

WOMAN'S INFORMATION PANEL		WM
WM1. Cluster number: _____	WM2. Household number: _____	
WM3. Woman's name and line number: NAME _____	WM4. Supervisor's name and number: NAME _____	
WM5. Interviewer's name and number: NAME _____	WM6. Day / Month / Year of interview: _____ / _____ / 20__1__	

<p>Check woman's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: If age 15-17, verify in HH33 that adult consent for interview is obtained or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and '06' should be recorded in WM17.</p>		<p>WM7. Record the time:</p> <p>HOURS : MINUTES</p> <p>_____ : _____</p>
<p>WM8. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?</p>	<p>YES, INTERVIEWED ALREADY1</p> <p>NO, FIRST INTERVIEW2</p>	<p>1 ⇒WM9B</p> <p>2 ⇒WM9A</p>
<p>WM9A. Hello, my name is (your name). We are from Kiribati National Statistical Office. We are conducting a survey about the situation of children, families and households. I would like to talk to you about your health and other topics. This interview usually takes about 60 minutes. We are also interviewing mothers about their children. All the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?</p>	<p>WM9B. Now I would like to talk to you about your health and other topics in more detail. This interview will take about 60 minutes. Again, all the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?</p>	
<p>YES1</p> <p>NO / NOT ASKED2</p>	<p>1 ⇒WOMAN'S BACKGROUND Module</p> <p>2 ⇒WM17</p>	

<p>WM17. Result of woman's interview.</p> <p>Discuss any result not completed with Supervisor.</p>	<p>COMPLETED 01</p> <p>NOT AT HOME 02</p> <p>REFUSED 03</p> <p>PARTLY COMPLETED 04</p> <p>INCAPACITATED (specify) 05</p> <p>NO ADULT CONSENT FOR RESPONDENT</p> <p>AGE 15-17 06</p> <p>OTHER (specify) 96</p>
--	---

WOMAN'S BACKGROUND		WB
WB1. Check the respondent's line number (WM3) in WOMAN'S INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47):	WM3=HH47 1 WM3≠HH47 2	2⇒WB3
WB2. Check ED5 in EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE for this respondent: Highest level of school attended:	ED5=2, 3, 4 OR 5 1 ED5=0, 1, 8 OR BLANK..... 2	1⇒WB15 2⇒WB14
WB3. In what month and year were you born?	DATE OF BIRTH MONTH.....__ __ DK MONTH98 YEAR.....__ __ __ __ DK YEAR.....9998	
WB4. How old are you? <i>Probe: How old were you at your last birthday?</i> <i>If responses to WB3 and WB4 are inconsistent, probe further and correct. Age must be recorded.</i>	AGE (IN COMPLETED YEARS)__ __	
WB5. Have you ever attended school or any early childhood education programme?	YES..... 1 NO..... 2	2⇒WB14
WB6. What is the highest level and class/form/year of school you have attended?	EARLY CHILDHOOD EDUCATION000 PRIMARY1 __ __ JUNIOR SECONDARY2 __ __ SENIOR SECONDARY3 __ __ HIGHER4 __ __ VOCATIONAL5 __ __	000⇒WB14
WB7. Did you complete that (class/form/year)?	YES..... 1 NO..... 2	
WB8. Check WB4: Age of respondent:	AGE 15-24..... 1 AGE 25-49..... 2	2⇒WB13
WB9. At any time during the 2018 school year did you attend school?	YES..... 1 NO..... 2	2⇒WB11
WB10. During this 2018 school year, which level and class/form/year are you <u>attending</u> ?	PRIMARY1 __ __ JUNIOR SECONDARY2 __ __ SENIOR SECONDARY3 __ __ HIGHER4 __ __ VOCATIONAL5 __ __	
WB11. At any time during the 2017 school year did you attend school?	YES..... 1 NO..... 2	2⇒WB13
WB12. During that 2017 school year, which level and class/form/year did you <u>attend</u> ?	PRIMARY1 __ __ JUNIOR SECONDARY2 __ __ SENIOR SECONDARY3 __ __ HIGHER4 __ __ VOCATIONAL5 __ __	
WB13. Check WB6: Highest level of school attended:	WB6=2, 3, 4 OR 5 1 WB6=1..... 2	1⇒WB15

<p>WB14. Now I would like you to read this sentence to me.</p> <p><i>Show sentence on the card to the respondent.</i></p> <p><i>If respondent cannot read whole sentence, probe: Can you read part of the sentence to me?</i></p>	<p>CANNOT READ AT ALL 1</p> <p>ABLE TO READ ONLY PARTS OF SENTENCE 2</p> <p>ABLE TO READ WHOLE SENTENCE 3</p> <p>NO SENTENCE IN REQUIRED LANGUAGE / BRAILLE (specify language) 4</p>	
<p>WB15. How long have you been continuously living in (name of current town or village of residence)?</p> <p><i>If less than one year, record '00' years.</i></p>	<p>YEARS__ __</p> <p>ALWAYS / SINCE BIRTH95</p>	<p>95 ⇒WB20</p>
<p>WB16. Just before you moved here, did you live in an urban area or in a rural area/outer islands?</p> <p><i>Probe to identify the type of place.</i></p> <p><i>If unable to determine whether the place is an urban or a rural area, write the name of the place and then temporarily record '9' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>RURAL AREA/OUTER ISLAND 3</p> <p>URBAN 4</p> <p>OUTSIDE OF KIRIBATI (specify) 6</p> <p>DK URBAN OR RURAL AREA/OUTER ISLAND..... 9</p>	
<p>WB17. Before you moved here, in which district/island group did you live in?</p>	<p>SOUTH TARAWA..... 1</p> <p>NORTHERN GILBERT 2</p> <p>CENTRAL GILBERT 3</p> <p>SOUTHERN GILBERT 4</p> <p>LINE AND PHOENIX GROUP 5</p> <p>OUTSIDE OF KIRIBATI (specify) 6</p>	
<p>WB20. What is your religion?</p>	<p>ROMAN CATHOLIC 1</p> <p>KIRIBATI PROTESTANT CHURCH 2</p> <p>KIRIBATI UNITING CHURCH..... 3</p> <p>LATTER DAY SAINTS..... 4</p> <p>BAHAI..... 5</p> <p>OTHER RELIGION (specify)..... 6</p> <p>NO RELIGION..... 7</p>	
<p>WB21. Do you have an account in the bank or other financial institution that you yourself use ?</p>	<p>YES..... 1</p> <p>NO..... 2</p>	

MASS MEDIA AND ICT		MT
MT1. Do you read a newspaper or magazine at least once a week, less than once a week or not at all? <i>If 'At least once a week', probe: Would you say this happens almost every day?</i> <i>If 'Yes' record 3, if 'No' record 2.</i>	NOT AT ALL.....0 LESS THAN ONCE A WEEK1 AT LEAST ONCE A WEEK2 ALMOST EVERY DAY.....3	
MT2. Do you listen to the radio at least once a week, less than once a week or not at all? <i>If 'At least once a week', probe: Would you say this happens almost every day?</i> <i>If 'Yes' record 3, if 'No' record 2</i>	NOT AT ALL.....0 LESS THAN ONCE A WEEK1 AT LEAST ONCE A WEEK2 ALMOST EVERY DAY.....3	
MT3. Do you watch television at least once a week, less than once a week or not at all? <i>If 'At least once a week', probe: Would you say this happens almost every day?</i> <i>If 'Yes' record 3, if 'No' record 2</i>	NOT AT ALL.....0 LESS THAN ONCE A WEEK1 AT LEAST ONCE A WEEK2 ALMOST EVERY DAY.....3	
MT4. Have you ever used a computer or a tablet from any location?	YES1 NO2	2 ⇒ MT9
MT5. During the last 3 months, did you use a computer or a tablet at least once a week, less than once a week or not at all? <i>If 'At least once a week', probe: Would you say this happened almost every day?</i> <i>If 'Yes' record 3, if 'No' record 2</i>	NOT AT ALL.....0 LESS THAN ONCE A WEEK1 AT LEAST ONCE A WEEK2 ALMOST EVERY DAY.....3	0 ⇒ MT9

MT6. During the last 3 months, did you:	YES NO	
[A] Copy or move a file or folder?	COPY/MOVE FILE1 2	
[B] Use a copy and paste tool to duplicate or move information within a document?	USE COPY/PASTE IN DOCUMENT1 2	
[C] Send e-mail with attached file, such as a document, picture or video?	SEND E-MAIL WITH ATTACHMENT1 2	
[D] Use a basic arithmetic formula in a spreadsheet?	USE BASIC SPREADSHEET FORMULA..1 2	
[E] Connect and install a new device, such as a modem, camera or printer?	CONNECT DEVICE1 2	
[F] Find, download, install and configure software?	INSTALL SOFTWARE.....1 2	
[G] Create an electronic presentation with presentation software, including text, images, sound, video or charts?	CREATE PRESENTATION1 2	
[H] Transfer a file between a computer and other device?	TRANSFER FILE1 2	
[I] Write a computer program in any programming language?	PROGRAMMING.....1 2	
MT7. Check MT6[C]: Is 'Yes' recorded?	YES, MT6[C]=1 1 NO, MT6[C]=2..... 2	1 ⇔ MT10
MT8. Check MT6[F]: Is 'Yes' recorded?	YES, MT6[F]=1 1 NO, MT6[F]=2 2	1 ⇔ MT10
MT9. Have you ever used the internet from any location and any device?	YES 1 NO 2	2 ⇔ MT11
MT10. During the last 3 months, did you use the internet at least once a week, less than once a week or not at all? <i>If 'At least once a week', probe: Would you say this happens almost every day? If 'Yes' record 3, if 'No' record 2.</i>	NOT AT ALL.....0 LESS THAN ONCE A WEEK 1 AT LEAST ONCE A WEEK 2 ALMOST EVERY DAY..... 3	
MT11. Do you own a mobile phone?	YES 1 NO 2	2 ⇔ MT12
MT11A. Do you use your mobile phone for any financial transactions?	YES 1 NO 2	

<p>MT12. During the last 3 months, did you use a mobile telephone at least once a week, less than once a week or not at all?</p> <p><i>Probe if necessary:</i> I mean have you communicated with someone using a mobile phone.</p> <p><i>If 'At least once a week', probe:</i> Would you say this happens almost every day?</p> <p><i>If 'Yes' record 3, if 'No' record 2.</i></p>	<p>NOT AT ALL.....0</p> <p>LESS THAN ONCE A WEEK 1</p> <p>AT LEAST ONCE A WEEK2</p> <p>ALMOST EVERY DAY..... 3</p>	
---	--	--

FERTILITY/BIRTH HISTORY		CM
CM1. Now I would like to ask about all the births you have had during your life. Have you ever given birth? <i>This module and the birth history should only include children born alive. Any stillbirths should not be included in response to any question.</i>	YES 1 NO 2	2 ⇒ CM8
CM2. Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	2 ⇒ CM5
CM3. How many sons live with you? <i>If none, record '00'.</i>	SONS AT HOME _ _	
CM4. How many daughters live with you? <i>If none, record '00'.</i>	DAUGHTERS AT HOME _ _	
CM5. Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	2 ⇒ CM8
CM6. How many sons are alive but do not live with you? <i>If none, record '00'.</i>	SONS ELSEWHERE _ _	
CM7. How many daughters are alive but do not live with you? <i>If none, record '00'.</i>	DAUGHTERS ELSEWHERE _ _	
CM8. Have you ever given birth to a boy or girl who was born alive but later died? <i>If 'No' probe by asking: I mean, to any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?</i>	YES 1 NO 2	2 ⇒ CM11
CM9. How many boys have died? <i>If none, record '00'.</i>	BOYS DEAD _ _	
CM10. How many girls have died? <i>If none, record '00'.</i>	GIRLS DEAD _ _	
CM11. Sum answers to CM3, CM4, CM6, CM7, CM9 and CM10.	SUM _ _	
CM12. Just to make sure that I have this right, you have had in total (total number in CM11) births during your life. Is this correct?	YES 1 NO 2	1 ⇒ CM14
CM13. Check responses to CM1-CM10 and make corrections as necessary until response in CM12 is 'Yes'.		

CM14. <i>Check CM11: How many live births?</i>	NO LIVE BIRTHS, CM11=00.....0	0⇒ <i>End</i>
	ONE OR MORE LIVE BIRTH, CM11=01 OR MORE.....1	

FERTILITY/BIRTH HISTORY													BH
BH0. Now I would like to record the names of all of your births, whether still alive or not, starting with the first one you had. <i>Record names of all of the births in BH1. Record twins and triplets on separate lines.</i>													
BH0. BH Line Number	BH1. What name was given to your (first/next) baby?	BH2. Were any of these births twins?	BH3. Is (<i>name of birth</i>) a boy or a girl?	BH4. In what month and year was (<i>name of birth</i>) born? <i>Probe: What is (his/her) birthday?</i>			BH5. Is (<i>name of birth</i>) still alive?	BH6. How old was (<i>name of birth</i>) at (his/her) last birthday? <i>Record age in completed years.</i>	BH7. Is (<i>name of birth</i>) living with you?	BH8. <i>Record household line number of child (from HL1)</i> <i>Record '00' if child is not listed.</i>	BH9. How old was (<i>name of birth</i>) when (he/she) died? <i>If '1 year', probe: How many months old was (<i>name of birth</i>)?</i> <i>Record days if less than 1 month; record months if less than 2 years; or years</i>		BH10. Were there any other live births between (<i>name of previous birth</i>) and (<i>name of birth</i>), including any children who died after birth?
		S M	B G	Day	Month	Year	Y N	Age	Y N	Line No	Unit	Number	Y N
01		1 2	1 2	___	___	___	1 2 ☹ BH9	___	1 2	___ ⇒ Next Birth	DAYS1 MONTHS ..2 YEARS3	___	
02		1 2	1 2	___	___	___	1 2 ☹ BH9	___	1 2	___ ⇒ BH10	DAYS1 MONTHS ..2 YEARS3	___	1 ☹ 2 ☹ Add Next Birth Birth
03		1 2	1 2	___	___	___	1 2 ☹ BH9	___	1 2	___ ⇒ BH10	DAYS1 MONTHS ..2 YEARS3	___	1 ☹ 2 ☹ Add Next Birth Birth
04		1 2	1 2	___	___	___	1 2 ☹ BH9	___	1 2	___ ⇒ BH10	DAYS1 MONTHS ..2 YEARS3	___	1 ☹ 2 ☹ Add Next Birth Birth
05		1 2	1 2	___	___	___	1 2 ☹ BH9	___	1 2	___ ⇒ BH10	DAYS1 MONTHS ..2 YEARS3	___	1 ☹ 2 ☹ Add Next Birth Birth
06		1 2	1 2	___	___	___	1 2 ☹ BH9	___	1 2	___ ⇒ BH10	DAYS1 MONTHS ..2 YEARS3	___	1 ☹ 2 ☹ Add Next Birth Birth
07		1 2	1 2	___	___	___	1 2 ☹ BH9	___	1 2	___ ⇒ BH10	DAYS1 MONTHS ..2 YEARS3	___	1 ☹ 2 ☹ Add Next Birth Birth
08		1 2	1 2	___	___	___	1 2 ☹ BH9	___	1 2	___ ⇒ BH10	DAYS1 MONTHS ..2 YEARS3	___	1 ☹ 2 ☹ Add Next Birth Birth
09		1 2	1 2	___	___	___	1 2 ☹ BH9	___	1 2	___ ⇒ BH10	DAYS1 MONTHS ..2 YEARS3	___	1 ☹ 2 ☹ Add Next Birth Birth

BH0. BH Line Number	BH1. What name was given to your (first/next) baby?	BH2. Were any of these births twins?	BH3. Is (<i>name of birth</i>) a boy or a girl?	BH4. In what month and year was (<i>name of birth</i>) born? <i>Probe: What is (his/her) birthday?</i>			BH5. Is (<i>name of birth</i>) still alive?	BH6. How old was (<i>name of birth</i>) at (his/her) last birthday? <i>Record age in completed years.</i>	BH7. Is (<i>name of birth</i>) living with you?	BH8. <i>Record household line number of child (from HL1)</i> <i>Record '00' if child is not listed.</i>	BH9. How old was (<i>name of birth</i>) when (he/she) died? <i>If '1 year', probe: How many months old was (<i>name of birth</i>)? Record days if less than 1 month; record months if less than 2 years; or years</i>			BH10. Were there any other live births between (<i>name of previous birth</i>) and (<i>name of birth</i>), including any children who died after birth?	
		S M	B G	Day	Month	Year	Y N	Age	Y N	Line No	Unit	Number	Y N		
10		1 2	1 2	___	___	___	1 2 ☹ BH9	___	1 2	___ ⇒ BH10	DAYS1 MONTHS ..2 YEARS3	___	1 ☹ 2 ☹ Add Next Birth Birth		
11		1 2	1 2	___	___	___	1 2 ☹ BH9	___	1 2	___ ⇒ BH10	DAYS1 MONTHS ..2 YEARS3	___	1 ☹ 2 ☹ Add Next Birth Birth		
12		1 2	1 2	___	___	___	1 2 ☹ BH9	___	1 2	___ ⇒ BH10	DAYS1 MONTHS ..2 YEARS3	___	1 ☹ 2 ☹ Add Next Birth Birth		
13		1 2	1 2	___	___	___	1 2 ☹ BH9	___	1 2	___ ⇒ BH10	DAYS1 MONTHS ..2 YEARS3	___	1 ☹ 2 ☹ Add Next Birth Birth		
14		1 2	1 2	___	___	___	1 2 ☹ BH9	___	1 2	___ ⇒ BH10	DAYS1 MONTHS ..2 YEARS3	___	1 ☹ 2 ☹ Add Next Birth Birth		
BH11. Have you had any live births since the birth of (<i>name of last birth listed</i>)?								YES 1 NO 2				1 ⇒ Record birth(s) in Birth History			

CM15. Compare number in CM11 with number of births listed in the birth history above and check:	NUMBERS ARE THE SAME 1 NUMBERS ARE DIFFERENT 2	1 ⇒ CM17
CM16. Probe and reconcile responses in the birth history until response in CM12 is 'Yes'.		
CM17. Check BH4: Last birth occurred within the last 2 years, that is, since (month of interview) in (year of interview minus 2)? If the month of interview and the month of birth are the same, and the year of birth is (year of interview minus 2), consider this as a birth within the last 2 years.	NO LIVE BIRTHS IN THE LAST 2 YEARS 0 ONE OR MORE LIVE BIRTHS IN THE LAST 2 YEARS 1	0 ⇒ End
CM18. Copy name of the last child listed in BH1. If the child has died, take special care when referring to this child by name in the following modules.	NAME OF LAST-BORN CHILD _____	

DESIRE FOR LAST BIRTH		DB
DB1. Check CM17: Was there a live birth in the last 2 years? Copy name of last birth listed in the birth history (CM18) to here and use where indicated: Name _____	YES, CM17=1 1 NO, CM17=0 OR BLANK 2	2 ⇒ End
DB2. When you got pregnant with (<i>name</i>), did you want to get pregnant at that time?	YES 1 NO 2	1 ⇒ End
DB3. Check CM11: Number of births:	ONLY 1 BIRTH 1 2 OR MORE BIRTHS 2	1 ⇒ DB4A 2 ⇒ DB4B
DB4A. Did you want to have a baby later on, or did you not want any children?	LATER 1 NO MORE/NONE 2	
DB4B. Did you want to have a baby later on, or did you not want any more children?		


MATERNAL AND NEWBORN HEALTH		MN												
MN1. Check CM17: Was there a live birth in the last 2 years? Copy name of last birth listed in the birth history (CM18) to here and use where indicated: Name _____	YES, CM17=11 NO, CM17=0 OR BLANK2	2⇒End												
MN2. Did you see anyone for antenatal care during your pregnancy with (<i>name</i>)?	YES1 NO2	2⇒MN7												
MN3. Whom did you see? <i>Probe: Anyone else?</i> <i>Probe for the type of person seen and record all answers given.</i>	HEALTH PROFESSIONAL DOCTOR.....A NURSE / MIDWIFEB MEDICAL ASSISTANTC OTHER PERSON TRADITIONAL BIRTH ATTENDANT F COMMUNITY HEALTH WORKER / NURSE AIDEG OTHER (<i>specify</i>)X													
MN4. How many weeks or months pregnant were you when you first received antenatal care for this pregnancy? <i>Record the answer as stated by respondent. If “9 months” or later, record 9.</i>	WEEKS1 _ _ MONTHS2 <u>0</u> _ DK998													
MN5. How many times did you receive antenatal care during this pregnancy? <i>Probe to identify the number of times antenatal care was received. If a range is given, record the minimum number of times antenatal care received.</i>	NUMBER OF TIMES _ _ DK98													
MN6. As part of your antenatal care during this pregnancy, were any of the following done at least once: [A] Was your blood pressure measured? [B] Did you give a urine sample? [C] Did you give a blood sample?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>BLOOD PRESSURE</td> <td>1</td> <td>2</td> </tr> <tr> <td>URINE SAMPLE</td> <td>1</td> <td>2</td> </tr> <tr> <td>BLOOD SAMPLE</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	BLOOD PRESSURE	1	2	URINE SAMPLE	1	2	BLOOD SAMPLE	1	2	
	YES	NO												
BLOOD PRESSURE	1	2												
URINE SAMPLE	1	2												
BLOOD SAMPLE	1	2												
MN7. Do you have Bwebwa ni tutuo or other document with your own immunisations listed? <i>If yes, ask: May I see it please?</i> <i>If BWEBWA NI TUTUO is presented, use it to assist with answers to the following questions.</i>	YES (BWEBWA NI TUTUO OR OTHER DOCUMENT SEEN)1 YES (BWEBWA NI TUTUO OR OTHER DOCUMENT NOT SEEN)2 NO3 DK8													

MN7A. During last pregnancy were you given or did you buy any iron tablets? <i>Show tablet or syrup.</i>	YES1 NO2 DK8	2⇒MN7D 8⇒MN7D
MN7B. During the whole pregnancy, how many days did you take these tablets? <i>If answer is not numeric probe for approximate number of days.</i> <i>Record '000' if she was given or bought iron tablets but never took one</i>	NUMBER OF DAYS__ __ __ DK998	
MN7C. Where did you buy or get the tablets? <i>Show tablet or syrup.</i> <i>Probe: Anywhere else?</i> <i>If unable to determine whether public or private, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</i> _____ (Name of place)	PUBLIC MEDICAL SECTOR GOVERNMENT HOSPITAL A GOVERNMENT CLINIC/HEALTH CENTRE B COMMUNITY HEALTH WORKER/NURSE AIDE D MOBILE / OUTREACH CLINIC E OTHER PUBLIC MEDICAL (specify) H PRIVATE MEDICAL SECTOR PRIVATE PHARMACY K MOBILE CLINIC M OTHER PRIVATE MEDICAL (specify) O DK PUBLIC OR PRIVATE W OTHER SOURCE RELATIVE / FRIEND P SHOP / MARKET Q TRADITIONAL PRACTITIONER R OTHER (specify) X	
MN7D. During this pregnancy did you take any drugs for intestinal worms?	YES1 NO2 DK8	
MN8. When you were pregnant with (<i>name</i>), did you receive any injection in the arm or shoulder to prevent the baby from getting tetanus, that is, convulsions after birth?	YES1 NO2 DK8	2⇒MN11 8⇒MN11
MN9. How many times did you receive this tetanus injection during your pregnancy with (<i>name</i>)?	NUMBER OF TIMES__ DK8	8⇒MN11
MN10. Check MN9: How many tetanus injections during last pregnancy were reported?	ONLY 1 INJECTION1 2 OR MORE INJECTIONS2	2⇒MN19

<p>MN11. At any time before your pregnancy with (<i>name</i>), did you receive any tetanus injection either to protect yourself or another baby?</p> <p><i>Include DTP (Tetanus) vaccinations received as a child if mentioned.</i></p>	<p>YES1</p> <p>NO2</p> <p>DK8</p>	<p>2⇒MN19</p> <p>8⇒MN19</p>
<p>MN12. Before your pregnancy with (<i>name</i>), how many times did you receive a tetanus injection?</p> <p><i>If 7 or more times, record '7'.</i></p> <p><i>Include DTP (Tetanus) vaccinations received as a child if mentioned.</i></p>	<p>NUMBER OF TIMES__</p> <p>DK8</p>	
<p>MN13. Check MN12: How many tetanus injections before last pregnancy were reported?</p>	<p>ONLY 1 INJECTION1</p> <p>2 OR MORE INJECTIONS OR DK2</p>	<p>1⇒MN14A</p> <p>2⇒MN14B</p>
<p>MN14A. How many years ago did you receive that tetanus injection</p> <p>MN14B. How many years ago did you receive the last of those tetanus injections?</p> <p><i>The reference is to the last injection received <u>prior</u> to this pregnancy, as recorded in MN12.</i></p> <p><i>If less than 1 year, record '00'.</i></p>	<p>YEARS AGO __ __</p> <p>DK98</p>	

<p>MN19. Who assisted with the delivery of (<i>name</i>)?</p> <p><i>Probe: Anyone else?</i></p> <p><i>Probe for the type of person assisting and record all answers given.</i></p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR.....A</p> <p>NURSE / MIDWIFEB</p> <p>MEDICAL ASSISTANTC</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT F</p> <p>COMMUNITY HEALTH WORKER/NURSE</p> <p>AIDEG</p> <p>RELATIVE / FRIENDH</p> <p>OTHER (<i>specify</i>)X</p> <p>NO ONE.....Y</p>	
<p>MN20. Where did you give birth to (<i>name</i>)?</p> <p><i>Probe to identify the type of place.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(<i>Name of place</i>)</p>	<p>HOME</p> <p>RESPONDENT'S HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL 21</p> <p>GOVERNMENT CLINIC /HEALTH CENTRE 22</p> <p>MOBILE/OUTREACH CLINIC.....23</p> <p>OTHER PUBLIC (<i>specify</i>) 26</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE CLINIC 32</p> <p>OTHER PRIVATE MEDICAL (<i>specify</i>) 36</p> <p>DK PUBLIC OR PRIVATE..... 76</p> <p>OTHER (<i>specify</i>).....96</p>	<p>11 ⇒MN23</p> <p>12 ⇒MN23</p> <p>96 ⇒MN23</p>
<p>MN21. Was (<i>name</i>) delivered by caesarean section?</p> <p>That is, did they cut your belly open to take the baby out?</p>	<p>YES1</p> <p>NO 2</p>	<p>2 ⇒MN23</p>
<p>MN22. When was the decision made to have the caesarean section?</p> <p><i>Probe if necessary: Was it before or after your labour pains started?</i></p>	<p>BEFORE LABOUR PAINS1</p> <p>AFTER LABOUR PAINS2</p>	

<p>MN23. Immediately after the birth, was (<i>name</i>) put directly on the bare skin of your chest?</p> <p><i>If necessary, show the picture of skin-to-skin position.</i></p>	<p>YES1</p> <p>NO2</p> <p>DK/ DON'T REMEMBER8</p>	<p>2⇒MN25</p> <p>8⇒MN25</p>
---	---	-----------------------------

 <p><small>Photo Credit: Joyce Goldwin</small></p>		
MN24. Before being placed on the bare skin of your chest, was the baby wrapped up?	YES1 NO2 DK/ DON'T REMEMBER8	
MN25. Was (<i>name</i>) dried or wiped soon after birth?	YES1 NO2 DK/ DON'T REMEMBER8	
MN26. How long after the birth was (<i>name</i>) bathed for the first time? <i>If “immediately” or less than 1 hour, record ‘000’.</i> <i>If less than 24 hours, record hours.</i> <i>If “1 day” or “next day”, probe: About how many hours after the delivery?</i> <i>If “24 hours”, probe to ensure best estimate of less than 24 hours or 1 day.</i> <i>If 24 hours or more, record days.</i>	IMMEDIATELY/LESS THAN 1 HOUR000 HOURS 1 __ __ DAYS 2 __ __ NEVER BATHED997 DK / DON'T REMEMBER998	
MN27. Check MN20: Was the child delivered in a health facility?	YES, MN20=21-36 OR 761 NO, MN20=11-12 OR 96.....2	1 ⇒ MN30
MN28. What was used to cut the cord?	NEW BLADE1 BLADE USED FOR OTHER PURPOSES2 SCISSORS3 OTHER (<i>specify</i>) 6 DK8	
MN29. Was the instrument used to cut the cord boiled or sterilised prior to use?	YES1 NO2 DK / DON'T REMEMBER8	
MN30. After the cord was cut and until it fell off, was anything applied to the cord?	YES1 NO2 DK / DON'T REMEMBER8	2 ⇒ MN32 8 ⇒ MN32

MN31. What was applied to the cord? <i>Probe: Anything else?</i>	CHLORHEXIDINE..... A OTHER ANTISEPTIC (ALCOHOL, SPIRIT, GENTIAN VIOLET)..... B COCONUT OIL..... F OTHER (<i>specify</i>) X DK / DON'T REMEMBER Z	
MN32. When (<i>name</i>) was born, was (he/she) very large, larger than average, average, smaller than average, or very small?	VERY LARGE.....1 LARGER THAN AVERAGE.....2 AVERAGE.....3 SMALLER THAN AVERAGE.....4 VERY SMALL5 DK8	
MN33. Was (<i>name</i>) weighed at birth?	YES1 NO2 DK8	2 ⇒ MN35 8 ⇒ MN35
MN34. How much did (<i>name</i>) weigh? <i>If a card is available, record weight from card.</i>	FROM CARD1 (KG) FROM RECALL2 (KG) DK99998	
MN35. Has your menstrual period returned since the birth of (<i>name</i>)?	YES1 NO2	
MN36. Did you ever breastfeed (<i>name</i>)?	YES1 NO2	2 ⇒ MN39B
MN37. How long after birth did you first put (<i>name</i>) to the breast? <i>If less than 1 hour, record '00' hours.</i> <i>If less than 24 hours, record hours.</i> <i>Otherwise, record days.</i>	IMMEDIATELY000 HOURS1 DAYS.....2 DK / DON'T REMEMBER998	
MN38. In the first three days after delivery, was (<i>name</i>) given anything to drink other than breast milk?	YES1 NO2	1 ⇒ MN39A 2 ⇒ End
MN39A. What was (<i>name</i>) given to drink? <i>Probe: Anything else?</i> <i>'Not given anything to drink' is not a valid response and response category Y cannot be recorded.</i> MN39B. In the first three days after delivery, what was (<i>name</i>) given to drink? <i>Probe: Anything else?</i> <i>'Not given anything to drink' (category Y) can only be recorded if no other response category is recorded.</i>	MILK (OTHER THAN BREAST MILK)A PLAIN WATERB SUGAR OR GLUCOSE WATERC SUGAR-SALT-WATER SOLUTION.....E FRUIT JUICEF INFANT FORMULA.....G TEA / INFUSIONS / TRADITIONAL HERBAL PREPARATIONSH HONEYI PRESCRIBED MEDICINEJ COCONUT JUICE(MOIMOTO).....K OTHER (<i>specify</i>)X NOT GIVEN ANYTHING TO DRINKY	

POST-NATAL HEALTH CHECKS		PN
PN1. Check CM17: Was there a live birth in the last 2 years? Copy name of last birth listed in the birth history (CM18) to here and use where indicated: Name _____	YES, CM17=1 1 NO, CM17=0 OR BLANK 2	2 ⇒ End
PN2. Check MN20: Was the child delivered in a health facility?	YES, MN20=21-36 OR 76 1 NO, MN20=11-12 OR 96 2	2 ⇒ PN7
PN3. Now I would like to ask you some questions about what happened in the hours and days after the birth of (name). You have said that you gave birth in (name or type of facility in MN20). How long did you stay there after the delivery? If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.	HOURS 1 ____ DAYS 2 ____ WEEKS 3 ____ DK / DON'T REMEMBER 998	
PN4. I would like to talk to you about checks on (name)'s health after delivery – for example, someone examining (name), checking the cord, or seeing if (name) is ok. Before you left the (name or type of facility in MN20), did anyone check on (name)'s health?	YES 1 NO 2	
PN5. And what about checks on <u>your</u> health – I mean, someone assessing your health, for example asking questions about your health or examining you? Did anyone check on <u>your</u> health before you left (name or type or facility in MN20)?	YES 1 NO 2	
PN6. Now I would like to talk to you about what happened after you left (name or type of facility in MN20). Did anyone check on (name)'s health after you left (name or type of facility in MN20)?	YES 1 NO 2	1 ⇒ PN12 2 ⇒ PN17
PN7. Check MN19: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?	YES, AT LEAST ONE OF THE CATEGORIES A TO G RECORDED 1 NO, NONE OF THE CATEGORIES A TO G RECORDED 2	2 ⇒ PN11

<p>PN8. You have already said that (<i>person or persons in MN19</i>) assisted with the birth. Now I would like to talk to you about checks on (<i>name</i>)’s health after delivery, for example examining (<i>name</i>), checking the cord, or seeing if (<i>name</i>) is ok.</p> <p>After the delivery was over and before (<i>person or persons in MN19</i>) left you, did (<i>person or persons in MN19</i>) check on (<i>name</i>)’s health?</p>	<p>YES 1</p> <p>NO 2</p>	
<p>PN9. And did (<i>person or persons in MN19</i>) check on <u>your</u> health before leaving, for example asking questions about your health or examining you?</p>	<p>YES 1</p> <p>NO 2</p>	
<p>PN10. After the (<i>person or persons in MN19</i>) left you, did anyone check on the health of (<i>name</i>)?</p>	<p>YES 1</p> <p>NO 2</p>	<p>1 ⇨ PN12</p> <p>2 ⇨ PN19</p>
<p>PN11. I would like to talk to you about checks on (<i>name</i>)’s health after delivery – for example, someone examining (<i>name</i>), checking the cord, or seeing if the baby is ok.</p> <p>After (<i>name</i>) was delivered, did anyone check on (his/her) health?</p>	<p>YES 1</p> <p>NO 2</p>	<p>2 ⇨ PN20</p>
<p>PN12. Did such a check happen only once, or more than once?</p>	<p>ONCE 1</p> <p>MORE THAN ONCE 2</p>	<p>1 ⇨ PN13A</p> <p>2 ⇨ PN13B</p>
<p>PN13A. How long after delivery did that check happen?</p> <p>PN13B. How long after delivery did the first of these checks happen?</p> <p><i>If less than one day, record hours.</i></p> <p><i>If less than one week, record days.</i></p> <p><i>Otherwise, record weeks.</i></p>	<p>HOURS 1 ____</p> <p>DAYS 2 ____</p> <p>WEEKS 3 ____</p> <p>DK / DON’T REMEMBER 998</p>	
<p>PN14. Who checked on (<i>name</i>)’s health at that time?</p> <p><i>Probe: Anyone else?</i></p> <p><i>Probe for the type of person assisting and record all answers given</i></p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR A</p> <p>NURSE / MIDWIFE B</p> <p>MEDICAL ASSISTANT C</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT F</p> <p>COMMUNITY HEALTH WORKER/NURSE AIDE G</p> <p>RELATIVE / FRIEND H</p> <p>OTHER (<i>specify</i>) X</p>	

<p>PN15. Where did this check take place?</p> <p><i>Probe to identify the type of place.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>HOME</p> <p>RESPONDENT'S HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL 21</p> <p>GOVERNMENT CLINIC/ HEALTH CENTRE 22</p> <p>OTHER PUBLIC (<i>specify</i>) 26</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE CLINIC 32</p> <p>OTHER PRIVATE MEDICAL (<i>specify</i>) 36</p> <p>DK PUBLIC OR PRIVATE 76</p> <p>OTHER (<i>specify</i>) 96</p>	
<p>PN16. Check MN20: Was the child delivered in a health facility?</p>	<p>YES, MN20=21-36 OR 76 1</p> <p>NO, MN20=11-12 OR 96 2</p>	<p>2 ⇒ PN18</p>
<p>PN17. After you left (<i>name or type of facility in MN20</i>), did anyone check on <u>your</u> health?</p>	<p>YES 1</p> <p>NO 2</p>	<p>1 ⇒ PN21</p> <p>2 ⇒ PN25</p>
<p>PN18. Check MN19: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?</p>	<p>YES, AT LEAST ONE OF THE CATEGORIES A TO G RECORDED 1</p> <p>NO, NONE OF THE CATEGORIES A TO G RECORDED 2</p>	<p>2 ⇒ PN20</p>
<p>PN19. After the delivery was over and (<i>person or persons in MN19</i>) left, did anyone check on <u>your</u> health?</p>	<p>YES 1</p> <p>NO 2</p>	<p>1 ⇒ PN21</p> <p>2 ⇒ PN25</p>
<p>PN20. After the birth of (<i>name</i>), did anyone check on <u>your</u> health, for example asking questions about your health or examining you?</p>	<p>YES 1</p> <p>NO 2</p>	<p>2 ⇒ PN25</p>
<p>PN21. Did such a check happen only once, or more than once?</p>	<p>ONCE 1</p> <p>MORE THAN ONCE 2</p>	<p>1 ⇒ PN22A</p> <p>2 ⇒ PN22B</p>
<p>PN22A. How long after delivery did that check happen?</p> <p>PN22B. How long after delivery did the first of these checks happen?</p> <p><i>If less than one day, record hours.</i></p> <p><i>If less than one week, record days.</i></p> <p><i>Otherwise, record weeks.</i></p>	<p>HOURS 1 ____</p> <p>DAYS 2 ____</p> <p>WEEKS 3 ____</p> <p>DK / DON'T REMEMBER 998</p>	

PN23. Who checked on <u>your</u> health at that time?	HEALTH PROFESSIONAL DOCTOR A NURSE / MIDWIFE B MEDICAL ASSISTANT C OTHER PERSON TRADITIONAL BIRTH ATTENDANT F COMMUNITY HEALTH WORKER/NURSE AIDE G RELATIVE / FRIEND H OTHER (specify) X																	
PN24. Where did this check take place? <i>Probe to identify the type of place.</i> <i>If unable to determine whether public or private, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.</i> _____ (Name of place)	HOME RESPONDENT'S HOME 11 OTHER HOME 12 PUBLIC MEDICAL SECTOR GOVERNMENT HOSPITAL 21 GOVERNMENT CLINIC/ HEALTH CENTRE 22 OTHER PUBLIC (specify) 26 PRIVATE MEDICAL SECTOR PRIVATE CLINIC 32 OTHER PRIVATE MEDICAL (specify) 36 DK PUBLIC OR PRIVATE 76 OTHER (specify) 96																	
PN25. During the first two days after birth, did any health care provider do any of the following either at home or at a facility: [A] Examine (name)'s cord? [B] Take the temperature of (name)? [C] Counsel you on breastfeeding?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>EXAMINE THE CORD</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TAKE TEMPERATURE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>COUNSEL ON BREASTFEEDING.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	EXAMINE THE CORD	1	2	8	TAKE TEMPERATURE	1	2	8	COUNSEL ON BREASTFEEDING.....	1	2	8	
	YES	NO	DK															
EXAMINE THE CORD	1	2	8															
TAKE TEMPERATURE	1	2	8															
COUNSEL ON BREASTFEEDING.....	1	2	8															
PN25D. Have you had sexual intercourse since the birth of (name)?	YES 1 NO 2	2 ⇨ PN26																
PN25E. For how many months after birth of (name) did you not have sexual intercourse?	NUMBER OF MONTHS __ __ DK 98																	
PN26. Check MN36: Was child ever breastfed?	YES, MN36=1 1 NO, MN36=2 2	2 ⇨ PN28																
PN27. During the first two days after birth, did any health care provider either at home or at a facility observe (name)'s breastfeeding?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>OBSERVE BREASTFEEDING</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	OBSERVE BREASTFEEDING	1	2	8									
	YES	NO	DK															
OBSERVE BREASTFEEDING	1	2	8															

PN28. Check MN33: Was child weighed at birth?	YES, MN33=1 1 NO, MN33=2 2 DK, MN33=8 3	1 ⇒PN29A 2 ⇒PN29B 3 ⇒PN29C
PN29A. You mentioned that (<i>name</i>) was weighed at birth. After that, was (<i>name</i>) weighed again by a health care provider within two days? PN29B. You mentioned that (<i>name</i>) was not weighed at birth. Was (<i>name</i>) weighed at all by a health care provider within two days after birth? PN29C. You mentioned that you do not know if (<i>name</i>) was weighed at birth. Was (<i>name</i>) weighed at all by a health care provider within two days after birth?	YES 1 NO 2	
PN30. During the first two days after (<i>name</i>)'s birth, did any health care provider give you information on the symptoms that require you to take your sick child to a health facility for care?	YES 1 NO 2	

CONTRACEPTION

CP

CP0. I would like to talk with you about another subject: family planning.

Have you ever heard of (*method*)?

YES NO

[A] Female Sterilization (Ligation)

FEMALE STERILIZATION 1 2

Probe: Women can have an operation to avoid having more children

[B] Male Sterilization (Vasectomy)

MALE STERILIZATION 1 2

Probe: Men can have an operation to avoid having any children

[C] IUCD

IUCD 1 2

Probe: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more years

[D] Injectables

INJECTABLES 1 2

Probe: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months

[E] Implant

IMPLANT 1 2

Probe: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years

[F] Pill

PILL 1 2

Probe: Women can take a pill every day to avoid becoming pregnant

[G] Condom

CONDOM 1 2

Probe: Men can put a rubber sheath on their penis before sexual intercourse.

[H] Female Condom

FEMALE CONDOM 1 2

Probe: Women can place a sheath in their vagina before sexual intercourse

[I] Emergency Contraception

EMERGENCY CONTRACEPRION 1 2

Probe: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy

[J] Ovulation (Dr. Billing) Method

DR. BILLING (OVULATION) 1 2

Probe: Women can monitor their fertility and infertility period by checking the sensation of their vulva and the appearance of vaginal discharge

<p>[K] Cycle Beads (Standard Days) Method <i>Probe:</i> A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse</p> <p>[L] Lactational Amenorrhea Method (LAM) <i>Probe:</i> Up to six months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night</p> <p>[M] Rhythm/ Calendar Method <i>Probe:</i> To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant</p> <p>[N] Withdrawal <i>Probe:</i> Men can be careful and pull out before climax</p> <p>[X] Have you heard of any other ways or methods that women or men can use to avoid pregnancy?</p>	<p>CYCLE BEADS 1 2</p> <p>LACTATIONAL AMENORRHEA 1 2</p> <p>RHYTHM 1 2</p> <p>WITHDRAWAL 1 2</p> <p>YES, MODERN METHOD <i>(specify)</i> A</p> <p>YES, TRADITIONAL METHOD <i>(specify)</i> B</p> <p>NO Z</p>	
<p>CP1. Are you pregnant now?</p>	<p>YES, CURRENTLY PREGNANT 1</p> <p>NO 2</p> <p>DK OR NOT SURE 8</p>	<p>1 ⇒ CP3</p>
<p>CP2. Couples use various ways or methods to delay or avoid getting pregnant.</p> <p>Are you currently doing something or using any method to delay or avoid getting pregnant?</p>	<p>YES 1</p> <p>NO 2</p>	<p>1 ⇒ CP4</p>
<p>CP3. Have you ever done something or used any method to delay or avoid getting pregnant?</p>	<p>YES 1</p> <p>NO 2</p>	<p>1 ⇒ End 2 ⇒ End</p>

<p>CP4. What are you doing to delay or avoid a pregnancy?</p> <p><i>Do not prompt.</i> <i>If more than one method is mentioned, record each one.</i></p>	<p>FEMALE STERILIZATION A MALE STERILIZATION B IUD C INJECTABLES D IMPLANTS E PILL F MALE CONDOM G FEMALE CONDOM H DIAPHRAGM I PERIODIC ABSTINENCE / RHYTHM L WITHDRAWAL M EMERGENCY CONTRACEPTION N OVULATION/DR BILLING METHOD O CYCLE BEADS P</p> <p>OTHER (<i>specify</i>) X</p>	
<p>CP4A. Check CP4: Pill mentioned?</p>	<p>YES 1 NO 2</p>	<p>2 ⇒ CP5A</p>
<p>CP5. What is the brand name of the pills you are using?</p> <p><i>If don't know the brand, ask to see the package</i></p>	<p>MICROLUTE 1 EUGYNON 2 MICROGYNON 3</p> <p>OTHER (<i>specify</i>) 6</p> <p>DK OR NOT SURE 8</p>	
<p>CP5A. Check CP4: Condom mentioned?</p>	<p>YES 1 NO 2</p>	<p>2 ⇒ CP6A</p>
<p>CP6. What is the brand name of the condoms you are using?</p> <p><i>If don't know the brand, ask to see the package</i></p>	<p>DOTTED MALE LATEX 1 RIBBED CONDOM 2</p> <p>OTHER (<i>specify</i>) 6</p> <p>DK OR NOT SURE 8</p>	
<p>CP6A. Check CP4: Sterilization mentioned?</p>	<p>YES 1 NO 2</p>	<p>2 ⇒ CP9</p>

<p>CP7. In what facility did the sterilization take place?</p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL 21</p> <p>GOVERNMENT CLINIC /</p> <p>HEALTH CENTRE 22</p> <p>MOBILE/OUTREACH CLINIC.....24</p> <p>OTHER PUBLIC (specify)26</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE CLINIC 32</p> <p>KIRIBATI FAMILY HEALTH ASSOCIATION..... 34</p> <p>OTHER PRIVATE MEDICAL (specify)36</p> <p>DK PUBLIC OR PRIVATE..... 76</p> <p>OTHER (Specify)96</p>	
<p>CP8. In what month and year was the sterilization performed?</p>	<p>MONTHS 1 _ _</p> <p>YEARS2 _ _</p> <p>DK998</p>	
<p>CP9. Check CP4: C or D or E or I - P mentioned?</p>	<p>YES 1</p> <p>NO 2</p>	<p>2 ⇒ End</p>
<p>CP10. Since what month and year have you been using (current method) without stopping?</p> <p><i>Probe: For how long have you been using (current method in CP4) now without stopping?</i></p>	<p>MONTH _ _</p> <p>DK MONTH..... 98</p> <p>YEAR _ _ _ _</p> <p>DK YEAR9998</p>	

UNMET NEED		UN
UN1. Check CP1: Currently pregnant?	YES, CP1=1 1 NO, DK OR NOT SURE, CP1=2 OR 8 2	2 ⇨ UN6
UN2. Now I would like to talk to you about your current pregnancy. When you got pregnant, did you want to get pregnant at that time?	YES 1 NO 2	1 ⇨ UN5
UN3. Check CM11: Any births?	NO BIRTHS 0 ONE OR MORE BIRTHS 1	0 ⇨ UN4A 1 ⇨ UN4B
UN4A. Did you want to have a baby later on or did you not want any children? UN4B. Did you want to have a baby later on or did you not want any more children?	LATER 1 NONE / NO MORE 2	
UN5. Now I would like to ask some questions about the future. After the child you are now expecting, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 NO MORE / NONE 2 UNDECIDED / DK 8	1 ⇨ UN8 2 ⇨ UN14 8 ⇨ UN14
UN6. Check CP4: Currently using 'Female sterilization'?	YES, CP4=A 1 NO, CP4≠A 2	1 ⇨ UN14
UN7. Now I would like to ask you some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD 1 NO MORE / NONE 2 SAYS SHE CANNOT GET PREGNANT 3 UNDECIDED / DK 8	2 ⇨ UN10 3 ⇨ UN12 8 ⇨ UN10
UN8. How long would you like to wait before the birth of (a/another) child? <i>Record the answer as stated by respondent.</i>	MONTHS 1 __ __ YEARS 2 __ __ DOES NOT WANT TO WAIT (SOON/NOW) 993 SAYS SHE CANNOT GET PREGNANT 994 AFTER MARRIAGE 995 OTHER 996 DK 998	994 ⇨ UN12
UN9. Check CP1: Currently pregnant?	YES, CP1=1 1 NO, DK OR NOT SURE, CP1=2 OR 8 2	1 ⇨ UN14
UN10. Check CP2: Currently using a method?	YES, CP2=1 1 NO, CP2=2 2	1 ⇨ UN14
UN11. Do you think you are physically able to get pregnant at this time?	YES 1 NO 2 DK 8	1 ⇨ UN14 8 ⇨ UN14

UN12. Why do you think you are not physically able to get pregnant?	INFREQUENT SEX / NO SEX..... A MENOPAUSAL B NEVER MENSTRUATED..... C HYSTERECTOMY (SURGICAL REMOVAL OF UTERUS) D HAS BEEN TRYING TO GET PREGNANT FOR 2 YEARS OR MORE WITHOUT RESULTE POSTPARTUM AMENORRHEICF BREASTFEEDING G TOO OLD H FATALISTIC.....I OTHER (<i>specify</i>)..... X DK.....Z	
UN13. Check UN12: 'Never menstruated' mentioned?	MENTIONED, UN12=C 1 NOT MENTIONED, UN12≠C 2	1 ⇒ UN20
UN14. When did your last menstrual period start? <i>Record the answer using the same unit stated by the respondent.</i> <i>If '1 year', probe:</i> How many months ago?	DAYS AGO 1 __ __ WEEKS AGO 2 __ __ MONTHS AGO 3 __ __ YEARS AGO..... 4 __ __ IN MENOPAUSE / HAS HAD HYSTERECTOMY 993 BEFORE LAST BIRTH 994 NEVER MENSTRUATED..... 995	993 ⇒ UN20 994 ⇒ UN20 995 ⇒ UN20
UN15. Check UN14: Was the last menstrual period within last year?	YES, WITHIN LAST YEAR 1 NO, ONE YEAR OR MORE 2	2 ⇒ UN20
UN16. Due to your last menstruation, were there any social activities, school or work days that you did not attend?	YES 1 NO..... 2 DK / NOT SURE / NO SUCH ACTIVITY 8	
UN17. During your last menstrual period were you able to wash and change in privacy while at home?	YES 1 NO..... 2 DK..... 8	
UN18. Did you use any materials such as sanitary pads, tampons or cloth?	YES 1 NO..... 2 DK..... 8	2 ⇒ UN20 8 ⇒ UN20
UN19. Were the materials reusable?	YES 1 NO..... 2 DK..... 8	
UN20. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES 1 NO..... 2 DK..... 8	

UN21. After birth, can a woman become pregnant before her menstrual period has returned?	YES 1 NO.....2 DK.....8	
--	-------------------------------------	--

ATTITUDES TOWARD DOMESTIC VIOLENCE
DV

DV1. Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:

YES NO DK

[A] If she goes out without telling him?

GOES OUT WITHOUT
TELLING.....

1 2 8

[B] If she neglects the children?

NEGLECTS CHILDREN

1 2 8

[C] If she argues with him?

ARGUES WITH HIM.....

1 2 8

[D] If she refuses to have sex with him?

REFUSES SEX

1 2 8

[E] If she burns the food?

BURNS FOOD

1 2 8

VICTIMISATION		VT
<p>VT1. Check for the presence of others. Before continuing, ensure privacy. Now I would like to ask you some questions about crimes in which you <u>personally</u> were the victim.</p> <p>Let me assure you again that your answers are completely confidential and will not be told to anyone.</p> <p>In the last three years, that is since (<i>month of interview</i>) (<i>year of interview minus 3</i>), has anyone taken or tried taking something from you, by using force or threatening to use force?</p> <p><i>Include only incidents in which the respondent was personally the victim and exclude incidents experienced only by other members of the household.</i></p> <p><i>If necessary, help the respondent to establish the recall period and make sure that you allow adequate time for the recall. You may reassure: It can be difficult to remember this sort of incidents, so please take your time while you think about your answers.</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇒ VT9B</p> <p>8 ⇒ VT9B</p>
<p>VT2. Did this last happen during the last 12 months, that is, since (<i>month of interview</i>) (<i>year of interview minus 1</i>)?</p>	<p>YES, DURING THE LAST 12 MONTHS 1</p> <p>NO, MORE THAN 12 MONTHS AGO 2</p> <p>DK / DON'T REMEMBER 8</p>	<p>2 ⇒ VT5B</p> <p>8 ⇒ VT5B</p>
<p>VT3. How many times did this happen in the last 12 months?</p> <p><i>If 'DK/Don't remember', probe: Did it happen once, twice, or at least three times?</i></p>	<p>ONE TIME 1</p> <p>TWO TIMES 2</p> <p>THREE OR MORE TIMES 3</p> <p>DK / DON'T REMEMBER 8</p>	
<p>VT4. Check VT3: One or more times?</p>	<p>ONE TIME, VT3=1 1</p> <p>MORE THAN ONCE OR DK, VT3=2, 3 OR 8 2</p>	<p>1 ⇒ VT5A</p> <p>2 ⇒ VT5B</p>
<p>VT5A. When this happened, was anything stolen from you?</p> <p>VT5B. The last time this happened, was anything stolen from you?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK / NOT SURE 8</p>	
<p>VT6. Did the person(s) have a weapon?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK / NOT SURE 8</p>	<p>2 ⇒ VT8</p> <p>8 ⇒ VT8</p>
<p>VT7. Was a knife, a gun or something else used as a weapon?</p> <p><i>Record all that apply.</i></p>	<p>YES, A KNIFE A</p> <p>YES, A GUN B</p> <p>YES, SOMETHING ELSE X</p>	
<p>VT8. Did you or anyone else report the incident to the police?</p> <p><i>If 'Yes', probe: Was the incident reported by you or someone else?</i></p>	<p>YES, RESPONDENT REPORTED 1</p> <p>YES, SOMEONE ELSE REPORTED 2</p> <p>NO, NOT REPORTED 3</p> <p>DK / NOT SURE 8</p>	<p>1 ⇒ VT9A</p> <p>2 ⇒ VT9A</p> <p>3 ⇒ VT9A</p> <p>8 ⇒ VT9A</p>

<p>VT9A. Apart from the incident(s) just covered, have you in the last three years, that is since (<i>month of interview</i>) (<i>year of interview minus 3</i>), been physically attacked?</p> <p>VT9B. In the same period of the last three years, that is since (<i>month of interview</i>) (<i>year of interview minus 3</i>), have you been physically attacked?</p> <p><i>If 'No', probe:</i> An attack can happen at home or any place outside of the home, such as in other homes, in the street, at school, on public transport, public restaurants, or at your workplace.</p> <p><i>Include only incidents in which the respondent was personally the victim and exclude incidents experienced only by other members of the household. Exclude incidents where the intention was to take something from the respondent, which should be recorded under VT1.</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇒ VT20</p> <p>8 ⇒ VT20</p>
<p>VT10. Did this last happen during the last 12 months, that is, since (<i>month of interview</i>) (<i>year of interview minus 1</i>)?</p>	<p>YES, DURING THE LAST 12 MONTHS..... 1</p> <p>NO, MORE THAN 12 MONTHS AGO 2</p> <p>DK / DON'T REMEMBER 8</p>	<p>2 ⇒ VT12B</p> <p>8 ⇒ VT12B</p>
<p>VT11. How many times did this happen in the last 12 months?</p> <p><i>If 'DK/Don't remember', probe:</i> Did it happen once, twice, or at least three times?</p>	<p>ONE TIME 1</p> <p>TWO TIMES 2</p> <p>THREE OR MORE TIMES 3</p> <p>DK / DON'T REMEMBER 8</p>	<p>1 ⇒ VT12A</p> <p>2 ⇒ VT12B</p> <p>3 ⇒ VT12B</p> <p>8 ⇒ VT12B</p>
<p>VT12A. Where did this happen?</p> <p>VT12B. Where did this happen the last time?</p>	<p>AT HOME..... 11</p> <p>IN ANOTHER HOME 12</p> <p>IN THE STREET 21</p> <p>ON PUBLIC TRANSPORT 22</p> <p>PUBLIC RESTAURANT / CAFÉ / BAR 23</p> <p>OTHER PUBLIC (<i>specify</i>) 26</p> <p>AT SCHOOL..... 31</p> <p>AT WORKPLACE..... 32</p> <p>OTHER PLACE (<i>specify</i>) 96</p>	
<p>VT13. How many people were involved in committing the offence?</p> <p><i>If 'DK/Don't remember', probe:</i> Was it one, two, or at least three people?</p>	<p>ONE PERSON 1</p> <p>TWO PEOPLE 2</p> <p>THREE OR MORE PEOPLE 3</p> <p>DK / DON'T REMEMBER 8</p>	<p>1 ⇒ VT14A</p> <p>2 ⇒ VT14B</p> <p>3 ⇒ VT14B</p> <p>8 ⇒ VT14B</p>

VT14A. At the time of the incident, did you recognize the person? VT14B. At the time of the incident, did you recognize at least one of the persons?	YES 1 NO 2 DK / DON'T REMEMBER 8																																	
VT17. Did the person(s) have a weapon?	YES 1 NO 2 DK / NOT SURE..... 8	2⇒VT19 8⇒VT19																																
VT18. Was a knife, a gun or something else used as a weapon? <i>Record all that apply.</i>	YES, A KNIFE..... A YES, A GUNB YES, SOMETHING ELSE X																																	
VT19. Did you or anyone else report the incident to the police? <i>If 'Yes', probe:</i> Was the incident reported by you or someone else?	YES, RESPONDENT REPORTED 1 YES, SOMEONE ELSE REPORTED 2 NO, NOT REPORTED 3 DK / NOT SURE..... 8																																	
VT20. How safe do you feel walking alone in your neighbourhood after dark?	VERY SAFE 1 SAFE 2 UNSAFE 3 VERY UNSAFE..... 4 NEVER WALK ALONE AFTER DARK 7																																	
VT21. How safe do you feel when you are at home alone after dark?	VERY SAFE 1 SAFE 2 UNSAFE 3 VERY UNSAFE..... 4 NEVER ALONE AFTER DARK 7																																	
VT22. In the past 12 months, have you <u>personally</u> felt discriminated against or harassed on the basis of the following grounds? [A] Ethnic or immigration origin? [B] Sex? [C] Sexual orientation? [D] Age? [E] Religion or belief? [F] Disability? [X] For any other reason?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>ETHNIC / IMMIGRATION.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SEX</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SEXUAL ORIENTATION</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>AGE.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>RELIGION / BELIEF</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DISABILITY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER REASON.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	ETHNIC / IMMIGRATION.....	1	2	8	SEX	1	2	8	SEXUAL ORIENTATION	1	2	8	AGE.....	1	2	8	RELIGION / BELIEF	1	2	8	DISABILITY	1	2	8	OTHER REASON.....	1	2	8	
	YES	NO	DK																															
ETHNIC / IMMIGRATION.....	1	2	8																															
SEX	1	2	8																															
SEXUAL ORIENTATION	1	2	8																															
AGE.....	1	2	8																															
RELIGION / BELIEF	1	2	8																															
DISABILITY	1	2	8																															
OTHER REASON.....	1	2	8																															

MARRIAGE/UNION		MA
MA1. Are you currently married or living together with someone as if married?	YES, CURRENTLY MARRIED.....1 YES, LIVING WITH A PARTNER2 NO, NOT IN UNION.....3	3⇒MA5
MA2. How old is your (husband/partner)? <i>Probe:</i> How old was your (husband/partner) on his last birthday?	AGE IN YEARS__ __ DK.....98	
MA3. Besides yourself, does your (husband/partner) have any other wives or partners or does he live with other women as if married?	YES.....1 NO.....2	2⇒MA7
MA4. How many other wives or partners does he have?	NUMBER__ __ DK.....98	⇒MA7 98⇒MA7
MA5. Have you ever been married or lived together with someone as if married?	YES, FORMERLY MARRIED1 YES, FORMERLY LIVED WITH A PARTNER ..2 NO.....3	3⇒End
MA6. What is your marital status now: are you widowed, divorced or separated?	WIDOWED.....1 DIVORCED2 SEPARATED3	
MA7. Have you been married or lived with someone only once or more than once?	ONLY ONCE.....1 MORE THAN ONCE2	1⇒MA8A 2⇒MA8B
MA8A. In what month and year did you start living with your (husband/partner)? MA8B. In what month and year did you start living with your <u>first</u> (husband/partner)?	DATE OF (FIRST) UNION MONTH__ __ DK MONTH98 YEAR.....__ __ __ __ DK YEAR9998	
MA9. Check MA8A/B: Is 'DK YEAR' recorded?	YES, MA8A/B=9998.....1 NO, MA8A/B≠9998.....2	2⇒End
MA10. Check MA7: In union only once?	YES, MA7=11 NO, MA7=22	1⇒MA11A 2⇒MA11B
MA11A. How old were you when you started living with your (husband/partner)? MA11B. How old were you when you started living with your <u>first</u> (husband/partner)?	AGE IN YEARS__ __	

ADULT FUNCTIONING		AF
AF1. Check WB4: Age of respondent?	AGE 15-17 YEARS 1 AGE 18-49 YEARS 2	1 ⇒ End
AF2. Do you use glasses or contact lenses? <i>Include the use of glasses for reading.</i>	YES 1 NO 2	
AF3. Do you use a hearing aid?	YES 1 NO 2	
AF4. I will now ask you about difficulties you may have doing a number of different activities. For each activity there are four possible answers: Please tell me if you have: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty or 4) that you cannot do the activity at all. <i>Repeat the categories during the individual questions whenever the respondent does not use an answer category:</i> Remember, the four possible answers are: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that you cannot do the activity at all.		
AF5. Check AF2: Respondent uses glasses or contact lenses?	YES, AF2=1 1 NO, AF2=2 2	1 ⇒ AF6A 2 ⇒ AF6B
AF6A. When using your glasses or contact lenses, do you have difficulty seeing? AF6B. Do you have difficulty seeing?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT SEE AT ALL 4	
AF7. Check AF3: Respondent uses a hearing aid?	YES, AF3=1 1 NO, AF3=2 2	1 ⇒ AF8A 2 ⇒ AF8B
AF8A. When using your hearing aid(s), do you have difficulty hearing? AF8B. Do you have difficulty hearing?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT HEAR AT ALL 4	
AF9. Do you have difficulty walking or climbing steps?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK/ CLIMB STEPS AT ALL 4	
AF10. Do you have difficulty remembering or concentrating?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT REMEMBER/ CONCENTRATE AT ALL 4	
AF11. Do you have difficulty with self-care, such as washing all over or dressing?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT CARE FOR SELF AT ALL 4	
AF12. Using your usual language, do you have difficulty communicating, for example understanding or being understood?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3	

SEXUAL BEHAVIOUR		SB
<p>SB1. Check for the presence of others. Before continuing, make every effort to ensure privacy. Now I would like to ask you some questions about sexual activity in order to gain a better understanding of some important life issues.</p> <p>Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.</p> <p>How old were you when you had sexual intercourse for the very first time?</p>	<p>NEVER HAD INTERCOURSE 00</p> <p>AGE IN YEARS __ __</p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND / PARTNER 95</p>	00 ⇒ End
<p>SB2. I would like to ask you about your recent sexual activity.</p> <p>When was the last time you had sexual intercourse?</p> <p><i>Record answers in days, weeks or months if less than 12 months (one year). If 12 months (one year) or more, answer must be recorded in years.</i></p>	<p>DAYS AGO 1 __ __</p> <p>WEEKS AGO 2 __ __</p> <p>MONTHS AGO 3 __ __</p> <p>YEARS AGO 4 __ __</p>	4 ⇒ End
<p>SB3. The last time you had sexual intercourse, was a condom used?</p>	<p>YES 1</p> <p>NO 2</p>	
<p>SB4. What was your relationship to this person with whom you last had sexual intercourse?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'Boyfriend', then ask: Were you living together as if married? If 'Yes', record '2'. If 'No', record '3'.</i></p>	<p>HUSBAND 1</p> <p>COHABITING PARTNER 2</p> <p>BOYFRIEND 3</p> <p>CASUAL ACQUAINTANCE 4</p> <p>CLIENT / SEX WORKER 5</p> <p>OTHER (specify) 6</p>	<p>3 ⇒ SB6</p> <p>4 ⇒ SB6</p> <p>5 ⇒ SB6</p> <p>6 ⇒ SB6</p>
<p>SB5. Check MA1: Currently married or living with a partner?</p>	<p>YES, MA1=1 OR 2 1</p> <p>NO, MA1=3 2</p>	1 ⇒ SB7
<p>SB6. How old is this person?</p> <p><i>If response is 'DK', probe: About how old is this person?</i></p>	<p>AGE OF SEXUAL PARTNER __ __</p> <p>DK 98</p>	
<p>SB7. Apart from this person, have you had sexual intercourse with any other person in the last 12 months?</p>	<p>YES 1</p> <p>NO 2</p>	2 ⇒ End
<p>SB8. The last time you had sexual intercourse with another person, was a condom used?</p>	<p>YES 1</p> <p>NO 2</p>	2 ⇒ SB9

<p>SB8A. If a condom was used, what is the brand name of the condom used that time?</p>	<p> DOTTED MALE LATEX 1 RIBBED CONDOM..... 2 OTHER (specify) 6 DK 8 </p>	
<p>SB8B. From where did you obtain the condom the last time?</p> <p><i>Probe to identify type of source</i></p> <p><u>If unable to determine if public or private, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.</u></p> <p>_____</p> <p>(Name of place)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p> GOVERNMENT HOSPITAL 21 GOVERNMENT CLINIC / HEALTH CENTRE 22 MOBILE/OUTREACH CLINIC 23 OTHER PUBLIC (specify) 26 PRIVATE MEDICAL SECTOR PRIVATE CLINIC 32 KIRIBATI FAMILY HEALTH ASSOCIATION (KFHA) 34 OTHER PRIVATE MEDICAL (specify) 36 DK PUBLIC OR PRIVATE 76 OTHER (specify) 96 </p>	

<p>SB9. What was your relationship to this person?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'Boyfriend' then ask:</i> Were you living together as if married? If 'Yes', record '2'. If 'No', record '3'.</p>	HUSBAND 1 COHABITING PARTNER 2 BOYFRIEND 3 CASUAL ACQUAINTANCE 4 CLIENT / SEX WORKER 5 OTHER (<i>specify</i>) 6	 3 ⇨ SB12 4 ⇨ SB12 5 ⇨ SB12 6 ⇨ SB12
<p>SB10. Check MA1: Currently married or living with a partner?</p>	YES, MA1=1 OR 2 1 NO, MA1=3 2	 2 ⇨ SB12
<p>SB11. Check MA7: Married or living with a partner only once?</p>	YES, MA7=1 1 NO, MA7≠1 2	 1 ⇨ End
<p>SB12. How old is this person?</p> <p><i>If response is 'DK', probe:</i> About how old is this person?</p>	AGE OF SEXUAL PARTNER _ _ DK 98	

HIV/AIDS		HA																
HA1. Now I would like to talk with you about something else. Have you ever heard of HIV or AIDS?	YES 1 NO 2 DK 8	2 ⇒ End																
HA2. HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DK 8																	
HA3. Can people get HIV from mosquito bites?	YES 1 NO 2 DK 8																	
HA4. Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES 1 NO 2 DK 8																	
HA5. Can people get HIV by sharing food with a person who has HIV?	YES 1 NO 2 DK 8																	
HA6. Can people get HIV because of witchcraft or other supernatural means?	YES 1 NO 2 DK 8																	
HA7. Is it possible for a healthy-looking person to have HIV?	YES 1 NO 2 DK 8																	
HA8. Can HIV be transmitted from a mother to her baby: [A] During pregnancy? [B] During delivery? [C] By breastfeeding?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>DURING PREGNANCY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DURING DELIVERY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BY BREASTFEEDING</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	DURING PREGNANCY	1	2	8	DURING DELIVERY	1	2	8	BY BREASTFEEDING	1	2	8	
	YES	NO	DK															
DURING PREGNANCY	1	2	8															
DURING DELIVERY	1	2	8															
BY BREASTFEEDING	1	2	8															
HA9. Check HA8[A], [B] and [C]: At least one 'Yes' recorded?	YES 1 NO 2	2 ⇒ HA11																
HA10. Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES 1 NO 2 DK 8																	
HA11. Check CM17: Was there a live birth in the last 2 years? Copy name of last birth listed in the birth history (CM18) to here and use where indicated: Name _____	YES, CM17=1 1 NO, CM17=0 OR BLANK..... 2	2 ⇒ HA24																
HA12. Check MN2: Was antenatal care received?	YES, MN2=1 1 NO, MN2=2 2	2 ⇒ HA17																

<p>HA13. During any of the antenatal visits for your pregnancy with (<i>name</i>), were you given any information about:</p> <p>[A] Babies getting HIV from their mother?</p> <p>[B] Things that you can do to prevent getting HIV?</p> <p>[C] Getting tested for HIV?</p> <p>Were you:</p> <p>[D] Offered a test for HIV?</p>	<p style="text-align: right;">YES NO DK</p> <p>HIV FROM MOTHER..... 1 2 8</p> <p>THINGS TO DO 1 2 8</p> <p>TESTED FOR HIV 1 2 8</p> <p>OFFERED A TEST FOR HIV 1 2 8</p>	
<p>HA14. I don't want to know the results, but were you tested for HIV as part of your antenatal care?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇒ HA17</p> <p>8 ⇒ HA17</p>
<p>HA15. I don't want to know the results, but did you get the results of the test?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇒ HA17</p> <p>8 ⇒ HA17</p>
<p>HA16. After you received the result, were you given any health information or counselling related to HIV?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	
<p>HA17. Check MN20: Was the child delivered in a health facility?</p>	<p>YES, MN20=21-36 OR 76..... 1</p> <p>NO, MN20=11-12 OR 96..... 2</p>	<p>2 ⇒ HA21</p>
<p>HA18. Between the time you went for delivery but before the baby was born were you offered an HIV test?</p>	<p>YES 1</p> <p>NO 2</p>	
<p>HA19. I don't want to know the results, but were you tested for HIV at that time?</p>	<p>YES 1</p> <p>NO 2</p>	<p>2 ⇒ HA21</p>
<p>HA20. I don't want to know the results, but did you get the results of the test?</p>	<p>YES 1</p> <p>NO 2</p>	<p>1 ⇒ HA22</p> <p>2 ⇒ HA22</p>
<p>HA21. Check HA14: Was the respondent tested for HIV as part of antenatal care?</p>	<p>YES, HA14=1 1</p> <p>NO OR NO ANSWER, HA14≠1 2</p>	<p>2 ⇒ HA24</p>
<p>HA22. Have you been tested for HIV since that time you were tested during your pregnancy?</p>	<p>YES 1</p> <p>NO 2</p>	<p>1 ⇒ HA25</p>
<p>HA23. How many months ago was your most recent HIV test?</p>	<p>LESS THAN 12 MONTHS AGO 1</p> <p>12-23 MONTHS AGO 2</p> <p>2 OR MORE YEARS AGO 3</p>	<p>1 ⇒ HA28</p> <p>2 ⇒ HA28</p> <p>3 ⇒ HA28</p>
<p>HA24. I don't want to know the results, but have you ever been tested for HIV?</p>	<p>YES 1</p> <p>NO 2</p>	<p>2 ⇒ HA27</p>

HA25. How many months ago was your most recent HIV test?	LESS THAN 12 MONTHS AGO 1 12-23 MONTHS AGO 2 2 OR MORE YEARS AGO 3	
HA25A. Where was the test done? <i>If unable to determine whether public or private, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.</i> <hr/> <p style="text-align: center;">(Name of place)</p>	PUBLIC MEDICAL SECTOR GOVERNMENT HOSPITAL 21 GOVERNMENT CLINIC / HEALTH CENTRE 22 MOBILE CLINIC/OUTREACH 23 OTHER PUBLIC (specify) 26 PRIVATE MEDICAL SECTOR PRIVATE CLINIC 32 OTHER PRIVATE KIRIBATI FAMILY HEALTH ASSOCIATION (KFHA) 34 OTHER PRIVATE MEDICAL (specify) 36 DK PUBLIC OR PRIVATE 76 OTHER (specify) 96	
HA26. I don't want to know the results, but did you get the results of the test?	YES 1 NO 2 DK 8	1 ⇨ HA28 2 ⇨ HA28 8 ⇨ HA28
HA27. Do you know of a place where people can go to get an HIV test?	YES 1 NO 2	2 ⇨ HA28
HA27A. Where is that? Any other place? <i>If unable to determine whether public or private, write the name of the place and then temporarily record 'X' until you learn the appropriate category for the response.</i> <hr/> <p style="text-align: center;">(Name of place)</p>	PUBLIC MEDICAL SECTOR GOVERNMENT HOSPITAL A GOVERNMENT CLINIC /HEALTH CENTRE B MOBILE/OUTREACH CLINIC C OTHER PUBLIC (specify) D HEALTH CENTRE E PRIVATE MEDICAL SECTOR PRIVATE CLINIC F KIRIBATI FAMILY HEALTH ASSOCIATION (KFHA) G OTHER PRIVATE MEDICAL (specify) J DK PUBLIC OR PRIVATE X OTHER (specify) Y	
HA28. Have you heard of test kits people can use to test themselves for HIV?	YES 1 NO 2	2 ⇨ HA30

HA29. Have you ever tested yourself for HIV using a self-test kit?	YES 1 NO 2	
HA30. Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES 1 NO 2 DK / NOT SURE / DEPENDS 8	
HA31. Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES 1 NO 2 DK / NOT SURE / DEPENDS 8	
HA32. Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV?	YES 1 NO 2 DK / NOT SURE / DEPENDS 8	
HA33. Do people talk badly about people living with HIV, or who are thought to be living with HIV?	YES 1 NO 2 DK / NOT SURE / DEPENDS 8	
HA34. Do people living with HIV, or thought to be living with HIV, lose the respect of other people?	YES 1 NO 2 DK / NOT SURE / DEPENDS 8	
HA35. Do you agree or disagree with the following statement? I would be ashamed if someone in my family had HIV.	AGREE..... 1 DISAGREE 2 DK / NOT SURE / DEPENDS 8	
HA36. Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV?	YES 1 NO 2 SAYS SHE HAS HIV 7 DK / NOT SURE / DEPENDS 8	

SEXUALLY TRANSMITTED INFECTIONS		STI
STI1. Check HA1: Has she heard of HIV or AIDS?	YES, HA1=1 1 NO, HA1=2 2	2 ⇨ STI1B
STI1A. Apart from HIV, have you heard about other infections that can be transmitted through sexual contact?	YES 1 NO 2	1 ⇨ STI4 2 ⇨ STI3
STI1B. Have you heard about infections that can be transmitted through sexual contact?	YES 1 NO 2	
STI3. Check STI1A and Check STI1b At least one 'Yes' recorded?	YES, STI1A=1 OR STI1B=1 1 NO 2	2 ⇨ STI5
STI4. Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES 1 NO 2 DK.....8	
STI5. Sometimes women experience a bad-smelling abnormal genital discharge. During the last 12 months, have you had a bad-smelling abnormal genital discharge?	YES 1 NO 2 DK.....8	
STI6. Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES 1 NO 2 DK.....8	
STI7. Check STI5 and Check STI6: At least one 'Yes' recorded?	YES, STI5=1 OR STI6=1 1 NO 2	2 ⇨ STI10
STI8. The last time you had this problem (one of these problems), did you seek any kind of advice or treatment?	YES 1 NO 2	2 ⇨ STI10
STI9. Where did you go? Any other place? <i>If unable to determine whether public or private, write the name of the place and then temporarily record 'X' until you learn the appropriate category for the response.</i> _____ (Name of place)	PUBLIC MEDICAL SECTOR GOVERNMENT HOSPITAL A GOVERNMENT CLINIC /HEALTH CENTRE..... B MOBILE/OUTREACH CLINIC C OTHER PUBLIC (specify) _____ D HEALTH CENTRE.....E PRIVATE MEDICAL SECTOR PRIVATE CLINICF KIRIBATI FAMILY HEALTH ASSOCIATION (KFHA) G OTHER PRIVATE MEDICAL (specify) _____ J DK PUBLIC OR PRIVATE X OTHER (specify) Y	
STI10. If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES 1 NO 2 DK.....8	

STI11. Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?	YES 1 NO 2 DK.....8	
--	---------------------------------------	--

TOBACCO AND ALCOHOL USE		TA
TA1. Have you ever tried cigarette smoking, even one or two puffs?	YES 1 NO..... 2	2 ⇒TA6
TA2. How old were you when you smoked a whole cigarette for the first time?	NEVER SMOKED A WHOLE CIGARETTE 00 AGE ____ ____	00 ⇒TA6
TA3. Do you currently smoke cigarettes?	YES 1 NO..... 2	2 ⇒TA6
TA4. In the last 24 hours, how many cigarettes did you smoke?	NUMBER OF CIGARETTES ____ ____	
TA5. During the last one month, on how many days did you smoke cigarettes? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, record '10'. If 'Every day' or 'Almost every day', record '30'.</i>	NUMBER OF DAYS <u>0</u> ____ 10 DAYS OR MORE BUT LESS THAN A MONTH..... 10 EVERY DAY / ALMOST EVERY DAY 30	
TA6. Have you ever tried any smoked tobacco products other than cigarettes, such as cigars, water pipe, cigarillos or pipe?	YES 1 NO..... 2	2 ⇒TA10
TA7. During the last one month, did you use any smoked tobacco products?	YES 1 NO..... 2	2 ⇒TA10
TA8. What type of smoked tobacco product did you use or smoke during the last one month? <i>Record all mentioned.</i>	CIGARS A WATER PIPE B CIGARILLOS C PIPE D OTHER (specify) X	
TA9. During the last one month, on how many days did you use (<i>names of products mentioned in TA8</i>)? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, record '10'. If 'Every day' or 'Almost every day', record '30'.</i>	NUMBER OF DAYS <u>0</u> ____ 10 DAYS OR MORE BUT LESS THAN A MONTH..... 10 EVERY DAY / ALMOST EVERY DAY 30	
TA10. Have you ever tried any form of smokeless tobacco products, such as chewing tobacco, kouben or snuff?	YES 1 NO..... 2	2 ⇒TA14
TA11. During the last one month, did you use any smokeless tobacco products?	YES 1 NO..... 2	2 ⇒TA14

<p>TA12. What type of smokeless tobacco product did you use during the last one month?</p> <p><i>Record all mentioned.</i></p>	<p>CHEWING TOBACCO..... A SNUFFB KOUBEN D OTHER (<i>specify</i>) _____ X</p>	
<p>TA13. During the last one month, on how many days did you use (<i>names of products mentioned in TA12</i>)?</p> <p><i>If less than 10 days, record the number of days. If 10 days or more but less than a month, record '10'. If 'Every day' or 'Almost every day', record '30'.</i></p>	<p>NUMBER OF DAYS <u>0</u> ____</p> <p>10 DAYS OR MORE BUT LESS THAN A MONTH..... 10</p> <p>EVERY DAY / ALMOST EVERY DAY 30</p>	
<p>TA14. Now I would like to ask you some questions about drinking alcohol.</p> <p>Have you ever drunk alcohol?</p>	<p>YES 1 NO..... 2</p>	<p>2 ⇒End</p>
<p>TA15. We count one drink of alcohol as one can or bottle of beer, one glass of wine, or one shot of cognac, vodka, whiskey, rum, or one cup of pure kaokioki.</p> <p>How old were you when you had your first drink of alcohol, other than a few sips?</p>	<p>NEVER HAD ONE DRINK OF ALCOHOL..... 00</p> <p>AGE ____ ____</p>	<p>00 ⇒End</p>
<p>TA16. During the last one month, on how many days did you have at least one drink of alcohol?</p> <p><i>If respondent did not drink, record '00'. If less than 10 days, record the number of days. If 10 days or more but less than a month, record '10'. If 'Every day' or 'Almost every day', record '30'.</i></p>	<p>DID NOT HAVE ONE DRINK IN LAST ONE MONTH..... 00</p> <p>NUMBER OF DAYS <u>0</u> ____</p> <p>10 DAYS OR MORE BUT LESS THAN A MONTH..... 10</p> <p>EVERY DAY / ALMOST EVERY DAY 30</p>	<p>00 ⇒End</p>
<p>TA17. In the last one month, on the days that you drank alcohol, how many drinks did you usually have per day?</p>	<p>NUMBER OF DRINKS..... ____ ____</p>	

DOMESTIC VIOLENCE		DVD
DVD0. Check line number in HH30H	WOMEN SELECTED FOR DV MODULE 1 WOMEN NOT SELECTED 2	2 ⇒ End
DVD1. Check for presence of others: Do not continue until privacy is ensured.	PRIVACY OBTAINED..... 1 PRIVACY NOT POSSIBLE 2	2 ⇒ DVD32
DVD1A Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in Kiribati. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions. If I ask you any question you don't want to answer, just let me know and I will go on to the next question.		
DVD2. Check MA1 and MA5: Is she currently or formerly married, or never married?	CURRENTLY MARRIED/LIVING WITH A MAN, MA1=1 OR 2..... 1 FORMERLY MARRIED/ LIVED WITH A MAN, MA5=1 OR 2..... 2 NEVER MARRIED/ LIVED WITH A MAN, MA1=3 AND MA5=3..... 3	3 ⇒ DVD16
DVD3. First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) (husband/partner)?		
A. He (is/was) jealous or angry if you (talk/talked) to other men?	YES..... 1 NO..... 2 DK..... 8	
B. He frequently (accuses/accused) you of being unfaithful?	YES..... 1 NO..... 2 DK..... 8	
C. He (does/did) not permit you to meet your female friends?	YES..... 1 NO..... 2 DK..... 8	
D. He (tries/tried) to limit your contact with your family?	YES..... 1 NO..... 2 DK..... 8	
E. He (insists/insisted) on knowing where you (are/were) at all times?	YES..... 1 NO..... 2 DK..... 8	
F. He (does/did) not allow you to join any social functions?	YES..... 1 NO..... 2 DK..... 8	

DVD4. Now I need to ask some more questions about your relationship with your (last) (husband/partner). Did your (last) (husband/partner) ever: A. say or do something to humiliate you in front of others?	YES..... 1 NO..... 2	2 ⇒ DVD4b
A1) How often did this happen during the last 12 months: often, only sometimes, or not at all?	OFTEN..... 1 SOMETIMES 2 NOT IN THE LAST 12 MONTHS..... 3	
B. threaten to hurt or harm you or someone you care about?	YES..... 1 NO..... 2	2 ⇒ DVD4c
B1) How often did this happen during the last 12 months: often, only sometimes, or not at all?	OFTEN..... 1 SOMETIMES 2 NOT IN THE LAST 12 MONTHS..... 3	
C. insult you or make you feel bad about yourself?	YES..... 1 NO..... 2	2 ⇒ DVD5
C1) How often did this happen during the last 12 months: often, only sometimes, or not at all?	OFTEN..... 1 SOMETIMES 2 NOT IN THE LAST 12 MONTHS..... 3	
DVD5. Did your (last) (husband/partner) ever do any of the following things to you: A. push you, shake you, or throw something at you?	YES..... 1 NO..... 2	2 ⇒ DVD5B
A1) How often did this happen during the last 12 months: often, only sometimes, or not at all?	OFTEN..... 1 SOMETIMES 2 NOT IN THE LAST 12 MONTHS..... 3	
B. slap you?	YES..... 1 NO..... 2	2 ⇒ DVD5C
B1) How often did this happen during the last 12 months: often, only sometimes, or not at all?	OFTEN..... 1 SOMETIMES 2 NOT IN THE LAST 12 MONTHS..... 3	
C. twist your arm or pull your hair?	YES..... 1 NO..... 2	2 ⇒ DVD5D
C1) How often did this happen during the last 12 months: often, only sometimes, or not at all?	OFTEN..... 1 SOMETIMES 2 NOT IN THE LAST 12 MONTHS..... 3	
D. punch you with his fist or with something that could hurt you?	YES..... 1 NO..... 2	2 ⇒ DVD5E
D1) How often did this happen during the last 12 months: often, only sometimes, or not at all?	OFTEN..... 1 SOMETIMES 2 NOT IN THE LAST 12 MONTHS..... 3	
E. kick you, drag you, or beat you up?	YES..... 1 NO..... 2	2 ⇒ DVD5F
E1) How often did this happen during the last 12 months: often, only sometimes, or not at all?	OFTEN..... 1 SOMETIMES 2 NOT IN THE LAST 12 MONTHS..... 3	

F. try to choke you or burn you on purpose?	YES..... 1 NO..... 2	2⇒DVD5G
F1) How often did this happen during the last 12 months: often, only sometimes, or not at all?	OFTEN..... 1 SOMETIMES 2 NOT IN THE LAST 12 MONTHS..... 3	
G. threaten or attack you with a knife, something sharp or other weapon?	YES..... 1 NO..... 2	2⇒DVD5H
G1) How often did this happen during the last 12 months: often, only sometimes, or not at all?	OFTEN..... 1 SOMETIMES 2 NOT IN THE LAST 12 MONTHS..... 3	
H. physically force you to have sexual intercourse with him when you did not want to?	YES..... 1 NO..... 2	2⇒DVD5I
H1) How often did this happen during the last 12 months: often, only sometimes, or not at all?	OFTEN..... 1 SOMETIMES 2 NOT IN THE LAST 12 MONTHS..... 3	
I. physically force you to perform any other sexual acts you did not want to?	YES..... 1 NO..... 2	2⇒DVD5J
I1) How often did this happen during the last 12 months: often, only sometimes, or not at all?	OFTEN..... 1 SOMETIMES 2 NOT IN THE LAST 12 MONTHS..... 3	
J. force you with threats or in any other way to perform sexual acts you did not want to?	YES..... 1 NO..... 2	2⇒DVD6
J1) How often did this happen during the last 12 months: often, only sometimes, or not at all?	OFTEN..... 1 SOMETIMES 2 NOT IN THE LAST 12 MONTHS..... 3	
DVD6. Check DVD5 (A-J)	AT LEAST ONE YES 1 NO SINGLE YES 2	2⇒DVD9
DVD7. How long after you first (got married/started living together) with your (last) (husband/partner) did (this/any of these things) first happen? <i>If less than one year, record '00'.</i>	NUMBER OF YEARS — — BEFORE MARRIAGE/BEFORE LIVING TOGETHER..... 95	

<p>DVD8. Did the following ever happen as a result of what your (last) (husband/partner) did to you:</p> <p>A. You had cuts, puncture, bites, scratch, abrasions, bruises, or aches?</p> <p>B. You had eye injuries, broken eardrum, sprains, dislocations, or burns?</p> <p>C. You had deep wounds, fractures, broken bones, broken teeth, or any other serious injury?</p>	<p style="text-align: right;">YES NO</p> <p>CUTS, PUNCTURE, BITES SCRATCH, BRASIONS, BRUISES OR ACHES FILE 1 2</p> <p>EYE INJURIES, BROKEN EARDRUM, SPRAINS, DISLOCATION, OR BURNS..... 1 2</p> <p>DEEP WOUNDS, FRUCTURES, BROKEN BONES, BROKEN TEETH, OR ANY OTHER SERIOS INJURY 1 2</p>	
<p>DVD9. Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (husband/partner) at times when he was not already beating or physically hurting you?</p>	<p>YES..... 1</p> <p>NO..... 2</p>	<p>2⇒DVD11</p>
<p>DVD10. In the last 12 months, how often have you done this to your (last) (husband/partner): often, only sometimes, or not at all?</p>	<p>OFTEN..... 1</p> <p>SOMETIMES 2</p> <p>NOT AT ALL 3</p>	
<p>DVD11. Does (did) your (last) (husband/partner) drink alcohol?</p>	<p>YES..... 1</p> <p>NO..... 2</p>	<p>2⇒DVD13</p>
<p>DVD12. How often does (did) he get drunk: often, only sometimes, or never?</p>	<p>OFTEN..... 1</p> <p>SOMETIMES 2</p> <p>NEVER 3</p>	
<p>DVD13. Are (Were) you afraid of your (last) (husband/partner): most of the time, sometimes, or never?</p>	<p>MOST OF THE TIME AFRAID 1</p> <p>SOMETIMES AFRAID..... 2</p> <p>NEVER AFRAID 3</p>	
<p>DVD14. Check MA7: Is she married only once or more than once?</p>	<p>ONLY ONCE, MA7=1 1</p> <p>MORE THAN ONCE, MA7=2 2</p>	<p>1⇒DVD16</p>
<p>DVD15. So far we have been talking about the behavior of your (current/last) (husband/partner). Now I want to ask you about the behavior of any previous (husband/partner).</p> <p>A. Did any of your previous (husband/partner) ever hit, slap, kick, or do anything else to hurt you physically?</p>	<p>YES..... 1</p> <p>NO..... 2</p>	<p>2⇒DVD15B</p>
<p>A1) How long ago did this last happen?</p>	<p>0-11 MONTHS AGO..... 1</p> <p>12+ MONTHS AGO..... 2</p> <p>DON'T REMEMBER..... 3</p>	

B. Did any of your previous (husband/partner) physically force you to have intercourse or perform any other sexual acts against your will?	YES..... 1 NO..... 2	2 ⇒ DVD15C
B1) How long ago did this last happen?	0-11 MONTHS AGO..... 1 12+ MONTHS AGO..... 2 DON'T REMEMBER..... 3	
C. Did any previous (husband/partner) humiliate you in front of others, threaten to hurt you or someone you care about, or insult you or make you feel bad about yourself?	YES..... 1 NO..... 2	2 ⇒ DVD16
C1) How long ago did this last happen?	0-11 MONTHS AGO..... 1 12+ MONTHS AGO..... 2 DON'T REMEMBER..... 3	
DVD16. Check MA1 and MA5: Is she ever married?	EVER MARRIED/EVER LIVED WITH A MAN 1 NEVER MARRIED/ LIVED WITH A MAN 2	1 ⇒ DVD16A 2 ⇒ DVD16B
DVD16A. From the time you were 15 years old has anyone other than (your/any) (husband/partner) hit you, slapped you, kicked you, or done anything else to hurt you physically? DVD16B. From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?	YES..... 1 NO..... 2 REFUSED TO ANSWER/NO ANSWER 3	1 ⇒ DVD17 2 ⇒ DVD19 3 ⇒ DVD19
DVD17. Who has hurt you in this way? Anyone else? <i>Record all mentioned</i>	MOTHER/STEP-MOTHER A FATHER/STEP-FATHER..... B SISTER/BROTHER C DAUGHTER/SON D OTHER RELATIVES.....E CURRENT BOYFRIENDF FORMER BOYFRIEND G MOTHER-IN-LAW H FATHER-IN-LAWI OTHER IN-LAW.....J TEACHER K EMPLOYER/SOMEONE AT WORKL POLICE/SOLDIER.....M OTHER (<i>specify</i>) X	
DVD18. In the last 12 months, how often has (this person/have these persons) physically hurt you: often, only sometimes, or not at all?	OFTEN..... 1 SOMETIMES 2 NOT AT ALL 3	

DVD19. Check CM1, CP1, CM8	EVER BEEN PREGNANT, YES IN CM1 OR CP1 OR CM8 1 NEVER BEEN PREGNANT 2	2 ⇨ DVD22
DVD20. Has anyone ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES 1 NO 2	2 ⇨ DVD22
DVD21. Who has done any of these things to physically hurt you while you were pregnant? Anyone else? <i>Record all mentioned</i>	CURRENT HUSBAND/PARTNER A MOTHER/STEP-MOTHER B FATHER/STEP-FATHER C SISTER/BROTHER D DAUGHTER/SON E OTHER RELATIVE F FORMER HUSBAND/PARTNER G CURRENT BOYFRIEND H FORMER BOYFRIEND I MOTHER IN-LAW J FATHER-IN-LAW K OTHER IN-LAW L TEACHER M EMPLOYER/SOMEONE AT WORK N POLICE/SOLDIER O OTHER (<i>specify</i>) X	
DVD22. Check MA1 and MA5: Is she ever married?	EVER MARRIED/EVER LIVED WITH A MAN 1 NEVER MARRIED/ LIVED WITH A MAN 2	2 ⇨ DVD22B
DVD22A. Now I want to ask you about things that may have been done to you by someone other than (your/any) (husband/partner). At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES 1 NO 2 REFUSED TO ANSWER/NO ANSWER 3	1 ⇨ DVD23 2 ⇨ DVD24C 3 ⇨ DVD24C
DVD22B. At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES 1 NO 2 REFUSED TO ANSWER/NO ANSWER 3	2 ⇨ DVD26 3 ⇨ DVD26

DVD23. Who was the person who was forcing you the very first time this happened?	CURRENT HUSBAND/PARTNER 01 FORMER HUSBAND/PARTNER..... 02 CURRENT/FORMER BOYFRIEND..... 03 FATHER/STEP-FATHER..... 04 BROTHER/STEP-BROTHER..... 05 OTHER RELATIVE..... 06 IN-LAW 07 OWN FRIEND/ACQUAINTANCE 08 FAMILY FRIEND 09 TEACHER 10 EMPLOYER/SOMEONE AT WORK 11 POLICE/SOLDIER..... 12 PRIEST/RELIGIOUS LEADER 13 STRANGER 14 OTHER (<i>specify</i>) _____ 96	
DVD24. Check MA1 and MA5: Is she ever married?	EVER MARRIED/EVER LIVED WITH A MAN 1 NEVER MARRIED/ LIVED WITH A MAN 2	1 ⇨ DVD24A 2 ⇨ DVD24B
DVD24A. In the last 12 months, has anyone other than (your/any) (husband/partner) physically forced you to have sexual intercourse when you did not want to? DVD24B. In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to?	YES..... 1 NO..... 2	1 ⇨ DVD25 2 ⇨ DVD25
DVD24C. Check DVD5(H-J) and DVD15B	AT LEAST ONE 'YES' 1 NOT A SINGLE 'YES' 2	2 ⇨ DVD26
DVD25. Check MA1 and MA5: Is she ever married?	EVER MARRIED/EVER LIVED WITH A MAN 1 NEVER MARRIED/ LIVED WITH A MAN 2	1 ⇨ DVD25A 2 ⇨ DVD25B
DVD25A. How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts by anyone, including (your/any) husband/partner? DVD25B. How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts?	AGE IN COMPLETED YEARS __ __ DON'T KNOW 98	
DVD26. Check DVD5 (A-J), DVD15 (A,B), DVD16, DVD20, DVD22A, and DVD22B:	AT LEAST ONE 'YES' 1 NOT A SINGLE 'YES' 2	2 ⇨ DVD30
DVD27. Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES..... 1 NO..... 2	2 ⇨ DVD29

DVD28. From whom have you sought help? Anyone else? <i>Record all mentioned.</i>	OWN FAMILY A HUSBAND'S/PARTNER'S FAMILY B CURRENT/FORMER/ HUSBAND/ PARTNER C CURRENT/FORMER BOYFRIEND..... D FRIENDE NEIGHBOR.....F RELIGIOUS LEADER..... G DOCTOR/MEDICAL PERSONNEL H POLICEI LAWYERJ SOCIAL SERVICE ORGANIZATION K OTHER (specify) X																	
DVD28A. Go to DVD30																		
DVD29. Have you ever told anyone about this?	YES..... 1 NO..... 2																	
DVD30. As far as you know, did your father ever beat your mother?	YES..... 1 NO..... 2 DON'T KNOW 8																	
<i>Thank the respondent for her cooperation and reassure her about the confidentiality of her answers. fill out the questions below with reference to the domestic violence module only.</i>																		
DVD31. Did you have to interrupt the interview because some adult was trying to listen, or came into the room, or interfered in any other way? A. Husband B. Other male adult C. Female adult	<table border="0"> <thead> <tr> <th></th> <th>YES, ONCE</th> <th>YES, MORE THAN ONCE</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALE ADULT</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>FEMALE</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		YES, ONCE	YES, MORE THAN ONCE	NO	HUSBAND	1	2	3	OTHER MALE ADULT	1	2	3	FEMALE	1	2	3	
	YES, ONCE	YES, MORE THAN ONCE	NO															
HUSBAND	1	2	3															
OTHER MALE ADULT	1	2	3															
FEMALE	1	2	3															
DVD32. Interviewer's comments / explanation for not completing the domestic violence module	<hr/> <hr/> <hr/>																	

LIFE SATISFACTION
LS

LS1. I would like to ask you some simple questions on happiness and satisfaction.

First, taking all things together, would you say you are very happy, somewhat happy, neither happy nor unhappy, somewhat unhappy or very unhappy?

I am now going to show you pictures to help you with your response.

Show smiley card and explain what each symbol represents. Record the response code selected by the respondent.

VERY HAPPY 1
SOMEWHAT HAPPY..... 2
NEITHER HAPPY NOR UNHAPPY 3
SOMEWHAT UNHAPPY 4
VERY UNHAPPY 5

LS2. *Show the picture of the ladder.*

Now, look at this ladder with steps numbered from 0 at the bottom to 10 at the top.

Suppose we say that the top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.

On which step of the ladder do you feel you stand at this time?

Probe if necessary: Which step comes closest to the way you feel?

LADDER STEP ____ ____

LS3. Compared to this time last year, would you say that your life has improved, stayed more or less the same, or worsened, overall?

IMPROVED..... 1
MORE OR LESS THE SAME..... 2
WORSENERD 3

LS4. And in one year from now, do you expect that your life will be better, will be more or less the same, or will be worse, overall?

BETTER 1
MORE OR LESS THE SAME..... 2
WORSE..... 3

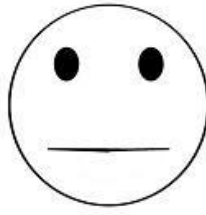
**Very
happy**



Somewhat happy



**Neither happy,
nor unhappy**



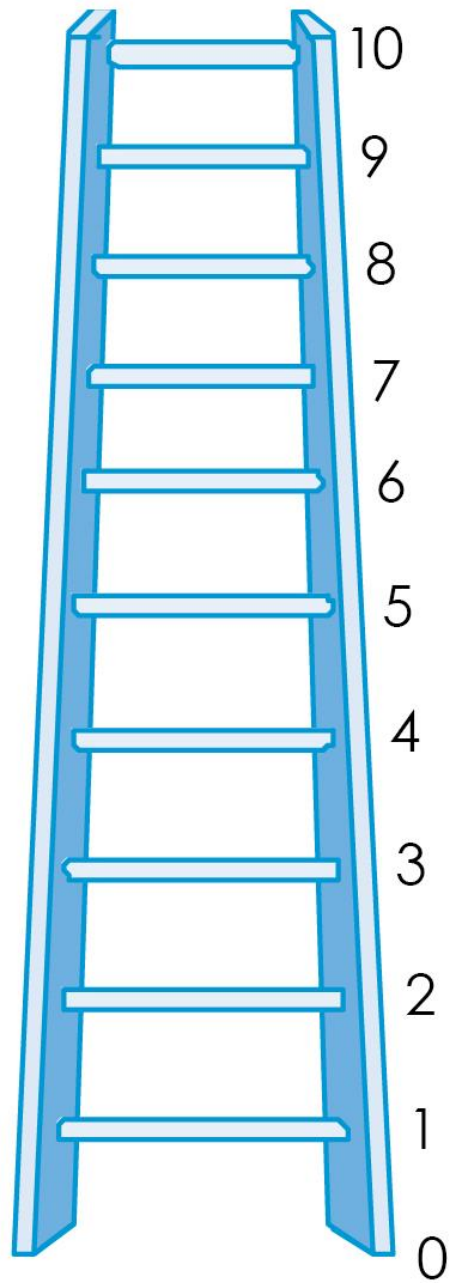
**Somewhat
unhappy**



**Very
unhappy**




Best Possible Life



Worst Possible Life

WM10. Record the time.	HOURS AND MINUTES : ..	
WM11. Was the entire interview completed in private or was there anyone else during the entire interview or part of it?	YES, THE ENTIRE INTERVIEW WAS COMPLETED IN PRIVATE 1 NO, OTHERS WERE PRESENT DURING THE ENTIRE INTERVIEW (specify) 2 NO, OTHERS WERE PRESENT DURING PART OF THE INTERVIEW (specify) 3	
WM12. Language of the Questionnaire.	ENGLISH 1 KIRIBATI 2	
WM13. Language of the Interview.	ENGLISH 1 KIRIBATI 2 OTHER LANGUAGE (specify) 6	
WM14. Native language of the Respondent.	ENGLISH 1 KIRIBATI 2 OTHER LANGUAGE (specify) 6	
WM15. Was a translator used for any parts of this questionnaire?	YES, THE ENTIRE QUESTIONNAIRE 1 YES, PARTS OF THE QUESTIONNAIRE 2 NO, NOT USED 3	
WM16. Check columns HL10 and HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of any child age 0-4 living in this household?		
<input type="checkbox"/> Yes ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.		
<input type="checkbox"/> No ⇒ Check HH26-HH27 in HOUSEHOLD QUESTIONNAIRE: Is there a child age 5-17 selected for QUESTIONNAIRE FOR CHILDREN AGE 5-17?		
<input type="checkbox"/> Yes ⇒ Check column HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of the child selected for QUESTIONNAIRE FOR CHILDREN AGE 5-17 in this household?		
<input type="checkbox"/> Yes ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN AGE 5-17 for that child and start the interview with this respondent.		
<input type="checkbox"/> No ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking her for her cooperation. Check to see if there are other questionnaires to be administered in this household.		
<input type="checkbox"/> No ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking her for her cooperation. Check to see if there are other questionnaires to be administered in this household.		

INTERVIEWER'S OBSERVATIONS

**SUPERVISOR'S OBSERVATIONS**