

Annex II. Survey questionnaire



National Survey On the Extended Family, Women's Health and Skills in Tonga

A SURVEY FOR WOMEN

11 Sept 2009

**No one else is allowed to
View this paper
After it has been completed**

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To begin in September 2009

This survey instrument was adapted from the "WHO Multi-Country Study on Women's Health and Life Experiences", Questionnaire, version 10, Jansen H, Watts C et al. World Health Organization, 2003, rev 2005.

ADMINISTRATION FORM

IDENTIFICATION

ISLAND DIVISION (TBU=1; VV=2; HP=3; EUA=4; NIUA=5) DISTRICT..... VILLAGE..... BLOCK NUMBER..... HOUSEHOLD NUMBER..... NAME OF HOUSEHOLD HEAD : _____	[] [] [][] [][][] [][]
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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? [] 1. None completed ⇒	*** RESULT CODES Refused (specify): _____...11 Dwelling vacant or address not a dwelling 12 Dwelling destroyed13 Dwelling not found, not accessible14 Entire hh absent for extended period.....15 No hh member at home at time of visit16 Hh respondent postponed interview17 Entire hh speaking only strange language. 18			CHECK HH SELECTION FORM: TOTAL IN HOUSEHOLD (Q1) [][] TOTAL ELIGIBLE WOMEN IN HH OF SELECTED WOMAN (Q3, total with YES) [][] LINE NUMBER OF SELECTED FEMALE RESPONDENT (Q3) [][]
[] 2. HH selection form (and in most cases HH questionnaire) only ⇒	Selected woman refused (specify): _____...21 No eligible woman in household.....22 Selected woman not at home.....23 Selected woman postponed interview24 Selected woman incapacitated25			
[] 3. Woman's questionnaire partly ⇒	Does not want to continue (specify) : _____...31 Rest of interview postponed to next visit .32			
[] 4. Woman's questionnaire completed ⇒41			

QUALITY CONTROL PROCEDURE CONDUCTED (1 = yes, 2 = no)	[][] [][] []
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FIELD SUPERVISOR NAME [][] DAY [][] MONTH [][] YEAR [][][][]	OFFICE EDITOR NAME [][]	ENTERED BY ENTRY 1: _____ ENTRY 2: _____
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IF MORE THAN ONE HH IN SELECTED DWELLING: FILL OUT SEPERATE HH SELECTION FORM FOR EACH ONE

HOUSEHOLD SELECTION FORM						
	Hello, my name is _____. I am here from the MFF and USP. We are conducting a survey in TONGA to learn about women's health and skills and family relations.					
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 house-girls, house-boys, friends, visitors or relatives who have lived here and shared food for more than one month? 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? PUT BOTH IF THEY DON'T WANT TO SAY EITHER MALE OR FEMALE				MALE 1 FEMALE 2 BOTH 3	
	FEMALE HOUSEHOLD MEMBERS	RELATIONSHIP TO HH HEAD	RESIDENCE	AGE	ELIGIBLE	
3	Today we would like to talk to one woman from your household. To help 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 (or PARTNER) 03 DAUGHTER OF BOTH WIFE AND HUSBAND 04 DAUGHTER FROM FORMER RELATIONSHIP OF WIFE 05 DAUGHTER FROM FORMER RELATIONSHIP OF HUSBAND 06 ADOPTED DAUGHTER 07 SISTER 08 SISTER-IN-LAW 09 AUNTY 10 NIECE (HUSBAND) 11 NIECE (WIFE) 12 DAUGHTER-IN-LAW 13 GRANDDAUGHTER 14 MOTHER 15 MOTHER-IN-LAW 16 HOUSE-GIRL 17 ANOTHER RELATIVE 18 VISITOR 19 FRIEND 98 OTHER NOT RELATIVE: 99 DON'T KNOW						
(A) SPECIAL CASES TO BE CONSIDERED MEMBER OF HOUSEHOLD: • HOUSE-GIRLS IF THEY SLEEP 5 NIGHTS A WEEK OR MORE IN THE HOUSEHOLD. • VISITORS, FRIENDS OR OTHER RELATIVES IF THEY SLEPT IN THE HOUSEHOLD FOR THE PAST 4 WEEKS. (B) ELIGIBLE: ANY WOMAN BETWEEN 15 AND 49 YEARS 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, CUP OR POT. ASK THE HOUSEHOLD HEAD OR OTHER MEMBER TO PICK OUT A NUMBER – THIS SELECTS 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 15–49 years old. Thank you for your assistance." ▪ FINISH HERE.						

* If both (male and female) are the head, refer to the male.

THE MALE HEAD OF THE HOUSEHOLD CAN ANSWER THESE QUESTIONS, OR ANY RESPONSIBLE ADULT IN HOUSEHOLD – SUCH AS ANY ADULT WOMAN, GRANDPARENTS OR A CHILD OVER 15 YEARS.

HOUSEHOLD QUESTIONNAIRE					
	QUESTIONS & FILTERS	CODING CATEGORIES			
1	If you don't mind, I would like to ask you a few questions about your household. What is the main source of drinking-water for your household?	PIPED WATER SUPPLY..... 1 CEMENT/TANK 2 OWN WELL COVERED/PROTECTED 3 OWN WELL OPENED/UNPROTECTED..... 4 BOTTLED WATER 5 BOILED WATER..... 6 OTHER: 7 DON'T KNOW 8 REFUSED/NO ANSWER 9			
2	What kind of toilet does your household have?	FLUSH TOILET 1 MANUAL FLUSH TOILET 2 PIT 3 NONE 4 OTHER: 6 DON'T KNOW 8 REFUSED/NO ANSWER 9			
3	What are the main materials used in the roof of the house? RECORD OBSERVATION	CONCRETE 1 METAL 2 WOOD 3 THATCH 4 OTHER: 6 DON'T KNOW 8 REFUSED/NO ANSWER 9			
4	Does your household have:	YES	NO	DK	
	a) Boat	a) BOAT	1	2	8
	b) Hot water system	b) HOT WATER	1	2	8
	c) Bath or shower	c) BATH, SHOWER	1	2	8
	d) Motor vehicle	d) MOTOR VEHICLE	1	2	8
	e) Refrigerator	e) REFRIGERATOR	1	2	8
	f) Washing machine	f) WASHING MACH	1	2	8
	g) Television	g) TELEVISION	1	2	8
	h) Video/DVD player	h) VIDEO/DVD	1	2	8
	i) Telephone/landline/private	i) TEL/LANDLINE	1	2	8
	j) Mobile telephone	j) MOBILE PHONE	1	2	8
	k) Computer	k) COMPUTER	1	2	8
5	What is the main type of energy for cooking?	ELECTRICITY SUPPLY 1 GAS 2 KEROSENE 3 FIREWOOD COLLECTED 4 FIREWOOD BOUGHT 5 OTHER: 6 DON'T KNOW 8 REFUSED/NO ANSWER 9			
6	Do people in your household own any land?	YES 1 NO 2 DON'T KNOW 8 REFUSED/NO ANSWER 9			

7	How many rooms in your household are used for sleeping?	NUMBER OF ROOMS[][] DON'T KNOW 98 REFUSED/NO ANSWER 99	
8	Are you concerned about the levels of crime in your community (like robberies or assaults)? Would you say that you are not at all concerned, a little concerned, or very concerned?	NOT CONCERNED 1 A LITTLE CONCERNED 2 VERY CONCERNED 3 DON'T KNOW 8 REFUSED/NO ANSWER 9	
9	In the past 4 weeks, has someone from this household been the victim of a crime in this community, such as a robbery or assault?	YES 1 NO 2 DON'T KNOW 8 REFUSED/NO ANSWER 9	
9 a TON	Are you concerned about violence due to land disputes? Would you say that you are not at all concerned, a little concerned, or very concerned?	NOT CONCERNED 1 A LITTLE CONCERNED 2 VERY CONCERNED 3 DON'T KNOW 8 REFUSED/NO ANSWER 9	
10	NOTE SEX OF RESPONDENT	MALE 1 FEMALE 2	

Thank you very much for your assistance.

Survey on women's lives and family relationships

WOMAN'S QUESTIONNAIRE

Confidential upon completion

INDIVIDUAL CONSENT FORM

Hello, my name is _____. I work for the MFF. We are conducting a survey to learn about women's family relationships, health and skills. You have been chosen by chance to participate in the survey. (EXPLAIN HOW SHE WAS CHOSEN IF NECESSARY.)

All your answers will be kept strictly secret. I will not keep a record of your name or address. You have the right to stop the interview at any time, or to skip any questions that you don't want to answer. There are no right or wrong answers. Some of the topics may be difficult to discuss, but many women have found it useful to have the opportunity to talk.

Your participation is completely voluntary but your experiences could be very helpful to other women in TONGA.

Do you have any questions?

(The interview takes between 30 to 60 minutes to complete.) Do you agree to be interviewed?

NOTE WHETHER RESPONDENT AGREES TO INTERVIEW OR NOT

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

☐ AGREES TO BE INTERVIEWED



Is now a good time to talk?

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

TO BE COMPLETED BY INTERVIEWER

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

SIGNED:

DATE OF INTERVIEW: day [][] month [][] year [][][][]

100. RECORD THE TIME		Hour [][] (24 h) Minutes [][]	
SECTION 1 RESPONDENT AND HER COMMUNITY			
QUESTIONS & FILTERS		CODING CATEGORIES	SKIP TO
If you don't mind, I would like to start by asking you a little about <COMMUNITY NAME>.			
<i>INSERT NAME OF COMMUNITY/VILLAGE/ ABOVE AND IN QUESTIONS BELOW. IF NO NAME, SAY "IN THIS COMMUNITY/VILLAGE/AREA" AS APPROPRIATE.</i>			
101	Do neighbours in COMMUNITY NAME generally tend to know each other well?	YES.....1 NO.....2 DON'T KNOW.....8 REFUSED/NO ANSWER.....9	
102	If there were a street fight in COMMUNITY NAME would people generally do something to stop it?	YES.....1 NO.....2 DON'T KNOW.....8 REFUSED/NO ANSWER.....9	
103	If someone in COMMUNITY NAME decided to undertake a community project (<i>INSERT LOCALLY RELEVANT EXAMPLES</i>) 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 now? (MORE OR LESS)	AGE (YEARS) [][]	
108	How long have you been living continuously in COMMUNITY NAME?	NUMBER OF YEARS [][] LESS THAN 1 YEAR.....00 LIVED ALL HER LIFE95 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 RELIGION00 WESLEYAN01 CATHOLIC02 ANGLICAN03 ASSEMBLIES OF GOD (AOG)04 MORMON05 FREE CHURCH OF TONGAN06 CHURCH OF TONGAN.....07 TONGA CONSTITUTION08 SEVENTH DAY ADVENTIST09 BAHAI10 MAAMA FO'OU11 OTHER:.....96 DON'T KNOW/DON'T REMEMBER.....98	

		REFUSED/NO ANSWER.....99	
109	Can you read and write?	YES.....1 NO2 DON'T KNOW8 REFUSED/NO ANSWER.....9	
110	Have you ever attended school?	YES.....1 NO2 DON'T KNOW8 REFUSED/NO ANSWER.....9	⇒112
111	What is the highest level of education that you achieved? MARK HIGHEST LEVEL. ADD UP THE TOTAL NUMBER OF YEARS IN SCHOOLING, INCLUDING TERTIARY EDUCATION	PRIMARY _____ year1 SECONDARY _____ year2 TERTIARY _____ year3 NUMBER OF YEARS SCHOOLING . [] DON'T KNOW/DON'T REMEMBER.....98 REFUSED/NO ANSWER.....99	
112	Where did you grow up? PROBE: Before age 12 where did you live longest?	THIS COMMUNITY1 OTHER RURAL AREA/VILLAGE/ISLAND...2 ANOTHER TOWN3 ANOTHER COUNTRY4 ANOTHER COMMUNITY IN SAME TOWN .5 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
113	Do any of your family of birth live close enough by that you can easily see/visit them?	YES.....1 NO2 LIVING WITH FAMILY OF BIRTH3 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	⇒ 115
114	How often do you see or talk to a member of your family of birth? Would you say at least once a week, once a month, once a year, or never?	AT LEAST ONCE A WEEK1 AT LEAST ONCE A MONTH2 AT LEAST ONCE A YEAR3 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 ask your family of birth for support?	YES.....1 NO2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
116 a	Do you regularly attend a group, organization or association? PROMPT: Organizations like women's or community groups, religious groups or political associations.	YES.....1 NO2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	⇒118
117	Is this group (Are any of these groups) attended by women only? (REFER TO THE ATTENDED GROUPS ONLY)	YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	

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 PROMPT FOR TYPE OF GOVERNMENT OR COMMUNITY LEADER (e.g. Chief, Police, Church leader etc)	NOT PREVENTEDA PARTNER/HUSBANDB PARENTSC PARENTS-IN-LAW/PARENTS OF PARTNERD BROTHERE SONF DAUGHTERG OTHER RELATIVEH GOVERNMENT/CHIEF/NOBLE (specify):I OTHER:X	
119	Are you <u>currently</u> married or do you have a male partner? IF RESPONDENT HAS A MALE PARTNER ASK Do you and your partner live together?	CURRENTLY MARRIED1 MARRIED BUT NOT LIVING TOGETHER2 LIVING WITH MAN, NOT MARRIED3 CURRENTLY HAVING A REGULAR PARTNER (SEXUAL RELATIONSHIP), LIVING APART4 NOT CURRENTLY MARRIED OR LIVING WITH A MAN (NOT INVOLVED IN A SEXUAL RELATIONSHIP)5	⇒123 ⇒123 ⇒123 ⇒123
120 a	Have you <u>ever</u> been married or lived with a male partner?	YES, MARRIED1 YES, LIVED WITH A MAN, BUT NEVER MARRIED3 NO5	⇒121 ⇒121
120b	Have you ever had a regular male sexual partner?	YES1 NO2 REFUSED/NO ANSWER9	⇒S2 ⇒S2
121	Did the <u>last partnership with a man</u> end in divorce or separation, or did your husband/partner die?	DIVORCED1 SEPARATED/BROKEN UP2 WIDOWED/PARTNER DIED3 DON'T KNOW8 REFUSED/NO ANSWER9	⇒123
122	Was the divorce/separation initiated by you, by your husband/partner, or did you both decide that you should separate?	RESPONDENT1 HUSBAND/PARTNER2 BOTH (RESPONDENT AND PARTNER)3 HIS RELATIVES4 HER RELATIVES5 OTHER:6 DON'T KNOW8 REFUSED/NO ANSWER9	
123	How many times in your life have you been married and/or lived together with a man? (INCLUDE CURRENT PARTNER IF LIVING TOGETHER)	NUMBER OF TIMES MARRIED/ LIVED TOGETHER [][] IF "00" DON'T KNOW/DON'T REMEMBER98 REFUSED/NO ANSWER99	⇒S2
124	The next few questions are about your <u>current or most recent</u> partnership. Do/did you live with your husband/partner's parents or any of his relatives?	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	

125	IF CURRENTLY WITH PARTNER: Do you <u>currently</u> live with your parents or any of your relatives? IF NOT CURRENTLY WITH PARTNER: Were you living with your parents or relatives <u>during your last relationship</u> ?	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
129 TON	Did you have a formal marriage ceremony?	YES1 NO2	⇒S2
130	In what year was the (first) ceremony performed? In what year were you first married? (THIS REFERS TO CURRENT/LAST RELATIONSHIP)	YEAR [][][][] DON'T KNOW/DON'T REMEMBER9998 REFUSED/NO ANSWER9999	
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 CHOSE1 RESPONDENT CHOSE2 RESPONDENT'S FAMILY CHOSE3 PARTNER CHOSE4 PARTNER'S FAMILY CHOSE5 OTHER:6 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	⇒S2 ⇒S2
131a TON	What was the reason that your <u>current/most recent husband</u> was chosen for you? PROBE THE REASON THAT HER HUSBAND WAS CHOSEN FOR HER	ARRANGED MARRIAGE1 MARRIED TO THE MAN WHO RAPED HER2 BECAUSE PREGNANT3 OTHER:6 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
132 TON	Were you forced to marry your <u>current/most recent husband</u> ?	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	

SECTION 2 GENERAL HEALTH

BEFORE STARTING WITH SECTION 2:

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

201	I would now like to ask a few questions about your health and use of health services. Would you describe your overall health as excellent, good, fair, poor or very poor?	EXCELLENT1 GOOD2 FAIR3 POOR4 VERY POOR5 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
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 3 options, which one best describes your situation: Would you say that you have no problems, very few problems, or many problems walking?	NO PROBLEMS1 SOME PROBLEMS2 MANY PROBLEMS3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
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? I will give 3 options, which one best describes your situation: Would you say that you have no problems, very few problems, or many problems with daily activities?	NO PROBLEMS1 SOME PROBLEMS2 MANY PROBLEMS3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
204	In the <u>past 4 weeks</u> have you been in pain or discomfort? I will give 3 options, which one best describes your situation: Would you say that you have no problems, very few problems, or many problems with pain?	NO PROBLEMS1 SOME PROBLEMS2 MANY PROBLEMS3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
205	In the <u>past 4 weeks</u> have you had problems with your memory or concentration? I will give 3 options, which one best describes your situation: Would you say that you have no problems, very few problems, or many problems with memory?	NO PROBLEMS1 SOME PROBLEMS2 MANY PROBLEMS3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
206	In the <u>past 4 weeks</u> have you had: a) Dizziness b) Vaginal discharge	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: (including medicine/tablets or custom medicine) 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	<p>In the <u>past 4 weeks</u>, did you consult a doctor or other professional or traditional health worker or church leader because you yourself were sick?</p> <p>IF YES: Whom did you consult? MARK ALL THAT APPLY</p> <p>PROBE: Did you also see anyone else?</p>	<p>NO ONE CONSULTED A</p> <p>DOCTOR B</p> <p>NURSE C</p> <p>CLINIC D</p> <p>LOCAL HEALER E</p> <p>MIDWIFE F</p> <p>PRIEST G</p> <p>OTHER: X</p>																																																																
209	<p>The next questions are related to other common problems that may have bothered you in the <u>past 4 weeks</u>. If you had the problem in the past 4 weeks, answer yes. If you have not had the problem in the past 4 weeks, answer no.</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) Do you often have headaches?</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) Is your appetite poor?</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) Do you sleep badly?</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) Are you easily frightened?</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) Do your hands shake?</td> <td>1</td> <td>2</td> </tr> <tr> <td>f) Do you feel nervous, tense or worried?</td> <td>1</td> <td>2</td> </tr> <tr> <td>g) Is your digestion poor?</td> <td>1</td> <td>2</td> </tr> <tr> <td>h) Do you have trouble thinking clearly?</td> <td>1</td> <td>2</td> </tr> <tr> <td>i) Do you feel unhappy?</td> <td>1</td> <td>2</td> </tr> <tr> <td>j) Do you cry more than usual?</td> <td>1</td> <td>2</td> </tr> <tr> <td>k) Do you find it difficult to enjoy your daily activities?</td> <td>1</td> <td>2</td> </tr> <tr> <td>l) Do you find it difficult to make decisions?</td> <td>1</td> <td>2</td> </tr> <tr> <td>m) Are you finding it hard to do your daily work?</td> <td>1</td> <td>2</td> </tr> <tr> <td>n) Do you feel unable to be active and useful in your life?</td> <td>1</td> <td>2</td> </tr> <tr> <td>o) Are you no longer interested in things that you used to enjoy?</td> <td>1</td> <td>2</td> </tr> <tr> <td>p) Do you feel that you are a worthless person?</td> <td>1</td> <td>2</td> </tr> <tr> <td>q) Have you been thinking of ending your life?</td> <td>1</td> <td>2</td> </tr> <tr> <td>r) Do you feel tired all the time?</td> <td>1</td> <td>2</td> </tr> <tr> <td>s) Do you have uncomfortable feelings in your stomach?</td> <td>1</td> <td>2</td> </tr> <tr> <td>t) Are you easily tired?</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	a) Do you often have headaches?	1	2	b) Is your appetite poor?	1	2	c) Do you sleep badly?	1	2	d) Are you easily frightened?	1	2	e) Do your hands shake?	1	2	f) Do you feel nervous, tense or worried?	1	2	g) Is your digestion poor?	1	2	h) Do you have trouble thinking clearly?	1	2	i) Do you feel unhappy?	1	2	j) Do you cry more than usual?	1	2	k) Do you find it difficult to enjoy your daily activities?	1	2	l) Do you find it difficult to make decisions?	1	2	m) Are you finding it hard to do your daily work?	1	2	n) Do you feel unable to be active and useful in your life?	1	2	o) Are you no longer interested in things that you used to enjoy?	1	2	p) Do you feel that you are a worthless person?	1	2	q) Have you been thinking of ending your life?	1	2	r) Do you feel tired all the time?	1	2	s) Do you have uncomfortable feelings in your stomach?	1	2	t) Are you easily tired?	1	2	
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t) Are you easily tired?	1	2																																																																
210	<p>Just now we talked about problems that may have bothered you in the past 4 weeks. I would like to ask you now: In your life, have you <u>ever</u> thought about ending your life?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/DON'T REMEMBER 8</p> <p>REFUSED/NO ANSWER 9</p>	⇒212																																																															
211	<p>Have you <u>ever</u> tried to take your life?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/DON'T REMEMBER 8</p> <p>REFUSED/NO ANSWER 9</p>																																																																
212	<p>In the <u>past 12 months</u>, have you had an operation (other than a caesarean section)?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/DON'T REMEMBER 8</p> <p>REFUSED/NO ANSWER 9</p>																																																																
213	<p>In the <u>past 12 months</u>, did you have to spend any nights in a hospital/clinic/health centre or dispensary because you were sick (other than to give birth)?</p> <p>IF YES: How many nights in the past 12 months?</p>	<p>NIGHTS IN HOSPITAL [][]</p> <p>NONE 00</p> <p>DON'T KNOW/DON'T REMEMBER 98</p> <p>REFUSED/NO ANSWER 99</p>																																																																

213 a	Have you ever heard of HIV or AIDS? <i>OPTIONAL FOR COUNTRIES INTERESTED IN HIV/AIDS</i>	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? <i>OPTIONAL FOR COUNTRIES INTERESTED IN HIV/AIDS</i>	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. <i>OPTIONAL FOR COUNTRIES INTERESTED IN HIV/AIDS</i>	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
214	Do you <u>now</u> smoke..... 1. Daily? 2. Occasionally? 3. Not at all?	DAILY 1 OCCASIONALLY 2 NOT AT ALL 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒216 ⇒216
215	Have you <u>ever</u> smoked in your life? Did you ever smoke.... 1. Daily? (smoking at least once a day) 2. Occasionally? (at least 100 cigarettes in your lifetime, 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 /nearly every day 2. Once or twice a week 3. Once or twice a month 4. Occasionally, about once or twice a year 5. Never/Stopped more than one year ago	EVERY DAY 1 ONCE OR TWICE A WEEK 2 ONCE OR TWICE A MONTH 3 ONCE OR TWICE A YEAR 4 NEVER 5 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒S3
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 of alcohol? a) money problems b) health problems c) conflict with family, relatives or friends d) problems with authorities (bar owner, police, chief, church leaders) x) other, specify.	YES NO a) MONEY PROBLEMS 1 2 b) HEALTH PROBLEMS 1 2 c) CONFLICT 1 2 d) PROBLEMS WITH 1 2 AUTHORITIES x) OTHER: _____ 1 2	

SECTION 3 REPRODUCTIVE HEALTH

SECTION 3 REPRODUCTIVE HEALTH			
Now I would like to ask about all of the children that you may have given birth to during your life. A WOMAN WHO HAS NEVER SLEPT WITH A MAN SHOULD NOT ANSWER THIS QUESTION			
301	Have you ever given birth? How many children have you given birth to that were alive when they were born? (INCLUDE BIRTHS WHERE THE BABY DIDN'T LIVE FOR LONG)	NUMBER OF CHILDREN BORN[][] IF 1 OR MORE ⇒ ⇒303 NONE00	
302	Have you ever been pregnant?	YES.....1 ⇒304 NO.....2 ⇒310 MAYBE/NOT SURE3 ⇒310 DON'T KNOW/DON'T REMEMBER.....8 ⇒310 REFUSED/NO ANSWER.....9 ⇒310	
303	How many children do you have, who are alive now? RECORD NUMBER	CHILDREN[][] NONE00	
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?	YES1 NO2 ⇒306	
305	a) How many sons have died? a) How many daughters have died? (THIS IS ABOUT ALL AGES)	a) SONS DEAD[][] b) DAUGHTERS DEAD[][] IF NONE ENTER '00'	
306	Do (did) all your children have the same biological father, or more than one father?	ONE FATHER.....1 MORE THAN ONE FATHER2 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').	NONE1 SOME2 ALL.....3 N/A7 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
308	How many times have you been pregnant? Include pregnancies that did not end up in a live birth, and if you are pregnant now, your current pregnancy? PROBE: How many pregnancies were with twins, triplets?	a) TOTAL NO. OF PREGNANCIES.[][] b) PREGNANCIES WITH TWINS[] c) PREGNANCIES WITH TRIPLETS[]	
309	Have you ever had a pregnancy that miscarried, or ended in a stillbirth? PROBE: How many times did you miscarry, how many times did you have a stillbirth, and how many times did you abort?	a) MISCARRIAGES[][] b) STILLBIRTHS[][] c) ABORTIONS.....[][] IF NONE ENTER '00'	
310	Are you pregnant now?	YES.....1 ⇒ A NO.....2 ⇒ B MAYBE.....3 ⇒ B	
DO EITHER A OR B:		IF PREGNANT NOW ==> IF NOT PREGNANT NOW ==>	
VERIFY THAT ADDITION ADDS UP TO THE SAME FIGURE. IF NOT, PROBE AGAIN AND CORRECT.		A. [301] ____ + [309 a+b+c] ____ + 1 = ____ [308a] ____ + [308b] ____ + [2x308c] ____ = ____ B. [301] ____ + [309 a+b+c] ____ = ____ [308a] ____ + [308b] ____ + [2x308c] ____ = ____	

311	Have you <u>ever</u> used anything, or tried in any way, to delay or avoid getting pregnant?	YES.....1 NO2 NEVER HAD SEXUAL INTERCOURSE3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	⇒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 REMEMBER8 REFUSED/NO ANSWER9	⇒315
313	What (main) method are you <u>currently</u> using? IF MORE THAN ONE, ONLY MARK MAIN METHOD	PILL/TABLETS01 INJECTABLES.....02 IMPLANTS (NORPLANT).....03 IUD04 FEMALE CONDOM.....05 CALENDAR/MUCUS METHOD.....06 FEMALE STERILIZATION.....07 CONDOMS08 MALE STERILIZATION/VASECTOMY09 WITHDRAWAL.....10 HERBS.....11 OTHER:.....96 DON'T KNOW/DON'T REMEMBER98 REFUSED/NO ANSWER99	⇒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 PARTNER7 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
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 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	⇒317 ⇒317 ⇒317
316	How did he let you know that he disapproved of using methods to avoid getting pregnant? MARK ALL THAT APPLY	TOLD ME HE DID NOT APPROVEA SHOUTED/GOT ANGRYB THREATENED TO BEAT ME.....C THREATENED TO LEAVE/THROW ME OUT OF HOMED BEAT ME/PHYSICALLY ASSAULTEDE TOOK OR DESTROYED METHODF THREATENED TO GET ANOTHER WOMAN/ GOT ANOTHER WOMANG THREATENED TO DESERT HER OR DESERTED HERH OTHER.....X	
317	Apart from what you have told me before, I would now like to ask some specific questions about condoms. Have you ever used a condom with your <u>current/most recent</u> partner?	YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	⇒318
317 a	The last time that you had sex with your <u>current/most recent</u> partner did you use a condom?	YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	

318	Have you ever asked your <u>current/most recent</u> 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	⇒S.4 ⇒S.4 ⇒S.4
320	How did he let you know that he disapproved of using a condom? MARK ALL THAT APPLY	TOLD ME HE DID NOT APPROVE A SHOUTED/GOT ANGRY B THREATENED TO BEAT ME..... C THREATENED TO LEAVE/THROW ME OUT OF HOME D BEAT ME/PHYSICALLY ASSAULTED E TOOK OR DESTROYED CONDOM..... F ACCUSED ME OF BEING UNFAITHFUL/ NOT A GOOD WOMAN G LAUGHED AT/NOT TAKE ME SERIOUS... H SAID IT IS NOT NECESSARY I THREATENED TO GET ANOTHER WOMAN/GOT ANOTHER WOMAN J THREATENED TO DESERT HER OR DESERTED HER K OTHER X	

SECTION 4 CHILDREN

**BEFORE STARTING WITH SECTION 4:
REVIEW RESPONSES AND MARK REPRODUCTIVE HISTORY ON REFERENCE SHEET, BOX B.**

CHECK: Ref. Sheet, box B, point Q <i>(s4bir)</i>		ANY LIVE BIRTHS [] ↓ <i>(1)</i>	NO LIVE BIRTHS [] ⇒ <i>(2)</i>	⇒S.5
401	I would like to ask about the last time that you gave birth (Live birth, regardless of whether the child is still alive or not). What is the date of birth of this child?		DAY [][] MONTH [][] YEAR [][][]	
402	What name was given to your last born child? Is (NAME) a boy or a girl?		NAME: BOY 1 GIRL 2	
403	Is your last born child (NAME) still alive?		YES 1 NO 2	⇒405
404	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS CHECK AGE WITH BIRTH DATE		AGE IN YEARS [][] IF NOT YET COMPLETED 1 YEAR 00	⇒406 ⇒406
405	How old was (NAME) when he/she died?		YEARS [][] MONTHS (IF LESS THAN 1 YEAR) [][] DAYS (IF LESS THAN 1 MONTH) [][]	
406	CHECK IF DATE OF BIRTH OF LAST CHILD (IN Q401) IS MORE OR LESS THAN 5 YEARS AGO		5 OR MORE YEARS AGO 1 LESS THAN 5 YEARS AGO 2	⇒417
407	I would like to ask you about your <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 antenatal check? IF YES: Whom did you see? Anyone else? MARK ALL THAT APPLY		NO ONE A DOCTOR B OBSTETRICIAN/GYNAECOLOGIST C NURSE/MIDWIFE D AUXILARY NURSE E TRADITIONAL BIRTH ATTENDANT F OTHER: X	
410	Did your husband/partner stop you, encourage you, or have no interest in whether you received antenatal care for your pregnancy?		STOP 1 ENCOURAGE 2 NO INTEREST 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	

411	When you were pregnant with this child, did your husband/partner have preference for a son, a daughter or did it not matter to him whether it was a boy or a girl?	SON 1 DAUGHTER 2 DID NOT MATTER 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9																									
412	During this pregnancy, did you consume any alcoholic drinks or kava?	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 or marijuana? PROBE: If yes, which one did you smoke?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9																									
414	Were you given a (postnatal) check-up at any time during the 6 weeks after delivery?	YES 1 NO 2 NO, CHILD NOT YET SIX WEEKS OLD 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9																									
415	Was this child (NAME) weighed at birth?	YES 1 NO 2 DON'T KNOW /DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒417 ⇒417																								
416	How much did he/she weigh? RECORD FROM HEALTH CARD WHERE POSSIBLE	KG FROM CARD [][] 1 KG FROM RECALL [][] 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9																									
417	Do you have any children aged between 6 and 14 years? How many? (include 6-year-old and 14-year-old children)	NUMBER [][] NONE 00	⇒S.5																								
418	a) How many are boys? b) How many are girls?	a) BOYS [] b) GIRLS []																									
419	How many of these children (ages 6-14 years) currently live with you? PROBE: a) How many boys? b) How many girls?	a) BOYS [] b) GIRLS [] IF "0" FOR BOTH SEXES ==== GO TO ⇒	⇒S.5																								
420	Do any of these children (ages 6-14 years): a) Have nightmares often? b) deleted c) Wet their bed often? d) Are any of these children very quiet or withdrawn, or find it difficult to talk to or play with other children? e) Are any of them aggressive with you or other children?	<table><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>b) deleted</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) QUIET/ALONE</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	b) deleted	1	2	8	c) WET BED	1	2	8	d) QUIET/ALONE	1	2	8	e) AGGRESSIVE	1	2	8	
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d) QUIET/ALONE	1	2	8																								
e) AGGRESSIVE	1	2	8																								
421	Of these children (ages 6-14 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 6-14 years), how many of your boys and how many of your girls are studying/in school?	a) BOYS [] b) GIRLS [] IF "0" FOR BOTH SEXES ==== GO TO ⇒	⇒S.5																								
423	Have any of these children had to repeat (failed) a year at school? MAKE SURE ONLY CHILDREN AGED 6-14 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 6-14 YEARS.	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9																									

SECTION 5 CURRENT OR MOST RECENT PARTNER				
CHECK: Ref. sheet, Box A (s5mar)	CURRENTLY MARRIED, OR LIVING WITH A MAN/ <i>WITH</i> <i>SEXUAL PARTNER</i> (Options K, L) ↓ (1)	FORMERLY MARRIED/ LIVING WITH A MAN/ <i>WITH SEXUAL PARTNER</i> (Option M) ↓ (2)	NEVER MARRIED/ NEVER LIVED WITH A MAN (<i>NEVER SEXUAL</i> <i>PARTNER</i>) (Option N) ⇒ (3)	⇒S.6
501	I would now like you to tell me a little about your <u>current/most recent</u> husband/partner. How old was your husband/partner on his last birthday? PROBE: MORE OR LESS IF MOST RECENT PARTNER DIED: How old would he be now if he were alive?	AGE (YEARS)[][]		
502	In what year was he born?	YEAR.....[][][][] DON'T KNOW/DON'T REMEMBER 9998 REFUSED/NO ANSWER 9999		
503	Can (could) he read and write?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9		
504	Did he ever attend school?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9		⇒506
505	What is the highest level of education that he achieved? MARK HIGHEST LEVEL. CONVERT TO YEARS IN SCHOOL	PRIMARY year 1 SECONDARY year 2 TERTIARY year 3 DON'T KNOW 8 NUMBER OF YEARS SCHOOLING...[][] DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99		
506	IF CURRENTLY WITH PARTNER: Is he currently working, looking for work or unemployed, retired or studying? IF NOT CURRENTLY WITH PARTNER: Towards the end of your relationship was he working, looking for work or unemployed, retired or studying?	WORKING 1 LOOKING FOR WORK/UNEMPLOYED 2 RETIRED 3 STUDENT 4 DISABLED/LONG TERM SICK 5 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9		⇒508 ⇒508 ⇒509
507	When did his last job finish? Was it in the past 4 weeks, between 4 weeks and 12 months ago, or before that? (FOR MOST RECENT HUSBAND/PARTNER: in the last 4 weeks or in the last 12 months of your relationship?)	IN THE PAST 4 WEEKS 1 4 WKS - 12 MONTHS AGO 2 MORE THAN 12 MONTHS AGO 3 NEVER HAD A JOB 4 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9		⇒509

508	What kind of work does/did he normally do? SPECIFY KIND OF WORK FOR EACH ANSWER	PROFESSIONAL: _____ 01 OWN BUSINESS: _____ 02 LABOURER: _____ 03 MILITARY/POLICE: _____ 04 SELF EMPLOYED: _____ 05 (agriculture, fishing, forestry, carving, vending, sewing) CIVIL SERVANT: _____ 06 (national, provincial, area) POLITICIAN: _____ 07 OTHER: _____ 96 DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99	
509	How often does/did your husband drink alcohol/home brew? 1. Every day 2. Once or twice a week 3. Once or twice a month 4. Occasionally, about once or twice a year 5. Never	EVERY DAY 1 ONCE OR TWICE A WEEK 2 ONCE OR TWICE A MONTH 3 ONCE OR TWICE A YEAR 4 NEVER 5 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒511a
510	In the <u>past 12 months</u> (In the <u>last 12 months</u> of your <u>last relationship</u>), how often have you seen (did you see) your husband/partner drunk on alcohol or home brew? Would you say most days, once or twice a week, once or twice a month, once or twice a year, or never?	MOST DAYS 1 ONCE OR TWICE A WEEK 2 ONCE OR TWICE A MONTH 3 ONCE OR TWICE A YEAR 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 of alcohol or home brew? a) Money problems b) Family problems x) Any other problems, specify.	YES NO a) MONEY PROBLEMS 1 2 b) FAMILY PROBLEMS 1 2 x) OTHER: _____ 1 2	
511 a TON	How often does/did your husband drink kava? 1. Every day 2. Once or twice a week 3. Once or twice a month 4. Occasionally, about once or twice a year 5. Never	EVERY DAY 1 ONCE OR TWICE A WEEK 2 ONCE OR TWICE A MONTH 3 ONCE OR TWICE A YEAR 4 NEVER 5 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒512
511b TON	In the <u>past 12 months</u> (In the <u>last 12 months</u> of your <u>last relationship</u>), how often have you seen (did you see) your husband/partner drunk on kava? Would you say most days, once or twice a week, once or twice a month, once or twice a year, or never?	MOST DAYS 1 ONCE OR TWICE A WEEK 2 ONCE OR TWICE A MONTH 3 ONCE OR TWICE A YEAR 4 NEVER 5 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
511c TON	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 of kava? a) Money problems b) Family problems x) Any other problems, specify.	YES NO a) MONEY PROBLEMS 1 2 b) FAMILY PROBLEMS 1 2 x) OTHER: _____ 1 2	

512	Does/did your husband/partner ever use drugs? Would you say: 1. Every day 2. Once or twice a week 3. Once or twice a month 4. Occasionally, about once or twice a year 5. Never	EVERY DAY 1 ONCE OR TWICE A WEEK 2 ONCE OR TWICE A MONTH 3 ONCE OR TWICE A YEAR 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	⇒515 ⇒515
514	In the <u>past 12 months</u> (In the <u>last 12 months</u> of the relationship), has this happened never, once or twice, a few times or many times?	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	⇒S.6 ⇒S.6
516	Has your <u>current/most recent</u> husband/partner had children with any other woman while being with you?	YES 1 NO 2 MAY HAVE 3 DON'T KNOW /DON'T REMEMBER 8 REFUSED/NO ANSWER 9	

SECTION 6 ATTITUDES

	In this community and everywhere, people have different ideas about families and what is acceptable behaviour for men and women in the home. I am going to read you a list of statements, and I would like you to tell me whether you generally agree or disagree with the statement. There are no right or wrong answers.																																		
601	A good wife obeys her husband even if she disagrees	AGREE1 DISAGREE2 DON'T KNOW8 REFUSED/NO ANSWER9																																	
602	Deleted																																		
603	It is important for a man to show his wife that he is the boss	AGREE1 DISAGREE2 DON'T KNOW8 REFUSED/NO ANSWER9																																	
604	Deleted																																		
605	It's a wife's obligation to have sex with her husband even if she doesn't feel like it	AGREE1 DISAGREE2 DON'T KNOW8 REFUSED/NO ANSWER9																																	
606	Deleted																																		
607	In your opinion, does a man have a good reason to hit his wife if: a) She does not complete her household work to his satisfaction b) She disobeys him c) She refuses to have sexual relations with him d) She asks him whether he has other girlfriends e) He suspects that she is unfaithful f) He finds out that she has been unfaithful g) She is unable to get pregnant	<table> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> <tr> <td>a) HOUSEHOLD</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) DISOBEYS</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) NO SEX</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d) GIRLFRIENDS</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>e) SUSPECTS</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>f) UNFAITHFUL</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>g) NOT PREGNANT/ BARREN</td><td>1</td><td>2</td><td>8</td></tr> </table>		YES	NO	DK	a) HOUSEHOLD	1	2	8	b) DISOBEYS	1	2	8	c) NO SEX	1	2	8	d) GIRLFRIENDS	1	2	8	e) SUSPECTS	1	2	8	f) UNFAITHFUL	1	2	8	g) NOT PREGNANT/ BARREN	1	2	8	
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f) UNFAITHFUL	1	2	8																																
g) NOT PREGNANT/ BARREN	1	2	8																																
608	In your opinion, can a married woman refuse to have sex with her husband if: a) She doesn't want to b) He is drunk c) She is sick d) He mistreats her	<table> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> <tr> <td>a) NOT WANT</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) DRUNK</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) SICK</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d) MISTREAT</td><td>1</td><td>2</td><td>8</td></tr> </table>		YES	NO	DK	a) NOT WANT	1	2	8	b) DRUNK	1	2	8	c) SICK	1	2	8	d) MISTREAT	1	2	8													
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SECTION 7 RESPONDENT AND HER PARTNER

SECTION 7 RESPONDENT AND HER PARTNER																																					
CHECK: Ref. sheet, Box A <i>(s7mar)</i>	EVER MARRIED/EVER LIVING WITH A MAN/SEXUAL PARTNER (Options K, L, M) <div style="text-align: center;">↓</div> <i>(1)</i>	NEVER MARRIED/NEVER LIVED WITH A MAN/NEVER SEXUAL PARTNER (Option N) [] ⇒ <i>(2)</i>	⇒S.10																																		
When two people marry or live together, they usually share both good and bad moments. I would now like to ask you some questions about your current and past relationships and how your husband/partner treats (treated) you. If anyone interrupts us I will change the topic of conversation. I would again like to assure you that your answers will be kept secret, and that you do not have to answer any questions that you do not want to. May I continue?																																					
701	In general, do (did) you and your (<u>current or most recent</u>) husband/partner discuss the following topics together: a) Things that have happened to him in the day b) Things that happen to you during the day c) Your worries or feelings d) His worries or feelings	<table style="width: 100%; border-collapse: collapse;"> <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> <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> </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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d) HIS WORRIES	1	2	8																																		
702	In your relationship with your (<u>current or most recent</u>) husband/partner, how often would you say that you quarrelled? Would you say rarely, sometimes or often?	<table style="width: 100%; border-collapse: collapse;"> <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> </table>			RARELY	1	SOMETIMES.....	2	OFTEN.....	3	DON'T KNOW/DON'T REMEMBER	8	REFUSED/NO ANSWER	9																							
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OFTEN.....	3																																				
DON'T KNOW/DON'T REMEMBER	8																																				
REFUSED/NO ANSWER	9																																				
703	I am now going to ask you about some situations that are true for many women. Thinking about your (<u>current or most recent</u>) husband/partner, would you say it is generally true that he: a) Tries to keep you from seeing your friends b) Tries to restrict contact with your family of birth c) Insists on knowing where you are at all times d) Ignores you and treats you indifferently e) Gets angry if you speak with another man f) Is often suspicious that you are unfaithful g) Expects you to ask his permission before seeking health care for yourself	<table style="width: 100%; border-collapse: collapse;"> <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> <tr> <td>a) SEEING FRIENDS</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) CONTACT FAMILY</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) WANTS TO KNOW</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) IGNORES YOU</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>e) GETS ANGRY</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>f) SUSPICIOUS</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>g) HEALTH CARE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </table>				YES	NO	DK	a) SEEING FRIENDS	1	2	8	b) CONTACT FAMILY	1	2	8	c) WANTS TO KNOW	1	2	8	d) IGNORES YOU	1	2	8	e) GETS ANGRY	1	2	8	f) SUSPICIOUS	1	2	8	g) HEALTH CARE	1	2	8	
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704	The next questions are about things that happen to many women, and that your current partner, or any other partner may have done to you. Has your <u>current</u> husband/partner, or <u>any</u> other <u>partner</u> ever....	A) (If YES continue with B. If NO skip to next item) <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>	YES	NO	1	2	B) Has this happened <u>in the past 12 months</u> ? (If YES ask C only. If NO ask D only) <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>	YES	NO	1	2	C) <u>In the past 12 months</u> would you say that this has happened once, a few times or many times? (after answering C, go to next item) <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">One</th> <th style="text-align: center;">Few</th> <th style="text-align: center;">Many</th> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> </table>	One	Few	Many	1	2	3	D) <u>Before the past 12 months</u> would you say that this has happened once, a few times or many times? <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">One</th> <th style="text-align: center;">Few</th> <th style="text-align: center;">Many</th> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> </table>	One	Few	Many	1	2	3												
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1	2	3																																			
	a) Insulted you or made you feel bad about yourself? b) Belittled or humiliated you in front of other people? c) Done things to scare or intimidate you on purpose (e.g. by the way he looked at you, by yelling and smashing things)? d) Threatened to hurt you or someone you care about?																																				

CHECK: Question 704	MARK WHEN YES FOR ANY ACT (AT LEAST ONE “1” CIRCLED IN COLUMN A) [] ↓ (1)		MARK WHEN ALL ANSWERS NO CIRCLED (ONLY “2” CIRCLED IN COLUMN A) [] (2)		⇒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 partner that you may have had before or both?		CURRENT/MOST RECENT PARTNER1 PREVIOUS PARTNER2 BOTH.....3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9		
705	Has <u>he or any other partner</u> ever.... a) Slapped you or thrown something at you that could hurt you? b) Pushed you or shoved you or pulled your hair? c) Hit you with his fist or with something else that could hurt you? d) Kicked you, dragged you or beaten you up? e) Choked or burnt you on purpose? f) Threatened to use or actually used a gun, knife, wood, iron, axe or other weapon against you?	A) (If YES continue with B. If NO skip to next item) YES NO 1 2 1 2 1 2 1 2 1 2 1 2	B) Has this happened in the past 12 months? (If YES ask C only. If NO ask D only) YES NO 1 2 1 2 1 2 1 2 1 2 1 2	C) In the past 12 months would you say that this has happened once, a few times or many times? (after answering C, go to next item) One Few Many 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3	D) Before the past 12 months would you say that this has happened once, a few times or many times? One Few Many 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3
CHECK: Question 705	MARK WHEN YES FOR ANY ACT (AT LEAST ONE “1” CIRCLED IN COLUMN A) [] ↓ (1)		MARK WHEN ALL ANSWERS NO CIRCLED (ONLY “2” CIRCLED IN COLUMN A) [] (2)		⇒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 partner that you may have had before, or both?	CURRENT/MOST RECENT PARTNER1 PREVIOUS PARTNER2 BOTH.....3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9			
706		A) (If YES continue with B. If NO skip to next item) YES NO	B) Has this happened <u>in the past 12 months</u>? (If YES ask C only. If NO ask D only) YES NO	C) <u>In the past 12 months</u> would you say that this has happened once, a few times or many times? (after answering C, go to next item) One Few Many	D) <u>Before the past 12 months</u> would you say that this has happened once, a few times or many times? One Few Many
	a) Did <u>your current husband/partner or any other partner</u> ever physically force you to have sexual intercourse when you did not want to?	1 2	1 2	1 2 3	1 2 3
	b) Did you ever have sexual intercourse when you did not want to because you were afraid of what your partner or any other partner might do?	1 2	1 2	1 2 3	1 2 3
	c) Did your partner or any other partner ever force you to do something sexual that you found degrading or humiliating?	1 2	1 2	1 2 3	1 2 3
CHECK: Question 706	MARK WHEN YES FOR ANY ACT (AT LEAST ONE "1" CIRCLED IN COLUMN A) [] ↓ (1)	MARK WHEN ALL ANSWERS NO CIRCLED (ONLY "2" CIRCLED IN COLUMN A) [] (2)			⇒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 partner that you may have had before, or both?	CURRENT/MOST RECENT PARTNER1 PREVIOUS PARTNER2 BOTH.....3 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 TON	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			
708b (905)	Have you ever hit or physically mistreated your husband/partner when he was not hitting or physically mistreating you? IF YES: How often? Would you say once or twice, several times or many times?	NEVER..... 1 ONCE OR TWICE 2 SEVERAL TIMES 3 MANY TIMES 4 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9			

CHECK : (s7preg) Ref. sheet, Box B (s7prnum) (s7prcur)	EVER BEEN PREGNANT (option P) (1) [] ↓ NUMBER OF PREGNANCIES (option T) [][] ↓ CURRENTLY PREGNANT? (option S) YES....1 NO.... 2 ↓	NEVER PREGNANT (2) [] ⇒	⇒ S.8
709	You said that you have been pregnant TOTAL times. Were you ever slapped, hit, beaten, punched or kicked by (<u>any</u> of) your 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 beaten?	NUMBER OF PREGNANCIES BEATEN ..[][]	
710 a	Did this happen in the <u>last</u> pregnancy? IF RESPONDENT WAS PREGNANT ONLY ONCE, CIRCLE CODE '1'.	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
711	Were you ever punched or kicked in the stomach while you were pregnant?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
IF VIOLENCE REPORTED IN MORE THAN ONE PREGNANCY, THE FOLLOWING QUESTIONS REFER TO THE LAST/MOST RECENT PREGNANCY IN WHICH VIOLENCE REPORTED			
712	During the <u>most recent pregnancy in which you were beaten</u> , was the person who has slapped, hit or beaten you the father of the child?	YES 1 NO 2 DON'T KNOW /DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
713	Were you living with this person when it happened?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
714	Had the same person also done this you before you were pregnant?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒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

SECTION 8 INJURIES																																																							
CHECK: Ref. sheet Box C <i>(S8phsex)</i>	WOMAN EXPERIENCED PHYSICAL OR SEXUAL VIOLENCE (“YES” TO Option U or V) ↓ [] <i>(1)</i>	WOMAN HAS NOT EXPERIENCED PHYSICAL OR SEXUAL VIOLENCE (“NO” to BOTH Option U and V) [] ⇒ <i>(2)</i>	⇒S.10																																																				
I would now like to learn more about the injuries that you experienced from (<u>any</u> of) your partner’s acts that we have talked about (MAY NEED TO REFER TO SPECIFIC ACTS RESPONDENT MENTIONED IN SECTION 7). By injury, I mean any form of physical harm, including cuts, sprains, burns, broken bones or broken teeth, or other things like this.																																																							
801	Have you <u>ever</u> been injured as a result of these acts by (any of) your husband/partner(s). Please think of the acts that we talked about before.	YES 1 NO 2 DON’T KNOW/DON’T REMEMBER 8 REFUSED/NO ANSWER 9	⇒804a																																																				
802 a	In your <u>life</u> , how many times were you injured by (any of) your husband(s)/partner(s)? Would you say once or twice, several times or many times?	ONCE/TWICE 1 SEVERAL (3-5) TIMES 2 MANY (MORE THAN 5) TIMES 3 DON’T KNOW/DON’T REMEMBER 8 REFUSED/NO ANSWER 9																																																					
802 b	Has this happened <u>in the past 12 months</u> ?	YES 1 NO 2 DON’T KNOW/DON’T REMEMBER 8 REFUSED/NO ANSWER 9																																																					
803 a	What type of injury did you have? Please mention any injury due to (any of) your husband/partners acts, no matter how long ago it happened. MARK ALL PROBE: Any other injury?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td colspan="3" style="text-align: center;">b) ONLY ASK FOR RESPONSES MARKED IN 803a: Has this happened <u>in the past 12 months</u>?</td> </tr> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> <td style="text-align: center;">DK</td> </tr> <tr> <td>SMALL CUTS, PUNCTURES, BITES A</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>SCRATCH, ABRASION, BRUISES B</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>SPRAINS, DISLOCATIONS C</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>BURNS D</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>PENETRATING INJURY, DEEP CUTS, GASHES E</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>BROKEN EARDRUM, EYE INJURIES F</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>FRACTURES, BROKEN BONES G</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>BROKEN TEETH H</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>INTERNAL INJURIES FROM SEXUAL VIOLENCE I</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>OTHER INTERNAL INJURIES J</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>OTHER (specify): X</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </table>		b) ONLY ASK FOR RESPONSES MARKED IN 803a: Has this happened <u>in the past 12 months</u> ?				YES	NO	DK	SMALL 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 FROM SEXUAL VIOLENCE I	1	2	8	OTHER INTERNAL INJURIES J	1	2	8	OTHER (specify): X	1	2	8	
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OTHER (specify): X	1	2	8																																																				
804 a	In your life, did you <u>ever</u> lose consciousness because of what (any of your) your husband/partner(s) did to you?	YES 1 NO 3 DON’T KNOW/DON’T REMEMBER 8 REFUSED/NO ANSWER 9	⇒805a ⇒805a																																																				
804 b	Has this happened <u>in the past 12 months</u> ?	YES 1 NO 2 DON’T KNOW/DON’T REMEMBER 8 REFUSED/NO ANSWER 9																																																					

805 a	In your life, were you <u>ever</u> hurt badly enough by (any of) your husband/partner(s) that you needed health care (even if you did not receive it)? IF YES: How many times? IF NOT SURE: More or less?	TIMES NEEDED HEALTH CARE[][] REFUSED/NO ANSWER 99 NOT NEEDED..... 00	⇒S.9
805 b	Has this happened <u>in the past 12 months</u> ?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
806	In your life, did you <u>ever</u> receive health care for this injury (these injuries)? Would you say, sometimes or always or never?	YES, SOMETIMES 1 YES, ALWAYS 2 NO, NEVER..... 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒S.9
807	In your life, have you ever had to spend any nights in a hospital, clinic, or health centre due to the injury/injuries? IF YES: How many nights? (MORE OR LESS)	NUMBER OF NIGHTS IN HOSPITAL. [][] IF NONE ENTER '00' DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99	
808	Did you tell a health worker the real cause of your injury?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	

SECTION 9 IMPACT AND COPING

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 PARTNER, ADD: I would like you to answer these questions in relation to the most recent/last partner who did these things to you.

CHECK: Ref. sheet Box C <i>(S9phys)</i>	WOMAN EXPERIENCED PHYSICAL VIOLENCE ("YES" TO Option U) [] <div style="text-align: center;">↓</div> <i>(1)</i>	WOMAN HAS EXPERIENCED SEXUAL VIOLENCE ONLY ("NO" to Option U and "YES" to option V) <div style="text-align: right;">[] ⇒</div> <i>(2)</i>	⇒906
901	Are there any particular situations that tend to lead to your husband/partner's behaviour? REFER TO ACTS OF PHYSICAL VIOLENCE MENTIONED BEFORE. PROBE: Any other situation? MARK ALL MENTIONED	NO PARTICULAR REASONA WHEN HE IS DRUNK ON ALCOHOL.....B MONEY PROBLEMS.....C DIFFICULTIES AT HIS WORKD WHEN HE IS UNEMPLOYEDE NO FOOD AT HOME.....F PROBLEMS WITH HIS OR HER FAMILYG SHE IS PREGNANTH HE IS JEALOUS OF HERI SHE REFUSES SEXJ SHE IS DISOBEDIENTK HE WANTS TO TEACH HER A LESSON, EDUCATE OR DISCIPLINE HERL SHE IS UNABLE TO GET PREGNANTM OTHER (specify):X	
CHECK: (Ref. sheet, Box B, option R) <i>(s9child)</i>	CHILDREN LIVING [] <div style="text-align: center;">↓</div> <i>(1)</i>	NO CHILDREN ALIVE [] ⇒ <i>(2)</i>	⇒903
902	For any of these incidents, were your children present or did they overhear you being beaten? IF YES: How often? Would you say once or twice, several times or most of the time?	NEVER 1 ONCE OR TWICE.....2 SEVERAL TIMES.....3 MANY TIMES/MOST OF THE TIME4 DON'T KNOW8 REFUSED/NO ANSWER9	
902 a TON	For any of these incidents, were your children also beaten? IF YES: How often? Would you say once or twice, several times or most of the time?	NEVER 1 ONCE OR TWICE.....2 SEVERAL TIMES.....3 MANY TIMES/MOST OF THE TIME4 DON'T KNOW8 REFUSED/NO ANSWER9	
903	During or after a violent incident, does (did) he ever force you to have sex? PROBE: Make you have sex with him against your will? IF YES: How often? Would you say once or twice, several times or most of the time?	NEVER 1 ONCE OR TWICE 2 SEVERAL TIMES 3 MANY TIMES/MOST OF THE TIME 4 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	

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 or twice, several times or most of the time?	NEVER 1 ONCE OR TWICE..... 2 SEVERAL TIMES..... 3 MANY TIMES/MOST OF THE TIME..... 4 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒906
904 a	What was the effect of you fighting back on the violence at the time? Would you say, that it had no effect, the violence became worse, the violence became less, or that the violence stopped, at least for the moment.	NO CHANGE/NO EFFECT 1 VIOLENCE BECAME WORSE 2 VIOLENCE BECAME LESS 3 VIOLENCE STOPPED 4 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
905	Moved to s7		
906	Would you say that your husband /partner's behaviour towards you has affected your physical or emotional health, or your spiritual well-being? 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 DISRUPTEDB PARTNER INTERRUPTED WORK.....C UNABLE TO CONCENTRATE.....D UNABLE TO WORK/SICK LEAVEE LOST CONFIDENCE IN OWN ABILITYF PARTNER STOPPED HER FROM WORKING ..G OTHER (specify):X	
908	Who have you told about his behaviour? MARK ALL MENTIONED PROBE: Anyone else?	NO ONEA FRIENDS.....B PARENTSC BROTHER OR SISTER.....D UNCLE OR AUNTE HUSBAND/PARTNER'S FAMILYF CHILDRENG NEIGHBOURSH POLICEI DOCTOR/HEALTH WORKER.....J CHURCH LEADERK COUNSELLORL OTHER NGO/WOMEN'S ORGANIZATIONM CHIEF.....N OTHER (specify):X	

909	Did anyone ever try to help you? IF YES, Who helped you? MARK ALL MENTIONED PROBE: Anyone else?	NO ONE..... A FRIENDS B PARENTS C BROTHER OR SISTER D UNCLE OR AUNT E HUSBAND/PARTNER'S FAMILY F CHILDREN G NEIGHBOURS H POLICE I DOCTOR/HEALTH WORKER J CHURCH LEADER K COUNSELLOR L OTHER NGO/WOMEN'S ORGANIZATION M CHIEF N OTHER (specify): X																																																									
910 a	Did you ever go to any of the following for help? READ EACH ONE a) Police b) Hospital/health centre/aid post d) Lawyer e) Courts f) Safe house g) Town officer h) women groups i) Religious leader x) Anywhere else? Where?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) POLICE</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) HOSPITAL/ HEALTH CENTRE</td> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td>1</td> <td>2</td> </tr> <tr> <td>d) LAWYERS</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) COURT</td> <td>1</td> <td>2</td> </tr> <tr> <td>f) SAFE HOUSE</td> <td>1</td> <td>2</td> </tr> <tr> <td>g) TOWN OFFICER</td> <td>1</td> <td>2</td> </tr> <tr> <td>h) WOMEN GROUPS</td> <td>1</td> <td>2</td> </tr> <tr> <td>i) CHURCH LEADER</td> <td>1</td> <td>2</td> </tr> <tr> <td>x) ELSEWHERE (specify) : _____</td> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td>*</td> <td>**</td> </tr> </tbody> </table>		YES	NO	a) POLICE	1	2	b) HOSPITAL/ HEALTH CENTRE	1	2		1	2	d) LAWYERS	1	2	e) COURT	1	2	f) SAFE HOUSE	1	2	g) TOWN OFFICER	1	2	h) WOMEN GROUPS	1	2	i) CHURCH LEADER	1	2	x) ELSEWHERE (specify) : _____	1	2		*	**	910 b. ASK ONLY FOR THOSE MARKED YES in 910a. Were you satisfied with the help given? <table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> </tr> <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
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CHECK: Question 910a * ** (s9check)	MARK WHEN YES FOR ANY IN Q. 910a (AT LEAST ONE "1" CIRCLED IN COLUMN MARKED WITH *) <div style="text-align: center;">[1] ↓</div> (1)	MARK WHEN ALL ANSWERS NO CIRCLED (ONLY "2" CIRCLED **) <div style="text-align: center;">[1]</div> (2)	⇒912																																																								
911	What were the reasons that made you go for help? MARK ALL MENTIONED AND GO TO 913	ENCOURAGED BY FRIENDS/HER FAMILY A COULD NOT TAKE ANY MORE B BADLY INJURED C HE THREATENED OR TRIED TO KILL HER D HE THREATENED OR HIT CHILDREN E SAW THAT CHILDREN SUFFERING F THROWN OUT OF THE HOME G AFRAID SHE WOULD KILL HIM H AFRAID HE WOULD KILL HER I OTHER (specify): X	FOR ALL OPTIONS GO TO 913																																																								

912	<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</p> <p>FEAR OF THREATS/CONSEQUENCES/ MORE VIOLENCEB</p> <p>VIOLENCE NORMAL/NOT SERIOUSC</p> <p>EMBARRASSED/ASHAMED/AFRAID WOULD NOT BE BELIEVED OR WOULD BE BLAMEDD</p> <p>BELIEVED NOT HELP/KNOW OTHER WOMEN NOT HELPEDE</p> <p>AFRAID WOULD END RELATIONSHIPF</p> <p>AFRAID WOULD LOSE CHILDRENG</p> <p>BRING BAD NAME TO FAMILYH</p> <p>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</p> <p>HER FAMILYB</p> <p>HIS FAMILYC</p> <p>HEALTH CENTRE/HOSPITAL D</p> <p>POLICEE</p> <p>LAWYERSF</p> <p>CHIEF G</p> <p>CHURCH LEADER..... H</p> <p>TOWN OFFICER I</p> <p>CENTER FOR WOMENJ</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[][]</p> <p>NEVER..... 00</p> <p>N.A. (NOT LIVING TOGETHER) 97</p> <p>DON'T KNOW/DON'T REMEMBER 98</p> <p>REFUSED/NO ANSWER..... 99</p>	<p>⇒919</p> <p>⇒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</p> <p>ENCOURAGED BY FRIENDS/HER FAMILY B</p> <p>ENCOURAGED BY HIS FAMILY C</p> <p>HAD INFORMATION ABOUT WHERE TO GO..... D</p> <p>AWARE OF HER RIGHTS E</p> <p>KNEW OTHER WOMEN WHO HAD BENEFITED..... F</p> <p>COULD NOT TAKE ANY MORE G</p> <p>BADLY INJURED..... H</p> <p>HE THREATENED OR TRIED TO KILL HER..... I</p> <p>HE THREATENED OR HIT CHILDREN J</p> <p>SAW THAT CHILDREN SUFFERING..... K</p> <p>THROWN OUT OF THE HOME..... L</p> <p>AFRAID SHE WOULD KILL HIM M</p> <p>AFRAID HE WOULD KILL HER N</p> <p>ENCOURAGED BY ORGANIZATION (specify): O</p> <p>OTHER (specify): X</p>	

916	Where did you go <u>the last time</u> ? MARK ONE	HER RELATIVES 01 HIS RELATIVES..... 02 HER FRIENDS/NEIGHBOURS..... 03 HOTEL 04 STREET 05 CHURCH LEADER..... 06 SHELTER 07 CHIEF 08 OTHER (specify): 96 DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER..... 99	
917	How long did you stay away <u>the last time</u> ? RECORD NUMBER OF DAYS OR MONTHS	NUMBER OF DAYS (IF LESS THAN 1 MONTH) [][] ..1 NUMBER OF MONTHS (IF 1 MONTH OR MORE)..... [][] ..2 LEFT PARTNER/DID NOT RETURN/NOT WITH PARTNER 3	⇒S.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 MARRIAGEB FOR SAKE OF FAMILY/CHILDREN (FAMILY HONOUR).....C COULDN'T SUPPORT CHILDREN D LOVED HIM.....E HE ASKED HER TO COME BACK.....F FAMILY SAID TO RETURN G FORGAVE HIM H THOUGHT HE WOULD CHANGE I THREATENED HER/CHILDREN/FAMILYJ COULD NOT STAY THERE (WHERE SHE WENT) K VIOLENCE NORMAL/NOT SERIOUSL RECEIVED COUNSELLING FROM (specify):M 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 MARRIAGEB FOR SAKE OF FAMILY/CHILDREN (FAMILY HONOUR).....C COULDN'T SUPPORT CHILDREN D LOVED HIM.....E SHE DID NOT WANT TO STAY SINGLEF FAMILY SAID TO RETURN G FORGAVE HIM H THOUGHT HE WOULD CHANGE I THREATENED HER/CHILDREN/FAMILYJ COULD NOT STAY THERE (WHERE SHE WENT) K VIOLENCE NORMAL/NOT SERIOUSL RECEIVED COUNSELLING FROM (specify):M OTHER (specify): X	

SECTION 10 OTHER EXPERIENCES

	In their lives, many women experience different forms of violence from relatives, other people that they know, and/or from 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 private. May I continue?				
1001 a	<p><u>Since the age of 15 years,</u> has anyone ever beaten or physically mistreated you in any way?</p> <p>(FOR WOMEN WITH CURRENT OR PAST PARTNER: this is about persons other than your partner/husband)</p> <p>IF YES: Who did this to you?</p> <p>PROBE: How about a relative? How about someone at school or work? How about a friend or neighbour? A stranger or anyone else?</p>	NO ONE.....A	⇒ 1002		
			b) ASK ONLY FOR THOSE MARKED. How many times did this happen? Once or twice, a few times, or many times		
			Once or twice	A few times	Many times
		FATHER.....B	1	2	3
STEPPFATHER.....C	1	2	3		
GRANDFATHERD	1	2	3		
BROTHERE	1	2	3		
OTHER MALE FAMILY MEMBER					
..... F	1	2	3		
FEMALE FAMILY MEMBER:G	1	2	3		
TEACHER.....H	1	2	3		
POLICE/ SOLDIER.....I	1	2	3		
MALE FRIEND OF FAMILYJ	1	2	3		
FEMALE FRIEND OF FAMILYK	1	2	3		
BOYFRIEND.....L	1	2	3		
STRANGERM	1	2	3		
SOMEONE AT WORK.....N	1	2	3		
CHURCH LEADERO	1	2	3		
CHIEF.....P	1	2	3		
OTHER (specify):X	1	2	3		
1002 a	<p><u>Since the age of 15 years,</u> has anyone ever forced</p>	NO ONE.....A	⇒ 1003		
			b) ASK ONLY FOR THOSE MARKED. How many times did this happen? Once or twice, a few times, or many times		

	you to have sex or to perform a sexual act when you did not want to?		Once or twice	A few times	Many times
	(FOR WOMEN WITH CURRENT OR PAST PARTNER: this is about persons other than your partner/husband)	FATHER B	1	2	3
		STEPFATHER..... C	1	2	3
		GRANDFATHER D	1	2	3
		BROTHER E	1	2	3
		OTHER MALE FAMILY MEMBER			
	 F	1	2	3
		FEMALE FAMILY MEMBER: G	1	2	3
	IF YES: Who did this to you?	TEACHER H	1	2	3
		POLICE/ SOLDIER..... I	1	2	3
	PROBE: How about a relative?	MALE FRIEND OF FAMILY J	1	2	3
	How about someone at school or work?	FEMALE FRIEND OF FAMILY K	1	2	3
	How about a friend or neighbour?	BOYFRIEND..... L	1	2	3
	A stranger or anyone else?	STRANGER M	1	2	3
		SOMEONE AT WORK..... N	1	2	3
		CHURCH LEADER O	1	2	3
		CHIEF P			
		OTHER (specify): X	1	2	3

1003 a	<p><u>Before the age of 15 years</u>, do you remember if anyone in your family ever touched you sexually, or made you do something sexual that you didn't want to?</p> <p>IF YES: Who did this to you?</p> <p>IF YES OR NO CONTINUE: How about someone at school? How about a friend or neighbour? Has anyone else done this to you?</p> <p>IF YES: Who did this to you?</p>	NO ONE..... A	⇒ 1004								
			ASK ONLY FOR THOSE MARKED IN 1003a								
			<p>b) How old were you when it happened with this person for the first time? (more or less)</p> <p>c) How old was this person?</p> <p>PROBE: roughly (more or less).</p> <p>d) How many times did this happen?</p>								
		FATHER..... B	[][]	[][]	1	2	3				
		STEPFATHER..... C	[][]	[][]	1	2	3				
		GRANDFATHER..... D	[][]	[][]	1	2	3				
		BROTHER..... E	[][]	[][]	1	2	3				
		OTHER MALE FAMILY MEMBER..... F	[][]	[][]	1	2	3				
		FEMALE FAMILY MEMBER:..... G	[][]	[][]	1	2	3				
		TEACHER..... H	[][]	[][]	1	2	3				
		POLICE/ SOLDIER..... I	[][]	[][]	1	2	3				
		MALE FRIEND OF FAMILY..... J	[][]	[][]	1	2	3				
		FEMALE FRIEND OF FAMILY..... K	[][]	[][]	1	2	3				
		BOYFRIEND..... L	[][]	[][]	1	2	3				
		STRANGER..... M	[][]	[][]	1	2	3				
		SOMEONE AT WORK..... N	[][]	[][]	1	2	3				
		CHURCH LEADER..... O	[][]	[][]	1	2	3				
		CHIEF..... P	[][]	[][]	1	2	3				
		OTHER (specify):..... X	[][]	[][]	1	2	3				
				DK = 98							
1004	How old were you when you first had sex?	AGE YEARS (MORE OR LESS).....[][]							⇒1006		
		NOT HAD SEX.....95									
		REFUSED/NO ANSWER.....99									
1005	How would you describe the first time that you had sex? Would you say that you wanted to have sex, you did not want to have sex but it happened anyway, or were you forced to have sex?	WANTED TO HAVE SEX.....1									
		NOT WANT BUT HAD SEX.....2									
		FORCED TO HAVE SEX.....3									
		DON'T KNOW/DON'T REMEMBER.....8									
		REFUSED/NO ANSWER.....9									
1006	When you were a child, was your mother hit by your father (or her husband or boyfriend)?	YES.....1							⇒s10mar*		
		NO.....2							⇒s10mar*		
		PARENTS DID NOT LIVE TOGETHER.....3							⇒s10mar*		
		DON'T KNOW.....8									
		REFUSED/NO ANSWER.....9									
1007	As a child, did you see or hear this violence?	YES.....1									
		NO.....2									
		DON'T KNOW.....8									
		REFUSED/NO ANSWER.....9									

* CHECK: Ref. sheet Box A (s10mar)		EVER MARRIED/EVER LIVING WITH A MAN/ <i>SEXUAL PARTNER</i> (Options K,L,M) [] ↓ (1)	NEVER MARRIED/NEVER LIVED WITH A MAN (Option N) [] ⇒ (2)	⇒S.11
1008	As far as you know, was your (most recent) partner's mother hit or beaten by her husband?	YES1 NO2 PARENTS DID NOT LIVE TOGETHER3 DON'T KNOW8 REFUSED/NO ANSWER9		⇒1010 ⇒1010 ⇒1010
1009	Did your (most recent) husband/partner see or hear this violence?	YES1 NO2 DON'T KNOW8 REFUSED/NO ANSWER9		
1010	As far as you know, was your (most recent) husband/partner himself hit or beaten regularly by someone in his family?	YES1 NO2 DON'T KNOW8 REFUSED/NO ANSWER9		

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: a) A company or business b) Large animals (cows, horses, pigs etc.) c) Small animals (chickens, goats, etc.) d) Vegetables/fruits from gardens or trees e) Handcrafts (mats, baskets etc.) f) Large household items (TV, bed, cooker) g) Jewellery, gold or other valuables h) Motor car/Hilux/4 wheel drive/Truck i) Savings in the bank? j) Other savings?	YES Own by self	YES Own with others	NO Don't own									
	a) COMPANY b) LARGE ANIMALS c) SMALL ANIMALS d) VEGETABLES,FRUIT e) HANDCRAFTS f) HOUSEHOLD ITEMS g) JEWELLERY h) CAR/TRUCK i) SAVINGS IN BANK j) OTHER SAVINGS	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: b) Formal Job c) Selling things, market, trading x) Any other activity, specify	NO A b) FORMAL JOB: c) SELLING/MARKET/TRADING: x) OTHER:	⇒ *s11mar <table style="margin: auto;"> <tr> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>			YES	NO	1	2	1	2	1	2
YES	NO												
1	2												
1	2												
1	2												
* CHECK: Ref. sheet, Box A <i>(s11mar)</i>	CURRENTLY MARRIED/CURRENTLY LIVING WITH A MAN (Option K) [] <div style="text-align: center;">↓</div> <i>(1)</i>	NOT CURRENTLY MARRIED OR LIVING WITH A MAN/CURRENT OR PAST SEXUAL PARTNER (Options L, M, N) [] ⇒ <i>(2)</i>			⇒S.12								
CHECK 1102	1. OPTIONS b) c) or x) MARKED [] <div style="text-align: center;">↓</div>	2. OPTION a) MARKED [] ⇒			⇒1105								
1103	Are you able to spend the money you earn how you want yourself, or do you have to give all or part of the money to your husband/partner?	SELF/OWN CHOICE 1 GIVE PART TO HUSBAND/PARTNER 2 GIVE ALL TO HUSBAND/PARTNER 3 DON'T KNOW 8 REFUSED/NO ANSWER 9											
1104	Would you say that the money that you bring into the family is more than what your husband/partner contributes, less than what he contributes, or about the same as he contributes?	MORE THAN HUSBAND/PARTNER 1 LESS THAN HUSBAND/PARTNER 2 ABOUT THE SAME 3 DO NOT KNOW 8 REFUSED/NO ANSWER 9											
1105	Have you ever given up/refused a job for money because your husband/partner did not want you to work?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9											

1106	Has your husband/partner ever taken your earnings or savings from you against your will? IF YES: Has he done this once or twice, several times or many times?	NEVER 1 ONCE OR TWICE 2 SEVERAL TIMES (5-10 TIMES) 3 MANY TIMES/ALL OF THE TIME 4 N/A (DOES NOT HAVE SAVINGS/EARNINGS) 7 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
1107	Does your husband /partner ever refuse to give you money for household expenses, even when he has money for other things? IF YES: Has he done this once or twice, several times or many times?	NEVER 1 ONCE OR TWICE 2 SEVERAL TIMES 3 MANY TIMES/ALL OF THE TIME 4 N/A (PARTNER DOES NOT EARN MONEY) 7 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
1108	In case of emergency, do you think that you alone could raise enough money to house and feed your family for 4 weeks? This could be for example by selling things that you own, or by borrowing money from people you know, or from a bank or moneylender?	YES 1 NO 2 DON'T KNOW 8 REFUSED/NO ANSWER 9	

SECTION 12 COMPLETION OF INTERVIEW

1201	<p>I would now like to give you a card. On this card are two pictures. No other information is written on the card. The first picture is of a sad face, the second is of a happy face.</p> <p>No matter what you have already told me, I would like you to put a mark below the sad picture 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> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
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> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>GOOD/BETTER 1</p> <p>BAD/WORSE2</p> <p>SAME/ NO DIFFERENCE ..3</p>	
1204	<p>Finally, do you agree that we may contact you again over the next few days if we need to ask a few more questions for clarification?</p>	<p>YES 1</p> <p>NO2</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 lives, their health and experiences of violence.

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.

Here is a list of centres that provide support, legal advice and counselling services to women. 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 private. You can go whenever you feel ready to, either soon or later on.

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 lives and family relationships.

In case you ever hear of another woman who needs help, here is a list of centres provide support, legal advice and counselling services to women. 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 private.

1206 ASK THE RESPONDENT. How long did you think the interview lasted ?
Hours [] Minutes [][]

INTERVIEWER COMMENTS TO BE COMPLETED AFTER INTERVIEW

[illegible]

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

Box A. MARITAL STATUS

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

119	Are you <u>currently</u> married or do you have a male partner? IF RESPONDENT HAS A MALE PARTNER ASK Do you and your partner live together?	CURRENTLY MARRIED1 MARRIED, NOT LIVING TOGETHER2 LIVING WITH MAN, NOT MARRIED3 CURRENTLY HAVING A REGULAR PARTNER (SEXUAL RELATIONSHIP), LIVING APART4 NOT CURRENTLY MARRIED OR LIVING WITH A MAN (NOT INVOLVED IN A SEXUAL RELATIONSHIP)5	<input type="checkbox"/> Currently married and/or living with man (K) <input type="checkbox"/> Currently with regular sexual partner (dating relationship) (L) <input type="checkbox"/> Previously married/previously lived with man (no current sexual relationship) (M1) <input type="checkbox"/> Previously had sexual relationship (M2)
120 a	Have you <u>ever</u> been married or lived with a male partner?	YES, MARRIED1 LIVED WITH A MAN, NOT MARRIED3 NO5	<input type="checkbox"/> Never married /never lived with man (no current or past sexual relationship) (N)
120 b	Have you ever had a regular male sexual partner?	YES.....1 NO.....2	

123. Number of times married/lived together with man: [] [] **(O)**

Box B. REPRODUCTIVE HISTORY

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

- (P)** Respondent has been pregnant at least once (Question 308, 1 or more) [] Yes [] No
- (Q)** Respondent had at least one child born alive (Question 301, 1 or more) [] Yes [] No
- (R)** Respondent has children who are alive (Question 303, 1 or more) [] Yes [] No
- (S)** Respondent is currently pregnant (Question 310, option 1) [] Yes [] No
- (T)** Number of pregnancies reported (Question 308): [] []

Box C. VIOLENCE AND INJURIES

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