DON'T KNOW/DON'T REMEMBER 8 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 4. Occasionally, less than once a month 5. Never	EVERY DAY OR NEARLY EVERY DAY 1 ONCE OR TWICE A WEEK 2 1 – 3 TIMES IN A MONTH..... 3 LESS THAN ONCE A MONTH..... 4 NEVER 5 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒S.3
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 ALCOHOLIC DRINKS IN PAST 4 WEEKS ... 00	
218	In the <u>past 12 months</u> , have you experienced any of the following problems, related to your drinking? 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	

SECTION 3 REPRODUCTIVE HEALTH

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 ... => NONE 00	=>303
302	Have you ever been pregnant?	YES 1 NO 2 MAYBE/NOT SURE 3 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	=>304 =>310 =>310 =>310 =>310
303	How many children do you have, who are alive now? RECORD NUMBER	CHILDREN [][] NONE 00	
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 1 NO 2	=>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 FATHER..... 1 MORE THAN ONE FATHER 2 N/A (NEVER HAD LIVE BIRTH)..... 7 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	=> 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 ALL..... 3 N/A 7 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	
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? 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?	YES 1 NO 2 MAYBE 3	=> A => B => B
DO EITHER A OR B: IF PREGNANT NOW ==> IF NOT PREGNANT NOW ==>		A. [301] ____ + [309 a+b+c] ____ + 1 = [308a] ____ + [308b] ____ + [2x308c] ____ = ____ 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 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 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER 9	⇒ S4 ⇒ S4 ⇒ S4
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	

**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: _____ BOY 1 GIRL..... 2	
403	Is your last born child (NAME) still alive?	YES 1 NO 2	⇒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 AGO.....2	⇒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 LATER.....2 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 LATER.....2 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 ONE A DOCTOR B OBSTETRICIAN/GYNAECOLOGIST C NURSE/MIDWIFE D AUXILIARY NURSE..... E TRADITIONAL BIRTH ATTENDANT..... F OTHER: _____ X	
410	Did your husband/partner stop you, encourage you, or have no interest in whether you received antenatal care for your pregnancy?	STOP 1 ENCOURAGE 2 NO INTEREST 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
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?	SON 1 DAUGHTER 2 DID NOT MATTER 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	

412	During this pregnancy, did you consume any alcoholic drinks?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9																									
413	During this pregnancy, did you smoke any cigarettes or use tobacco?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9																									
414	Were you given a (postnatal) check-up at any time during the 6 weeks after delivery?	YES 1 NO 2 NO, CHILD NOT YET SIX WEEKS OLD 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9																									
415	Was this child (NAME) weighed at birth?	YES 1 NO 2 DON'T KNOW /DON'T REMEMBER 8 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 REMEMBER 8 REFUSED/NO ANSWER 9																									
417	Do you have any children aged between 5 and 12 years? How many? (include 5-year-old and 12-year-old children)	NUMBER [] [] NONE 00	⇒S.5																								
418	a) How many are boys? b) How many are girls?	a) BOYS [] b) GIRLS []																									
419	How many of these children (ages 5-12 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 5-12 years): a) Have frequent nightmares? b) Suck their thumbs or fingers? c) Wet their bed often? d) Are any of these children very timid or withdrawn? e) Are any of them aggressive with you or other children?	<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> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>a) NIGHTMARES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>b) SUCK THUMB</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>c) WET BED</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>d) TIMID</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>e) AGGRESSIVE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	a) NIGHTMARES	1	2	8	b) SUCK THUMB	1	2	8	c) WET BED	1	2	8	d) TIMID	1	2	8	e) AGGRESSIVE	1	2	8	
	YES	NO	DK																								
a) NIGHTMARES	1	2	8																								
b) SUCK THUMB	1	2	8																								
c) WET BED	1	2	8																								
d) TIMID	1	2	8																								
e) AGGRESSIVE	1	2	8																								
421	Of these children (ages 5-12 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 5-12 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 5-12 YEARS.	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 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 5-12 YEARS.	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9																									

SECTION 5 CURRENT OR MOST RECENT PARTNER

CHECK: Ref. sheet, Box A <i>(s5mar)</i>	<u>CURRENTLY MARRIED, OR</u> LIVING WITH A MAN/WITH SEXUAL PARTNER (Options K, L) [] ↓ <i>(1)</i>	<u>FORMERLY MARRIED/</u> LIVING WITH A MAN/ WITH SEXUAL PARTNER (Option M) [] ↓ <i>(2)</i>	<u>NEVER MARRIED/</u> NEVER LIVED WITH A MAN (NEVER SEXUAL PARTNER) (Option N) [] ⇒ <i>(3)</i>	⇒S.6
501	I would now like you to tell me a little about your <u>current/most recent</u> husband/partner. How old was your husband/partner on his last birthday? 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 ANSWER9999		
503	Can (could) he read and write?	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9		
504	Did he ever attend school?	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	⇒506	
505	What is the highest level of education that he achieved? MARK HIGHEST LEVEL.	PRIMARY _____ year1 SECONDARY _____ year2 HIGHER _____ year.....3 DON'T KNOW8 NUMBER OF YEARS SCHOOLING .. [][] DON'T KNOW/DON'T REMEMBER98 REFUSED/NO ANSWER99		
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?	WORKING1 LOOKING FOR WORK/UNEMPLOYED.....2 RETIRED3 STUDENT4 DISABLED/LONG TERM SICK5 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	⇒508 ⇒508 ⇒509	
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 WEEKS1 4 WKS - 12 MONTHS AGO2 MORE THAN 12 MONTHS AGO3 NEVER HAD A JOB.....4 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	⇒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 OTHER:96 DON'T KNOW/DON'T REMEMBER98 REFUSED/NO ANSWER99		

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	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 of your last relationship</u>), 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 MONTH3 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.	YES NO a) MONEY PROBLEMS 1 2 b) FAMILY PROBLEMS 1 2 x) OTHER: _____ 1 2	
512	Does/did your husband/partner ever use drugs? 1. 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	<u>Since you have known him</u> , 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 never, once or twice, a few times or many times?	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 HAVE3 DON'T KNOW /DON'T REMEMBER8 REFUSED/NO ANSWER9	

SECTION 6 ATTITUDES

<p>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.</p>				
601	A good wife obeys her husband even if she disagrees	AGREE 1 DISAGREE..... 2 DON'T KNOW 8 REFUSED/NO ANSWER 9		
602	Family problems should only be discussed with people in the family	AGREE 1 DISAGREE..... 2 DON'T KNOW 8 REFUSED/NO ANSWER 9		
603	It is important for a man to show his wife/partner who is the boss	AGREE 1 DISAGREE..... 2 DON'T KNOW 8 REFUSED/NO ANSWER 9		
604	A woman should be able to choose her own friends even if her husband disapproves	AGREE 1 DISAGREE..... 2 DON'T KNOW 8 REFUSED/NO ANSWER 9		
605	It's a wife's obligation to have sex with her husband even if she doesn't feel like it	AGREE 1 DISAGREE..... 2 DON'T KNOW 8 REFUSED/NO ANSWER 9		
606	If a man mistreats his wife, others outside of the family should intervene	AGREE 1 DISAGREE..... 2 DON'T KNOW 8 REFUSED/NO ANSWER 9		
607	In your opinion, does a man have a good reason to hit his wife if: a) She does not complete her household work to his satisfaction b) She disobeys him c) She refuses to have sexual relations with him d) She asks him whether he has other girlfriends e) He suspects that she is unfaithful f) He finds out that she has been unfaithful		YES NO DK	
	a) HOUSEHOLD	1	2	8
	b) DISOBEYS	1	2	8
	c) NO SEX	1	2	8
	d) GIRLFRIENDS	1	2	8
	e) SUSPECTS	1	2	8
	f) UNFAITHFUL	1	2	8
608	In your opinion, can a married woman refuse to have sex with her husband if: a) She doesn't want to b) He is drunk c) She is sick d) He mistreats her		YES NO DK	
	a) NOT WANT	1	2	8
	b) DRUNK	1	2	8
	c) SICK	1	2	8
	d) MISTREAT	1	2	8

SECTION 7 RESPONDENT AND HER PARTNER

CHECK: Ref. sheet, Box A (s7mar)		EVER MARRIED/EVER LIVING WITH A MAN/SEXUAL PARTNER (Options K, L, M) [] ↓ (1)		NEVER MARRIED/NEVER LIVED WITH A MAN/NEVER SEXUAL PARTNER (Option N) [] ⇒ (2)			⇒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 (<u>current or most recent</u>) 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		1	2	8								
	b)	YOUR DAY		1	2	8								
	c)	YOUR WORRIES		1	2	8								
	d)	HIS WORRIES		1	2	8								
702	In your relationship with your (<u>current or most recent</u>) 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 (<u>current or most recent</u>) 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 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)	SEEING FRIENDS		1	2	8								
	b)	CONTACT FAMILY		1	2	8								
	c)	WANTS TO KNOW		1	2	8								
	d)	IGNORES YOU		1	2	8								
	e)	GETS ANGRY		1	2	8								
	f)	SUSPICIOUS		1	2	8								
	g)	HEALTH CENTRE		1	2	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?		
		YES	NO	YES	NO	One	Few	Many	One	Few	Many			
	a)	1	2	1	2	1	2	3	1	2	3			
	b)	1	2	1	2	1	2	3	1	2	3			
	c)	1	2	1	2	1	2	3	1	2	3			
	d)	1	2	1	2	1	2	3	1	2	3			
				IF NO to all in Column A, go to 705										

SI 704e	Would you say that during the ethnic tension your partner's behaviour (mention acts reported in 706) got worse, got better or stayed the same? PROBE: By worse I mean more frequent or more severe.	VIOLENCE FIRST STARTED DURING TENSION ... 1 WORSE 2 BETTER 3 STAYED SAME..... 4 N/A VIOLENCE STARTED AFTER TENSION 7 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER 9	⇒SI 704g ⇒705 ⇒705 ⇒ 705 ⇒ 705		
SI 704f	Why do you think that your partner's behaviour (the abuse mentioned above) started/became worse during the tension? MARK ALL	DON'T KNOW/NO ANSWER A LACK OF LAW AND ORDER B PEER PRESSURE C INCREASED STRESS D HE JOINED THE MILITANTS F INCREASE IN WEAPONS G OTHER (specify): X	FOR ALL OPTIONS GO TO ⇒705		
SI 704g	Why do you think that your partner's behaviour (the abuse mentioned above) became better? MARK ALL	DON'T KNOW/NO ANSWER A ABUSIVE PARTNER DECEASED B DIVORCED/SEPARATED C RESTORATION OF LAW & ORDER..... D STOPPED SUBSTANCE ABUSE..... E INCREASED FEELING OF RESPONSIBILITY TOWARDS FAMILY/COMMUNITY H OTHER (specify): X			
705	Has <u>he 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, knife or other weapon against you?	1 2	1 2	1 2 3	1 2 3
		IF NO to all in Column A, go to 706			
705g	Was the behaviour you just talked, (mention acts reported in 705), by your current or most recent husband or partner, by any other partner that you may have had before, or both.	CURRENT/MOST RECENT PARTNER1 PREVIOUS PARTNER2 BOTH3 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER 9			

SI 705h	Would you say that during the ethnic tension your partner's behaviour (mention acts reported in 705) got worse, got better or stayed the same? PROBE: By worse I mean more frequent or more severe.	VIOLENCE FIRST STARTED DURING TENSION ... 1 WORSE 2 BETTER 3 STAYED SAME 4 N/A VIOLENCE STARTED AFTER TENSION 7 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9			⇒SI 705j ⇒706 ⇒706 ⇒ 706 ⇒706
SI 705i	Why do you think that that your partner's behaviour (the abuse mentioned above) started/ became worse during the tension? MARK ALL	DON'T KNOW/NO ANSWER A LACK OF LAW AND ORDER B PEER PRESSURE C INCREASED STRESS D HE JOINED THE MILITANTS F INCREASE IN WEAPONS G OTHER (specify): X			FOR ALL OPTIONS GO TO ⇒706
SI 705j	Why do you think that your partner's behaviour (the abuse mentioned above) became better during the tension? MARK ALL	DON'T KNOW/NO ANSWER A ABUSIVE PARTNER DECEASED B DIVORCED/SEPARATED C RESTORATION OF LAW & ORDER D STOPPED SUBSTANCE ABUSE E INCREASED FEELING OF RESPONSIBILITY TOWARDS FAMILY/COMMUNITY H OTHER (specify): X			
706		A) (If YES continue with B. If NO skip to next item) YES NO	B) Has this happened <u>in the past 12 months</u> ? (If YES ask C only. If NO ask D only) YES NO	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) One Few Many	D) <u>Before the past 12 months</u> would you say that this has happened once, a few times or many times? One Few Many
	a) Did your current husband/partner or any other partner ever physically 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 forced you to do something sexual that you found degrading or humiliating?	1 2	1 2	1 2 3	1 2 3
		IF NO to all in Column A, go to 707			
706d	Was the behaviour you just talked about, (mention acts reported in 706), by your current or most recent husband or partner, by any other partner that you may have had before, or both.	CURRENT/MOST RECENT PARTNER 1 PREVIOUS PARTNER 2 BOTH 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9			

SI 706e	Would you say that during the ethnic tension your partner's behaviour (mention acts reported in 706) got worse, got better or stayed the same? PROBE: By worse I mean more frequent or more severe.	N/A VIOLENCE STARTED AFTER TENSION 1 WORSE 2 BETTER 3 STAYED SAME..... 4 VIOLENCE FIRST STARTED DURING TENSION ... 7 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER 9	⇒SI 706g ⇒707 ⇒707 ⇒ 707 ⇒ 707
SI 706f	Why do you think that your partner's behaviour (the abuse mentioned above) started/became worse during the tension? MARK ALL	DON'T KNOW/NO ANSWER A LACK OF LAW AND ORDER B PEER PRESSURE C INCREASED STRESS D HE JOINED THE MILITANTS F INCREASE IN WEAPONS G OTHER (specify): _____ X	FOR ALL OPTIONS GO TO ⇒707
SI 706g	Why do you think that your partner's behaviour (the abuse mentioned above) became better during the tension? MARK ALL	DON'T KNOW/NO ANSWER A ABUSIVE PARTNER DECEASED B DIVORCED/SEPARATED C RESTORATION OF LAW & ORDER..... D STOPPED SUBSTANCE ABUSE..... E INCREASED FEELING OF RESPONSIBILITY TOWARDS FAMILY/COMMUNITY H OTHER (specify): _____ X	
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

CHECK : Ref. sheet, Box B	EVER BEEN PREGNANT (option P) (1) [] ↓ NUMBER OF PREGNANCIES (option T) [][] ↓ CURRENTLY PREGNANT? (option S) YES....1 NO.... 2 ↓	NEVER PREGNANT (2) []⇒	⇒ S8
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?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒ S8 ⇒ S8 ⇒ S8
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 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 you before you were pregnant?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒ S8 ⇒ S8
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	

SECTION 8 INJURIES

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) [] ⇒ (2)	⇒S SI10																																								
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	<u>In 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?	<table border="0"> <tr> <td>CUTS, PUNCTURES, BITES A</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SCRATCH, ABRASION, BRUISES B</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SPRAINS, DISLOCATIONS C</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BURNS D</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>PENETRATING INJURY, DEEP CUTS, GASHES E</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BROKEN EARDRUM, EYE INJURIES F</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>FRACTURES, BROKEN BONES G</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BROKEN TEETH H</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>INTERNAL INJURIES I</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER (specify): _____ X</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>	CUTS, PUNCTURES, BITES A	1	2	8	SCRATCH, ABRASION, BRUISES B	1	2	8	SPRAINS, DISLOCATIONS C	1	2	8	BURNS D	1	2	8	PENETRATING INJURY, DEEP CUTS, GASHES E	1	2	8	BROKEN EARDRUM, EYE INJURIES F	1	2	8	FRACTURES, BROKEN BONES G	1	2	8	BROKEN TEETH H	1	2	8	INTERNAL INJURIES I	1	2	8	OTHER (specify): _____ X	1	2	8	b) ONLY ASK FOR RESPONSES MARKED IN 803a: Has this happened <u>in the past 12 months</u> ? YES NO DK
CUTS, PUNCTURES, BITES A	1	2	8																																								
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OTHER (specify): _____ X	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	

905	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	
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 1 A LITTLE 2 A LOT 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
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) A WORK NOT DISRUPTED B PARTNER INTERRUPTED WORK C UNABLE TO CONCENTRATE D UNABLE TO WORK/SICK LEAVE E LOST CONFIDENCE IN OWN ABILITY F OTHER (specify): X	
CHECK: (Ref. sheet, Box B, option R) <i>(s9child)</i>		CHILDREN LIVING [] ↓ <i>(1)</i>	NO CHILDREN ALIVE [] ⇒ ⇒ 908 <i>(2)</i>
SI 907a	In what way, if any, has your husband/partner's behaviour towards you (the violence) affected the way you parent your children? MARK ALL THAT APPLY PROBE: Any other ways?	N/A NO CHILDREN A NO AFFECT B SHOUT/YELL AT CHILDREN MORE C HIT THE CHILDREN D TOO SICK/HURT TO LOOK AFTER CHILDREN PROPERLY (I.E. NOT FEED PROPERLY) E IGNORES THE CHILDREN F SHELTER/PROTECT CHILDREN FROM VIOLENCE G OTHER (specify): X	
908	Who have you told about his behaviour? MARK ALL MENTIONED PROBE: Anyone else?	NO ONE A FRIENDS B PARENTS C BROTHER OR SISTER D UNCLE OR AUNT E HUSBAND/PARTNER'S FAMILY F CHILDREN G NEIGHBOURS H POLICE I DOCTOR/HEALTH WORKER J PRIEST K COUNSELLOR L NGO/WOMEN'S ORGANIZATION M LOCAL LEADER N OTHER (specify): X	

909	Did anyone ever try to help you? IF YES, Who helped you? MARK ALL MENTIONED PROBE: Anyone else?	NO ONE A FRIENDS B PARENTS C BROTHER OR SISTER..... D UNCLE OR AUNT E HUSBAND/PARTNER'S FAMILY..... F CHILDREN G NEIGHBOURS H POLICE I DOCTOR/HEALTH WORKER J PRIEST K COUNSELLOR..... L NGO/WOMEN'S ORGANIZATION M LOCAL LEADER N OTHER (specify): X																																																																	
910a	Did you ever go to any of the following for help? READ EACH ONE a) Police b) Hospital or health centre c) Social services d) Legal advice centre e) Court f) Shelter g) Local leader h) Women's organization (i.e. CCC) j) Priest/Religious leader x) Anywhere else? Where?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) POLICE</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) HOSPITAL/ HEALTH CENTRE</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) SOCIAL SERVICES</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) LEGAL ADVICE CENTRE</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) COURT</td> <td>1</td> <td>2</td> </tr> <tr> <td>f) SHELTER</td> <td>1</td> <td>2</td> </tr> <tr> <td>g) LOCAL LEADER</td> <td>1</td> <td>2</td> </tr> <tr> <td>h) WOMEN'S ORGANIZATION:</td> <td>1</td> <td>2</td> </tr> <tr> <td>_____</td> <td>1</td> <td>2</td> </tr> <tr> <td>j) PRIEST, RELIGIOUS LEADER</td> <td>1</td> <td>2</td> </tr> <tr> <td>x) ELSEWHERE (specify) : _____</td> <td>1</td> <td>2</td> </tr> <tr> <td>_____</td> <td></td> <td></td> </tr> <tr> <td></td> <td>*</td> <td>**</td> </tr> </tbody> </table>		YES	NO	a) POLICE	1	2	b) HOSPITAL/ HEALTH CENTRE	1	2	c) SOCIAL SERVICES	1	2	d) LEGAL ADVICE CENTRE	1	2	e) COURT	1	2	f) SHELTER	1	2	g) LOCAL LEADER	1	2	h) WOMEN'S ORGANIZATION:	1	2	_____	1	2	j) PRIEST, RELIGIOUS LEADER	1	2	x) ELSEWHERE (specify) : _____	1	2	_____				*	**	910 b. ASK ONLY FOR THOSE MARKED YES in 910a. Were you satisfied with the help given? <table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>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	1	2
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CHECK: Question 910a * ** <i>(s9check)</i>	MARK WHEN YES FOR ANY IN Q. 910a (AT LEAST ONE "1" CIRCLED IN COLUMN MARKED WITH *) [] ↓ <i>(1)</i>	MARK WHEN ALL ANSWERS NO CIRCLED (ONLY "2" CIRCLED **) [] <i>(2)</i>	⇒912																																																																
911	What were the reasons that made you go for help? MARK ALL MENTIONED AND GO TO 913	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 OTHER (specify): _____ _____ X	FOR ALL OPTIONS GO TO 913																																																																

912	What were the reasons that you did not go to any of these? MARK ALL MENTIONED	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 OTHER (specify): _____ _____. X	
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 LOCAL LEADER/CHIEF 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 SI 10
915	What were the reasons why you left <u>the last time</u> ? 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 <u>the last time</u> ? MARK ONE	HER RELATIVES 01 HIS RELATIVES 02 HER FRIENDS/NEIGHBOURS 03 HOTEL/LODGINGS..... 04 STREET 05 CHURCH 06 SHELTER..... 07 OTHER (specify): _____ ..96 DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER..... 99	
917	How long did you stay away <u>the last time</u> ? 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 SI 10

CHECK: (Ref. sheet, Box B, option R)		CHILDREN LIVING [] ↓	NO CHILDREN ALIVE [] ⇒	⇒ 918
<i>(s9child)</i>		<i>(1)</i>	<i>(2)</i>	
SI 917a	The last time that you left, did you take any of the children with you? Did you take all of them, some of them or none of them?	ALL CHILDREN1 SOME CHILDREN2 NONE OF CHILDREN3 N/A HAD NO CHILDREN AT THE TIME7 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9		⇒918 ⇒918
SI 917b	What was the reason that you did not take any/all of your child/children with you when you left? PROBE: Any other reasons	CHILDREN NOT HOME AT THE TIMEA PREVENTED FROM TAKING CHILDRENB CHILDREN REFUSED TO LEAVEC NO TRANSPORT TO TAKE CHILDREND OTHER (specify):X		
918	What were the reasons that you returned? MARK ALL MENTIONED AND GO TO SECTION 10	DIDN'T WANT TO LEAVE CHILDRENA SANCTITY OF MARRIAGEB FOR SAKE OF FAMILY/CHILDREN (FAMILY HONOUR)C COULDN'T SUPPORT CHILDREND LOVED HIME HE ASKED HER TO GO BACKF FAMILY SAID TO RETURNG FORGAVE HIMH THOUGHT HE WOULD CHANGEI THREATENED HER/CHILDRENJ COULD NOT STAY THERE (WHERE SHE WENT)K VIOLENCE NORMAL/NOT SERIOUSL BRIDE PRICE WAS PAIDL OTHER (specify):X		FOR ALL OPTIONS GO TO S SI 10
919	What were the reasons that made you stay? MARK ALL MENTIONED	DIDN'T WANT TO LEAVE CHILDRENA SANCTITY OF MARRIAGEB DIDN'T WANT TO BRING SHAME ON FAMILYC COULDN'T SUPPORT CHILDREND LOVED HIME DIDN'T WANT TO BE SINGLEF FAMILY SAID TO STAYG FORGAVE HIMH THOUGHT HE WOULD CHANGEI THREATENED HER/CHILDRENJ NOWHERE TO GOK VIOLENCE NORMAL/NOT SERIOUSL BRIDE PRICE WAS PAIDL OTHER (specify):X		

SI SECTION 10 PARTNER'S TREATMENT OF CHILDREN

SI SECTION 10 PARTNER'S TREATMENT OF CHILDREN			
CHECK: Ref. sheet, Box A (s7mar)	EVER MARRIED/EVER LIVING WITH A MAN/SEXUAL PARTNER (Options K, L, M) [] ↓ (1)	NEVER MARRIED/NEVER LIVED WITH A MAN/NEVER SEXUAL PARTNER (Option N) [] ⇒ (2)	⇒S.10
CHECK: (Ref. sheet, Box B, option R) (s920child)	CHILDREN LIVING [] ↓ (1)	NO CHILDREN ALIVE [] ⇒ (2)	⇒S10
I would now like to ask you a few questions about how your most recent husband/partner or any other partner treats your children. We ask these questions so that we can find out information to help children in the Solomon Islands. I remind you again that you do not have to answer any questions that you do not want to, and if you request assistance to protect your children we will do whatever we can to help. In very serious cases we may be required to get other people involved but as far as possible we will do this with your support.			
SI 1001	The next questions are about things that your current partner, or any other partner may have done to your child/children? As far as you know, has your current husband/partner, or any other partner ever		YES NO
	a) Done things to scare or intimidate your child/children on purpose (e.g. by the way he looked at them, by yelling, smashing things or threatening them)		1 2
	b) Slapped, pushed, shoved them or thrown something at them that could hurt them?		1 2
	c) Hit them with his fist, kicked them, or beaten them up, or done anything else that could hurt them?		1 2
	d) Shaken, choked, burnt them on purpose or used a gun, knife or other weapon against them?		1 2
	e) Touched your child/children sexually or made them do something sexual that they did not want to?		1 2
			IF NO to all in go to S10
SI 1002	Was the behaviour you just talked about, (mention acts reported in 920a), by your current or most recent husband or partner, by any other partner that you may have had before, or both.	CURRENT/MOST RECENT PARTNER 1 PREVIOUS PARTNER 2 BOTH 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
SI 1003	Has the child/children <u>ever</u> been injured as a result of these acts by (any of) your husband/partner(s).	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒ S10
SI 1004	Did the child/children <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	⇒ S10
SI 1005	What were the reasons that made you take the child/children to receive health care for this injury (these injuries)? MARK ALL MENTIONED AND GO TO 913	ENCOURAGED BY FRIENDS/FAMILY A WANTED TO CHECK THEY WERE OK B CHILD BADLY INJURED C HE THREATENED OR TRIED TO KILL THE CHILD D SAW THAT CHILDREN SUFFERING E OTHER (specify): _____ _____ X	FOR ALL OPTION S GO TO S10

SI 1006	What were the reasons that you did not take the child to receive medical care? MARK ALL MENTIONED	DON'T KNOW/NO ANSWER..... A FEAR OF THREATS/CONSEQUENCES/ MORE VIOLENCE..... B VIOLENCE NORMAL/NOT SERIOUS C EMBARRASSED/ASHAMED/AFRAID WOULD BE BLAMED D BELIEVED THEY WOULD NOT HELP E AFRAID CHILDREN WOULD BE TAKEN AWAY F BRING BAD NAME TO FAMILY G NO HEALTH CARE EASILY ACCESSIBLE H OTHER (specify): _____ _____ . X	
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1003 a	<p>Before the age of 15 years, do you remember if anyone in your family ever touched you sexually, or made you do something sexual that you didn't want to?</p> <p>IF YES: Who did this to you?</p> <p>IF YES OR NO CONTINUE: How about someone at school? How about a friend or neighbour? How about a militant during the ethnic tension? Has anyone else done this to you?</p> <p>IF YES: Who did this to you?</p>	NO ONE A	⇒ 1004				
		ASK ONLY FOR THOSE MARKED IN 1003a					
			b) How old were you when it happened with this person for the first time? (more or less)	c) How old was this person? PROBE: roughly (more or less). DK = 98	d) How many times did this happen?		
					Once/twice	Few times	Many times
		FATHER..... B	[][]	[][]	1	2	3
		STEPFATHER C	[][]	[][]	1	2	3
		OTHER MALE FAMILY MEMBER/ (BROTHER, ETC) D	[][]	[][]	1	2	3
		FEMALE FAMILY MEMBER: E	[][]	[][]	1	2	3
		TEACHER..... F	[][]	[][]	1	2	3
		POLICE/ SOLDIER G	[][]	[][]	1	2	3
		MALE FRIEND OF FAMILY H	[][]	[][]	1	2	3
		FEMALE FRIEND OF FAMILY I	[][]	[][]	1	2	3
		BOYFRIEND J	[][]	[][]	1	2	3
		STRANGER K	[][]	[][]	1	2	3
		SOMEONE AT WORK L	[][]	[][]	1	2	3
		PRIEST/RELIGIOUS LEADER..... M	[][]	[][]	1	2	3
		MILITANT N	[][]	[][]	1	2	3
		OTHER (specify): X	[][]	[][]	1	2	3
1004	How old were you when you first had sex?	AGE YEARS (MORE OR LESS) [][]					⇒1006
		NOT HAD SEX 95					
		REFUSED/NO ANSWER 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 1					
		NOT WANT BUT HAD SEX 2					
		FORCED TO HAVE SEX 3					
		DON'T KNOW/DON'T REMEMBER 8					
		REFUSED/NO ANSWER 9					
1006	When you were a child, was your mother hit by your father (or her husband or boyfriend)?	YES 1					⇒s10mar*
		NO 2					
		PARENTS DID NOT LIVE TOGETHER..... 3					
		DON'T KNOW 8					
		REFUSED/NO ANSWER 9					⇒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/SEXUAL 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 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	<p>Please tell me if you own any of the following, either by yourself or with someone else:</p> <p>a) Land b) Your house c) A company or business d) Large animals (cows, horses, etc.) e) Small animals (chickens, pigs, goats, etc.) f) Produce or crops from certain fields or trees g) Large household items (TV, bed, cooker) h) Jewellery, gold or other valuables j) Motor car k) Savings in the bank? x) Other property, specify</p> <p>FOR EACH, PROBE: Do you own this on your own, or do you own it with others?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES Own by self</th> <th>YES Own with others</th> <th>NO Don't own</th> </tr> </thead> <tbody> <tr><td>a) LAND</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>b) HOUSE</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>c) COMPANY</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>d) LARGE ANIMALS</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>e) SMALL ANIMALS</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>f) PRODUCE</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>g) HOUSEHOLD ITEMS</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>h) JEWELLERY</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>j) MOTOR CAR</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>k) SAVINGS IN BANK</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>x) OTHER PROPERTY:</td><td></td><td></td><td></td></tr> <tr><td>_____</td><td></td><td></td><td></td></tr> </tbody> </table>		YES Own by self	YES Own with others	NO Don't own	a) LAND	1	2	3	b) HOUSE	1	2	3	c) COMPANY	1	2	3	d) LARGE ANIMALS	1	2	3	e) SMALL ANIMALS	1	2	3	f) PRODUCE	1	2	3	g) HOUSEHOLD ITEMS	1	2	3	h) JEWELLERY	1	2	3	j) MOTOR CAR	1	2	3	k) SAVINGS IN BANK	1	2	3	x) OTHER PROPERTY:				_____			
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1102	<p>a) Do you earn money by yourself? IF YES: What exactly do you do to earn money? ASK ALL. SPECIFY: b) Job c) Selling things, trading x) Any other activity, specify</p>	<p>NO.....A</p> <p>b) JOB: _____..</p> <p>c) SELLING/TRADING: _____ ..</p> <p>x) OTHER: _____..</p>	<p>⇒ *s11mar</p> <table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> </tbody> </table>	YES	NO	1	2	1	2	1	2																																											
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(s11mar)	(1)	(2)																																																				
CHECK 1102	1. OPTIONS b) c) 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?	<p>SELF/OWN CHOICE..... 1</p> <p>GIVE PART TO HUSBAND/PARTNER..... 2</p> <p>GIVE ALL TO HUSBAND/PARTNER 3</p> <p>DON'T KNOW..... 8</p> <p>REFUSED/NO ANSWER 9</p>																																																				
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?	<p>MORE THAN HUSBAND/PARTNER 1</p> <p>LESS THAN HUSBAND/PARTNER..... 2</p> <p>ABOUT THE SAME 3</p> <p>DO NOT KNOW 8</p> <p>REFUSED/NO ANSWER 9</p>																																																				
1105	Have you ever given up/refused a job for money because your husband/partner did not want you to work?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/DON'T REMEMBER 8</p> <p>REFUSED/NO ANSWER 9</p>																																																				

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 CURRENTLY HAVING A REGULAR PARTNER (SEXUAL RELATIONSHIP), LIVING APART 4 NOT CURRENTLY MARRIED OR LIVING WITH A MAN (NOT INVOLVED IN A SEXUAL RELATIONSHIP) 5
		<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 (no current sexual relationship) (M1) <input type="checkbox"/> Previously had sexual relationship (M2)
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
		<input type="checkbox"/> Never married /never lived with man (no current or past sexual relationship) (N)
120 b	Have you ever had a regular male sexual partner?	YES..... 1 NO..... 2
123. Number of times married/lived together with man: [][] (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) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (Q) Respondent had at least one child born alive (Question 301, 1 or more) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (R) Respondent has children who are alive (Question 303, 1 or more) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (S) Respondent is currently pregnant (Question 310, option 1) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (T) Number of pregnancies reported (Question 308): | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |

Box C. VIOLENCE AND INJURIES

Check and complete ALL that applies for respondent:

- | | | |
|--|------------------------------|-----------------------------|
| (U) Respondent has been victim of physical violence (Question 707) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (V) Respondent has been victim of sexual violence (Question 708) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |