

INDIVIDUAL CONSENT FORM

Hello, my name is *. I work for the Women's Affairs Department. We are conducting a survey in Nauru to learn about women's and family health and safety. You have been chosen by chance to participate in the study, together with 500 other women in Nauru.

The interviewers for this study like myself had special training and we had to swear an oath of confidentiality. I want to assure you that all of your answers will be kept strictly confidential. I will not keep a record of your name or address.

You have the right to stop the interview at any time, or to skip any questions that you don't want to answer. There are no right or wrong answers. Some of the topics may be difficult to discuss, but many women have found it useful to have the opportunity to talk.

Your participation is completely voluntary but your experiences could be very helpful to other women in Nauru, as the results of this survey will help developing programs for women and families.

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



Would you prefer I interview you in English or in Nauruan?

- ENGLISH
 NAURUAN
 MIX

TO BE COMPLETED BY INTERVIEWER

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

SIGNED:

NAME: _____ NUMBER: _____

DATE OF INTERVIEW		D[] []] M[] []] Y[] [] [] []]	
100. RECORD THE START TIME OF THE WOMAN'S INTERVIEW (24H SYSTEM)		HH:MM [] [] [] []] (00-24 h)	
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 <DISTRICT>.			
101	Do neighbours in DISTRICT generally tend to know each other well?	YES1 NO2 DON'T KNOW8 REFUSED/NO ANSWER.....9	
102	If there were a street fight in DISTRICT would people generally do something to stop it?	YES1 NO2 DON'T KNOW8 REFUSED/NO ANSWER.....9	
103	If someone in DISTRICT decided to undertake a community project (<i>INSERT LOCALLY RELEVANT EXAMPLES</i>) would most people be willing to contribute time, labour or money?	YES1 NO2 DON'T KNOW8 REFUSED/NO ANSWER.....9	
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 ANSWER.....9	
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 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 are you (completed years)? (MORE OR LESS)	AGE (YEARS)[] []]	
108	How long have you been living continuously in DISTRICT?	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 ANSWER.....99	
108 a	What is your religion?	NO RELIGION01 NAURUAN CONGREGATIONAL02 ROMAN CATHOLIC03 NAURU INDEPENDENT04 OTHER :96 DON'T KNOW/DON'T REMEMBER98 REFUSED/NO ANSWER.....99	

108 b	What is your citizenship?	NAURU01 NAURU AND OTHER02 KIRIBATI03 FIJI04 PHILIPPINES05 OTHER PACIFIC ISLAND06 AUSTRALIA/NEW ZEALAND07 CHINA/TAIWAN08 INDIA09 OTHER (SPECIFY)96 DON'T KNOW/DON'T REMEMBER98 REFUSED/NO ANSWER99	
109	Can you read and write?	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
110	Have you ever attended school?	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	⇒ 111c
111	a) What is the highest level of education that you achieved? MARK HIGHEST LEVEL. b) CONVERT TOTAL YEARS IN SCHOOL.	PRIMARY _____ year.....1 SECONDARY _____ year2 HIGHER _____ year.....3 OTHER (SPECIFY): _____4 NUMBER OF YEARS SCHOOLING . [] [] DON'T KNOW/DON'T REMEMBER98 REFUSED/NO ANSWER99	
111 c	What is your main daily occupation? PROMPT: that can earn you income/wages? [MARK ONE]	NOT WORKING01 HOUSEWIFE02 STUDENT03 AGRICULTURAL WORK04 GOVERNMENT05 CLERICAL06 SMALL BUSINESS07 PROFESSIONAL08 RETIRED09 OTHER (SPECIFY)96 DON'T KNOW/DON'T REMEMBER98 REFUSED/NO ANSWER99	
111 d	What is now the main source of income for you and your household? [MARK ONE]	NO INCOME1 MONEY FROM OWN WORK2 SUPPORT FROM HUSBAND/PARTNER3 SUPPORT FROM OTHER RELATIVES4 PENSION5 LAND RENTALS6 OTHER (SPECIFY)7 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
112	Where did you grow up? PROBE: Before age 12 where did you live longest?	THIS DISTRICT1 ANOTHER DISTRICT2 ANOTHER COUNTRY4 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? Do they live in Nauru?	YES (LIVING IN NAURU)..... 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?	DAILY/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	Do you regularly attend a group, organization or association? 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 currently married, living together or involved in a relationship with a man without living together? IF NEEDED PROBE: Such as a regular boyfriend or a fiancé? IF NEEDED PROBE: Do you and your partner live together?	CURRENTLY MARRIED, LIVING TOGETHER 1 CURRENTLY MARRIED, NOT LIVING TOGETHER 2 LIVING WITH MAN, NOT MARRIED 3 CURRENTLY HAVING A REGULAR MALE PARTNER (ENGAGED OR DATING) NOT LIVING TOGETHER 4 NOT CURRENTLY MARRIED OR HAVING A MALE PARTNER 5 CURRENTLY HAVING A FEMALE PARTNER 6	⇒ 123 ⇒ 123 ⇒ 123 ⇒ 123
120 a	Have you ever been married or lived with a male partner?	YES, MARRIED 1 YES, LIVED WITH A MAN, BUT NEVER MARRIED 3 NO 5	⇒ 121 ⇒ 121
120b	Have you ever been involved in a relationship with a man without living together (such as being engaged or dating)?	YES 1 NO 2 REFUSED/NO ANSWER 9	⇒ S2 ⇒ S2

121	Did the last partnership with a man 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	⇒ 12.3
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 OR LIVED TOGETHER [I] [I] NEVER MARRIED OR LIVED TOGETHER 00 DON'T KNOW/DON'T REMEMBER..... 98 REFUSED/NO ANSWER 99	⇒ 8.2
124	The next few questions are about your current or most recent partnership. Do/did you live together (in the same home) 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 HUSBAND/PARTNER: Do you currently live with your parents or any of your relatives? IF NOT CURRENTLY WITH HUSBAND/PARTNER: Were you living with your parents or relatives during your last relationship?	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 OTHER: X	⇒ 8.2
130	In what year was the (first) ceremony performed? (THIS REFERS TO CURRENT/LAST RELATIONSHIP)	YEAR [I] [I] [I] [I] DON'T KNOW..... 9998 REFUSED/NO ANSWER 9999	
131	Did you yourself choose your current/most recent husband, did someone else choose him for you, or did he choose you? IF SHE DID NOT CHOOSE HERSELF, PROBE: Who chose your current/most recent husband for you?	BOTH CHOSE 1 RESPONDENT CHOSE 2 RESPONDENT'S FAMILY CHOSE 3 HUSBAND/PARTNER CHOSE..... 4 HUSBAND/PARTNER'S FAMILY CHOSE..... 5 OTHER: 6 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER 9	⇒ 8.2 ⇒ 8.2
132	Before the marriage with your current /most recent 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	

**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																					
201 A	Do you have any of the following: a) Diabetes b) Asthma c) High Blood Pressure d) A Physical Disability	<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 DISABILITY</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 DISABILITY	1	2	8	
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PHYSICAL DISABILITY	1	2	8																				
202	Now I would like to ask you about your health in the past 4 weeks. How would you describe your ability to walk around? I will give 5 options, which one best describes your situation: 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 past 4 weeks 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 past 4 weeks 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 past 4 weeks 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 past 4 weeks have you had: a) Dizziness b) Vaginal discharge	<table border="0"> <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									
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207	In the past 4 weeks, 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	
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208	<p>In the past 4 weeks, 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 past 4 weeks. 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 ever thought about ending your life?</p>	<p>YES1</p> <p>NO2</p> <p>DON'T KNOW/DON'T REMEMBER.....8</p> <p>REFUSED/NO ANSWER9</p>	⇒ 212																																																															
211	<p>Have you ever tried to take your life?</p>	<p>YES1</p> <p>NO2</p> <p>DON'T KNOW/DON'T REMEMBER.....8</p> <p>REFUSED/NO ANSWER9</p>																																																																
212	<p>In the past 12 months, have you had an operation (other than a caesarean section)?</p>	<p>YES1</p> <p>NO2</p> <p>DON'T KNOW/DON'T REMEMBER.....8</p> <p>REFUSED/NO ANSWER9</p>																																																																
213	<p>In the past 12 months, 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? (IF DON'T KNOW GET ESTIMATE)</p>	<p>NIGHTS IN HOSPITAL [II]</p> <p>NONE00</p> <p>DON'T KNOW/DON'T REMEMBER.....98</p> <p>REFUSED/NO ANSWER99</p>																																																																
213 a	<p>Have you ever heard of HIV or AIDS?</p>	<p>YES1</p> <p>NO2</p> <p>DON'T KNOW/DON'T REMEMBER.....8</p> <p>REFUSED/NO ANSWER9</p>																																																																

213 b	Is it possible for a person who looks and feels completely healthy to have the HIV/AIDS virus?	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
213			
214	Do you now smoke..... 1. Daily? 2. Occasionally? 3. Not at all?	DAILY1 OCCASIONALLY2 NOT AT ALL3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	⇒216 ⇒216
215	Have you ever 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 ALL3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
216	How often do you drink alcohol? Would you say: a) Every day or nearly every day b) Once or twice a week c) 1 – 3 times a month d) Occasionally, less than once a month e) Never/Stopped more than a year ago	EVERY DAY OR NEARLY EVERY DAY1 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	⇒219
217	On the days that you drank in the past 4 weeks, 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 past 12 months, 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	
219	How often do you play bingo? Would you say: a) Every day or nearly every day b) Once or twice a week c) 1 – 3 times a month d) Occasionally, less than once a month e) Never	EVERY DAY OR NEARLY EVERY DAY1 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	⇒S.3
220	In the past 12 months, have you experienced any of the following problems, related to bingo playing? a) money problems b) conflict with family or friends x) other, specify.	YES NO a) MONEY PROBLEMS 1 2 b) CONFLICT WITH FAMILY OR FRIENDS 1 2 x) OTHER: _____ 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 ...⇒ ⇒303 NONE 00	
302	Have you ever been pregnant?	YES 1 ⇒303 NO..... 2 ⇒310 MAYBE/NOT SURE 3 ⇒310 DON'T KNOW/DON'T REMEMBER 8 ⇒310 REFUSED/NO ANSWER..... 9 ⇒310	
303	How many children do you have, who are alive now? RECORD NUMBER	CHILDREN[] [] 1 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? b) How many daughters have died? (THIS IS ABOUT ALL AGES)	a) SONS DEAD[] [] 1 b) DAUGHTERS DEAD.....[] [] 1 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 ⇒308 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
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[] [] 1 b) PREGNANCIES WITH TWINS[] 1 c) PREGNANCIES WITH TRIPLETS[] 1	
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[] [] 1 b) STILLBIRTHS[] [] 1 c) ABORTIONS[] [] 1 IF NONE ENTER '00'	
310	Are you pregnant now?	YES 1 ⇒A NO..... 2 ⇒B MAYBE..... 3 ⇒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.			
1004	How old were you when you first had sex (intercourse)? IF NECESSARY: We define sexual intercourse as oral sex, anal or vaginal penetration.	AGE YEARS (MORE OR LESS)[] [] NOT HAD SEX 95 ⇒S,5 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	
1005c	Was the first time you had sex with the person who was (at the time or later) your husband/cohabiting partner, or was it with someone else?	HUSBAND/PARTNER 1 SOMEONE ELSE 2 REFUSED /NO ANSWER 9	
1005a	The number of sexual partners women have had differs a lot from person to person. Some women report having had one sex partner, some 2 or more, and still others report many, even 50 or more. In your life how many different men have you had sex with? IF NEEDED PROBE: More or less; I do not need to know the exact number.	PARTNERS [] [] [] DON'T KNOW/DON'T REMEMBER 998 REFUSED/NO ANSWER 999	
1005b	IF ONE PARTNER IN 1005a; ASK: Did you have sex in the past 12 months? IF YES, ENTER "01" IF NONE ENTER "00" IF MORE THAN ONE PARTNER IN 1005a. ASK With how many of these men did you have sex in the past 12 months? INCLUDE CURRENT PARTNER IN THE TOTAL	PARTNERS [] [] [] DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99	
311	Have you ever used anything, or tried in any way, to delay or avoid getting pregnant?	YES 1 NO 2 N.A. (NEVER HAD INTERCOURSE) 7 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒315 ⇒8.5
312	Are you currently 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 currently 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 DRINKING WATER AFTER SEX 12 TAKE A BATH/CLEAN AFTER SEX 13 OTHER: 96 DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99	⇒315 ⇒315 ⇒315
314	Does your current husband/partner know that you are using a method of family planning?	YES 1 NO 2 N/A: NO CURRENT HUSBAND/PARTNER 7 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	

315	Has/did your current/most recent 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 current/most recent husband/partner?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒318
317a	The last time that you had sex with your current/most recent husband/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 current/most recent husband/partner to use a condom?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
319	Has your current/most recent 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 <small>(s4biv)</small>		ANY LIVE BIRTHS [] [] ↓ <small>(1)</small>	NO LIVE BIRTHS [] ⇒ <small>(2)</small>	⇒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 YEAR 00	⇒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 AGO 1 LESS THAN 5 YEARS AGO 2	⇒417
407	I would like to ask you about your last pregnancy. 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 THEN 1 WAIT UNTIL LATER 2 NOT WANT CHILDREN 3 NOT MIND EITHER WAY 4 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
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 THEN 1 WAIT UNTIL LATER 2 NOT WANT CHILDREN 3 NOT MIND EITHER WAY 4 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
409	When you were pregnant with this child (NAME), did you see anyone for a pregnancy check-up? IF YES: Whom did you see? Anyone else? MARK ALL THAT APPLY		NO ONE A DOCTOR B GYNAECOLOGIST C NURSE/MIDWIFE D OTHER: _____ X	
410	Did your husband/partner stop you, encourage you, or have no interest in whether you received a checkup 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 (NAME), 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	⇒8.5																				
418	a) How many are boys? b) How many are girls? MAKE SURE ONLY CHILDREN AGED 5-12 YEARS.	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 ⇒	⇒8.5																				
420	Do any of these children (ages 5-12 years): a) Have frequent nightmares? b) x 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>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	c) WET BED	1	2	8	d) TIMID	1	2	8	e) AGGRESSIVE	1	2	8	
	YES	NO	DK																				
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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 ⇒	⇒8.5																				
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 HUSBAND/PARTNER				
CHECK: Ref. sheet, Box A (s.5var)	CURRENTLY MARRIED, OR LIVING WITH A MAN/ENGAGED OR DATING A MALE PARTNER (Options K, L) [] (1)	FORMERLY MARRIED/ LIVING WITH A MAN/ ENGAGED OR DATING A MALE PARTNER (Option M) [] (2)	NEVER MARRIED/ NEVER LIVED WITH A MAN (NEVER MALE PARTNER) (Option N) [] ⇒	⇒5.6
501	I would now like you to tell me a little about your current/most recent husband/partner. How old is your husband/partner (completed years)? PROBE: MORE OR LESS IF MOST RECENT HUSBAND/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		
502 a	Where is he from? Is he from the same district as you?	SAME DISTRICT 1 ANOTHER DISTRICT 2 ANOTHER COUNTRY 4 OTHER: 6 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9		
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	a) What is the highest level of education that he achieved? MARK HIGHEST LEVEL. b) CONVERT TOTAL YEARS IN SCHOOL,	PRIMARY _____ year 1 SECONDARY _____ year 2 HIGHER _____ year 3 OTHER (SPECIFY): 4 DON'T KNOW 8 NUMBER OF YEARS SCHOOLING .. [] [] [] DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99		
506	IF CURRENTLY WITH HUSBAND/PARTNER: Is he currently working, looking for work or unemployed, retired or studying? IF NOT CURRENTLY WITH HUSBAND/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 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒ 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 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 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/less than once a year/stopped more 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 past 12 months (In the last 12 months 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 MONTH3 LESS THAN ONCE A MONTH4 NEVER5 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
511	In the past 12 months (In the last 12 months of your relationship), have you experienced any of the following problems, related to your husband/partner's drinking? a) Money problems b) Family problems c) Any other problems, specify.	YES NO a) MONEY PROBLEMS 1 2 b) FAMILY PROBLEMS 1 2 c) OTHER: 1 2	
512	Does/did your husband/partner ever use drugs (e.g. marijuana)? 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 past 12 months (In the last 12 months of the relationship), has this happened once or twice, a few times, many times or never?	NEVER/NOT IN PAST 12 MONTHS1 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 current/most recent 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	⇒517 ⇒517
516	Has your current/most recent 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	

517	How often does/did your husband/partner drink kava (grog)? 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/less than once a year/stopped more than a year ago	EVERY DAY OR NEARLY EVERY DAY ...1 ONCE OR TWICE A WEEK2 1–3 TIMES IN A MONTH.....3 LESS THAN ONCE A MONTH.....4 NEVER5 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	⇒519
518	In the past 12 months (in the last 12 months of your relationship), have you experienced any of the following problems, related to your husband/partner's use of kava (grog)? 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	
519	How often does/did your husband/partner gamble (horse gambling)? 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/less than once a year/stopped more than a year ago	EVERY DAY OR NEARLY EVERY DAY ...1 ONCE OR TWICE A WEEK2 1–3 TIMES IN A MONTH.....3 LESS THAN ONCE A MONTH.....4 NEVER5 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	⇒5.6
520	In the past 12 months (in the last 12 months of your relationship), have you experienced any of the following problems, related to your husband/partner's gambling? 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	

SECTION 6 ATTITUDES																															
	In Nauru 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 DISAGREE 2 DON'T KNOW 8 REFUSED/NO ANSWER 9																													
602																															
603	It is important for a man to show his wife who is the boss	AGREE 1 DISAGREE 2 DON'T KNOW 8 REFUSED/NO ANSWER 9																													
604																															
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																															
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	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) HOUSEHOLD</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) DISOBEYS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) NO SEX</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) GIRLFRIENDS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) SUSPECTS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f) UNFAITHFUL</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		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	
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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	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) NOT WANT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) DRUNK</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) SICK</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) MISTREAT</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) NOT WANT	1	2	8	b) DRUNK	1	2	8	c) SICK	1	2	8	d) MISTREAT	1	2	8									
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c) SICK	1	2	8																												
d) MISTREAT	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 current husband/partner, or any other partner ever....	A) (If YES continue with B. If NO skip to next item)	B) Has this happened in the past 12 months? (If YES ask C and D. If NO ask D only)	C) In the past 12 months would you say that this has happened once, a few times or many times?	D) Did this happen before the past 12 months? IF YES: would you say that this has happened once, a few times or many times?
		YES NO	YES NO	One Few Many	No One Few Many
	a) Insulted you or made you feel bad about yourself?	1 2	1 2	1 2 3	0 1 2 3
	b) Belittled or humiliated you in front of other people?	1 2	1 2	1 2 3	0 1 2 3
	c) Done things to scare or intimidate you on purpose (e.g. by the way he looked at you, by yelling and smashing things)?	1 2	1 2	1 2 3	0 1 2 3
	d) Verbally threatened to hurt you or someone you care about?	1 2	1 2	1 2 3	0 1 2 3
CHECK: Question 704	MARK WHEN YES FOR ANY ACT (AT LEAST ONE "1" CIRCLED IN COLUMN A) [] [] ↓	MARK WHEN ALL ANSWERS NO CIRCLED (ONLY "2" CIRCLED IN COLUMN A) [] []			⇒705
704 e	Was the behaviour you just talked about (MENTION ACTS REPORTED IN 704) by your current or most recent husband/partner, by any other husband or partner that you may have had before or both?	CURRENT/MOST RECENT HUSBAND/ PARTNER... 1 PREVIOUS HUSBAND/PARTNER..... 2 BOTH 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9			
705	Has he or any other partner ever....	A) (If YES continue with B. If NO skip to next item)	B) Has this happened in the past 12 months? (If YES ask C and D. If NO ask D only)	C) In the past 12 months would you say that this has happened once, a few times or many times?	D) Did this happen before the past 12 months? IF YES: would you say that this has happened once, a few times or many times?
		YES NO	YES NO	One Few Many	No One Few Many
	a) Slapped you or thrown something at you that could hurt you?	1 2	1 2	1 2 3	0 1 2 3
	b) Pushed you or shoved you or pulled your hair?	1 2	1 2	1 2 3	0 1 2 3
	c) Hit you with his fist or with something else that could hurt you?	1 2	1 2	1 2 3	0 1 2 3
	d) Kicked you, dragged you or beaten you up?	1 2	1 2	1 2 3	0 1 2 3
	e) Choked or burnt you on purpose?	1 2	1 2	1 2 3	0 1 2 3
	f) Threatened with or actually used a gun, knife or other weapon against you?	1 2	1 2	1 2 3	0 1 2 3
CHECK: Question 705	MARK WHEN YES FOR ANY ACT (AT LEAST ONE "1" CIRCLED IN COLUMN A) [] [] ↓	MARK WHEN ALL ANSWERS NO CIRCLED (ONLY "2" CIRCLED IN COLUMN A) [] []			⇒706

705 g	Was the behaviour you just talked about (MENTION ACTS REPORTED IN 705) by your current or most recent husband/partner, by any other husband or partner that you may have had before or both?	CURRENT/MOST RECENT HUSBAND/ PARTNER 1 PREVIOUS HUSBAND/PARTNER 2 BOTH 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9				
706		A) (If YES continue with B. If NO skip to next item) YES NO	B) Has this happened in the past 12 months? (If YES ask C and D. If NO ask D only) YES NO	C) In the past 12 months would you say that this has happened once, a few times or many times? One Few Many	D) Did this happen before the past 12 months? IF YES: would you say that this has happened once, a few times or many times? No One Few Many	
	a) Did your current husband/partner or any other husband/partner ever force you to have sexual intercourse when you did not want to, for example by threatening you or holding you down? IF NECESSARY: We define sexual intercourse as oral sex, anal or vaginal penetration.	1 2	1 2	1 2 3	0 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 husband or partner might do if you refused?	1 2	1 2	1 2 3	0 1 2 3	
	c) Did your husband/partner or any other husband or partner ever forced you to do anything else sexual that you did not want or that you found degrading or humiliating?	1 2	1 2	1 2 3	0 1 2 3	
CHECK: Question 706	MARK WHEN YES FOR ANY ACT (AT LEAST ONE "1" CIRCLED IN COLUMN A) []	MARK WHEN ALL ANSWERS NO CIRCLED (ONLY "2" CIRCLED IN COLUMN A) []			→ 707	
706 d	Was the behaviour you just talked about (MENTION ACTS REPORTED IN 706) by your current or most recent husband/partner, by any other husband or partner that you may have had before or both?	CURRENT/MOST RECENT HUSBAND/ PARTNER 1 PREVIOUS HUSBAND/PARTNER 2 BOTH 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9				
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	
708a	Are you afraid of your current/most recent husband or partner? Would you say never, sometimes, many times, most/all of the time?	NEVER 1 SOMETIMES 2 MANY TIMES 3 MOST/ALL OF THE TIMES 4 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9				

905	Have you ever slapped, pushed, hit or physically mistreated your husband/partner when he was not slapping, pushing, hitting or physically mistreating you? IF YES: How often? Would you say once, several times or many times?	NEVER 1 ONCE 2 2-5 TIMES 3 > 5 TIMES 4 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
CHECK : Ref. sheet, Box B	<i>(s7preg)</i> EVER BEEN PREGNANT (option F) <i>(s7pnun)</i> NUMBER OF PREGNANCIES (option T) <i>(s7pcur)</i> CURRENTLY PREGNANT? (option S) YES... 1 NO... 2	NEVER PREGNANT <i>(s7pnun)</i> [] [] ⇒	⇒ S8
709	You said that you have been pregnant TOTAL times. Was there ever a time when you were pushed, slapped, hit, kicked or beaten by (any of) your husband/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 did this happen (in how many were you pushed, slapped, hit, kicked or beaten)?	NUMBER OF PREGNANCIES IN WHICH THIS HAPPENED [] []	
710 a	Did this happen in the last 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 most recent pregnancy in which you were beaten, was the husband/partner who did this to you the father of the child?	YES 1 NO 2 DON'T KNOW /DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
713 a	Was the man who did this your current or most recent husband/partner?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
714	Had the same person also done such things to 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/beatings (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																																											
CHECK: Ref. sheet Box C (88places)	WOMAN EXPERIENCED PHYSICAL AND/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.10																																								
I would now like to learn more about the injuries that you experienced from (any of) your husband/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 ever 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.	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	⇒804a																																								
802 a	In your life, how many times were you injured by (any of) your husband(s)/partner(s)? Would you say once, several times or many times?	ONCE1 SEVERAL (2-5) TIMES2 MANY (MORE THAN 5) TIMES3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9																																									
802 b	Has this happened in the past 12 months?	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9																																									
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 colspan="3">b) ONLY ASK FOR RESPONSES MARKED IN 803a:</td> </tr> <tr> <td>SCRATCH, ABRASION, BRUISESB</td> <td colspan="3">Has this happened in the past 12 months?</td> </tr> <tr> <td>SPRAINS, DISLOCATIONSC</td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>BURNS D</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>PENETRATING INJURY, DEEP CUTS, GASHESE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BROKEN EARDRUM, EYE INJURIESF</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 INJURIESI</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	b) ONLY ASK FOR RESPONSES MARKED IN 803a:			SCRATCH, ABRASION, BRUISESB	Has this happened in the past 12 months?			SPRAINS, DISLOCATIONSC	YES	NO	DK	BURNS D	1	2	8	PENETRATING INJURY, DEEP CUTS, GASHESE	1	2	8	BROKEN EARDRUM, EYE INJURIESF	1	2	8	FRACTURES, BROKEN BONES G	1	2	8	BROKEN TEETH H	1	2	8	INTERNAL INJURIESI	1	2	8	OTHER (specify): X	1	2	8	
CUTS, PUNCTURES, BITES A	b) ONLY ASK FOR RESPONSES MARKED IN 803a:																																										
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SPRAINS, DISLOCATIONSC	YES	NO	DK																																								
BURNS D	1	2	8																																								
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BROKEN TEETH H	1	2	8																																								
INTERNAL INJURIESI	1	2	8																																								
OTHER (specify): X	1	2	8																																								
804 a	In your life, did you ever lose consciousness because of what (any of your) your husband/partner(s) did to you?	YES1 NO3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	⇒805a ⇒805a																																								
804 b	Has this happened in the past 12 months?	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9																																									
805 a	In your life, were you ever 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 ANSWER99 NOT NEEDED00	⇒S.9																																								

805 b	Has this happened in the past 12 months?	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
806	In your life, did you ever receive health care for this injury (these injuries)? Would you say, sometimes or always or never?	YES, SOMETIMES1 YES, ALWAYS2 NO, NEVER.....3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	⇒8,9
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 REMEMBER98 REFUSED/NO ANSWER99	
808	Did you tell a health worker the real cause of your injury?	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	

SECTION 9 IMPACT AND COPING

THIS SECTION IS FOR WOMEN WHO REPORT PHYSICAL OR SEXUAL VIOLENCE BY HUSBAND/PARTNER.

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

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

CHECK: Ref. sheet Box C (29pts)	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 REASON A WHEN MAN DRUNK B MONEY PROBLEMS C DIFFICULTIES AT HIS WORK D WHEN HE IS UNEMPLOYED E NO FOOD AT HOME F PROBLEMS WITH HIS OR HER FAMILY G SHE IS PREGNANT H HE IS JEALOUS OF HER I SHE REFUSES SEX J SHE IS DISOBEDIENT K HE WANTS TO TEACH HER A LESSON, EDUCATE OR DISCIPLINE HER L HE WANT TO SHOW HE IS BOSS M OTHER (specify): X	
CHECK: (Ref. sheet, Box B, option R) (1child)	CHILDREN LIVING [] ↓ (1)	NO CHILDREN ALIVE [] ⇒ (2)	⇒ 904
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?	NEVER 1 ONCE OR TWICE 2 SEVERAL TIMES 3 MANY TIMES/MOST OF THE TIME 4 DON'T KNOW 8 REFUSED/NO ANSWER 9	
903			
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, several times or most of the time?	NEVER 1 ONCE 2 SEVERAL TIMES 3 MANY TIMES/MOST OF THE TIME 4 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒ 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 beating/violence became worse, the violence became less, or that the violence stopped, at least for the moment.	NO CHANGE/NO EFFECT 1 VIOLENCE BECAME WORSE 2 VIOLENCE BECAME LESS 3 VIOLENCE STOPPED 4 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
905	Moved		

910 a	Did you ever go to any of the following for help? READ EACH ONE			910 b. ASK ONLY FOR THOSE MARKED YES in 910a. Were you satisfied with the help given?		
			YES	NO	YES	NO
a)	Police	a) POLICE	1	2	1	2
b)	Hospital or health centre	b) HOSPITAL/ HEALTH CENTRE	1	2	1	2
c)	-	c) -				
d)	Legal advice centre	d) LEGAL ADVICE CENTRE	1	2	1	2
e)	Court/Family court	e) COURT	1	2	1	2
f)	Shelter	f) SHELTER	1	2	1	2
g)	Community leader	g) LOCAL LEADER	1	2	1	2
h)	Women's organization (Use name)	h) WOMEN'S ORGANIZATION:	1	2	1	2
i)	Priest/Religious leader	i) PRIEST, RELIGIOUS LEADER	1	2	1	2
x)	Anywhere else? Where?	x) ELSEWHERE (specify) : _____ _____	1	2	1	2
			*	**		
CHECK: Question 910a * **	MARK WHEN YES FOR ANY IN Q. 910a (AT LEAST ONE "1" CIRCLED IN COLUMN MARKED WITH *)	MARK WHEN ALL ANSWERS NO CIRCLED (ONLY "2" CIRCLED **)				
(check)	(1)	(2)			→912	
911	What were the reasons that made you go for help? MARK ALL MENTIONED AND GO TO 913	ENCOURAGED BY FRIENDS/FAMILYA COULD NOT ENDURE MORE.....B BADLY INJUREDC HE THREATENED OR TRIED TO KILL HERD HE THREATENED OR HIT CHILDRENE SAW THAT CHILDREN SUFFERINGF THROWN OUT OF THE HOMEG AFRAID SHE WOULD KILL HIMH AFRAID HE WOULD KILL HERI 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 ANSWERA FEAR OF THREATS/CONSEQUENCES/ MORE VIOLENCEB VIOLENCE NORMAL/NOT SERIOUSC EMBARRASSED/ASHAMED/AFRAID WOULD NOT BE BELIEVED OR WOULD BE BLAMEDD BELIEVED NOT HELP/KNOW OTHER WOMEN NOT HELPED.....E AFRAID WOULD END RELATIONSHIPF AFRAID WOULD LOSE CHILDRENG BRING BAD NAME TO FAMILYH DID NOT KNOW HER OPTIONSI 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 HIS RELATIVES B HER RELATIVES C FRIENDS/NEIGHBOURS D HEALTH CENTRE E POLICE F PRIEST/RELIGIOUS LEADER G SOCIAL WORKER I 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 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 HUSBAND/PARTNER / DID NOT RETURN/ NOT WITH HUSBAND/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 OTHER (specify): X	FOR ALL OPTIONS GO TO Section 10

<p>919</p>	<p>What were the reasons that made you stay?</p> <p>MARK ALL MENTIONED</p>	<p>DIDN'T WANT TO LEAVE CHILDRENA SANCTITY OF MARRIAGE B DIDN'T WANT TO BRING SHAME ON FAMILY C COULDN'T SUPPORT CHILDREND LOVED HIM E DIDN'T WANT TO BE SINGLE F FAMILY SAID TO STAYG FORGAVE HIMH THOUGHT HE WOULD CHANGE I THREATENED HER/CHILDREN J NOWHERE TO GOK VIOLENCE NORMAL/NOT SERIOUS L OTHER (specify):X</p>	
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SECTION 10 OTHER EXPERIENCES

SECTION 10 OTHER EXPERIENCES										
N01	<p>READ TO RESPONDENT: In their lives, many women have unwanted experiences and experience different forms of maltreatment and violence from all kinds of people, men or women. These may be relatives, other people that they know, and/or strangers. If you don't mind, I would like to ask you about some of these situations. Everything that you say will be kept confidential. I will first ask about what has happened since you were 15 years old (from 15 upwards until now), and thereafter during the past 12 months. FOR WOMEN WHO WERE EVER MARRIED OR PARTNERED ADD: These questions are about people other than your husband/partner(s).</p>									
N02	A. Since the age of 15 until now, has anyone ever done any of the following to you:		A.		B. IF YES: Has this happened in the past 12 months?					
			YES	NO	YES	NO	DK			
	a)	Slapped, hit, beaten, kicked or done anything else to hurt you?	1	2	1	2	3			
	b)	Thrown something at you? Pushed you or pulled your hair?	1	2	1	2	3			
	c)	Choked or burnt you on purpose?	1	2	1	2	3			
	d)	Threatened with or actually used a gun, knife or other weapon against you?	1	2	1	2	3			
CHECK N02	AT LEAST ONE 'YES' ('1') MARKED IN COLUMN A. [] [] []			ONLY 'NO' ('2') MARKED [] [] []			→ N06			
N03	a) Who did this to you? PROBE: Anyone else? How about a relative? How about someone at school or work? How about a friend or neighbour? A stranger or anyone else? DO NOT READ OUT THE LIST MARK ALL MENTIONED		b) ASK ONLY FOR THOSE MARKED in a). How many times did this happen since you were 15? Once, a few times, or many times?			c) ASK ONLY FOR THOSE MARKED in a). How many times did this happen in the past 12 months? Once, a few times, or many times?				
			Once	A few times	Many times	NO	Once	A few times	Many times	
	FATHER/STEFFATHER	A	1	2	3	0	1	2	3	
	MOTHER/STEPMOTHER	B	1	2	3	0	1	2	3	
	MOTHER IN LAW	C	1	2	3	0	1	2	3	
	OTHER MALE FAMILY MEMBER	D	1	2	3	0	1	2	3	
	OTHER FEMALE FAMILY MEMBER	E	1	2	3	0	1	2	3	
	SOMEONE AT WORK - MALE	F	1	2	3	0	1	2	3	
	SOMEONE AT WORK - FEMALE	G	1	2	3	0	1	2	3	
	FRIEND/ACQUAINTANCE - MALE	H	1	2	3	0	1	2	3	
	FRIEND/ACQUAINTANCE - FEMALE	I	1	2	3	0	1	2	3	
	RECENT ACQUAINTANCE - MALE	J	1	2	3	0	1	2	3	
	RECENT ACQUAINTANCE - FEMALE	K	1	2	3	0	1	2	3	
	COMPLETE STRANGER - MALE	L	1	2	3	0	1	2	3	
	COMPLETE STRANGER - FEMALE	M	1	2	3	0	1	2	3	
	TEACHER - MALE	N	1	2	3	0	1	2	3	
	TEACHER - FEMALE	O	1	2	3	0	1	2	3	
	DOCTOR/HEALTH STAFF - MALE	P	1	2	3	0	1	2	3	
	DOCTOR/HEALTH STAFF - FEMALE	Q	1	2	3	0	1	2	3	
	RELIGIOUS LEADER - MALE	R	1	2	3	0	1	2	3	
	POLICE/ SOLDIER - MALE	S	1	2	3	0	1	2	3	
	OTHER - MALE (specify) _____	W	1	2	3	0	1	2	3	
	OTHER - FEMALE (specify) _____	X	1	2	3	0	1	2	3	

<p>N04</p>	<p>INDICATE BELOW THE LETTERS FOR THE PERPETRATORS THAT WERE MENTIONED. IF MORE THAN 3 PERPETRATORS HAVE BEEN MENTIONED, ASK WHICH 3 WERE THE MOST SERIOUS AND INDICATE THE LETTERS AS IN ABOVE LIST HERE:</p> <p style="text-align: center;">PERPETRATOR 1 PERPETRATOR 2 PERPETRATOR 3 </p> <p>ASK N05 a, b, and c, FIRST FOR PERPETRATOR 1, THEN FOR PERPETRATOR 2 AND FINALLY FOR PERPETRATOR 3.</p> <p>WHEN NO MORE PERPETRATORS, GO TO N06.</p>						
<p>N05</p>	<p>Did the following ever happen as a result of what ... (USE SAME WORDS TO REFER TO THE PERPETRATOR AS RESPONDENT) did to you?</p> <p>a) You had cuts, scratches, bruises or aches.</p> <p>b) You had injuries to eye or ear, sprains, dislocations or burns.</p> <p>c) You had deep wounds, broken bones, broken teeth, internal injuries or any other similar injury.</p> <p>IF AT LEAST ONE "YES" to a) b) or c):</p> <p>d) Did the injury (injuries) happen in the past 12 months?</p> <p>ONLY ASK FOR THE PERTRATORS INDICATED IN N04.</p>	<p>A) PERPETRATOR 1</p> <p>YES NO</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>IF MORE THAN 1 PERPETRATOR, GO TO B</p>		<p>B) PERPETRATOR 2</p> <p>YES NO</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>IF MORE THAN 2 PERPETRATORS GO TO C</p>		<p>C) PERPETRATOR 3</p> <p>YES NO</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p>	

N06a	<p>Now I would like to ask you about other unwanted experiences you may have had. Again, I want you to think about any person, man or woman.</p> <p>FOR WOMEN WHO EVER HAD A PARTNER ADD IF NECESSARY: except your husband/male partner.</p> <p>Since the age of 15 until now, has anyone ever forced you into sexual intercourse when you did not want to, for example by threatening you, holding you down, or putting you in a situation where you could not say no. Remember to include people you have known as well as strangers. Please at this point exclude attempts to force you.</p> <p>IF NECESSARY: We define sexual intercourse as oral sex, anal or vaginal penetration.</p> <p>NOTE THAT THIS QUESTIONS IS ABOUT RAPES THAT ACTUALLY HAPPENED</p>	<p>YES1</p> <p>NO2</p>	<p>⇒ N08</p>
N06b	<p>Has this happened in the past 12 months?</p>	<p>YES1</p> <p>NO2</p> <p>DK.....8</p>	

<p>N07</p> <p>a) Who did this to you? PROBE: Anyone else? How about a relative? How about someone at school or work? How about a friend or neighbour? A stranger or anyone else? DO NOT READ OUT THE LIST MARK ALL MENTIONED</p> <p>FATHER/STEFFATHER A</p> <p>MOTHER/STPMOTHER B</p> <p>MOTHER IN LAW C</p> <p>OTHER MALE FAMILY MEMBER D</p> <p>OTHER FEMALE FAMILY MEMBER E</p> <p>SOMEONE AT WORK - MALE F</p> <p>SOMEONE AT WORK - FEMALE G</p> <p>FRIEND/ACQUAINTANCE - MALE H</p> <p>FRIEND/ACQUAINTANCE - FEMALE I</p> <p>RECENT ACQUAINTANCE - MALE J</p> <p>RECENT ACQUAINTANCE - FEMALE K</p> <p>COMPLETE STRANGER - MALE L</p> <p>COMPLETE STRANGER - FEMALE M</p> <p>TEACHER - MALE N</p> <p>TEACHER - FEMALE O</p> <p>DOCTOR/HEALTH STAFF - MALE P</p> <p>DOCTOR/HEALTH STAFF - FEMALE Q</p> <p>RELIGIOUS LEADER - MALE R</p> <p>POLICE/ SOLDIER - MALE S</p> <p>OTHER – MALE (specify) _____ W</p> <p>OTHER – FEMALE (specify) _____ X</p>		<p>b) ASK ONLY FOR THOSE MARKED in a). How many times did this happen since you were 15? Once, a few times, or many times?</p>	<p>c) ASK ONLY FOR THOSE MARKED in a). How many times did this happen in the past 12 months? Once, a few times, or many times?</p>																																																																																																																																																																																																					
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N08	Again, I want you to think about any person, man or woman. FOR WOMEN WHO EVER HAD A PARTNER ADD: except your husband/male partner. Apart from anything you may have mentioned, can you tell me if, since the age of 15 until now, any of the following has happened to you? Remember to include people you have known as well as strangers.		A.		B-IF YES: Has this happened in the past 12 months?				
			YES	NO	YES	NO	DK		
	a) Has anyone attempted to force you to perform a sexual act you did not want, attempted to force you into sexual intercourse (which did not take place)		1	2	1	2	8		
	b) Touched you sexually. This includes for example touching of breasts or private parts.		1	2	1	2	8		
	c) Made sexual remarks or sending sexual text messages or facebook messages against your will.		1	2	1	2	8		
d) Made you touch their private parts against your will,		1	2	1	2	8			
e) Showed sexual explicit pictures against your will,		1	2	1	2	8			
f) Sexual harassment in the workplace, at school, etc.		1	2	1	2	8			
g) anything else sexually that you did not want: _____		1	2	1	2	8			
CHECK N08	AT LEAST ONE 'YES' ('1') MARKED IN COLUMN A. []]			ONLY 'NO' ('2') MARKED []]=>			=> \$1003		
N09	a) Who did this to you? PROBE: Anyone else? How about a relative? How about someone at school or work? How about a friend or neighbour? A stranger or anyone else? DO NOT READ OUT THE LIST MARK ALL MENTIONED		b) ASK ONLY FOR THOSE MARKED in a). How many times did this happen since you were 15? Once, a few times, or many times?			c) ASK ONLY FOR THOSE MARKED in a). How many times did this happen in the past 12 months? Once, a few times, or many times?			
			Once	A few times	Many times	NO	Once	A few times	Many times
FATHER/STEPFATHER		A	1	2	3	0	1	2	3
MOTHER/STEPMOTHER		B	1	2	3	0	1	2	3
MOTHER IN LAW		C	1	2	3	0	1	2	3
OTHER MALE FAMILY MEMBER		D	1	2	3	0	1	2	3
OTHER FEMALE FAMILY MEMBER		E	1	2	3	0	1	2	3
SOMEONE AT WORK - MALE		F	1	2	3	0	1	2	3
SOMEONE AT WORK - FEMALE		G	1	2	3	0	1	2	3
FRIEND/ACQUAINTANCE - MALE		H	1	2	3	0	1	2	3
FRIEND/ACQUAINTANCE - FEMALE		I	1	2	3	0	1	2	3
RECENT ACQUAINTANCE - MALE		J	1	2	3	0	1	2	3
RECENT ACQUAINTANCE - FEMALE		K	1	2	3	0	1	2	3
COMPLETE STRANGER - MALE		L	1	2	3	0	1	2	3
COMPLETE STRANGER - FEMALE		M	1	2	3	0	1	2	3
TEACHER - MALE		N	1	2	3	0	1	2	3
TEACHER - FEMALE		O	1	2	3	0	1	2	3
DOCTOR/HEALTH STAFF - MALE		P	1	2	3	0	1	2	3
DOCTOR/HEALTH STAFF - FEMALE		Q	1	2	3	0	1	2	3
RELIGIOUS LEADER - MALE		R	1	2	3	0	1	2	3
POLICE/ SOLDIER - MALE		S	1	2	3	0	1	2	3
OTHER – MALE (specify) _____		W	1	2	3	0	1	2	3
OTHER – FEMALE (specify) _____		X	1	2	3	0	1	2	3

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																									
1007	When you were a child, did anyone in your family ever: a) Slapped or spanked you (with hand)? b) Beat or kicked you or hit you with fist? c) Hit you with a belt, stick, broom or something else? d) Tied you with a rope? e) Anything else? Specify: _____	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) SLAPPED</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) BEAT, KICKED</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) HIT WITH OBJECT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) TIED WITH ROPE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) ANYTHING ELSE</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) SLAPPED	1	2	8	b) BEAT, KICKED	1	2	8	c) HIT WITH OBJECT	1	2	8	d) TIED WITH ROPE	1	2	8	e) ANYTHING ELSE	1	2	8	
	YES	NO	DK																								
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e) ANYTHING ELSE	1	2	8																								
* CHECK: Ref. sheet Box A (1/3/5/6/7)	EVER MARRIED/EVER LIVING WITH A MAN/DATING PARTNER (Options K,L,M) [] ↓ (1)	NEVER MARRIED/NEVER LIVED WITH A MAN/NEVER DATING (Option N) [] ⇒ (2)	⇒S.11																								
1008	As far as you know, was your (most recent) husband/partner's mother hit or beaten by her husband/partner?	YES 1 NO 2 PARENTS DID NOT LIVE TOGETHER 3 DON'T KNOW 8 REFUSED/NO ANSWER 9																									
1009																											
1010	As far as you know, was your (most recent) husband/partner himself hit or beaten regularly by someone in his family, when he was a child?	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) ..	d) ..				
	e) Small animals (chickens, pigs, goats, etc.)	e) SMALL ANIMALS	1	2	3	
	f) Produce or crops from certain fields or trees	f) PRODUCE	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) ..	k) ..				
	x) Other property, specify	x) OTHER PROPERTY:				
	FOR EACH, PROBE: Do you own this on your own, or do you own it with others?		1	2	3	
1102	a) Do you earn money by yourself? IF YES: What exactly do you do to earn money? ASK ALL. SPECIFY:	NO.....A	⇒ *s/l Inar			
	b) Job	b) JOB:	1	2		
	c) Selling things, trading	c) SELLING/TRADING:	1	2		
	d) ..	d)				
	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 MALE DATING PARTNER (Options L, M, N)	[]	⇒		⇒S.12
(s/l Inar)	(L)	(2)				
CHECK 1102	1. OPTIONS b) c) d) 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	

SECTION 12 COMPLETION OF INTERVIEW		
1201	<p>I would now like to give you a card. On this card are two pictures. No other information is written on the card. The first picture is of a sad face, the second is of a happy face.</p> <p>No matter what you have already told me, I would like you to put a mark below the sad face if someone has ever touched you sexually, or made you do something sexual that you didn't want to, before you were 15 years old (when you were a child younger than 15 years old).</p> <p>Please put a mark below the happy face if this has never happened to you. Once you have marked the card, please fold it over and put it in this envelope. This will ensure that I do not know your answer.</p> <p>GIVE RESPONDENT CARD AND PEN. MAKE SURE THAT THE RESPONDENT FOLDS THE CARD; PUTS IT IN THE ENVELOPE; AND SEALS THE ENVELOPE BEFORE GIVING IT BACK TO YOU. ON LEAVING THE INTERVIEW SECURELY ATTACH THE ENVELOPE TO THE QUESTIONNAIRE (OR WRITE THE QUESTIONNAIRE CODE ON THE ENVELOPE).</p>	<p>CARD GIVEN FOR COMPLETION1</p> <p>CARD <u>NOT</u> GIVEN FOR COMPLETION2</p>
1202	<p>We have now finished the interview. Do you have any comments, or is there anything else you would like to add?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
1202 a	<p>Do you have any recommendations or suggestions that could help to stop domestic violence against women in this country?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
1203	<p>I have asked you about many difficult things. How has talking about these things made you feel?</p> <p>WRITE DOWN ANY SPECIFIC RESPONSE GIVEN BY RESPONDENT</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>GOOD/BETTER 1</p> <p>BAD/WORSE 2</p> <p>SAME/ NO DIFFERENCE . 3</p>
1204	<p>Finally, do you agree that we may contact you again if we need to ask a few more questions for clarification?</p> <p>COUNTRIES TO SPECIFY TIME PERIOD DEPENDING ON WHEN THEY PLAN TO DO QUALITY CONTROL VISITS</p>	<p>YES 1</p> <p>NO 2</p>

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

Box A. MARITAL STATUS

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

119	Are you currently married, living together or involved in a relationship with a man without living together?	CURRENTLY MARRIED AND LIVING TOGETHER1 CURRENTLY MARRIED NOT LIVING TOGETHER2 LIVING WITH MAN, NOT MARRIED3 CURRENTLY HAVING A REGULAR PARTNER (ENGAGED, DATING), NOT LIVING TOGETHER4 NOT CURRENTLY MARRIED OR LIVING WITH A MAN (NOT INVOLVED IN A RELATIONSHIP WITH A MAN)5 CURRENTLY HAVING FEMALE PARTNER6	<input type="checkbox"/> Currently married and/or living with man (K) <input type="checkbox"/> Currently with regular partner (dating relationship) (L) <input type="checkbox"/> Previously married/previously lived with man (no current relationship) (M1) <input type="checkbox"/> Previously had relationship (M2) <input type="checkbox"/> Never married /never lived with man (no current or past relationship) (N)
120 a	Have you ever been married or lived with a male partner?	YES, MARRIED1 LIVED WITH A MAN, NOT MARRIED3 NO5	<input type="checkbox"/> Never married /never lived with man (no current or past relationship) (N)
120 b	Have you ever been involved in a relationship with a man without living together (such as being engaged or dating)?	YES1 NO2	<input type="checkbox"/> Never married /never lived with man (no current or past relationship) (N)

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) [] 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 HUSBAND/PARTNER

Check and complete ALL that applies for respondent:

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

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