



Belau Family Health Survey

Version 11.2

(Rev. 4 April 2013)

DWE_L_ID _____ [][] [][] [][] [][]

ADMINISTRATION FORM

IDENTIFICATION				
COUNTRY CODE _____			[] []	
STATE _____			[] []	
HAMLET _____			[] []	
EA _____			[] []	
DWELLING ID _____			[] [] [] [] [] []	
HOUSEHOLD = 1 GROUP QUARTERS = 2			[]	
NAME OF HOUSEHOLD HEAD : _____				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY [] [] MONTH [] [] YEAR [] [] []
INTERVIEWERS NAME RESULT***	_____ _____	_____ _____	_____ _____	INTERVIEWER [] [] RESULT [] []
NEXT VISIT: DATE TIME LOCATION	_____ _____ _____	_____ _____ _____		TOTAL NUMBER OF VISITS []
QUESTIONNAIRES COMPLETED?	*** RESULT CODES			CHECK HH SELECTION FORM:
[] 1. None completed []	Refused (specify): _____ ...11			TOTAL IN HOUSEHOLD (Q1) [] []
HOUSEHOLDS ONLY	Dwelling vacant or address not a dwelling 12 Dwelling destroyed 13 Dwelling not found, not accessible 14 Entire hh absent for extended period..... 15 No hh member at home at time of visit..... 16 Hh respondent postponed interview 17		[] Need to return [] Need to return	TOTAL ELIGIBLE WOMEN IN HH OF SELECTED WOMAN (Q3, total with YES) [] []
[] 2. HH selection form (and in most cases HH questionnaire) only []	Entire hh speaking only strange language. 18 Selected woman refused (specify): _____ ...21 No eligible woman in household..... 22 Selected woman not at home..... 23 Selected woman postponed interview 24 Selected woman incapacitated 25 Selected woman speaks strange language.. 26		[] Need to return [] Need to return	LINE NUMBER OF SELECTED FEMALE RESPONDENT (Q3) [] []
HOUSEHOLDS AND GROUP QUARTERS				
[] 3. Woman's questionnaire partly []	Does not want to continue (specify) : _____ ...31 Rest of interview postponed to next visit. 32		[] Need to return	
[] 4. Woman's questionnaire completed [] 41			
LANGUAGE OF QUESTIONNAIRE 01=ENGLISH 05=PALAUAN LANGUAGE INTERVIEW CONDUCTED IN 01=ENGLISH 05=PALAUAN 90=MIXED				[0] [1] [] []
FIELD SUPERVISOR/EDITOR		OFFICE EDITOR		ENTERED BY
NAME [] [] [] DAY [] [] [] MONTH [] [] [] YEAR [] [] [] []		NAME [] [] [] DAY [] [] [] MONTH [] [] [] YEAR [] [] [] []		ENTRY 1: _____ ENTRY 2: _____

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

HOUSEHOLD SELECTION FORM (NOT FOR GROUP QUARTERS!)

	Hello, my name is _____. I am calling on behalf of Ministry of Health and the Office of Planning and Statistics. We are conducting a survey in Palau to learn about women and family health.				
1	Please can you tell me how many people live here, and share food? PROBE: Does this include children (including infants) living here? Does it include any other people who may not be members of your family, such as domestic servants, lodgers or friends who live here and share food? MAKE SURE THESE PEOPLE ARE INCLUDED IN THE TOTAL			TOTAL NUMBER OF PEOPLE IN HOUSEHOLD [][]	
2	Is the head of the household male or female?			MALE 1 FEMALE 2 BOTH 3	
	FEMALE HOUSEHOLD MEMBERS	RELATIONSHIP TO HEAD OF HH	RESIDENCE	AGE	ELIGIBLE
3	Today we would like to talk to one woman from your household. To enable me to identify whom I should talk to, would you please give me the first names of all girls or women who usually live in your household (and share food).	What is the relationship of NAME to the head of the household.* (USE CODES BELOW)	Does NAME usually live here? SPECIAL CASES: SEE (A) BELOW. YES NO	How old is NAME? (YEARS, more or less)	SEE CRITERIA BELOW (A +B) YES NO
LINE NUM.					
1			1 2		1 2
2			1 2		1 2
3			1 2		1 2
4			1 2		1 2
5			1 2		1 2
6			1 2		1 2
7			1 2		1 2
8			1 2		1 2
9			1 2		1 2
10			1 2		1 2
CODES 01 HEAD 02 WIFE (PARTNER) 03 DAUGHTER 04 DAUGHTER-IN-LAW 05 GRANDDAUGHTER 06 MOTHER 07 MOTHER-IN-LAW 08 SISTER 09 SISTER-IN-LAW 10 OTHER RELATIVE 11 ADOPTED/FOSTER/STEP DAUGHTER 12 DOMESTIC SERVANT 13 LODGER 14 FRIEND 98 OTHER NOT RELATIVE: _____					
(A) SPECIAL CASES TO BE CONSIDERED MEMBER OF HOUSEHOLD: <input type="checkbox"/> <u>DOMESTIC SERVANTS</u> IF THEY SLEEP 5 NIGHTS A WEEK OR MORE IN THE HOUSEHOLD. <input type="checkbox"/> <u>VISITORS</u> IF THEY HAVE SLEPT IN THE HOUSEHOLD FOR THE PAST 4 WEEKS.					
(B) ELIGIBLE: ANY <u>WOMAN BETWEEN 15 AND 64 YEARS</u> LIVING IN HOUSEHOLD.					
MORE THAN ONE ELIGIBLE WOMEN IN HH: RANDOMLY SELECT ONE ELIGIBLE WOMAN FOR INTERVIEW. TO DO THIS, WRITE THE LINE NUMBERS OF ELIGIBLE WOMEN ON PIECES OF PAPER, AND PUT IN A BAG. ASK A HOUSEHOLD MEMBER TO PICK OUT A NUMBER – SO SELECTING THE PERSON TO BE INTERVIEWED. PUT CIRCLE AROUND LINE NUMBER OF WOMAN SELECTED. ASK IF YOU CAN TALK WITH THE SELECTED WOMAN. IF SHE IS NOT AT HOME, AGREE ON DATE FOR RETURN VISIT. CONTINUE WITH HOUSEHOLD QUESTIONNAIRE					
NO ELIGIBLE WOMAN IN HH: SAY “I cannot continue because I can only interview women 15–64 years old. Thank you for your assistance.” FINISH HERE.					

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

HOUSEHOLD SELECTION FORM (NOT FOR GROUP QUARTERS!)

	Hello, my name is _____. I am calling on behalf of Ministry of Health and the Office of Planning and Statistics. We are conducting a survey in Palau to learn about women and family health.					
1	Please can you tell me how many people live here, and share food? PROBE: Does this include children (including infants) living here? Does it include any other people who may not be members of your family, such as domestic servants, lodgers or friends who live here and share food? MAKE SURE THESE PEOPLE ARE INCLUDED IN THE TOTAL				TOTAL NUMBER OF PEOPLE IN HOUSEHOLD []	
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	FEMALE HOUSEHOLD MEMBERS		RELATIONSHIP TO HEAD OF HH	RESIDENCE	AGE	ELIGIBLE
3	Today we would like to talk to one woman from your household. To enable me to identify whom I should talk to, would you please give me the first names of all girls or women who usually live in your household (and share food).		What is the relationship of NAME to the head of the household.* (USE CODES BELOW)	Does NAME usually live here? SPECIAL CASES: SEE (A) BELOW. YES NO	How old is NAME? (YEARS, more or less)	SEE CRITERIA BELOW (A +B) YES NO
LINE NUM.						
1				1 2		1 2
2				1 2		1 2
3				1 2		1 2
4				1 2		1 2
5				1 2		1 2
6				1 2		1 2
7				1 2		1 2
8				1 2		1 2
9				1 2		1 2
10				1 2		1 2
CODES 01 HEAD 06 MOTHER 12 DOMESTIC SERVANT 02 WIFE (PARTNER) 07 MOTHER-IN-LAW 13 LODGER 03 DAUGHTER 08 SISTER 14 FRIEND 04 DAUGHTER-IN-LAW 09 SISTER-IN-LAW 98 OTHER NOT RELATIVE: 05 GRANDDAUGHTER 10 OTHER RELATIVE _____ 11 ADOPTED/FOSTER/STEP DAUGHTER						
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ADMINISTERED TO ANY RESPONSIBLE ADULT IN HOUSEHOLD

HOUSEHOLD QUESTIONNAIRE (NOT FOR GROUP QUARTERS)				
QUESTIONS & FILTERS		CODING CATEGORIES		
1	If you don't mind, I would like to ask you a few questions about your household. Does your household have access to piped water?	YES, IN THE UNIT01 YES, IN THIS BUILDING02 ONLY OUTSIDE THE BUILDING03 NO ACCESS TO PIPED WATER04 OTHER:96 DON'T KNOW/DON'T REMEMBER98 REFUSED/NO ANSWER99		
2	Is your home connected to a public sewer?	YES, CONNECTED TO A PUBLIC SEWER01 NO, CONNECTED TO A SEPTIC TANK/ CESSPOOL02 NO, OUTHOUSE03 NO, OTHER MEANS04 OTHER:96 DON'T KNOW/DON'T REMEMBER98 REFUSED/NO ANSWER99		
3	Type of Structure? RECORD OBSERVATION	CONCRETE FOUNDATION, WALL AND ROOF ...1 CONCRETE FOUNDATION, METAL/WOOD WALLS, METAL/TILE ROOF2 CONCRETE FOUNDATION AND WALL, METAL/TILE ROOF3 ON STILTS, WOODEN FLOOR, METAL/WOOD WALLS, METAL/TILE ROOF4 OTHER:6 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9		
4	Does your household have:		YES	NO
	a) Electricity	a) ELECTRICITY	1	2
	b) Internet Connection	b) INTERNET	1	2
5	Does any member of your household own:		YES	NO
	a) A bicycle?	a) BICYCLE	1	2
	b) A motorcycle?	b) MOTORCYCLE	1	2
	c) A car?	c) CAR	1	2
	d) Boat?	d) BOAT	1	2
6	Do people in your household own any land?	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9		
7	How many rooms in your household are used for sleeping?	NUMBER OF ROOMS [] [] DON'T KNOW/DON'T REMEMBER98 REFUSED/NO ANSWER99		
8	Are you concerned about the levels of crime in your neighbourhood (like robberies or assaults)? Would you say that you are not at all concerned, a little concerned, or very concerned?	NOT CONCERNED1 A LITTLE CONCERNED2 VERY CONCERNED3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9		
9	In the past 4 weeks, has someone from this household been the victim of a crime in this neighbourhood, such as a robbery or assault?	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9		
10	NOTE SEX OF RESPONDENT	MALE1 FEMALE2		

Thank you very much for your assistance.

DWELL_ID ____ [][][][][][]

INDIVIDUAL CONSENT FORM FOR WOMAN'S QUESTIONNAIRE

Hello, my name is _____. I am working with the Ministry of Health and the Office of Planning and Statistics. We are conducting a survey in Palau to learn about women's and family health and life experiences. You have been chosen by chance to participate in the study.

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

Do you have any questions?

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

NOTE WHETHER RESPONDENT AGREES TO INTERVIEW OR NOT

[] DOES NOT AGREE TO BE INTERVIEWED → THANK PARTICIPANT FOR HER TIME AND END

[] AGREES TO BE INTERVIEWED



Is now a good time to talk?

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

TO BE COMPLETED BY INTERVIEWER

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

SIGNED:

DATE OF INTERVIEW: day [] month [] year [] [] []			
100. RECORD THE 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 <COMMUNITY NAME>.			
INSERT NAME OF COMMUNITY/VILLAGE/NEIGHBOURHOOD ABOVE AND IN QUESTIONS BELOW. IF NO NAME, SAY "IN THIS COMMUNITY/VILLAGE/AREA" AS APPROPRIATE.			
101	Do neighbours in COMMUNITY NAME [HAMLET] generally tend to know each other well?	YES 1 NO 2 DON'T KNOW 8 REFUSED/NO ANSWER 9	
102	If there were a street fight in COMMUNITY NAME would people generally do something to stop it?	YES 1 NO 2 DON'T KNOW 8 REFUSED/NO ANSWER 9	
103	If someone in COMMUNITY NAME decided to undertake a community project (INSERT LOCALLY RELEVANT EXAMPLES) would most people be willing to contribute time, labour or money?	YES 1 NO 2 DON'T KNOW 8 REFUSED/NO ANSWER 9	
104	In this neighbourhood do most people generally trust one another in matters of lending and borrowing things?	YES 1 NO 2 DON'T KNOW 8 REFUSED/NO ANSWER 9	
105	If someone in your family suddenly fell ill or had an accident, would your neighbours offer to help?	YES 1 NO 2 DON'T KNOW 8 REFUSED/NO ANSWER 9	
106	I would now like to ask you some questions about yourself. What is your date of birth (day, month and year that you were born)?	DAY [][] MONTH [][] YEAR [][][][] DON'T KNOW YEAR 9998 REFUSED/NO ANSWER 9999	
107	How old are you (completed years)? (MORE OR LESS)	AGE (YEARS) [][]	
108	How long have you been living continuously in COMMUNITY NAME [THIS HAMLET]?	NUMBER OF YEARS [][] LESS THAN 1 YEAR 00 LIVED ALL HER LIFE 95 VISITOR (AT LEAST 4 WEEKS IN HOUSEHOLD) 96 DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99	

108 a	What is your religion?	NO RELIGION 01 CATHOLIC 02 PROTESTANT 03 SDA/ADVENTISTS 04 JEHOVA WITNESS 05 MORMONS/LDS 06 BAPTISTS 07 MODEKNGEI 08 ISLAM 09 BUDDHIST 10 HINDU 11 OTHER : 96 DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99	
108 b	What is your ethnicity/citizenship?	PALAUAN 01 USA 02 JAPAN 03 PHILIPINES 04 TAIWAN 05 PR OF CHINA 06 BANGLADESH 07 OTHER ASIAN 08 AUST / NZ 09 EUROPEAN 10 OTHER (SPECIFY) 96 DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99	
109	Can you read and write?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
110	Have you ever attended school?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	111c
111	a) What is the highest level of education that you achieved? MARK HIGHEST LEVEL. b) CONVERT TOTAL YEARS IN SCHOOL,	ELEMENTARY _____ year 1 HIGH SCHOOL _____ year 2 COLLEGE/UNIVERSTIY _____ year 3 VOCATIONAL / OTHER: _____ 4 NUMBER OF YEARS SCHOOLING . [] [] DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99	
111 c	What is your <u>main</u> daily occupation? PROMPT: that can earn you income/wages? [MARK ONE]	NOT WORKING 01 EMPLOYER 02 EMPLOYEE (Public Sector, including NGOs and UN Agencies) 03 FARMING/FISHING (INCL. SELLING) 04 EMPLOYEE (Private Sector) 05 SELF-EMPLOYED/RUN OWN BUSINESS 06 OTHER (SPECIFY) 96 DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99	

111 d	What is now the main source of income for you and your household? [MARK ONE]	NO INCOME 1 MONEY FROM OWN WORK 2 SUPPORT FROM HUSBAND/PARTNER 3 SUPPORT FROM OTHER RELATIVES 4 PENSION 5 SOCIAL SERVICES/WELFARE 6 OTHER (SPECIFY) 7 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
112	Where did you grow up? PROBE: Before age 12 where did you live longest?	THIS STATE 1 ANOTHER STATE 2 ANOTHER COUNTRY 4 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
113	Do any of your family live close enough by that you can easily see/visit them?	YES 1 NO 2 LIVING WITH FAMILY 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	<input type="checkbox"/> 115
114	How often do you see or talk to a member of your family? 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 own family 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	<input type="checkbox"/> 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	<p>Are you <u>currently</u> married, living together, or involved in a relationship with a man without living together?</p> <p><i>IF NEEDED PROBE: Such as a regular boyfriend or a fiancé?</i></p> <p>IF NEEDED PROBE: Do you and your partner live together?</p>	<p>CURRENTLY MARRIED, LIVING TOGETHER 1</p> <p>CURRENTLY MARRIED, NOT LIVING TOGETHER 2</p> <p>LIVING WITH MAN, NOT MARRIED 3</p> <p><i>CURRENTLY HAVING A REGULAR MALE PARTNER (ENGAGED OR DATING) NOT LIVING TOGETHER..... 4</i></p> <p>NOT CURRENTLY MARRIED OR HAVING A MALE PARTNER 5</p> <p><i>CURRENTLY HAVING A FEMALE PARTNER 6</i></p>	<p><input type="checkbox"/> 123</p> <p><input type="checkbox"/> 123</p> <p><input type="checkbox"/> 123</p> <p><input type="checkbox"/> 123</p>
120 a	Have you <u>ever</u> been married or lived with a male partner?	<p>YES, MARRIED 1</p> <p>YES, LIVED WITH A MAN, BUT NEVER MARRIED 3</p> <p>NO 5</p>	<p><input type="checkbox"/> 121</p> <p><input type="checkbox"/> 121</p>
120b	Have you ever been involved in a relationship with a man without living together (such as being engaged or dating)?	<p>YES 1</p> <p>NO..... 2</p> <p>REFUSED/NO ANSWER 9</p>	<p><input type="checkbox"/> S2</p> <p><input type="checkbox"/> S2</p>
121	Did the last partnership with a man end in divorce or separation, or did your husband/partner die?	<p>DIVORCED 1</p> <p>SEPARATED/BROKEN UP..... 2</p> <p>WIDOWED/PARTNER DIED 3</p> <p>DON'T KNOW/DON'T REMEMBER 8</p> <p>REFUSED/NO ANSWER..... 9</p>	<input type="checkbox"/> 123
122	Was the divorce/separation initiated by you, by your husband/partner, or did you both decide that you should separate?	<p>RESPONDENT 1</p> <p>HUSBAND/PARTNER..... 2</p> <p>BOTH (RESPONDENT AND PARTNER)..... 3</p> <p>OTHER: 6</p> <p>DON'T KNOW/DON'T REMEMBER 8</p> <p>REFUSED/NO ANSWER 9</p>	
123	How many times in your life have you been married and/or lived together with a man? (INCLUDE CURRENT PARTNER IF LIVING TOGETHER)	<p>NUMBER OF TIMES MARRIED OR LIVED TOGETHER [][]</p> <p>NEVER MARRIED OR LIVED TOGETHER 00</p> <p>DON'T KNOW/DON'T REMEMBER 98</p> <p>REFUSED/NO ANSWER 99</p>	<input type="checkbox"/> S2
124	The next few questions are about your <u>current or most recent</u> partnership. Do/did you live together in the same home as your husband/partner's parents or any of his relatives?	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW/DON'T REMEMBER 8</p> <p>REFUSED/NO ANSWER 9</p>	
125	<p>IF CURRENTLY WITH HUSBAND/PARTNER: Do you <u>currently</u> live with your parents or any of your relatives?</p> <p>IF NOT CURRENTLY WITH HUSBAND/PARTNER: Were you living with your parents or relatives <u>during your last relationship</u>?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW/DON'T REMEMBER 8</p> <p>REFUSED/NO ANSWER..... 9</p>	

129	Did you have any kind of marriage ceremony to formalize the union? What type of ceremony did you have? MARK ALL THAT APPLY	NONEA CIVIL MARRIAGEB RELIGIOUS MARRIAGEC CUSTOMARY MARRIAGE.....D OTHER:X	<input type="checkbox"/> S.2
130	In what year was the (first) ceremony performed? (THIS REFERS TO CURRENT/LAST RELATIONSHIP)	YEAR[][][][] DON'T KNOW 9998 REFUSED/NO ANSWER..... 9999	
131	Did you yourself choose your <u>current/most recent</u> husband, did someone else choose him for you, or did he choose you? IF SHE DID NOT CHOOSE HERSELF, PROBE: Who chose your <u>current/most recent</u> husband for you?	BOTH CHOSE 1 RESPONDENT CHOSE 2 RESPONDENT'S FAMILY CHOSE 3 HUSBAND/PARTNER CHOSE..... 4 HUSBAND/PARTNER'S FAMILY CHOSE..... 5 OTHER: 6 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	<input type="checkbox"/> 135a <input type="checkbox"/> 135a
132	Before the marriage with your <u>current /most recent</u> husband, were you asked whether you wanted to marry him or not?	YES 1 NO..... 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	
135a	Did you get married through Palauan custom?	YES..... 1 NO 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	<input type="checkbox"/> S.2 <input type="checkbox"/> S.2 <input type="checkbox"/> S.2
135b	Was there a Bus and Ngader exchange?	YES THERE WERE BOTH..... 1 ONLY BUS 2 ONLY NGADER..... 3 NONE 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	<input type="checkbox"/> 135d <input type="checkbox"/> S.2
135c	Overall, do you think that the amount of BUS have a positive impact on how you are treated by your husband and his family, a negative impact, or no particular impact?	POSITIVE IMPACT 1 NEGATIVE IMPACT 2 NO IMPACT 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	
135d	Overall, do you think that the amount of NGADER have a positive impact on how you are treated by your husband and his family, a negative impact, or no particular impact?	POSITIVE IMPACT 1 NEGATIVE IMPACT 2 NO IMPACT 3 N.A. / NO NGADER 7 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	

BEFORE STARTING WITH SECTION 2:

REVIEW RESPONSES IN SECTION 1 AND MARK MARITAL STATUS ON REFERENCE SHEET, BOX A.

SECTION 2 GENERAL HEALTH

201	I would now like to ask a few questions about your health and use of health services. In general, would you describe your overall health as excellent, good, fair, poor or very poor?	EXCELLENT1 GOOD.....2 FAIR3 POOR.....4 VERY POOR.....5 DON'T KNOW/DON'T REMEMBER8 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"> <tr> <td></td><td>YES</td><td>NO</td><td>DK</td></tr> <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> </table>		YES	NO	DK	DIABETES	1	2	8	ASTHMA	1	2	8	HIGH BLOOD PRESSURE	1	2	8	PHYSICAL DISABILITY	1	2	8	
	YES	NO	DK																				
DIABETES	1	2	8																				
ASTHMA	1	2	8																				
HIGH BLOOD PRESSURE	1	2	8																				
PHYSICAL DISABILITY	1	2	8																				
202	Now I would like to ask you about your health in the <u>past 4 weeks</u> . How would you describe your ability to walk around? I will give 5 options, which one best describes your situation: Would you say that you have no problems, very few problems, some problems, many problems or that you are unable to walk at all?	NO PROBLEMS1 VERY FEW PROBLEMS.....2 SOME PROBLEMS.....3 MANY PROBLEMS.....4 UNABLE TO WALK AT ALL.....5 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9																					
203	In the <u>past 4 weeks</u> did you have problems with performing usual activities, such as work, study, household, family or social activities? Please choose from the following 5 options. Would you say no problems, very few problems, some problems, many problems or unable to perform usual activities?	NO PROBLEMS1 VERY FEW PROBLEMS.....2 SOME PROBLEMS.....3 MANY PROBLEMS.....4 UNABLE TO PERFORM USUAL ACTIVITIES.....5 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9																					
204	In the <u>past 4 weeks</u> have you been in pain or discomfort? Please choose from the following 5 options. Would you say not at all, slight pain or discomfort, moderate, severe or extreme pain or discomfort?	NO PAIN OR DISCOMFORT1 SLIGHT PAIN OR DISCOMFORT2 MODERATE PAIN OR DISCOMFORT3 SEVERE PAIN OR DISCOMFORT4 EXTREME PAIN OR DISCOMFORT5 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9																					
205	In the <u>past 4 weeks</u> have you had problems with your memory or concentration? Please choose from the following 5 options. Would you say no problems, very few problems, some problems, many problems or extreme memory or concentration problems?	NO PROBLEMS1 VERY FEW PROBLEMS.....2 SOME PROBLEMS.....3 MANY PROBLEMS.....4 EXTREME MEMORY PROBLEMS5 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9																					
206	In the <u>past 4 weeks</u> have you had: a) Dizziness b) Vaginal discharge	<table border="0"> <tr> <td></td><td>YES</td><td>NO</td><td>DK</td></tr> <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> </table>		YES	NO	DK	a) DIZZINESS	1	2	8	b) VAGINAL DISCHARGE	1	2	8									
	YES	NO	DK																				
a) DIZZINESS	1	2	8																				
b) VAGINAL DISCHARGE	1	2	8																				

207	In the <u>past 4 weeks</u> , have you taken medication: a) To help you calm down or sleep? b) To relieve pain? c) To help you not feel sad or depressed? FOR EACH, IF YES PROBE: How often? Once or twice, a few times or many times?	NO ONCE OR TWICE A FEW TIMES MANY TIMES	a) FOR SLEEP 1 2 3 4 b) FOR PAIN 1 2 3 4 c) FOR SADNESS 1 2 3 4
208	In the <u>past 4 weeks</u> , did you consult a doctor or other professional or traditional health worker because you yourself were sick? IF YES: Whom did you consult? PROBE: Did you also see anyone else?	NO ONE CONSULTED A DOCTOR B NURSE (AUXILIARY) C MIDWIFE D COUNSELLOR E PHARMACIST F TRADITIONAL HEALER G MASSAGE THERAPIST H OTHER: X	
209	The next questions are related to other common problems that may have bothered you in the <u>past 4 weeks</u> . If you had the problem in the past 4 weeks, answer yes. If you have not had the problem in the past 4 weeks, answer no. a) Do you often have headaches? b) Is your appetite poor? c) Do you sleep badly? d) Are you easily frightened? e) Do your hands shake? f) Do you feel nervous, tense or worried? g) Is your digestion poor? h) Do you have trouble thinking clearly? i) Do you feel unhappy? j) Do you cry more than usual? k) Do you find it difficult to enjoy your daily activities? l) Do you find it difficult to make decisions? m) Is your daily work suffering? n) Are you unable to play a useful part in life? o) Have you lost interest in things that you used to enjoy? p) Do you feel that you are a worthless person? q) Has the thought of ending your life been on your mind? r) Do you feel tired all the time? s) Do you have uncomfortable feelings in your stomach? t) Are you easily tired?	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
210	Just now we talked about problems that may have bothered you in the past 4 weeks. I would like to ask you now: In your life, have you <u>ever</u> thought about ending your life?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	212
211	Have you <u>ever</u> tried to take your life?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	

212	In the <u>past 12 months</u> , have you had an operation (other than a caesarean section)?	YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
213	In the <u>past 12 months</u> , did you have to spend any nights in a hospital because you were sick (other than to give birth)? IF YES: How many nights in the past 12 months? (IF DON'T KNOW GET ESTIMATE)	NIGHTS IN HOSPITAL[][] NONE.....00 DON'T KNOW/DON'T REMEMBER.....98 REFUSED/NO ANSWER.....99	
213 a	Have you ever heard of HIV or AIDS?	YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
213 b	Is it possible for a person who looks and feels completely healthy to have the AIDS virus?	YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
213 c	Many people in (COUNTRY) are getting tested for HIV. Have you had an HIV/AIDS test? We do not want to know the result, only if you ever had the test.	YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
214	Do you <u>now</u> smoke or use tobacco (including chewing) 1. Daily? 2. Occasionally? 3. Not at all?	DAILY.....1 OCCASIONALLY.....2 NOT AT ALL.....3 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	<input type="checkbox"/> 216 <input type="checkbox"/> 216
215	Have you <u>ever</u> smoked in your life (including chewing)? Did you ever smoke.... 1. Daily? (smoking at least once a day) 2. Occasionally? (at least 100 cigarettes, but never daily) 3. Not at all? (not at all, or less than 100 cigarettes in your life time)	DAILY.....1 OCCASIONALLY.....2 NOT AT ALL.....3 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
216	How often do you drink alcohol? Would you say: 1. Every day or nearly every day 2. Once or twice a week 3. 1 – 3 times a month 4. Occasionally, less than once a month 5. Never/Stopped more than a year ago	EVERY DAY OR NEARLY EVERY DAY.....1 ONCE OR TWICE A WEEK.....2 1 – 3 TIMES IN A MONTH.....3 LESS THAN ONCE A MONTH.....4 NEVER/ STOPPED MORE THAN 1YR AGO.....5 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	<input type="checkbox"/> S.3
217	On the days that you drank in the <u>past 4 weeks</u> , about how many alcoholic drinks did you usually have a day?	USUAL NUMBER OF DRINKS[][] NO ALCOHOLIC DRINKS IN PAST 4 WEEKS....00	
218	In the <u>past 12 months</u> , have you experienced any of the following problems, related to your drinking? a) money problems b) health problems c) conflict with family or friends d) problems with authorities (bar owner/police, etc) x) other, specify.	YES NO a) MONEY PROBLEMS 1 2 b) HEALTH PROBLEMS 1 2 c) CONFLICT WITH FAMILY OR FRIENDS 1 2 d) PROBLEMS WITH AUTHORITIES 1 2 x) OTHER: _____ 1 2	

SECTION 3 REPRODUCTIVE HEALTH

	Now I would like to ask about all of the children that you may have given birth to during your life.		
301	Have you ever given birth? How many children have you given birth to that were alive when they were born? (INCLUDE BIRTHS WHERE THE BABY DIDN'T LIVE FOR LONG)	NUMBER OF CHILDREN BORN..... [][] IF 1 OR MORE ... NONE 00	303
302	Have you ever been pregnant?	YES 1 NO 2 MAYBE/NOT SURE 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	303 310 310 310 310
303	How many children do you have, who are alive now? RECORD NUMBER	CHILDREN [][] NONE 00	
304	Have you ever given birth to a boy or a girl who was born alive, but later died? This could be at any age. IF NO, PROBE: Any baby who cried or showed signs of life but survived for only a few hours or days?	YES 1 NO 2	306
305	a) How many sons have died? b) How many daughters have died? (THIS IS ABOUT ALL AGES)	a) SONS DEAD [][] b) DAUGHTERS DEAD..... [][] IF NONE ENTER '00'	
306	Do (did) all your children have the same biological father, or more than one father?	ONE FATHER 1 MORE THAN ONE FATHER..... 2 N/A (NEVER HAD LIVE BIRTH)..... 7 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	308
307	How many of your children receive financial support from their father(s)? Would you say none, some or all? IF ONLY ONE CHILD AND SHE SAYS 'YES,' CODE '3' ('ALL').	NONE 1 SOME 2 ALL 3 N/A 7 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	
308	How many times have you been pregnant? Include pregnancies that did not end up in a live birth, and if you are pregnant now, your current pregnancy? PROBE: How many pregnancies were with twins, triplets?	a) TOTAL NO. OF PREGNANCIES.... [][] b) PREGNANCIES WITH TWINS [] c) PREGNANCIES WITH TRIPLETS..... []	
309	Have you ever had a pregnancy that miscarried, or ended in a stillbirth? Or an abortion? PROBE: How many times did you miscarry, how many times did you have a stillbirth, and how many times did you abort?	a) MISCARRIAGES [][] b) STILLBIRTHS [][] c) ABORTIONS [][] IF NONE ENTER '00'	
310	Are you pregnant now?	YES..... 1 NO 2 MAYBE..... 3	A B B
DO EITHER A OR B: IF PREGNANT NOW ==>		A. [301] ____ + [309 a+b+c] ____ + 1 = [308a] ____ + [308b] ____ + [2x308c] ____ = ____	
IF NOT PREGNANT NOW ==>		B. [301] ____ + [309 a+b+c] ____ = [308a] ____ + [308b] ____ + [2x308c] ____ = ____	
VERIFY THAT ADDITION ADDS UP TO THE SAME FIGURE. IF NOT, PROBE AGAIN AND CORRECT.			

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 REFUSED/NO ANSWER 99	□ S.5
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. <u>In your life</u> 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 <u>past 12 months</u> ?	PARTNERS [] [] DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99	
311	Have you <u>ever</u> 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 □ S.5
312	Are you <u>currently</u> doing something, or using any method, to delay or avoid getting pregnant?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	□ 315
313	What (main) method are you <u>currently</u> using? IF MORE THAN ONE, ONLY MARK MAIN METHOD	PILL/TABLETS 01 INJECTABLES 02 IMPLANTS (NORPLANT) 03 IUD 04 DIAPHRAGM/FOAM/JELLY 05 CALENDAR/MUCUS METHOD 06 FEMALE STERILIZATION 07 CONDOMS 08 MALE STERILIZATION 09 WITHDRAWAL 10 HERBS 11 OTHER: 96 DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99	□ 315 □ 315 □ 315
314	Does your <u>current</u> husband/partner know that you are using a method of family planning?	YES 1 NO 2 N/A: NO CURRENT HUSBAND/PARTNER 7 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	

315	Has/did your <u>current/most recent</u> husband/partner ever refused to use a method or tried to stop you from using a method to avoid getting pregnant?	YES..... 1 NO 2 N.A. (NEVER HAD A PARTNER)..... 7 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	<input type="checkbox"/> 317 <input type="checkbox"/> S.4 <input type="checkbox"/> 317 <input type="checkbox"/> 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 ANGRYB THREATENED TO BEAT MEC THREATENED TO LEAVE/THROW ME OUT OF HOMED BEAT ME/PHYSICALLY ASSAULTEDE TOOK OR DESTROYED METHOD.....F OTHERX	
317	Apart from what you have told me before, I would now like to ask some specific questions about condoms. Have you ever used a condom with your <u>current/most recent</u> husband/partner?	YES..... 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	<input type="checkbox"/> 318
317a	The last time that you had sex with your <u>current/most recent</u> 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 <u>current/most recent</u> husband/partner to use a condom?	YES..... 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	
319	Has your <u>current/most recent</u> husband/partner ever refused to use a condom?	YES..... 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	<input type="checkbox"/> S.4 <input type="checkbox"/> S.4 <input type="checkbox"/> 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 ANGRYB THREATENED TO BEAT MEC THREATENED TO LEAVE/THROW ME OUT OF HOMED BEAT ME/PHYSICALLY ASSAULTEDE 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 NECESSARYI OTHERX	

**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		ANY LIVE BIRTHS [] []	NO LIVE BIRTHS [] [] []	S.5
(s4bir)		(1)	(2)	
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	<input type="checkbox"/> 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	<input type="checkbox"/> 406 <input type="checkbox"/> 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	<input type="checkbox"/> 417
407	I would like to ask you about your <u>last pregnancy</u> . At the time you became pregnant with this child (NAME), did you want to become pregnant then, did you want to wait until later, did you want no (more) children, or did you not mind either way?		BECOME PREGNANT 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 an prenatal check? IF YES: Whom did you see? Anyone else? MARK ALL THAT APPLY		NO ONE A DOCTOR B OBSTETRICIAN/GYNAECOLOGIST C NURSE/MIDWIFE D OTHER: X	
410	Did your husband/partner stop you, encourage you, or have no interest in whether you received prenatal care for your pregnancy?		STOP 1 ENCOURAGE 2 NO INTEREST 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
411	When you were pregnant with this child (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	<input type="checkbox"/> 417 <input type="checkbox"/> 417																				
416	How much did he/she weigh? RECORD FROM HEALTH CARD WHERE POSSIBLE	LB FROM CARD [][][][][] 1 LB FROM RECALL [][][][][] 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9																					
417	Do you have any children aged between 6 and 12 years? How many? (include 6-year-old and 12-year-old children)	NUMBER [][][] NONE 00	<input type="checkbox"/> S.5																				
418	a) How many are boys? b) How many are girls? MAKE SURE ONLY CHILDREN AGED 6-12 YEARS.	a) BOYS [][] b) GIRLS [][]																					
419	How many of these children (ages 6-12 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 <input type="checkbox"/>	<input type="checkbox"/> S.5																				
420	Do any of these children (ages 6-12 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 border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) NIGHTMARES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) WET BED</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) TIMID</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) AGGRESSIVE</td> <td>1</td> <td>2</td> <td>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																				
a) NIGHTMARES	1	2	8																				
c) WET BED	1	2	8																				
d) TIMID	1	2	8																				
e) AGGRESSIVE	1	2	8																				
421	Of these children (ages 6-12 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 6-12 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 <input type="checkbox"/>	<input type="checkbox"/> S.5																				
423	Have any of these children had to repeat (failed) a year at school? MAKE SURE ONLY CHILDREN AGED 6-12 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 6-12 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 (s5mar)		CURRENTLY MARRIED, OR LIVING WITH A MAN/ENGAGED OR DATING A MALE <i>PARTNER</i> (Options K, L) [] [] (1)	FORMERLY MARRIED/ LIVING WITH A MAN/ ENGAGED OR DATING A MALE <i>PARTNER</i> (Option M) [] [] (2)	NEVER MARRIED/ NEVER LIVED WITH A MAN (<i>NEVER MALE PARTNER</i>) (Option N) [] [] [] (3)	<input type="checkbox"/> S.6
501	I would now like you to tell me a little about your <u>current/most recent</u> husband/partner. How old is your husband/partner (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 did he grow up [before age 12]? Is he from the same State as you?		SAME STATE1 ANOTHER STATE2 ANOTHER COUNTRY4 OTHER:6 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9		
503	Can (could) he read and write?		YES1 NO2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9		
504	Did he ever attend school?		YES1 NO2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9		<input type="checkbox"/> 506
505	a) What is the highest level of education that he achieved? MARK HIGHEST LEVEL. b) <i>CONVERT TOTAL YEARS IN SCHOOL,</i>		ELEMENTARY year1 HIGH SCHOOL year.....2 COLLEGE/UNIVERSITY year ...3 VOCATIONAL / OTHER:4 DON'T KNOW8 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?		WORKING1 LOOKING FOR WORK/UNEMPLOYED.....2 RETIRED3 STUDENT4 DISABLED/LONG TERM SICK5 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9		<input type="checkbox"/> 508 <input type="checkbox"/> 508 <input type="checkbox"/> 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	<input type="checkbox"/> 509												
508	What kind of work does/did he normally do? (Income generating work) SPECIFY KIND OF WORK	PROFESSIONAL: 01 SEMI-SKILLED: 02 UNSKILLED/MANUAL: 03 MILITARY/POLICE: 04 FARMER/FISHERMAN 05 OTHER: 96 DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99													
509	How often does/did your husband/partner drink alcohol? 1. Every day or nearly every day 2. Once or twice a week 3. 1–3 times a month 4. Occasionally, less than once a month 5. Never/less than once a year/stopped more than a year ago	EVERY DAY OR NEARLY EVERY DAY ... 1 ONCE OR TWICE A WEEK 2 1–3 TIMES IN A MONTH 3 LESS THAN ONCE A MONTH 4 NEVER 5 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	<input type="checkbox"/> 512												
510	In the <u>past 12 months</u> (In the <u>last 12 months of your last relationship</u>), how often have you seen (did you see) your husband/partner drunk? Would you say most days, weekly, once a month, less than once a month, or never?	MOST DAYS 1 WEEKLY 2 ONCE A MONTH 3 LESS THAN ONCE A MONTH 4 NEVER 5 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9													
511	In the <u>past 12 months</u> (In the <u>last 12 months</u> of your relationship), have you experienced any of the following problems, related to your husband/partner's drinking? a) Money problems b) Family problems x) Any other problems, specify.	<table><tr><td></td><td>YES</td><td>NO</td></tr><tr><td>a) MONEY PROBLEMS</td><td>1</td><td>2</td></tr><tr><td>b) FAMILY PROBLEMS</td><td>1</td><td>2</td></tr><tr><td>x) OTHER: _____</td><td>1</td><td>2</td></tr></table>		YES	NO	a) MONEY PROBLEMS	1	2	b) FAMILY PROBLEMS	1	2	x) OTHER: _____	1	2	
	YES	NO													
a) MONEY PROBLEMS	1	2													
b) FAMILY PROBLEMS	1	2													
x) OTHER: _____	1	2													
512	Does/did your husband/partner ever use drugs (e.g. marijuana, ice, tramadol, etc.)? Would you say: 1. Every day or nearly every day 2. Once or twice a week 3. 1 – 3 times a month 4. Occasionally, less than once a month 5. Never	EVERY DAY OR NEARLY EVERY DAY ... 1 ONCE OR TWICE A WEEK 2 1 – 3 TIMES IN A MONTH 3 LESS THAN ONCE A MONTH 4 NEVER 5 IN THE PAST, NOT NOW 6 DON'T KNOW /DON'T REMEMBER 8 REFUSED/NO ANSWER 9													
513	Since you have known him, has he ever been involved in a physical fight with another man?	YES 1 NO 2 DON'T KNOW /DON'T REMEMBER 8 REFUSED/NO ANSWER 9	<input type="checkbox"/> 515 <input type="checkbox"/> 515												
514	In the <u>past 12 months</u> (In the <u>last 12 months</u> of the relationship), has this happened once or twice, a few times, many times or never?	NEVER 1 ONCE OR TWICE 2 A FEW (3-5) TIMES 3 MANY (MORE THAN 5) TIMES 4 DON'T KNOW /DON'T REMEMBER 8 REFUSED/NO ANSWER 9													
515	Has your <u>current/most recent</u> husband/partner had a relationship with any other women while being with you?	YES 1 NO 2 MAY HAVE 3 DON'T KNOW /DON'T REMEMBER 8 REFUSED/NO ANSWER 9	<input type="checkbox"/> S.6 <input type="checkbox"/> S.6												

SECTION 7 RESPONDENT AND HER HUSBAND/PARTNER

CHECK: Ref. sheet, Box A (s7mar)	EVER MARRIED/EVER LIVING WITH A MAN/MALE PARTNER (Options K, L, M) [] (1)	NEVER MARRIED/NEVER LIVED WITH A MAN/NEVER MALE PARTNER (Option N) [] [] (2)	<input type="checkbox"/> S.10																																								
When two people marry or live together, they usually share both good and bad moments. I would now like to ask you some questions about your current and past relationships and how your husband/partner treats (treated) you. If anyone interrupts us I will change the topic of conversation. I would again like to assure you that your answers will be kept confidential, and that you do not have to answer any questions that you do not want to. May I continue?																																											
701	In general, do (did) you and your (current or most recent) husband/partner discuss the following topics together: a) Things that have happened to him in the day b) Things that happen to you during the day c) Your worries or feelings d) His worries or feelings	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) HIS DAY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) YOUR DAY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) YOUR WORRIES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) HIS WORRIES</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) HIS DAY	1	2	8	b) YOUR DAY	1	2	8	c) YOUR WORRIES	1	2	8	d) HIS WORRIES	1	2	8																					
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b) YOUR DAY	1	2	8																																								
c) YOUR WORRIES	1	2	8																																								
d) HIS WORRIES	1	2	8																																								
702	In your relationship with your (current or most recent) husband/partner, how often would you say that you quarrelled? Would you say rarely, sometimes or often?	<table border="1"> <tbody> <tr> <td>RARELY</td> <td>1</td> </tr> <tr> <td>SOMETIMES.....</td> <td>2</td> </tr> <tr> <td>OFTEN.....</td> <td>3</td> </tr> <tr> <td>DON'T KNOW/DON'T REMEMBER.....</td> <td>8</td> </tr> <tr> <td>REFUSED/NO ANSWER.....</td> <td>9</td> </tr> </tbody> </table>	RARELY	1	SOMETIMES.....	2	OFTEN.....	3	DON'T KNOW/DON'T REMEMBER.....	8	REFUSED/NO ANSWER.....	9																															
RARELY	1																																										
SOMETIMES.....	2																																										
OFTEN.....	3																																										
DON'T KNOW/DON'T REMEMBER.....	8																																										
REFUSED/NO ANSWER.....	9																																										
703	I am now going to ask you about some situations that are true for many women. Thinking about your husband/partner or any other husband or partner that you may have had before him, would you say it is generally true that he: a) Tries to keep you from seeing your friends b) Tries to restrict contact with your family c) Insists on knowing where you are at all times d) — e) Gets angry if you speak with another man f) Is often suspicious that you are unfaithful g) Expects you to ask his permission before seeking health care for yourself h) Your husband/partner refuses to give you enough money for household expenses, even when he has money for other things?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) SEEING FRIENDS</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) CONTACT FAMILY</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) WANTS TO KNOW</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) GETS ANGRY</td> <td>1</td> <td>2</td> </tr> <tr> <td>f) SUSPICIOUS</td> <td>1</td> <td>2</td> </tr> <tr> <td>g) HEALTH CARE</td> <td>1</td> <td>2</td> </tr> <tr> <td>h) REFUSES MONEY</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	a) SEEING FRIENDS	1	2	b) CONTACT FAMILY	1	2	c) WANTS TO KNOW	1	2	e) GETS ANGRY	1	2	f) SUSPICIOUS	1	2	g) HEALTH CARE	1	2	h) REFUSES MONEY	1	2	B) ONLY ASK IF 'YES' IN 703A Has this happened in the past 12 months? <table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> </tbody> </table>	YES	NO	1	2	1	2	1	2	1	2	1	2	1	2	1	2
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CHECK: Question 703	MARK WHEN YES FOR ANY ACT (AT LEAST ONE "1" CIRCLED IN COLUMN A) [] <input type="checkbox"/>	MARK WHEN ALL ANSWERS NO CIRCLED (ONLY "2" CIRCLED IN COLUMN A) []	<input type="checkbox"/> 704																																								
703 k	Was the behaviour you just talked about (MENTION ACTS REPORTED IN 703a) to h)) 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																																									

704	<p>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.</p> <p>Has your <u>current</u> husband/partner, or <u>any</u> other <u>partner</u> ever....</p> <p>a) Insulted you or made you feel bad about yourself?</p> <p>b) Belittled or humiliated you in front of other people?</p> <p>c) Done things to scare or intimidate you on purpose (e.g. by the way he looked at you, by yelling and smashing things)?</p> <p>d) Verbally threatened to hurt you or someone you care about?</p>	<p>A) (If YES continue with B. If NO skip to next item)</p> <p>YES NO</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p>	<p>B) Has this happened <u>in the past 12 months?</u> (If YES ask C and D. If NO ask D only)</p> <p>YES NO</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p>	<p>C) <u>In the past 12 months</u> would you say that this has happened once, a few times or many times?</p> <p>One Few Many</p> <p>1 2 3</p> <p>1 2 3</p> <p>1 2 3</p> <p>1 2 3</p> <p>1 2 3</p>	<p>D) Did this happen <u>before the past 12 months?</u> IF YES: would you say that this has happened once, a few times or many times?</p> <p>No One Few Many</p> <p>0 1 2 3</p> <p>0 1 2 3</p> <p>0 1 2 3</p> <p>0 1 2 3</p> <p>0 1 2 3</p>		
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	<p>Has <u>he or any other partner</u> ever....</p> <p>a) Slapped you or thrown something at you that could hurt you?</p> <p>b) Pushed you or shoved you or pulled your hair?</p> <p>c) Hit you with his fist or with something else that could hurt you?</p> <p>d) Kicked you, dragged you or beaten you up?</p> <p>e) Choked or burnt you on purpose?</p> <p>f) Threatened with or actually used a gun, knife or other weapon against you?</p>	<p>A) (If YES continue with B. If NO skip to next item)</p> <p>YES NO</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p>	<p>B) Has this happened <u>in the past 12 months?</u> (If YES ask C and D. If NO ask D only)</p> <p>YES NO</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p>	<p>C) <u>In the past 12 months</u> would you say that this has happened once, a few times or many times?</p> <p>One Few Many</p> <p>1 2 3</p> <p>1 2 3</p> <p>1 2 3</p> <p>1 2 3</p> <p>1 2 3</p> <p>1 2 3</p>	<p>D) Did this happen <u>before the past 12 months?</u> IF YES: would you say that this has happened once, a few times or many times?</p> <p>No One Few Many</p> <p>0 1 2 3</p> <p>0 1 2 3</p> <p>0 1 2 3</p> <p>0 1 2 3</p> <p>0 1 2 3</p> <p>0 1 2 3</p>		
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) [] <input type="checkbox"/>	MARK WHEN ALL ANSWERS NO CIRCLED (ONLY "2" CIRCLED IN COLUMN A) []			<input type="checkbox"/> 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 > 5TIMES 4 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	
CHECK : (s7preg) Ref. sheet, Box B (s7prnum)		EVER BEEN PREGNANT (option P) (1) [] [] NUMBER OF PREGNANCIES (option T) [] [] [] []	NEVER PREGNANT (2) [] [] [] S.8
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 (<u>any</u> of) your husband/partner(s) while you were pregnant?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	[] S.8 [] S.8 [] S.8
710	IF RESPONDENT WAS PREGNANT ONLY ONCE, ENTER "01" IF RESPONDENT WAS PREGNANT MORE THAN ONCE: Did this happen in one pregnancy, or more than one pregnancy? In how many pregnancies were you pushed, slapped, hit, kicked or beaten?	NUMBER OF PREGNANCIES IN WHICH THIS HAPPENED [] []	
710 a	Did this happen in the <u>last/current/most recent</u> pregnancy? IF RESPONDENT WAS PREGNANT ONLY ONCE, CIRCLE CODE '1'.	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	
711	Were you ever punched or kicked in the abdomen while you were pregnant?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	
IF VIOLENCE REPORTED IN ONE PREGANCY, REFER TO THAT PARTICULAR PREGNANCY IF VIOLENCE REPORTED IN MORE THAN ONE PREGNANCY, THE FOLLOWING QUESTIONS REFER TO THE LAST/MOST RECENT PREGNANCY IN WHICH VIOLENCE REPORTED			
712	During the <u>most recent pregnancy in which you were beaten</u> , was the 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/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	[] S.8 [] S.8
715	Compared to before you were pregnant, did the slapping/beating (REFER TO RESPONDENT'S PREVIOUS ANSWERS) get less, stay about the same, or get worse while you were pregnant? By worse I mean, more frequent or more severe.	GOT LESS 1 STAYED ABOUT THE SAME 2 GOT WORSE 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	

SECTION 8 INJURIES

CHECK: Ref. sheet Box C	WOMAN EXPERIENCED PHYSICAL AND/OR SEXUAL VIOLENCE ("YES" TO Option U or V) [] []	WOMAN HAS NOT EXPERIENCED PHYSICAL OR SEXUAL VIOLENCE ("NO" to BOTH Option U and V) [] []	S.10
(S8phsex)	(1)	(2)	
	I would now like to learn more about the injuries that you experienced from (<u>any</u> 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 <u>ever</u> been injured as a result of these acts by (any of) your husband/partner(s). Please think of the acts that we talked about before.	YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9	[] 804a
802 a	In <u>your life</u> , how many times were you injured by (any of) your husband(s)/partner(s)? Would you say once, several times or many times?	ONCE1 SEVERAL (2-5) TIMES2 MANY (MORE THAN 5) TIMES.....3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9	
802 b	Has this happened <u>in the past 12 months</u> ?	YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9	
803 a	What type of injury did you have? Please mention any injury due to (any of) your husband/partners acts, no matter how long ago it happened. MARK ALL PROBE: Any other injury?	b) ONLY ASK FOR RESPONSES MARKED IN 803a: Has this happened <u>in the past 12 months</u> ? YES NO DK CUTS, PUNCTURES, BITES A 1 2 8 SCRATCH, ABRASION, BRUISES.....B 1 2 8 SPRAINS, DISLOCATIONS C 1 2 8 BURNS..... D 1 2 8 PENETRATING INJURY, DEEP CUTS, GASHES E 1 2 8 BROKEN EARDRUM, EYE INJURIES F 1 2 8 FRACTURES, BROKEN BONES G 1 2 8 BROKEN TEETH..... H 1 2 8 INTERNAL INJURIES..... I 1 2 8 OTHER (specify): _____ X 1 2 8	
804 a	In your life, did you <u>ever</u> lose consciousness because of what (any of your) your husband/partner(s) did to you?	YES1 NO3 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER9	[] 805a [] 805a
804 b	Has this happened <u>in the past 12 months</u> ?	YES.....1 NO2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	

805 a	In your life, were you <u>ever</u> hurt badly enough by (any of) your husband/partner(s) that you needed health care (even if you did not receive it)? IF YES: How many times? IF NOT SURE: More or less?	TIMES NEEDED HEALTH CARE..... [][] REFUSED/NO ANSWER99 NOT NEEDED00	<input type="checkbox"/> S.9
805 b	Has this happened <u>in the past 12 months</u> ?	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
806	In your life, did you <u>ever</u> receive health care for this injury (these injuries)? Would you say, sometimes or always or never?	YES, SOMETIMES1 YES, ALWAYS2 NO, NEVER3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	<input type="checkbox"/> S.9
807	In your life, have you ever had to spend any nights in a hospital due to the injury/injuries? IF YES: How many nights? (MORE OR LESS)	NUMBER OF NIGHTS IN HOSPITAL . [][] IF NONE ENTER '00' DON'T KNOW/DON'T 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	WOMAN EXPERIENCED PHYSICAL VIOLENCE	WOMAN HAS EXPERIENCED SEXUAL VIOLENCE ONLY (“NO” to Option U and “YES” to option V)	
	(“YES” TO Option U) [] []	[] []	<input type="checkbox"/> 906
(S9phys)	(1)	(2)	
901	<p>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.</p> <p>PROBE: Any other situation?</p> <p>MARK ALL MENTIONED</p>	<p>NO PARTICULAR REASON A</p> <p>WHEN MAN DRUNK B</p> <p>MONEY PROBLEMS C</p> <p>DIFFICULTIES AT HIS WORK..... D</p> <p>WHEN HE IS UNEMPLOYED.....E</p> <p>NO FOOD AT HOME F</p> <p>PROBLEMS WITH HIS OR HER FAMILY G</p> <p>SHE IS PREGNANT..... H</p> <p>HE IS JEALOUS OF HER.....I</p> <p>SHE REFUSES SEX.....J</p> <p>SHE IS DISOBEDIENT K</p> <p>HE WANTS TO TEACH HER A LESSON, EDUCATE OR DISCIPLINE HERL</p> <p>HE WANT TO SHOW HE IS BOSSM</p> <p>OTHER (specify): X</p>	

CHECK: (Ref. sheet, Box B, option R)		CHILDREN LIVING [] []	NO CHILDREN ALIVE [] []	904
(s9child)		(1)	(2)	
902	For any of these incidents, were your children present or did they overhear you being beaten? IF YES: How often? Would you say once or twice, several times or most of the time?	NEVER1 ONCE OR TWICE2 SEVERAL TIMES3 MANY TIMES/MOST OF THE TIME4 DON'T KNOW8 REFUSED/NO ANSWER9		
903				
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?	NEVER1 ONCE2 SEVERAL TIMES3 MANY TIMES/MOST OF THE TIME4 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9		906
904 a	What was the effect of you fighting back on the violence at the time? Would you say, that it had no effect, the violence became worse, the violence became less, or that the violence stopped, at least for the moment.	NO CHANGE/NO EFFECT1 VIOLENCE BECAME WORSE2 VIOLENCE BECAME LESS3 VIOLENCE STOPPED4 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9		
906	Would you say that your husband /partner's behaviour towards you has affected your physical or mental health? Would you say, that it has had no effect, a little effect or a large effect? REFER TO SPECIFIC ACTS OF PHYSICAL AND/OR SEXUAL VIOLENCE SHE DESCRIBED EARLIER	NO EFFECT 1 A LITTLE 2 A LOT 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9		
907	In what way, if any, has your husband/partner's behaviour (the violence) disrupted your work or other income-generating activities? MARK ALL THAT APPLY	N/A (NO WORK FOR MONEY) A WORK NOT DISRUPTED B HUSBAND/PARTNER INTERRUPTED WORK . C UNABLE TO CONCENTRATE D UNABLE TO WORK/SICK LEAVE E LOST CONFIDENCE IN OWN ABILITY F OTHER (specify): X		
908	Who have you told about his behaviour? MARK ALL MENTIONED PROBE: Anyone else?	NO ONE A FRIENDS B PARENTS C BROTHER OR SISTER D UNCLE OR AUNT E HUSBAND/PARTNER'S FAMILY F CHILDREN G NEIGHBOURS H POLICE I DOCTOR/HEALTH WORKER J PRIEST/RELIGIOUS LEADER K COUNSELLOR L NGO/WOMEN'S ORGANIZATION M LOCAL LEADER N OTHER (specify): X		

909	<p>Did anyone ever try to help you?</p> <p>IF YES, Who helped you? MARK ALL MENTIONED</p> <p>PROBE: Anyone else?</p>	<p>NO ONE.....A</p> <p>FRIENDS.....B</p> <p>PARENTS.....C</p> <p>BROTHER OR SISTER.....D</p> <p>UNCLE OR AUNT.....E</p> <p>HUSBAND/PARTNER'S FAMILY.....F</p> <p>CHILDREN.....G</p> <p>NEIGHBOURS.....H</p> <p>POLICE.....I</p> <p>DOCTOR/HEALTH WORKER.....J</p> <p>PRIEST/RELIGIOUS LEADER.....K</p> <p>COUNSELLOR.....L</p> <p>NGO/WOMEN'S ORGANIZATION.....M</p> <p>LOCAL LEADER.....N</p> <p>OTHER (specify): _____X</p>																																																											
910 a	<p>Did you ever go to any of the following for help? READ EACH ONE</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) POLICE</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) HOSPITAL/ HEALTH CENTRE</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) SOCIAL SERVICES/HELPLINE</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) LEGAL ADVICE CENTRE</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) COURT</td> <td>1</td> <td>2</td> </tr> <tr> <td>f) SHELTER</td> <td>1</td> <td>2</td> </tr> <tr> <td>g) LOCAL LEADER</td> <td>1</td> <td>2</td> </tr> <tr> <td>h) WOMEN'S ORGANIZATION: _____</td> <td>1</td> <td>2</td> </tr> <tr> <td>i) REBECCA</td> <td>1</td> <td>2</td> </tr> <tr> <td>j) PRIEST, RELIGIOUS LEADER</td> <td>1</td> <td>2</td> </tr> <tr> <td>x) ELSEWHERE (specify) : _____</td> <td>1</td> <td>2</td> </tr> </tbody> </table> <p style="text-align: center;">* **</p>		YES	NO	a) POLICE	1	2	b) HOSPITAL/ HEALTH CENTRE	1	2	c) SOCIAL SERVICES/HELPLINE	1	2	d) LEGAL ADVICE CENTRE	1	2	e) COURT	1	2	f) SHELTER	1	2	g) LOCAL LEADER	1	2	h) WOMEN'S ORGANIZATION: _____	1	2	i) REBECCA	1	2	j) PRIEST, RELIGIOUS LEADER	1	2	x) ELSEWHERE (specify) : _____	1	2	<p>910 b. ASK ONLY FOR THOSE MARKED YES in 910a. Were you satisfied with the help given?</p> <table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> </tbody> </table>	YES	NO	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
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<p>CHECK: Question 910a * **</p> <p>(s9check)</p>	<p>MARK WHEN YES FOR ANY IN Q. 910a (AT LEAST ONE "1" CIRCLED IN COLUMN MARKED WITH *)</p> <p>[]</p> <p>[]</p> <p>(1)</p>	<p>MARK WHEN ALL ANSWERS NO CIRCLED (ONLY "2" CIRCLED **)</p> <p>[]</p> <p>(2)</p>	<p>912</p>																																																										

911	<p>What were the reasons that made you go for help?</p> <p>MARK ALL MENTIONED AND GO TO 913</p>	<p>ENCOURAGED BY FRIENDS/FAMILYA COULD NOT ENDURE MORE.....B BADLY INJURED.....C HE THREATENED OR TRIED TO KILL HER.....D HE THREATENED OR HIT CHILDRENE SAW THAT CHILDREN SUFFERING.....F THROWN OUT OF THE HOME.....G AFRAID SHE WOULD KILL HIMH AFRAID HE WOULD KILL HERI</p> <p>OTHER (specify):X</p>	<p>FOR ALL OPTIONS GO TO 913</p>
912	<p>What were the reasons that you did not go to any of these?</p> <p>MARK ALL MENTIONED</p>	<p>DON'T KNOW/NO ANSWERA FEAR OF THREATS/CONSEQUENCES/ MORE VIOLENCEB VIOLENCE NORMAL/NOT SERIOUS.....C EMBARRASSED/ASHAMED/AFRAID WOULD NOT BE BELIEVED OR WOULD BE BLAMEDD BELIEVED NOT HELP/KNOW OTHER WOMEN NOT HELPEDE AFRAID WOULD END RELATIONSHIPF AFRAID WOULD LOSE CHILDREN.....G BRING BAD NAME TO FAMILYH DIDN'T KNOW HER OPTIONS.....I OTHER (specify):X</p>	
913	<p>Is there anyone that you would like (have liked) to receive (more) help from? Who?</p> <p>MARK ALL MENTIONED</p>	<p>NO ONE MENTIONEDA HIS RELATIVES.....B HER RELATIVESC FRIENDS/NEIGHBOURSD HEALTH CENTREE POLICEF PRIEST/RELIGIOUS LEADER.....G SOCIAL WORKER:I</p> <p>OTHER (specify):X</p>	
914	<p>Did you ever leave, even if only overnight, because of his behaviour? IF YES: How many times? (MORE OR LESS)</p>	<p>NUMBER OF TIMES LEFT[][] NEVER.....00 N.A. (NOT LIVING TOGETHER)97 DON'T KNOW/DON'T REMEMBER98 REFUSED/NO ANSWER99</p>	<p><input type="checkbox"/> 919 <input type="checkbox"/> S.10</p>
915	<p>What were the reasons why you left <u>the last time</u>?</p> <p>MARK ALL MENTIONED</p>	<p>NO PARTICULAR INCIDENTA ENCOURAGED BY FRIENDS/FAMILYB COULD NOT ENDURE MOREC BADLY INJUREDD HE THREATENED OR TRIED TO KILL HERE HE THREATENED OR HIT CHILDREN.....F SAW THAT CHILDREN SUFFERINGG THROWN OUT OF THE HOMEH AFRAID SHE WOULD KILL HIM.....I ENCOURAGED BY ORGANIZATION:J AFRAID HE WOULD KILL HERK</p> <p>OTHER (specify):X</p>	

916	Where did you go <u>the last time</u> ? MARK ONE	HER RELATIVES01 HIS RELATIVES.....02 HER FRIENDS/NEIGHBOURS03 HOTEL/LODGINGS04 STREET05 CHURCH/TEMPLE.....06 SHELTER07 OTHER (specify):96 DON'T KNOW/DON'T REMEMBER98 REFUSED/NO ANSWER99	
917	How long did you stay away <u>the last time</u> ? RECORD NUMBER OF DAYS OR MONTHS	NUMBER OF DAYS (IF LESS THAN 1 MONTH) [][] ..1 NUMBER OF MONTHS (IF 1 MONTH OR MORE) [][] ..2 LEFT HUSBAND/PARTNER / DID NOT RETURN/ NOT WITH HUSBAND/PARTNER3	<input type="checkbox"/> 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
919	What were the reasons that made you stay? MARK ALL MENTIONED	DIDN'T WANT TO LEAVE CHILDREN A SANCTITY OF MARRIAGE B DIDN'T WANT TO BRING SHAME ON FAMILY C COULDN'T SUPPORT CHILDREN..... D LOVED HIM..... E DIDN'T WANT TO BE SINGLE F FAMILY SAID TO STAY G FORGAVE HIM H THOUGHT HE WOULD CHANGE..... I THREATENED HER/CHILDREN J NOWHERE TO GO K VIOLENCE NORMAL/NOT SERIOUS L OTHER (specify): X	

SECTION 10 OTHER EXPERIENCES

N01	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 briefly 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, 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).									
N02	A. Since the age of 15, has anyone ever done any of the following to you:			A. YES NO		B. IF YES: Has this happened in the past 12 months? YES NO DK				
	a) Slapped, hit, beaten, kicked or done anything else to hurt you?			1 2		1 2 8				
	b) Thrown something at you? Pushed you or pulled your hair?			1 2		1 2 8				
	c) Choked or burnt you on purpose?			1 2		1 2 8				
	d) Threatened with or actually used a gun, knife or other weapon against you?			1 2		1 2 8				
CHECK N02	AT LEAST ONE '1' MARKED IN COLUMN A. [] <input type="checkbox"/>				ONLY '2' MARKED [] <input type="checkbox"/>		N06 <input type="checkbox"/>			
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/STEPFATHER	A		1	2	3	0	1	2	3
	MOTHER	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

N04	<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>					
N05	<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>		

<p>N06</p>	<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/HUSBAND ADD IF NECESSARY: except your husband/male partner.</p> <p>Since the age of 15, has anyone ever forced you into sexual intercourse when you did not want to, for example by threatening you, holding you down, or putting you in a situation where you could not say no. Remember to include people you have known as well as strangers. Please at this point exclude attempts to force you.</p> <p>IF NECESSARY: We define sexual intercourse as oral sex, anal or vaginal penetration.</p> <p>[NOTE THAT THIS QUESTION IS ABOUT RAPES THAT ACTUALLY HAPPENED]</p>	<p>YES 1</p> <p>NO 2</p>	<p><input type="checkbox"/> N08</p>
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N07	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

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 , any of the following has happened to you? Remember to include people you have known as well as strangers. 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) b) Touched you sexually. This includes for example touching of breasts or private parts. c) Made sexual remarks or sending sexual text messages or facebook messages against your will. d) Made you touch their private parts against your will, e) Showed sexual explicit pictures against your will, f) Sexual harassment in the workplace, at school, etc. g) anything else sexually that you did not want: _____	A.		B. IF YES: Has this happened in <u>the past 12 months?</u>		
		YES	NO	YES	NO	DK
	a)	1	2	1	2	8
	b)	1	2	1	2	8
	c)	1	2	1	2	8
	d)	1	2	1	2	8
	e)	1	2	1	2	8
	f)	1	2	1	2	8
	g)	1	2	1	2	8

CHECK N08	AT LEAST ONE '1' MARKED IN COLUMN A. [] □	ONLY '2' MARKED [] □	□ 1003
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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
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	FRIEND/ACQUAINTANCE - MALE	H	1	2	3	0	1	2	3
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	RECENT ACQUAINTANCE - FEMALE	K	1	2	3	0	1	2	3
	COMPLETE STRANGER - MALE	L	1	2	3	0	1	2	3
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	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	

1003	Before the age of 15 years, do you remember if any- one in your family ever touched you sexually, or made you do something sexual that you didn't want to? This includes for example touching of breasts or private parts, making sexual remarks or showing sexual explicit pictures against your will, making you touch their private parts, or having sex or trying to have sex with you etc.						YES1 NO2		<input type="checkbox"/> 1006	
	IF NO: CONTINUE PROMPTING: How about someone at school? How about a friend or neighbour? Has anyone else done this to you? IF YES CONTINUE WITH 1003a									
1003 a)	a) IF YES: Who did this to you? We do not need to know the name of this person. CONTINUE: How about someone at school? How about a friend or neighbour? Has anyone else done this to you?					ASK ONLY FOR THOSE MARKED IN 1003a				
			b) How old were you when it happened with this person for the first time? (more or less)	c) How old was this person? PROBE: roughly (more or less).	d) How many times did this happen?					
					Once	Few times	Many times			
		FATHER/STEPFATHER A	[][]	[][]	1	2	3			
		MOTHER/STEPMOTHER B	[][]	[][]	1	2	3			
		MOTHER IN LAW C	[][]	[][]	1	2	3			
		OTHER MALE FAMILY MEMBER D	[][]	[][]	1	2	3			
		OTHER FEMALE FAMILY MEMBER E	[][]	[][]	1	2	3			
		SOMEONE AT WORK - MALE F	[][]	[][]	1	2	3			
		SOMEONE AT WORK - FEMALE G	[][]	[][]	1	2	3			
		FRIEND/ACQUAINTANCE - MALE H	[][]	[][]	1	2	3			
		FRIEND/ACQUAINTANCE - FEMALE I	[][]	[][]	1	2	3			
		RECENT ACQUAINTANCE - MALE J	[][]	[][]	1	2	3			
		RECENT ACQUAINTANCE - FEMALE K	[][]	[][]	1	2	3			
		COMPLETE STRANGER - MALE L	[][]	[][]	1	2	3			
		COMPLETE STRANGER – FEMALE M	[][]	[][]	1	2	3			
		TEACHER - MALE N	[][]	[][]	1	2	3			
		TEACHER - FEMALE O	[][]	[][]	1	2	3			
		DOCTOR/HEALTH STAFF - MALE P	[][]	[][]	1	2	3			
		DOCTOR/HEALTH STAFF - FEMALE Q	[][]	[][]	1	2	3			
		RELIGIOUS LEADER - MALE R	[][]	[][]	1	2	3			
		POLICE/ SOLDIER - MALE S	[][]	[][]	1	2	3			
		OTHER – MALE (specify) _____ W	[][]	[][]	1	2	3			
		OTHER – FEMALE (specify) _____ X	[][]	[][]	1	2	3			
			DK = 98							
1003e	During any of the instances you mentioned before of things that happened before age 15, did this person put his penis or something else into your vagina, your backside (anus), or mouth ?		YES 1 NO 2 DON'T KNOW 8 REFUSED/NO ANSWER 9							

1006	When you were a child, was your mother hit by your father (or her husband or boyfriend)?	YES 1 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? x) Anything else? Specify: _____	<table border="0"> <tr> <td></td><td>YES</td><td>NO</td><td>DK</td></tr> <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>x) ANYTHING ELSE</td><td>1</td><td>2</td><td>8</td></tr> </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	x) ANYTHING ELSE	1	2	8	
	YES	NO	DK																								
a) SLAPPED	1	2	8																								
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c) HIT WITH OBJECT	1	2	8																								
d) TIED WITH ROPE	1	2	8																								
x) ANYTHING ELSE	1	2	8																								
* CHECK: Ref. sheet Box A <i>(s10mar)</i>		EVER MARRIED/EVER LIVING WITH A MAN/DATING PARTNER (Options K,L,M) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>(1)</i>	NEVER MARRIED/NEVER LIVED WITH A MAN/NEVER DATING (Option N) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>(2)</i>	<input type="checkbox"/> 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																									
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) Large animals (cows, horses, etc.)	d) LARGE ANIMALS	1	2	3	
	e) Small animals (chickens, pigs, goats, etc.)	e) SMALL ANIMALS	1	2	3	
	f) 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) Savings in the bank?	k) SAVINGS IN BANK	1	2	3	
	x) Other property, specify	x) OTHER PROPERTY:				
			1	2	3	
	FOR EACH, PROBE: Do you own this on your own, or do you own it with others?					
1102	a) Do you earn money by yourself? IF YES: What exactly do you do to earn money? ASK ALL. SPECIFY:	NO.....A	<input type="checkbox"/> *s11mar			
	b) Job	b) JOB:	1	2		
	c) Selling things, trading	c) SELLING/TRADING:	1	2		
	d) Doing seasonal work	d) SEASONAL WORK:	1	2		
	x) Any other activity, specify	x) OTHER:	1	2		
* CHECK: Ref. sheet, Box A (s11mar)	CURRENTLY MARRIED/CURRENTLY LIVING WITH A MAN (Option K) [] <input type="checkbox"/>	NOT CURRENTLY MARRIED OR LIVING WITH A MAN/CURRENT OR PAST MALE DATING PARTNER (Options L, M, N) [] [] (2)			<input type="checkbox"/> S.12	
CHECK 1102	1. OPTIONS b) c) d) or x) MARKED [] <input type="checkbox"/>	2. OPTION a) MARKED [] <input type="checkbox"/>			<input type="checkbox"/> 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?	NEVER1 ONCE OR TWICE2 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 ANSWER9	
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?	NEVER1 ONCE OR TWICE2 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 ANSWER9	
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?	YES1 NO2 DON'T KNOW8 REFUSED/NO ANSWER9	

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, <u>before you were 15 years old</u>.</p> <p>Please put a mark below the happy face if this has never happened to you.</p> <p>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 COMPLETION.....1</p> <p>CARD <u>NOT</u> GIVEN FOR COMPLETION.....2</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 violence against women in this country?</p> <p>_____</p> <p>_____</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>_____</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>	

<p>FINISH ONE – IF RESPONDENT HAS DISCLOSED PROBLEMS/VIOLENCE</p> <p>I would like to thank you very much for helping us. I appreciate the time that you have taken. I realize that these questions may have been difficult for you to answer, but it is only by hearing from women themselves that we can really understand about their health and experiences of violence.</p> <p>From what you have told us, I can tell that you have had some very difficult times in your life. No one has the right to treat someone else in that way. However, from what you have told me I can see also that you are strong, and have survived through some difficult circumstances.</p> <p>Here is a list of organizations that provide support, legal advice and counselling services to women in STUDY LOCATION. Please do contact them if you would like to talk over your situation with anyone. Their services are free, and they will keep anything that you say confidential. You can go whenever you feel ready to, either soon or later on.</p> <p>FINISH TWO - IF RESPONDENT HAS NOT DISCLOSED PROBLEMS/VIOLENCE</p> <p>I would like to thank you very much for helping us. I appreciate the time that you have taken. I realize that these questions may have been difficult for you to answer, but it is only by hearing from women themselves that we can really understand about women’s health and experiences in life.</p> <p>In case you ever hear of another woman who needs help, here is a list of organizations that provide support, legal advice and counselling services to women in STUDY LOCATION. Please do contact them if you or any of your friends or relatives need help. Their services are free, and they will keep anything that anyone says to them confidential.</p>	
1205	RECORD TIME OF END OF INTERVIEW: HH:MM [][]:[][] (00-24 h)
1206	ASK THE RESPONDENT. How long did you think the interview lasted? THIS SHOULD BE HER OWN ESTIMATE Hours [] Minutes [][]
INTERVIEWER COMMENTS TO BE COMPLETED AFTER INTERVIEW	
	<div style="border: 1px solid black; height: 200px;"></div>
<div><div>FOR OFFICE USE ONLY:</div><div><div>1 SAD</div><div>2 HAPPY</div></div><div><div>3 NOT CLEAR</div><div>4 CARD EMPTY</div><div>5 NO CARD</div></div></div>	

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 <u>currently</u> married, living together or involved in a relationship with a man without living together?	<p>CURRENTLY MARRIED AND LIVING TOGETHER.....1</p> <p>CURRENTLY MARRIED NOT LIVING TOGETHER.....2</p> <p>LIVING WITH MAN, NOT MARRIED3</p> <p>CURRENTLY HAVING A REGULAR PARTNER (ENGAGED, DATING), NOT LIVING TOGETHER.....4</p> <p>NOT CURRENTLY MARRIED OR LIVING WITH A MAN (NOT INVOLVED IN A RELATIONSHIP WITH A MAN)5</p> <p>CURRENTLY HAVING FEMALE PARTNER ..6</p>	<p><input type="checkbox"/> Currently married and/or living with man (K)</p> <p><input type="checkbox"/> Currently with regular partner (dating relationship) (L)</p> <p><input type="checkbox"/> Previously married/previously lived with man (no current relationship) (M1)</p>
120 a	Have you <u>ever</u> been married or lived with a male partner?	<p>YES, MARRIED1</p> <p>LIVED WITH A MAN, NOT MARRIED.....3</p> <p>NO5</p>	<p><input type="checkbox"/> Previously had relationship (M2)</p>
120 b	Have you ever been involved in a relationship with a man without living together (such as being engaged or dating)?	<p>YES.....1</p> <p>NO.....2</p>	<p><input type="checkbox"/> Never married /never lived with man (no current or past relationship) (N)</p>
123. Number of times married/lived together with man:			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (O)

Box B. REPRODUCTIVE HISTORY

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

(P) Respondent has been pregnant at least once (Question 308, 1 or more)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(Q) Respondent had at least one child born alive (Question 301, 1 or more)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(R) Respondent has children who are alive (Question 303, 1 or more)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(S) --		
(T) Number of pregnancies reported (Question 308):	<input type="text"/>	<input type="text"/>

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