

Annex III. Survey questionnaire



Belau Family Health Survey

Version 11.2

(Rev. 4 April 2013)

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:

111 d	What is <u>now</u> 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	

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 PARTNER (Options K, L) [] (1) <input type="checkbox"/>	FORMERLY MARRIED/ LIVING WITH A MAN/ ENGAGED OR DATING A MALE PARTNER (Option M) [] (2) <input type="checkbox"/>	NEVER MARRIED/ NEVER LIVED WITH A MAN (NEVER MALE PARTNER) (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) CONVERT TOTAL YEARS IN SCHOOL,		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

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 style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>a) HIS DAY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>b) YOUR DAY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>c) YOUR WORRIES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>d) HIS WORRIES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	a) 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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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 style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>RARELY</td> <td style="text-align: right;">1</td> </tr> <tr> <td>SOMETIMES.....</td> <td style="text-align: right;">2</td> </tr> <tr> <td>OFTEN.....</td> <td style="text-align: right;">3</td> </tr> <tr> <td>DON'T KNOW/DON'T REMEMBER.....</td> <td style="text-align: right;">8</td> </tr> <tr> <td>REFUSED/NO ANSWER.....</td> <td style="text-align: right;">9</td> </tr> </tbody> </table>	RARELY	1	SOMETIMES.....	2	OFTEN.....	3	DON'T KNOW/DON'T REMEMBER.....	8	REFUSED/NO ANSWER.....	9																																
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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 style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">A)</th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>a) SEEING FRIENDS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) CONTACT FAMILY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) WANTS TO KNOW</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e) GETS ANGRY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f) SUSPICIOUS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>g) HEALTH CARE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>h) REFUSES MONEY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>	A)	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	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">B) ONLY ASK IF 'YES' IN 703A Has this happened in the past 12 months?</th> </tr> <tr> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>	B) ONLY ASK IF 'YES' IN 703A Has this happened in the past 12 months?		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) [] []	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?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>CURRENT/MOST RECENT HUSBAND/ PARTNER.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>PREVIOUS HUSBAND/PARTNER.....</td> <td style="text-align: right;">2</td> </tr> <tr> <td>BOTH</td> <td style="text-align: right;">3</td> </tr> <tr> <td>DON'T KNOW/DON'T REMEMBER.....</td> <td style="text-align: right;">8</td> </tr> <tr> <td>REFUSED/NO ANSWER.....</td> <td style="text-align: right;">9</td> </tr> </tbody> </table>	CURRENT/MOST RECENT HUSBAND/ PARTNER.....	1	PREVIOUS HUSBAND/PARTNER.....	2	BOTH	3	DON'T KNOW/DON'T REMEMBER.....	8	REFUSED/NO ANSWER.....	9																																	
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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 BOTH3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9			
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			

805 a	In your life, were you <u>ever</u> hurt badly enough by (any of) your husband/partner(s) that you needed health care (even if you did not receive it)? IF YES: How many times? IF NOT SURE: More or less?	TIMES NEEDED HEALTH CARE..... [] [] REFUSED/NO ANSWER.....99 NOT 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 REMEMBER.....8 REFUSED/NO ANSWER.....9	
806	In your life, did you <u>ever</u> receive health care for this injury (these injuries)? Would you say, sometimes or always or never?	YES, SOMETIMES1 YES, ALWAYS2 NO, NEVER3 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	<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 REMEMBER.....98 REFUSED/NO ANSWER99	
808	Did you tell a health worker the real cause of your injury?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	

SECTION 9 IMPACT AND COPING

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 (S9phys)	WOMAN EXPERIENCED PHYSICAL VIOLENCE ("YES" TO Option U) [] (1)	WOMAN HAS EXPERIENCED SEXUAL VIOLENCE ONLY ("NO" to Option U and "YES" to option V) [] [] (2)	
901	Are there any particular situations that tend to lead to (or trigger) your husband/partner's behaviour? REFER TO ACTS OF PHYSICAL VIOLENCE MENTIONED BEFORE. PROBE: Any other situation? MARK ALL MENTIONED	NO PARTICULAR REASON A WHEN MAN DRUNK B MONEY PROBLEMS C DIFFICULTIES AT HIS WORK..... D WHEN HE IS UNEMPLOYED..... E NO FOOD AT HOME F PROBLEMS WITH HIS OR HER FAMILY G SHE IS PREGNANT..... H HE IS JEALOUS OF HER..... I SHE REFUSES SEX..... J SHE IS DISOBEDIENT K HE WANTS TO TEACH HER A LESSON, EDUCATE OR DISCIPLINE HER L HE WANT TO SHOW HE IS BOSS M OTHER (specify): X	<input type="checkbox"/> 906

911	<p>What were the reasons that made you go for help?</p> <p>MARK ALL MENTIONED AND GO TO 913</p>	<p>ENCOURAGED BY FRIENDS/FAMILY A COULD NOT ENDURE MORE..... B BADLY INJURED..... C HE THREATENED OR TRIED TO KILL HER D HE THREATENED OR HIT CHILDREN E SAW THAT CHILDREN SUFFERING..... F THROWN OUT OF THE HOME..... G AFRAID SHE WOULD KILL HIM H AFRAID HE WOULD KILL HER I</p> <p>OTHER (specify): _____ _____ .X</p>	<p>FOR ALL OPTIONS GO TO 913</p>
912	<p>What were the reasons that you did not go to any of these?</p> <p>MARK ALL MENTIONED</p>	<p>DON'T KNOW/NO ANSWER A FEAR OF THREATS/CONSEQUENCES/ MORE VIOLENCE B VIOLENCE NORMAL/NOT SERIOUS..... C EMBARRASSED/ASHAMED/AFRAID WOULD NOT BE BELIEVED OR WOULD BE BLAMED D BELIEVED NOT HELP/KNOW OTHER WOMEN NOT HELPED E AFRAID WOULD END RELATIONSHIP F AFRAID WOULD LOSE CHILDREN G BRING BAD NAME TO FAMILY H 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 MENTIONED A HIS RELATIVES..... B HER RELATIVES C FRIENDS/NEIGHBOURS D HEALTH CENTRE E POLICE F 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 REMEMBER 98 REFUSED/NO ANSWER 99</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 INCIDENT A ENCOURAGED BY FRIENDS/FAMILY B COULD NOT ENDURE MORE C BADLY INJURED D HE THREATENED OR TRIED TO KILL HER E HE THREATENED OR HIT CHILDREN..... F SAW THAT CHILDREN SUFFERING G THROWN OUT OF THE HOME H AFRAID SHE WOULD KILL HIM..... I ENCOURAGED BY ORGANIZATION: _____ J AFRAID HE WOULD KILL HER K</p> <p>OTHER (specify): _____ .X</p>	

SECTION 10 OTHER EXPERIENCES

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

N07	<p>a) Who did this to you? PROBE: Anyone else? How about a relative? How about someone at school or work? How about a friend or neighbour? A stranger or anyone else? DO NOT READ OUT THE LIST MARK ALL MENTIONED</p>	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	<p>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.</p>	A.		B. IF YES: Has this happened in the past 12 months?		
		YES	NO	YES	NO	DK
	a) Has anyone attempted to force you to perform a sexual act you did not want, attempted to force you into sexual intercourse (which did not take place)	1	2	1	2	8
	b) Touched you sexually. This includes for example touching of breasts or private parts.	1	2	1	2	8
	c) Made sexual remarks or sending sexual text messages or facebook messages against your will.	1	2	1	2	8
	d) Made you touch their private parts against your will,	1	2	1	2	8
	e) Showed sexual explicit pictures against your will,	1	2	1	2	8
	f) Sexual harassment in the workplace, at school, etc.	1	2	1	2	8
	g) anything else sexually that you did not want: _____	1	2	1	2	8

