

**Cook Islands
Family Health and Safety Survey**

Ministry of Health

Supported by UNFPA/AusAID

In compliance with Statistics Act of Cook Islands

WHO multi-country study methodology

ADMINISTERED TO ANY RESPONSIBLE ADULT IN HOUSEHOLD

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?	TAP/PIPED WATER IN RESIDENCE.....	01		
		OUTSIDE TAP (PIPED WATER) WITH HH.....	02		
		PUBLIC TAP	03		
		WELL-WATER, WITH HOUSEHOLD	04		
		OUTSIDE/PUBLIC WELL	05		
		SPRING WATER	06		
		RIVER/STREAM/POND/LAKE/DAM	08		
		RAINWATER.....	09		
		TANKER/TRUCK/WATER VENDOR.....	10		
		OTHER:	96		
		DON'T KNOW/DON'T REMEMBER.....	98		
		REFUSED/NO ANSWER.....	99		
2	What kind of toilet facility does your household have?	OWN FLUSH TOILET	01		
		SHARED FLUSH TOILET	02		
		VENTILATED IMPROVED PIT LATRINE.....	03		
		TRADITIONAL PIT TOILET/LATRINE	04		
		RIVER/CANAL.....	05		
		NO FACILITY/BUSH/FIELD	06		
		OTHER:	96		
		DON'T KNOW/DON'T REMEMBER.....	98		
		REFUSED/NO ANSWER.....	99		
3	What are the main materials used in the roof? RECORD OBSERVATION	ROOF FROM NATURAL MATERIALS	1		
		RUDDIMENTARY ROOF (PLASTIC/CARTON) ...	2		
		TILED OR CONCRETE ROOF.....	3		
		CORRUGATED IRON.....	4		
		OTHER:	6		
		DON'T KNOW/DON'T REMEMBER.....	8		
		REFUSED/NO ANSWER.....	9		
4	Does your household have:	YES	NO	DK	
	a) Electricity	a) ELECTRICITY	1	2	8
	b) A radio	b) RADIO	1	2	8
	c) A television	c) TELEVISION	1	2	8
	d) A telephone	d) TELEPHONE	1	2	8
	e) A refrigerator	e) REFRIGERATOR	1	2	8
5	Does any member of your household own:	YES	NO	DK	
	a) A bicycle?	a) BICYCLE	1	2	8
	b) A motorcycle?	b) MOTORCYCLE	1	2	8
	c) A car?	c) CAR	1	2	8
6	Do people in your household own any land?	YES.....	1		
		NO.....	2		
		DON'T KNOW/DON'T REMEMBER.....	8		
		REFUSED/NO ANSWER.....	9		
7	How many rooms in your household are used for sleeping?	NUMBER OF ROOMS	[] []		
		DON'T KNOW/DON'T REMEMBER.....	98		
		REFUSED/NO ANSWER.....	99		

8	Are you concerned about the levels of crime in your neighbourhood (like robberies or assaults)? Would you say that you are not at all concerned, a little concerned, or very concerned?	NOT CONCERNED 1 A LITTLE CONCERNED 2 VERY CONCERNED 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
9	In the past 4 weeks, has someone from this household been the victim of a crime in this neighbourhood, such as a robbery or assault?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
10	NOTE SEX OF RESPONDENT	MALE 1 FEMALE 2	

Thank you very much for your assistance.

INDIVIDUAL CONSENT FORM FOR WOMAN'S QUESTIONNAIRE

Hello, my name is *. I work for *. We are conducting a survey in STUDY LOCATION to learn about women's 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 COUNTRY.

Do you have any questions?

(The interview takes approximately * minutes to complete.) Do you agree to be interviewed?

NOTE WHETHER RESPONDENT AGREES TO INTERVIEW OR NOT

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

AGREES TO BE INTERVIEWED



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:

108 b	What ethnic group do you identify with most?	COOK ISLANDS MAORI..... 01 PART COOK ISLANDS MAORI..... 02 NEW ZEALAND EUROPEAN..... 03 NEW ZEALAND MAORI..... 04 AUSTRALIAN..... 05 EUROPEAN..... 06 OTHER PACIFIC ISLANDER..... 07 ASIAN..... 08 OTHER (SPECIFY)..... 96 DON'T KNOW/DON'T REMEMBER..... 98 REFUSED/NO ANSWER..... 99	
109	Can you read and write?	YES..... 1 NO..... 2 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	
110	Have you ever attended school?	YES..... 1 NO..... 2 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	⇒111c
111	a) What is the highest level of education that you achieved? MARK HIGHEST LEVEL. b) <i>CONVERT TOTAL YEARS IN SCHOOL, LOCALLY-SPECIFIC CODING</i>	PRIMARY _____ year..... 1 SECONDARY _____ year..... 2 HIGHER _____ year..... 3 NUMBER OF YEARS SCHOOLING..[] [] DON'T KNOW/DON'T REMEMBER..... 98 REFUSED/NO ANSWER..... 99	
111 c	What is your <u>main</u> daily occupation? PROMPT: that can earn you income/wages? [MARK ONE]	NOT WORKING..... 01 HOUSEWIFE..... 02 STUDENT..... 03 AGRICULTURAL WORK..... 04 GOVERNMENT (PUBLIC SERVANTS, ETC)..... 05 CLERICAL (INCLUDING NGO-WORKERS)..... 06 SMALL BUSINESS..... 07 PROFESSIONAL..... 08 RETIRED..... 09 HOSPITALITY (HOTEL, RESTAURANTS, ETC)..... 10 OTHER (SPECIFY)..... 96 DON'T KNOW/DON'T REMEMBER..... 98 REFUSED/NO ANSWER..... 99	
111 d	What is <u>now</u> the main source of income for you and your household? [MORE THAN ONE ANSWER POSSIBLE]	NO INCOME..... A MONEY FROM OWN WORK..... B SUPPORT FROM HUSBAND/PARTNER..... C SUPPORT FROM OTHER RELATIVES..... D SUPERANNUATION..... E CHILD WELFARE BENEFIT..... F ELDERLY BENEFIT..... G CARE GIVER BENEFIT..... H DESTITUTE BENEFIT..... I OTHER (SPECIFY)..... X DON'T KNOW/DON'T REMEMBER..... Y REFUSED/NO ANSWER..... Z	

112	Where did you grow up? PROBE: Before age 12 where did you live longest?	THIS COMMUNITY/NEIGHBOURHOOD1 ANOTHER VILLAGE2 ANOTHER ISLAND/PA ENUA3 ANOTHER COUNTRY4 x 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?	DAILY/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 count on members of your family of birth for support?	YES.....1 NO2 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 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 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 PREVENTEDA PARTNER/HUSBANDB PARENTS.....C PARENTS-IN-LAW/PARENTS OF PARTNER.....D OTHER:X	
119	Are you <u>currently</u> married, living together or involved in a relationship with a man without living together? <i>IF NEEDED PROBE: Such as a regular boyfriend or a fiancé?</i> IF NEEDED PROBE: Do you and your partner live together?	CURRENTLY MARRIED, LIVING TOGETHER.....1 CURRENTLY MARRIED, NOT LIVING TOGETHER2 LIVING WITH MAN, NOT MARRIED.....3 CURRENTLY HAVING A REGULAR MALE PARTNER (ENGAGED OR DATING) NOT LIVING TOGETHER4 NOT CURRENTLY MARRIED OR HAVING A MALE PARTNER.....5 CURRENTLY HAVING A FEMALE PARTNER6	⇒123 ⇒123 ⇒123 ⇒123
120 a	Have you <u>ever</u> been married or lived with a male partner?	YES, MARRIED.....1 YES, LIVED WITH A MAN, BUT NEVER MARRIED3 NO5	⇒121 ⇒121

120b	Have you ever been involved in a relationship with a man without living together (such as being engaged or dating)?	YES 1 NO 2 REFUSED/NO ANSWER 9	⇒S2 ⇒S2
121	Did the <u>last partnership with a man</u> end in divorce or separation, or did your husband/partner die?	DIVORCED 1 SEPARATED/BROKEN UP 2 WIDOWED/PARTNER DIED 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒123
122	Was the divorce/separation initiated by you, by your husband/partner, or did you both decide that you should separate?	RESPONDENT 1 HUSBAND/PARTNER 2 BOTH (RESPONDENT AND PARTNER) 3 OTHER: 6 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
123	How many times in your life have you been married and/or lived together with a man? (INCLUDE CURRENT PARTNER IF LIVING TOGETHER)	NUMBER OF TIMES MARRIED OR LIVED TOGETHER [] [] NEVER MARRIED OR LIVED TOGETHER 00 DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99	⇒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?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
125	IF CURRENTLY WITH HUSBAND/PARTNER: Do you <u>currently</u> live with your parents or any of your relatives? IF NOT CURRENTLY WITH HUSBAND/PARTNER: Were you living with your parents or relatives <u>during your last relationship</u> ?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
126	Did you have any kind of marriage ceremony to formalize the union? What type of ceremony did you have? MARK ALL THAT APPLY	NONE A CIVIL MARRIAGE B RELIGIOUS MARRIAGE C OTHER: X	⇒S.2
127	In what year was the (first) ceremony performed? (THIS REFERS TO CURRENT/LAST RELATIONSHIP)	YEAR [] [] [] [] DON'T KNOW 9998 REFUSED/NO ANSWER 9999	
128	Did you yourself choose your <u>current/most recent</u> husband, did someone else choose him for you, or did he choose you? IF SHE DID NOT CHOOSE HERSELF, PROBE: Who chose your <u>current/most recent</u> husband for you?	BOTH CHOSE 1 RESPONDENT CHOSE 2 RESPONDENT'S FAMILY CHOSE 3 HUSBAND/PARTNER CHOSE 4 HUSBAND/PARTNER'S FAMILY CHOSE 5 OTHER: 6 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒S.2 ⇒S.2
129	Before the marriage with your <u>current /most recent</u> husband, were you asked whether you wanted to marry him or not?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	

**BEFORE STARTING WITH SECTION 2:
REVIEW RESPONSES IN SECTION 1 AND MARK MARITAL STATUS ON REFERENCE SHEET, BOX A.**

SECTION 2 GENERAL HEALTH				
201	I would now like to ask a few questions about your health and use of health services. In general, would you describe your overall health as excellent, good, fair, poor or very poor?	EXCELLENT 1 GOOD..... 2 FAIR..... 3 POOR..... 4 VERY POOR..... 5 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9		
202	Now I would like to ask you about your health in the <u>past 4 weeks</u> . How would you describe your ability to walk around? I will give 5 options, which one best describes your situation: Would you say that you have no problems, very few problems, some problems, many problems or that you are unable to walk at all?	NO PROBLEMS 1 VERY FEW PROBLEMS 2 SOME PROBLEMS 3 MANY PROBLEMS 4 UNABLE TO WALK AT ALL..... 5 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9		
203	In the <u>past 4 weeks</u> did you have problems with performing usual activities, such as work, study, household, family or social activities? Please choose from the following 5 options. Would you say no problems, very few problems, some problems, many problems or unable to perform usual activities?	NO PROBLEMS 1 VERY FEW PROBLEMS 2 SOME PROBLEMS 3 MANY PROBLEMS 4 UNABLE TO PERFORM USUAL ACTIVITIES 5 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9		
204	In the <u>past 4 weeks</u> have you been in pain or discomfort? Please choose from the following 5 options. Would you say not at all, slight pain or discomfort, moderate, severe or extreme pain or discomfort?	NO PAIN OR DISCOMFORT 1 SLIGHT PAIN OR DISCOMFORT 2 MODERATE PAIN OR DISCOMFORT 3 SEVERE PAIN OR DISCOMFORT 4 EXTREME PAIN OR DISCOMFORT 5 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9		
205	In the <u>past 4 weeks</u> have you had problems with your memory or concentration? Please choose from the following 5 options. Would you say no problems, very few problems, some problems, many problems or extreme memory or concentration problems?	NO PROBLEMS 1 VERY FEW PROBLEMS 2 SOME PROBLEMS 3 MANY PROBLEMS 4 EXTREME MEMORY PROBLEMS..... 5 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9		
206	In the <u>past 4 weeks</u> have you had: a) Dizziness b) Vaginal discharge		YES NO DK	
		a) DIZZINESS b) VAGINAL DISCHARGE	1 2 8 1 2 8	
207	In the <u>past 4 weeks</u> , have you taken medication: a) To help you calm down or sleep? b) To relieve pain? c) To help you not feel sad or depressed? FOR EACH, IF YES PROBE: How often? Once or twice, a few times or many times?		NO ONCE OR TWICE A FEW TIMES MANY TIMES	
		a) FOR SLEEP b) FOR PAIN c) FOR SADNESS	1 2 3 4 1 2 3 4 1 2 3 4	

SECTION 2 GENERAL HEALTH				
201	I would now like to ask a few questions about your health and use of health services. In general, would you describe your overall health as excellent, good, fair, poor or very poor?	EXCELLENT 1 GOOD..... 2 FAIR..... 3 POOR..... 4 VERY POOR..... 5 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9		
202	Now I would like to ask you about your health in the <u>past 4 weeks</u> . How would you describe your ability to walk around? I will give 5 options, which one best describes your situation: Would you say that you have no problems, very few problems, some problems, many problems or that you are unable to walk at all?	NO PROBLEMS 1 VERY FEW PROBLEMS 2 SOME PROBLEMS 3 MANY PROBLEMS 4 UNABLE TO WALK AT ALL..... 5 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9		
203	In the <u>past 4 weeks</u> did you have problems with performing usual activities, such as work, study, household, family or social activities? Please choose from the following 5 options. Would you say no problems, very few problems, some problems, many problems or unable to perform usual activities?	NO PROBLEMS 1 VERY FEW PROBLEMS 2 SOME PROBLEMS 3 MANY PROBLEMS 4 UNABLE TO PERFORM USUAL ACTIVITIES 5 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9		
204	In the <u>past 4 weeks</u> have you been in pain or discomfort? Please choose from the following 5 options. Would you say not at all, slight pain or discomfort, moderate, severe or extreme pain or discomfort?	NO PAIN OR DISCOMFORT 1 SLIGHT PAIN OR DISCOMFORT 2 MODERATE PAIN OR DISCOMFORT 3 SEVERE PAIN OR DISCOMFORT 4 EXTREME PAIN OR DISCOMFORT 5 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9		
205	In the <u>past 4 weeks</u> have you had problems with your memory or concentration? Please choose from the following 5 options. Would you say no problems, very few problems, some problems, many problems or extreme memory or concentration problems?	NO PROBLEMS 1 VERY FEW PROBLEMS 2 SOME PROBLEMS 3 MANY PROBLEMS 4 EXTREME MEMORY PROBLEMS..... 5 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9		
206	In the <u>past 4 weeks</u> have you had: a) Dizziness b) Vaginal discharge		YES NO DK	
		a) DIZZINESS b) VAGINAL DISCHARGE	1 2 8 1 2 8	
207	In the <u>past 4 weeks</u> , have you taken medication: a) To help you calm down or sleep? b) To relieve pain? c) To help you not feel sad or depressed? FOR EACH, IF YES PROBE: How often? Once or twice, a few times or many times?		NO ONCE OR TWICE A FEW TIMES MANY TIMES	
		a) FOR SLEEP b) FOR PAIN c) FOR SADNESS	1 2 3 4 1 2 3 4 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 because you yourself were sick?</p> <p>IF YES: Whom did you consult?</p> <p>PROBE: Did you also see anyone else?</p>	<p>NO ONE CONSULTED..... A</p> <p>DOCTOR..... B</p> <p>NURSE (AUXILIARY) C</p> <p>MIDWIFE D</p> <p>COUNSELLOR..... E</p> <p>PHARMACIST..... F</p> <p>TRADITIONAL HEALER G</p> <p>TRADITIONAL BIRTH ATTENDANT H</p> <p>OTHER: X</p>																																																																
209	<p>The next questions are related to other common problems that may have bothered you in the <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> <p>a) Do you often have headaches?</p> <p>b) Is your appetite poor?</p> <p>c) Do you sleep badly?</p> <p>d) Are you easily frightened?</p> <p>e) Do your hands shake?</p> <p>f) Do you feel nervous, tense or worried?</p> <p>g) Is your digestion poor?</p> <p>h) Do you have trouble thinking clearly?</p> <p>i) Do you feel unhappy?</p> <p>j) Do you cry more than usual?</p> <p>k) Do you find it difficult to enjoy your daily activities?</p> <p>l) Do you find it difficult to make decisions?</p> <p>m) Is your daily work suffering?</p> <p>n) Are you unable to play a useful part in life?</p> <p>o) Have you lost interest in things that you used to enjoy?</p> <p>p) Do you feel that you are a worthless person?</p> <p>q) Has the thought of ending your life been on your mind?</p> <p>r) Do you feel tired all the time?</p> <p>s) Do you have uncomfortable feelings in your stomach?</p> <p>t) Are you easily tired?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>a) HEADACHES</td><td>1</td><td>2</td></tr> <tr><td>b) APPETITE</td><td>1</td><td>2</td></tr> <tr><td>c) SLEEP BADLY</td><td>1</td><td>2</td></tr> <tr><td>d) FRIGHTENED</td><td>1</td><td>2</td></tr> <tr><td>e) HANDS SHAKE</td><td>1</td><td>2</td></tr> <tr><td>f) NERVOUS</td><td>1</td><td>2</td></tr> <tr><td>g) DIGESTION</td><td>1</td><td>2</td></tr> <tr><td>h) THINKING</td><td>1</td><td>2</td></tr> <tr><td>i) UNHAPPY</td><td>1</td><td>2</td></tr> <tr><td>j) CRY MORE</td><td>1</td><td>2</td></tr> <tr><td>k) NOT ENJOY</td><td>1</td><td>2</td></tr> <tr><td>l) DECISIONS</td><td>1</td><td>2</td></tr> <tr><td>m) WORK SUFFERS</td><td>1</td><td>2</td></tr> <tr><td>n) USEFUL PART</td><td>1</td><td>2</td></tr> <tr><td>o) LOST INTEREST</td><td>1</td><td>2</td></tr> <tr><td>p) WORTHLESS</td><td>1</td><td>2</td></tr> <tr><td>q) ENDING LIFE</td><td>1</td><td>2</td></tr> <tr><td>r) FEEL TIRED</td><td>1</td><td>2</td></tr> <tr><td>s) STOMACH</td><td>1</td><td>2</td></tr> <tr><td>t) EASILY TIRED</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	a) HEADACHES	1	2	b) APPETITE	1	2	c) SLEEP BADLY	1	2	d) FRIGHTENED	1	2	e) HANDS SHAKE	1	2	f) NERVOUS	1	2	g) DIGESTION	1	2	h) THINKING	1	2	i) UNHAPPY	1	2	j) CRY MORE	1	2	k) NOT ENJOY	1	2	l) DECISIONS	1	2	m) WORK SUFFERS	1	2	n) USEFUL PART	1	2	o) LOST INTEREST	1	2	p) WORTHLESS	1	2	q) ENDING LIFE	1	2	r) FEEL TIRED	1	2	s) STOMACH	1	2	t) EASILY TIRED	1	2	
	YES	NO																																																																
a) HEADACHES	1	2																																																																
b) APPETITE	1	2																																																																
c) SLEEP BADLY	1	2																																																																
d) FRIGHTENED	1	2																																																																
e) HANDS SHAKE	1	2																																																																
f) NERVOUS	1	2																																																																
g) DIGESTION	1	2																																																																
h) THINKING	1	2																																																																
i) UNHAPPY	1	2																																																																
j) CRY MORE	1	2																																																																
k) NOT ENJOY	1	2																																																																
l) DECISIONS	1	2																																																																
m) WORK SUFFERS	1	2																																																																
n) USEFUL PART	1	2																																																																
o) LOST INTEREST	1	2																																																																
p) WORTHLESS	1	2																																																																
q) ENDING LIFE	1	2																																																																
r) FEEL TIRED	1	2																																																																
s) STOMACH	1	2																																																																
t) EASILY TIRED	1	2																																																																
210	<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 because you were sick (other than to give birth)?</p> <p>IF YES: How many nights in the past 12 months? (IF DON'T KNOW GET ESTIMATE)</p>	<p>NIGHTS IN HOSPITAL [] []</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?	YES..... 1 NO 2 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	
213 b	Is it possible for a person who looks and feels completely healthy to have the AIDS virus?	YES..... 1 NO 2 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	
213 c	Many people in (COUNTRY) are getting tested for HIV. Have you had an HIV/AIDS test? We do not want to know the result, only if you ever had the test.	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
214	Do you <u>now</u> smoke..... 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, but never daily) 3. Not at all? (not at all, or less than 100 cigarettes in your life time)	DAILY 1 OCCASIONALLY 2 NOT AT ALL 3 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	
216	How often do you drink alcohol? Would you say: 1. Every day or nearly every day 2. Once or twice a week 3. 1 – 3 times a month 4. Occasionally, less than once a month 5. Never/Stopped more than a year ago	EVERY DAY OR NEARLY EVERY DAY 1 ONCE OR TWICE A WEEK..... 2 1 – 3 TIMES IN A MONTH..... 3 LESS THAN ONCE A MONTH..... 4 NEVER 5 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	⇒S.3
217			
218	In the <u>past 12 months</u> , have you experienced any of the following problems, related to your drinking? a) money problems b) health problems c) conflict with family or friends d) problems with authorities (bar owner/police, etc) x) other, specify.	YES NO a) MONEY PROBLEMS 1 2 b) HEALTH PROBLEMS 1 2 c) CONFLICT WITH FAMILY OR FRIENDS 1 2 d) PROBLEMS WITH AUTHORITIES 1 2 x) OTHER: _____ 1 2	

SECTION 3 REPRODUCTIVE HEALTH

SECTION 3 REPRODUCTIVE HEALTH		
	Now I would like to ask about all of the children that you may have given birth to during your life.	
301	Have you ever given birth? How many children have you given birth to that were alive when they were born? (INCLUDE BIRTHS WHERE THE BABY DIDN'T LIVE FOR LONG)	NUMBER OF CHILDREN BORN[][] IF 1 OR MORE ... => =>303 NONE00
302	Have you ever been pregnant?	YES1 =>303 NO2 =>310 MAYBE/NOT SURE3 =>310 DON'T KNOW/DON'T REMEMBER8 =>310 REFUSED/NO ANSWER9 =>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? b) How many daughters have died? (THIS IS ABOUT ALL AGES)	a) SONS DEAD[][] b) DAUGHTERS DEAD[][] IF NONE ENTER '00'
306	Do (did) all your children have the same biological father, or more than one father?	ONE FATHER1 MORE THAN ONE FATHER2 N/A (NEVER HAD LIVE BIRTH)7 => 308 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9
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 ALL3 N/A7 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9
308	How many times have you been pregnant? Include pregnancies that did not end up in a live birth, and if you are pregnant now, your current pregnancy? PROBE: How many pregnancies were with twins, triplets?	a) TOTAL NO. OF PREGNANCIES[][] b) PREGNANCIES WITH TWINS[] c) PREGNANCIES WITH TRIPLETS[]
309	Have you ever had a pregnancy that miscarried, or ended in a stillbirth? Or an abortion? PROBE: How many times did you miscarry, how many times did you have a stillbirth, and how many times did you abort? PROBE MAY NEED TO BE LOCALLY ADAPTED	a) MISCARRIAGES[][] b) STILLBIRTHS[][] c) ABORTIONS[][] IF NONE ENTER '00'
310	Are you pregnant now?	YES1 => A NO2 => B MAYBE3 => B
DO EITHER A OR B: IF PREGNANT NOW ==> IF NOT PREGNANT NOW ==>		A. [301] ____ + [309 a+b+c] ____ + 1 = [308a] ____ + [308b] ____ + [2x308c] ____ = ____ B. [301] ____ + [309 a+b+c] ____ = [308a] ____ + [308b] ____ + [2x308c] ____ = ____
VERIFY THAT ADDITION ADDS UP TO THE SAME FIGURE. IF NOT, PROBE AGAIN AND CORRECT.		

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.	
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?	YES1 =>303 NO2 =>310 MAYBE/NOT SURE3 =>310 DON'T KNOW/DON'T REMEMBER8 =>310 REFUSED/NO ANSWER9 =>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? b) How many daughters have died? (THIS IS ABOUT ALL AGES)	a) SONS DEAD[][] b) DAUGHTERS DEAD[][] IF NONE ENTER '00'
306	Do (did) all your children have the same biological father, or more than one father?	ONE FATHER1 MORE THAN ONE FATHER2 N/A (NEVER HAD LIVE BIRTH)7 => 308 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9
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 ALL3 N/A7 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9
308	How many times have you been pregnant? Include pregnancies that did not end up in a live birth, and if you are pregnant now, your current pregnancy? PROBE: How many pregnancies were with twins, triplets?	a) TOTAL NO. OF PREGNANCIES[][] b) PREGNANCIES WITH TWINS[] c) PREGNANCIES WITH TRIPLETS[]
309	Have you ever had a pregnancy that miscarried, or ended in a stillbirth? Or an abortion? PROBE: How many times did you miscarry, how many times did you have a stillbirth, and how many times did you abort? PROBE MAY NEED TO BE LOCALLY ADAPTED	a) MISCARRIAGES[][] b) STILLBIRTHS[][] c) ABORTIONS[][] IF NONE ENTER '00'
310	Are you pregnant now?	YES1 => A NO2 => B MAYBE3 => 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] ____ = ____

SECTION 2 GENERAL HEALTH				
201	I would now like to ask a few questions about your health and use of health services. In general, would you describe your overall health as excellent, good, fair, poor or very poor?	EXCELLENT 1 GOOD..... 2 FAIR..... 3 POOR..... 4 VERY POOR..... 5 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9		
202	Now I would like to ask you about your health in the <u>past 4 weeks</u> . How would you describe your ability to walk around? I will give 5 options, which one best describes your situation: Would you say that you have no problems, very few problems, some problems, many problems or that you are unable to walk at all?	NO PROBLEMS 1 VERY FEW PROBLEMS 2 SOME PROBLEMS 3 MANY PROBLEMS 4 UNABLE TO WALK AT ALL..... 5 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9		
203	In the <u>past 4 weeks</u> did you have problems with performing usual activities, such as work, study, household, family or social activities? Please choose from the following 5 options. Would you say no problems, very few problems, some problems, many problems or unable to perform usual activities?	NO PROBLEMS 1 VERY FEW PROBLEMS 2 SOME PROBLEMS 3 MANY PROBLEMS 4 UNABLE TO PERFORM USUAL ACTIVITIES 5 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9		
204	In the <u>past 4 weeks</u> have you been in pain or discomfort? Please choose from the following 5 options. Would you say not at all, slight pain or discomfort, moderate, severe or extreme pain or discomfort?	NO PAIN OR DISCOMFORT 1 SLIGHT PAIN OR DISCOMFORT 2 MODERATE PAIN OR DISCOMFORT 3 SEVERE PAIN OR DISCOMFORT 4 EXTREME PAIN OR DISCOMFORT 5 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9		
205	In the <u>past 4 weeks</u> have you had problems with your memory or concentration? Please choose from the following 5 options. Would you say no problems, very few problems, some problems, many problems or extreme memory or concentration problems?	NO PROBLEMS 1 VERY FEW PROBLEMS 2 SOME PROBLEMS 3 MANY PROBLEMS 4 EXTREME MEMORY PROBLEMS..... 5 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9		
206	In the <u>past 4 weeks</u> have you had: a) Dizziness b) Vaginal discharge		YES NO DK	
		a) DIZZINESS b) VAGINAL DISCHARGE	1 2 8 1 2 8	
207	In the <u>past 4 weeks</u> , have you taken medication: a) To help you calm down or sleep? b) To relieve pain? c) To help you not feel sad or depressed? FOR EACH, IF YES PROBE: How often? Once or twice, a few times or many times?		NO ONCE OR TWICE A FEW TIMES MANY TIMES	
		a) FOR SLEEP b) FOR PAIN c) FOR SADNESS	1 2 3 4 1 2 3 4 1 2 3 4	

1004	How old were you when you first had sex (intercourse)? IF NECESSARY: We define sexual intercourse as oral sex, anal or vaginal penetration.	AGE YEARS (MORE OR LESS)[] [] NOT HAD SEX 95 REFUSED/NO ANSWER 99	⇒S.5
1005	How would you describe the first time that you had sex? Would you say that you wanted to have sex, you did not want to have sex but it happened anyway, or were you forced to have sex?	WANTED TO HAVE SEX 1 NOT WANT BUT HAD SEX 2 FORCED TO HAVE SEX 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
1005c	Was the first time you had sex with the person who was (at the time or later) your husband/cohabiting partner, or was it with someone else?	HUSBAND/PARTNER 1 SOMEONE ELSE 2 REFUSED /NO ANSWER 9	
311	Have you <u>ever</u> used anything, or tried in any way, to delay or avoid getting pregnant?	YES 1 NO 2 N.A. (NEVER HAD INTERCOURSE) 7 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒315 ⇒S.5
312	Are you <u>currently</u> doing something, or using any method, to delay or avoid getting pregnant?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒315
313	What (main) method are you <u>currently</u> using? IF MORE THAN ONE, ONLY MARK MAIN METHOD	PILL/TABLETS 01 INJECTABLES 02 IMPLANTS (NORPLANT) 03 IUD 04 DIAPHRAGM/FOAM/JELLY 05 CALENDAR/MUCUS METHOD 06 FEMALE STERILIZATION 07 CONDOMS 08 MALE STERILIZATION 09 WITHDRAWAL 10 HERBS 11 OTHER: 96 DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99	⇒315 ⇒315 ⇒315
314	Does your <u>current</u> husband/partner know that you are using a method of family planning?	YES 1 NO 2 N/A: NO CURRENT HUSBAND/PARTNER 7 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
315	Has/did your <u>current/most recent</u> husband/partner ever refused to use a method or tried to stop you from using a method to avoid getting pregnant?	YES 1 NO 2 N.A. (NEVER HAD A PARTNER) 7 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒317 ⇒S.4 ⇒317 ⇒317
316	In what ways did he let you know that he disapproved of using methods to avoid getting pregnant? MARK ALL THAT APPLY	TOLD ME HE DID NOT APPROVE A SHOUTED/GOT ANGRY B THREATENED TO BEAT ME C THREATENED TO LEAVE/THROW ME OUT OF HOME D BEAT ME/PHYSICALLY ASSAULTED E TOOK OR DESTROYED METHOD F OTHER X	

317	Apart from what you have told me before, I would now like to ask some specific questions about condoms. Have you ever used a condom with your <u>current/most recent</u> husband/partner?	YES..... 1 NO..... 2 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	⇒318
317a	The last time that you had sex with your <u>current/most recent</u> husband/partner did you use a condom?	YES..... 1 NO..... 2 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	
318	Have you ever asked your <u>current/most recent</u> husband/partner to use a condom?	YES..... 1 NO..... 2 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	
319	Has your <u>current/most recent</u> husband/partner ever refused to use a condom?	YES..... 1 NO..... 2 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	⇒S.4 ⇒S.4 ⇒S.4
320	In what ways did he let you know that he disapproved of using a condom? MARK ALL THAT APPLY	TOLD ME HE DID NOT APPROVE A SHOUTED/GOT ANGRY B THREATENED TO BEAT ME C THREATENED TO LEAVE/THROW ME OUT OF HOME D BEAT ME/PHYSICALLY ASSAULTED E TOOK OR DESTROYED METHOD F ACCUSED ME OF BEING UNFAITHFUL/ NOT A GOOD WOMAN G LAUGHED AT/NOT TAKE ME SERIOUS ..H SAID IT IS NOT NECESSARY I OTHER X	

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

SECTION 4 CHILDREN

SECTION 4 CHILDREN			
CHECK: Ref. Sheet, box B, point Q <i>(s4b)</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 AUXILIARY 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 (NAME), did your husband/partner have preference for a son, a daughter or did it not matter to him whether it was a boy or a girl?	SON 1 DAUGHTER 2 DID NOT MATTER 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	

508	What kind of work does/did he normally do? SPECIFY KIND OF WORK	OWN BUSSINESS/PLANTATION WITHOUT EMPLOYEES..... 01 OWN BUSSINESS/PLANTATION WITH EMPLOYEES..... 02 PAID EMPLOYEE (FULL TIME)..... 03 PAID EMPLOYEE (PART TIME)..... 04 FAMILY BUSSINESS OR FARM WITHOUT PAY 05 OTHER: 96 DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99	
509	How often does/did your husband/partner drink alcohol? 1. Every day or nearly every day 2. Once or twice a week 3. 1-3 times a month 4. Occasionally, less than once a month 5. Never/less than once a year/stopped more than a year ago	EVERY DAY OR NEARLY EVERY DAY .. 1 ONCE OR TWICE A WEEK 2 1-3 TIMES IN A MONTH 3 LESS THAN ONCE A MONTH 4 NEVER 5 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒512
510	In the <u>past 12 months</u> (In the <u>last 12 months of your last relationship</u>), how often have you seen (did you see) your husband/partner drunk? Would you say most days, weekly, once a month, less than once a month, or never?	MOST DAYS..... 1 WEEKLY 2 ONCE A MONTH 3 LESS THAN ONCE A MONTH 4 NEVER 5 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
511	In the <u>past 12 months</u> (In the <u>last 12 months of your relationship</u>), have you experienced any of the following problems, related to your husband/partner's drinking? a) Money problems b) Family problems x) Any other problems, specify.	YES NO a) MONEY PROBLEMS 1 2 b) FAMILY PROBLEMS 1 2 x) OTHER: 1 2	
512	Does/did your husband/partner ever use drugs (e.g. marihuana, cannabis)? Would you say: 1. Every day or nearly every day 2. Once or twice a week 3. 1 - 3 times a month 4. Occasionally, less than once a month 5. Never	EVERY DAY OR NEARLY EVERY DAY .. 1 ONCE OR TWICE A WEEK 2 1 - 3 TIMES IN A MONTH 3 LESS THAN ONCE A MONTH 4 NEVER 5 IN THE PAST, NOT NOW 6 DON'T KNOW /DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
513	<u>Since you have known him</u> , 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 of the relationship</u>), has this happened once or twice, a few times, many times or never?	NEVER 1 ONCE OR TWICE 2 A FEW (3-5) TIMES 3 MANY (MORE THAN 5) TIMES 4 DON'T KNOW /DON'T REMEMBER 8 REFUSED/NO ANSWER 9	

SECTION 6 ATTITUDES

SECTION 6 ATTITUDES					
	In this community and elsewhere, people have different ideas about families and what is acceptable behaviour for men and women in the home. I am going to read you a list of statements, and I would like you to tell me whether you generally agree or disagree with the statement. There are no right or wrong answers.				
601	A good wife obeys her husband even if she disagrees	AGREE	1		
		DISAGREE	2		
		DON'T KNOW	8		
		REFUSED/NO ANSWER	9		
602					
603	It is important for a man to show his wife/partner who is the boss	AGREE	1		
		DISAGREE	2		
		DON'T KNOW	8		
		REFUSED/NO ANSWER	9		
604					
605	It's a wife's obligation to have sex with her husband even if she doesn't feel like it	AGREE	1		
		DISAGREE	2		
		DON'T KNOW	8		
		REFUSED/NO ANSWER	9		
606					
607	In your opinion, does a man have a good reason to hit his wife if:		YES	NO	DK
	a) She does not complete her household work to his satisfaction	a) HOUSEHOLD	1	2	8
	b) She disobeys him	b) DISOBEYS	1	2	8
	c) She refuses to have sexual relations with him	c) NO SEX	1	2	8
	d) She asks him whether he has other girlfriends	d) GIRLFRIENDS	1	2	8
	e) He suspects that she is unfaithful	e) SUSPECTS	1	2	8
	f) He finds out that she has been unfaithful	f) UNFAITHFUL	1	2	8
608	In your opinion, can a married woman refuse to have sex with her husband if:		YES	NO	DK
	a) She doesn't want to	a) NOT WANT	1	2	8
	b) He is drunk	b) DRUNK	1	2	8
	c) She is sick	c) SICK	1	2	8
	d) He mistreats her	d) MISTREAT	1	2	8

SECTION 7 RESPONDENT AND HER HUSBAND/PARTNER

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)	⇒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 (<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	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	
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?	RARELY 1 SOMETIMES..... 2 OFTEN..... 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
703	I am now going to ask you about some situations that are true for many women. Thinking about your (<u>current or most recent</u>) husband/partner or <u>any other husband or partner that you may have had before him</u> , 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) — 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?	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	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
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) []	⇒704
703 k	Was the behaviour you just talked about (MENTION ACTS REPORTED IN 703a) to h)) by your current or most recent husband/partner, by any other husband or partner that you may have had before or both?	CURRENT/MOST RECENT HUSBAND/ PARTNER 1 PREVIOUS HUSBAND/PARTNER..... 2 BOTH..... 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	

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

SECTION 2 GENERAL HEALTH				
201	I would now like to ask a few questions about your health and use of health services. In general, would you describe your overall health as excellent, good, fair, poor or very poor?	EXCELLENT 1 GOOD..... 2 FAIR..... 3 POOR..... 4 VERY POOR..... 5 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9		
202	Now I would like to ask you about your health in the <u>past 4 weeks</u> . How would you describe your ability to walk around? I will give 5 options, which one best describes your situation: Would you say that you have no problems, very few problems, some problems, many problems or that you are unable to walk at all?	NO PROBLEMS 1 VERY FEW PROBLEMS 2 SOME PROBLEMS 3 MANY PROBLEMS 4 UNABLE TO WALK AT ALL..... 5 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9		
203	In the <u>past 4 weeks</u> did you have problems with performing usual activities, such as work, study, household, family or social activities? Please choose from the following 5 options. Would you say no problems, very few problems, some problems, many problems or unable to perform usual activities?	NO PROBLEMS 1 VERY FEW PROBLEMS 2 SOME PROBLEMS 3 MANY PROBLEMS 4 UNABLE TO PERFORM USUAL ACTIVITIES 5 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9		
204	In the <u>past 4 weeks</u> have you been in pain or discomfort? Please choose from the following 5 options. Would you say not at all, slight pain or discomfort, moderate, severe or extreme pain or discomfort?	NO PAIN OR DISCOMFORT 1 SLIGHT PAIN OR DISCOMFORT 2 MODERATE PAIN OR DISCOMFORT 3 SEVERE PAIN OR DISCOMFORT 4 EXTREME PAIN OR DISCOMFORT 5 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9		
205	In the <u>past 4 weeks</u> have you had problems with your memory or concentration? Please choose from the following 5 options. Would you say no problems, very few problems, some problems, many problems or extreme memory or concentration problems?	NO PROBLEMS 1 VERY FEW PROBLEMS 2 SOME PROBLEMS 3 MANY PROBLEMS 4 EXTREME MEMORY PROBLEMS..... 5 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9		
206	In the <u>past 4 weeks</u> have you had: a) Dizziness b) Vaginal discharge		YES NO DK	
		a) DIZZINESS b) VAGINAL DISCHARGE	1 2 8 1 2 8	
207	In the <u>past 4 weeks</u> , have you taken medication: a) To help you calm down or sleep? b) To relieve pain? c) To help you not feel sad or depressed? FOR EACH, IF YES PROBE: How often? Once or twice, a few times or many times?		NO ONCE OR TWICE A FEW TIMES MANY TIMES	
		a) FOR SLEEP b) FOR PAIN c) FOR SADNESS	1 2 3 4 1 2 3 4 1 2 3 4	

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 REMEMBER8 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 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 husband/partner (or any other husband or partner) might do if you refused?	1 2	1 2	1 2 3	0 1 2 3								
	c) Did your husband/partner or any other husband or partner ever forced you to do anything else sexual that you did not want or that you found degrading or humiliating?	1 2	1 2	1 2 3	0 1 2 3								
CHECK: Question 706	MARK WHEN YES FOR ANY ACT (AT LEAST ONE "1" CIRCLED IN COLUMN A) [] ↓	MARK WHEN ALL ANSWERS NO CIRCLED (ONLY "2" CIRCLED IN COLUMN A) []										⇒707	
706 d	Was the behaviour you just talked about (MENTION ACTS REPORTED IN 706) by your current or most recent husband/partner, by any other husband or partner that you may have had before or both?	CURRENT/MOST RECENT HUSBAND/ PARTNER 1 PREVIOUS HUSBAND/PARTNER.....2 BOTH.....3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9											
707	VERIFY WHETHER ANSWERED YES TO ANY QUESTION ON PHYSICAL VIOLENCE, SEE QUESTION 705	YES, PHYSICAL VIOLENCE1 NO PHYSICAL VIOLENCE2										MARK IN BOX C	
708	VERIFY WHETHER ANSWERED YES TO ANY QUESTION ON SEXUAL VIOLENCE, SEE QUESTION 706	YES, SEXUAL VIOLENCE1 NO SEXUAL VIOLENCE2										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 SOMETIMES2 MANY TIMES3 MOST/ALL OF THE TIMES.....4 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9											

905	Have you ever slapped, hit or physically mistreated your husband/partner when he was not hitting or physically mistreating you? IF YES: How often? Would you say once, several times or many times?	NEVER.....1 ONCE2 2-5 TIMES.....3 > 5TIMES.....4 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
CHECK : Ref. sheet, Box B	(s7preg) EVER BEEN PREGNANT (option P) (s7prnum) NUMBER OF PREGNANCIES (option T) (s7prcur) CURRENTLY PREGNANT? (option S)	(1) [] ↓ [] [] ↓ YES....1 NO.... 2 ↓	NEVER PREGNANT (2) [] ⇒ ⇒ S.8
709	You said that you have been pregnant TOTAL times. Was there ever a time when you were pushed, slapped, hit, kicked or beaten by (any of) your husband/partner(s) while you were pregnant?	YES..... 1 NO..... 2 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	⇒ S.8 ⇒ S.8 ⇒ S.8
710	IF RESPONDENT WAS PREGNANT ONLY ONCE, ENTER "01" IF RESPONDENT WAS PREGNANT MORE THAN ONCE: Did this happen in one pregnancy, or more than one pregnancy? In how many pregnancies were you pushed, slapped, hit, beaten, etc?	NUMBER OF PREGNANCIES IN WHICH THIS HAPPENED[] []	
710 a	Did this happen in the last pregnancy? IF RESPONDENT WAS PREGNANT ONLY ONCE, CIRCLE CODE '1'.	YES..... 1 NO..... 2 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	
711	Were you ever punched or kicked in the abdomen while you were pregnant?	YES..... 1 NO..... 2 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	
IF VIOLENCE REPORTED IN ONE PREGNANCY, REFER TO THAT PARTICULAR PREGNANCY IF VIOLENCE REPORTED IN MORE THAN ONE PREGNANCY, THE FOLLOWING QUESTIONS REFER TO THE LAST/MOST RECENT PREGNANCY IN WHICH VIOLENCE REPORTED			
712	During the most recent pregnancy in which you were beaten, was the husband/partner who did this to you the father of the child?	YES 1 NO 2 DON'T KNOW /DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	
713 a	Was the man who did this your current or most recent husband/partner?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	
714	Had the same person also done such things to you before you were pregnant?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	⇒ 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 (38phox)	WOMAN EXPERIENCED PHYSICAL AND/OR SEXUAL VIOLENCE ("YES" TO Option U or V) [] ↓ (1)	WOMAN HAS NOT EXPERIENCED PHYSICAL OR SEXUAL VIOLENCE ("NO" TO BOTH Option U and V) [] ⇒ (2)	⇒S.10																																								
	I would now like to learn more about the injuries that you experienced from (any of) your husband/partner's acts that we have talked about (MAY NEED TO REFER TO SPECIFIC ACTS RESPONDENT MENTIONED IN SECTION 7). By injury, I mean any form of physical harm, including cuts, sprains, burns, broken bones or broken teeth, or other things like this.																																										
801	Have you <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	<u>In your life</u> , how many times were you injured by (any of) your husband(s)/partner(s)? Would you say once, several times or many times?	ONCE 1 SEVERAL (2-5) 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 border="0"> <tr> <td>CUTS, PUNCTURES, BITES A</td> <td colspan="3">b) ONLY ASK FOR RESPONSES MARKED IN 803a: Has this happened <u>in the past 12 months</u>?</td> </tr> <tr> <td>SCRATCH, ABRASION, BRUISES B</td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>SPRAINS, DISLOCATIONS C</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BURNS D</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>PENETRATING INJURY, DEEP CUTS, GASHES E</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BROKEN EARDRUM, EYE INJURIES F</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>FRACTURES, BROKEN BONES G</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BROKEN TEETH H</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>INTERNAL INJURIES I</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER (specify): X</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>	CUTS, PUNCTURES, BITES A	b) ONLY ASK FOR RESPONSES MARKED IN 803a: Has this happened <u>in the past 12 months</u> ?			SCRATCH, ABRASION, BRUISES B	YES	NO	DK	SPRAINS, DISLOCATIONS C	1	2	8	BURNS D	1	2	8	PENETRATING INJURY, DEEP CUTS, GASHES E	1	2	8	BROKEN EARDRUM, EYE INJURIES F	1	2	8	FRACTURES, BROKEN BONES G	1	2	8	BROKEN TEETH H	1	2	8	INTERNAL INJURIES I	1	2	8	OTHER (specify): X	1	2	8	
CUTS, PUNCTURES, BITES A	b) ONLY ASK FOR RESPONSES MARKED IN 803a: Has this happened <u>in the past 12 months</u> ?																																										
SCRATCH, ABRASION, BRUISES B	YES	NO	DK																																								
SPRAINS, DISLOCATIONS C	1	2	8																																								
BURNS D	1	2	8																																								
PENETRATING INJURY, DEEP CUTS, GASHES E	1	2	8																																								
BROKEN EARDRUM, EYE INJURIES F	1	2	8																																								
FRACTURES, BROKEN BONES G	1	2	8																																								
BROKEN TEETH H	1	2	8																																								
INTERNAL INJURIES I	1	2	8																																								
OTHER (specify): X	1	2	8																																								
804 a	In your life, did you <u>ever</u> lose consciousness because of what (any of your) your husband/partner(s) did to you?	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 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

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 (89phys)		WOMAN EXPERIENCED PHYSICAL VIOLENCE ("YES" TO Option U) [] (1)	WOMAN HAS EXPERIENCED SEXUAL VIOLENCE ONLY ("NO" to Option U and "YES" to option V) [] ⇒ (2)	⇒906
901	Are there any particular situations that tend to lead to (or trigger) your husband/partner's behaviour? REFER TO ACTS OF PHYSICAL VIOLENCE MENTIONED BEFORE. PROBE: Any other situation? MARK ALL MENTIONED		NO PARTICULAR REASONA WHEN MAN DRUNK.....B MONEY PROBLEMSC DIFFICULTIES AT HIS WORK.....D WHEN HE IS UNEMPLOYED.....E NO FOOD AT HOMEF 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 HERL HE WANT TO SHOW HE IS BOSSM OTHER (specify):X	
CHECK: (Ref. sheet, Box B, option R) (19child)		CHILDREN LIVING [] ↓ (1)	NO CHILDREN ALIVE [] ⇒ (2)	⇒904
902	For any of these incidents, were your children present or did they overhear you being beaten? IF YES: How often? Would you say once or twice, several times or most of the time?		NEVER1 ONCE OR TWICE.....2 SEVERAL TIMES.....3 MANY TIMES/MOST OF THE TIME.....4 DON'T KNOW.....8 REFUSED/NO ANSWER.....9	
903				
904	During the times that you were hit, did you ever fight back physically or to defend yourself? IF YES: How often? Would you say once, several times or most of the time?		NEVER1 ONCE.....2 SEVERAL TIMES.....3 MANY TIMES/MOST OF THE TIME.....4 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	⇒906
904 a	What was the effect of you fighting back on the violence at the time? Would you say, that it had no effect, the violence became worse, the violence became less, or that the violence stopped, at least for the moment.		NO CHANGE/NO EFFECT1 VIOLENCE BECAME WORSE2 VIOLENCE BECAME LESS.....3 VIOLENCE STOPPED4 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
905	Moved			

906	<p>Would you say that your husband /partner's behaviour towards you has affected your physical or mental health? Would you say, that it has had no effect, a little effect or a large effect? REFER TO SPECIFIC ACTS OF PHYSICAL AND/OR SEXUAL VIOLENCE SHE DESCRIBED EARLIER</p>	<p>NO EFFECT 1 A LITTLE 2 A LOT 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9</p>	
907	<p>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</p>	<p>N/A (NO WORK FOR MONEY) A WORK NOT DISRUPTED B HUSBAND/PARTNER INTERRUPTED WORK C UNABLE TO CONCENTRATE D UNABLE TO WORK/SICK LEAVE E LOST CONFIDENCE IN OWN ABILITY F OTHER (specify): X</p>	
908	<p>Who have you told about his behaviour? MARK ALL MENTIONED PROBE: Anyone else?</p>	<p>NO ONE A FRIENDS B PARENTS C BROTHER OR SISTER D UNCLE OR AUNT E HUSBAND/PARTNER'S FAMILY F CHILDREN G NEIGHBOURS H POLICE I DOCTOR/HEALTH WORKER J PRIEST/RELIGIOUS LEADER K COUNSELLOR L NGO/WOMEN'S ORGANIZATION M LOCAL LEADER N OTHER (specify): X</p>	
909	<p>Did anyone ever try to help you? IF YES, Who helped you? MARK ALL MENTIONED PROBE: Anyone else?</p>	<p>NO ONE A FRIENDS B PARENTS C BROTHER OR SISTER D UNCLE OR AUNT E HUSBAND/PARTNER'S FAMILY F CHILDREN G NEIGHBOURS H POLICE I DOCTOR/HEALTH WORKER J PRIEST/RELIGIOUS LEADER K COUNSELLOR L NGO/WOMEN'S ORGANIZATION M LOCAL LEADER N OTHER (specify): X</p>	

910 a	Did you ever go to any of the following for help? READ EACH ONE		910 b. ASK ONLY FOR THOSE MARKED YES in 910a. Were you satisfied with the help given?
		YES NO	YES NO
a)	Police	a) POLICE 1 2	1 2
b)	Hospital or health centre	b) HOSPITAL/ HEALTH CENTRE 1 2	1 2
c)	Social services	c) SOCIAL SERVICES 1 2	1 2
d)	Legal advice centre	d) LEGAL ADVICE CENTRE 1 2	1 2
e)	Court	e) COURT 1 2	1 2
f)	Shelter	f) SHELTER 1 2	1 2
g)	Local leader	g) LOCAL LEADER 1 2	1 2
h)	Women's organization (Use name)	h) WOMEN'S ORGANIZATION: 1 2	1 2
j)	Priest/Religious leader	j) PRIEST, RELIGIOUS LEADER 1 2	1 2
x)	Anywhere else? Where?	x) ELSEWHERE (specify) : _____ 1 2	1 2
		* **	
CHECK: Question 910a * ** <i>(#check)</i>	MARK WHEN YES FOR ANY IN Q. 910a (AT LEAST ONE "1" CIRCLED IN COLUMN MARKED WITH *) [] ↓ <i>(1)</i>	MARK WHEN ALL ANSWERS NO CIRCLED (ONLY "2" CIRCLED **) [] <i>(2)</i>	⇒912
911	What were the reasons that made you go for help? MARK ALL MENTIONED AND GO TO 913	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 OTHER (specify): _____ X	FOR ALL OPTIONS GO TO 913
912	What were the reasons that you did not go to any of these? MARK ALL MENTIONED	DON'T KNOW/NO 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 OTHER (specify): _____ X	

913	Is there anyone that you would like (have liked) to receive (more) help from? Who? MARK ALL MENTIONED	NO ONE MENTIONED A HIS RELATIVES B HER RELATIVES C FRIENDS/NEIGHBOURS D HEALTH CENTRE E POLICE F PRIEST/RELIGIOUS LEADER G SOCIAL WORKER I OTHER (specify): X	
914	Did you ever leave, even if only overnight, because of his behaviour? IF YES: How many times? (MORE OR LESS)	NUMBER OF TIMES LEFT [] [] NEVER 00 N.A. (NOT LIVING TOGETHER) 97 DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99	⇒919 ⇒S.10
915	What were the reasons why you left <u>the last time</u> ? MARK ALL MENTIONED	NO PARTICULAR INCIDENT A ENCOURAGED BY FRIENDS/FAMILY B COULD NOT ENDURE MORE C BADLY INJURED D HE THREATENED OR TRIED TO KILL HER E HE THREATENED OR HIT CHILDREN F SAW THAT CHILDREN SUFFERING G THROWN OUT OF THE HOME H AFRAID SHE WOULD KILL HIM I ENCOURAGED BY ORGANIZATION: J AFRAID HE WOULD KILL HER K OTHER (specify): X	
916	Where did you go <u>the last time</u> ? MARK ONE	HER RELATIVES 01 HIS RELATIVES 02 HER FRIENDS/NEIGHBOURS 03 HOTEL/LODGINGS 04 STREET 05 CHURCH/TEMPLE 06 SHELTER 07 BUSH/BEACH/CAVES 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 HUSBAND/PARTNER / DID NOT RETURN / NOT WITH HUSBAND/PARTNER 3	⇒S.10

918	<p>What were the reasons that you returned?</p> <p>MARK ALL MENTIONED AND GO TO SECTION 10</p>	<p>DIDN'T WANT TO LEAVE CHILDREN A</p> <p>SANCTITY OF MARRIAGE B</p> <p>FOR SAKE OF FAMILY/CHILDREN (FAMILY HONOUR) C</p> <p>COULDN'T SUPPORT CHILDREN D</p> <p>LOVED HIM E</p> <p>HE ASKED HER TO GO BACK F</p> <p>FAMILY SAID TO RETURN G</p> <p>FORGAVE HIM H</p> <p>THOUGHT HE WOULD CHANGE I</p> <p>THREATENED HER/CHILDREN J</p> <p>COULD NOT STAY THERE (WHERE SHE WENT) K</p> <p>VIOLENCE NORMAL/NOT SERIOUS L</p> <p>OTHER (specify): X</p>	<p>FOR ALL OPTIONS GO TO Section 10</p>
919	<p>What were the reasons that made you stay?</p> <p>MARK ALL MENTIONED</p>	<p>DIDN'T WANT TO LEAVE CHILDREN A</p> <p>SANCTITY OF MARRIAGE B</p> <p>DIDN'T WANT TO BRING SHAME ON FAMILY C</p> <p>COULDN'T SUPPORT CHILDREN D</p> <p>LOVED HIM E</p> <p>DIDN'T WANT TO BE SINGLE F</p> <p>FAMILY SAID TO STAY G</p> <p>FORGAVE HIM H</p> <p>THOUGHT HE WOULD CHANGE I</p> <p>THREATENED HER/CHILDREN J</p> <p>NOWHERE TO GO K</p> <p>VIOLENCE NORMAL/NOT SERIOUS L</p> <p>OTHER (specify): X</p>	

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

N06	<p>Now I would like to ask you about other unwanted experiences you may have had. Again, I want you to think about any person, man or woman. FOR WOMEN WHO EVER HAD A HUSBAND/PARTNER ADD IF NECESSARY: except your husband/male partner. Since the age of 15, has anyone ever forced you into sexual intercourse when you did not want to, for example by threatening you, holding you down, or putting you in a situation where you could not say no. Remember to include people you have known as well as strangers. Please at this point exclude attempts to force you. IF NECESSARY: We define sexual intercourse as oral sex, anal or vaginal penetration.</p>	<p>YES 1 NO 2</p>	<p>⇒ N08</p>
-----	---	------------------------------------	--------------

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> <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> <table border="1"> <thead> <tr> <th></th> <th>Once</th> <th>A few times</th> <th>Many times</th> </tr> </thead> <tbody> <tr><td>A</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>B</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>C</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>D</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>E</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>F</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>G</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>H</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>I</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>J</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>K</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>L</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>M</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>N</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>O</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>P</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>Q</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>R</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>S</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>W</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>X</td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>		Once	A few times	Many times	A	1	2	3	B	1	2	3	C	1	2	3	D	1	2	3	E	1	2	3	F	1	2	3	G	1	2	3	H	1	2	3	I	1	2	3	J	1	2	3	K	1	2	3	L	1	2	3	M	1	2	3	N	1	2	3	O	1	2	3	P	1	2	3	Q	1	2	3	R	1	2	3	S	1	2	3	W	1	2	3	X	1	2	3	<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> <table border="1"> <thead> <tr> <th></th> <th>NO</th> <th>Once</th> <th>A few times</th> <th>Many times</th> </tr> </thead> <tbody> <tr><td>A</td><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>B</td><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>C</td><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>D</td><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>E</td><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>F</td><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>G</td><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>H</td><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>I</td><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>J</td><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>K</td><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>L</td><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>M</td><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>N</td><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>O</td><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>P</td><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>Q</td><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>R</td><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>S</td><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>W</td><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>X</td><td>0</td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>		NO	Once	A few times	Many times	A	0	1	2	3	B	0	1	2	3	C	0	1	2	3	D	0	1	2	3	E	0	1	2	3	F	0	1	2	3	G	0	1	2	3	H	0	1	2	3	I	0	1	2	3	J	0	1	2	3	K	0	1	2	3	L	0	1	2	3	M	0	1	2	3	N	0	1	2	3	O	0	1	2	3	P	0	1	2	3	Q	0	1	2	3	R	0	1	2	3	S	0	1	2	3	W	0	1	2	3	X	0	1	2	3
	Once	A few times	Many times																																																																																																																																																																																																						
A	1	2	3																																																																																																																																																																																																						
B	1	2	3																																																																																																																																																																																																						
C	1	2	3																																																																																																																																																																																																						
D	1	2	3																																																																																																																																																																																																						
E	1	2	3																																																																																																																																																																																																						
F	1	2	3																																																																																																																																																																																																						
G	1	2	3																																																																																																																																																																																																						
H	1	2	3																																																																																																																																																																																																						
I	1	2	3																																																																																																																																																																																																						
J	1	2	3																																																																																																																																																																																																						
K	1	2	3																																																																																																																																																																																																						
L	1	2	3																																																																																																																																																																																																						
M	1	2	3																																																																																																																																																																																																						
N	1	2	3																																																																																																																																																																																																						
O	1	2	3																																																																																																																																																																																																						
P	1	2	3																																																																																																																																																																																																						
Q	1	2	3																																																																																																																																																																																																						
R	1	2	3																																																																																																																																																																																																						
S	1	2	3																																																																																																																																																																																																						
W	1	2	3																																																																																																																																																																																																						
X	1	2	3																																																																																																																																																																																																						
	NO	Once	A few times	Many times																																																																																																																																																																																																					
A	0	1	2	3																																																																																																																																																																																																					
B	0	1	2	3																																																																																																																																																																																																					
C	0	1	2	3																																																																																																																																																																																																					
D	0	1	2	3																																																																																																																																																																																																					
E	0	1	2	3																																																																																																																																																																																																					
F	0	1	2	3																																																																																																																																																																																																					
G	0	1	2	3																																																																																																																																																																																																					
H	0	1	2	3																																																																																																																																																																																																					
I	0	1	2	3																																																																																																																																																																																																					
J	0	1	2	3																																																																																																																																																																																																					
K	0	1	2	3																																																																																																																																																																																																					
L	0	1	2	3																																																																																																																																																																																																					
M	0	1	2	3																																																																																																																																																																																																					
N	0	1	2	3																																																																																																																																																																																																					
O	0	1	2	3																																																																																																																																																																																																					
P	0	1	2	3																																																																																																																																																																																																					
Q	0	1	2	3																																																																																																																																																																																																					
R	0	1	2	3																																																																																																																																																																																																					
S	0	1	2	3																																																																																																																																																																																																					
W	0	1	2	3																																																																																																																																																																																																					
X	0	1	2	3																																																																																																																																																																																																					

N08	<p>Again, I want you to think about any person, man or woman. FOR WOMEN WHO EVER HAD A HUSBAND/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? 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), touched you sexually, or did anything else sexually that you did not want. This includes for example touching of breasts or private parts, making sexual remarks or sending sexual text messages or facebook messages against your will, making you touch their private parts, showing sexual explicit pictures against your will, sexual harassment in the workplace, at school, etc. Remember to include people you have known as well as strangers.</p>	YES 1 NO 2	⇒1003
-----	--	---------------------------	-------

N09	<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> <table border="1"> <thead> <tr> <th></th> <th>Once</th> <th>A few times</th> <th>Many times</th> </tr> </thead> <tbody> <tr><td>A</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>B</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>C</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>D</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>E</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>F</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>G</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>H</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>I</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>J</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>K</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>L</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>M</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>N</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>O</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>P</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>Q</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>R</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>S</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>W</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>X</td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>		Once	A few times	Many times	A	1	2	3	B	1	2	3	C	1	2	3	D	1	2	3	E	1	2	3	F	1	2	3	G	1	2	3	H	1	2	3	I	1	2	3	J	1	2	3	K	1	2	3	L	1	2	3	M	1	2	3	N	1	2	3	O	1	2	3	P	1	2	3	Q	1	2	3	R	1	2	3	S	1	2	3	W	1	2	3	X	1	2	3	<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> <table border="1"> <thead> <tr> <th></th> <th>NO</th> <th>Once</th> <th>A few times</th> <th>Many times</th> </tr> </thead> <tbody> <tr><td>A</td><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>B</td><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>C</td><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>D</td><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>E</td><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>F</td><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>G</td><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>H</td><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>I</td><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>J</td><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>K</td><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>L</td><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>M</td><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>N</td><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>O</td><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>P</td><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>Q</td><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>R</td><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>S</td><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>W</td><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>X</td><td>0</td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>		NO	Once	A few times	Many times	A	0	1	2	3	B	0	1	2	3	C	0	1	2	3	D	0	1	2	3	E	0	1	2	3	F	0	1	2	3	G	0	1	2	3	H	0	1	2	3	I	0	1	2	3	J	0	1	2	3	K	0	1	2	3	L	0	1	2	3	M	0	1	2	3	N	0	1	2	3	O	0	1	2	3	P	0	1	2	3	Q	0	1	2	3	R	0	1	2	3	S	0	1	2	3	W	0	1	2	3	X	0	1	2	3
	Once	A few times	Many times																																																																																																																																																																																																						
A	1	2	3																																																																																																																																																																																																						
B	1	2	3																																																																																																																																																																																																						
C	1	2	3																																																																																																																																																																																																						
D	1	2	3																																																																																																																																																																																																						
E	1	2	3																																																																																																																																																																																																						
F	1	2	3																																																																																																																																																																																																						
G	1	2	3																																																																																																																																																																																																						
H	1	2	3																																																																																																																																																																																																						
I	1	2	3																																																																																																																																																																																																						
J	1	2	3																																																																																																																																																																																																						
K	1	2	3																																																																																																																																																																																																						
L	1	2	3																																																																																																																																																																																																						
M	1	2	3																																																																																																																																																																																																						
N	1	2	3																																																																																																																																																																																																						
O	1	2	3																																																																																																																																																																																																						
P	1	2	3																																																																																																																																																																																																						
Q	1	2	3																																																																																																																																																																																																						
R	1	2	3																																																																																																																																																																																																						
S	1	2	3																																																																																																																																																																																																						
W	1	2	3																																																																																																																																																																																																						
X	1	2	3																																																																																																																																																																																																						
	NO	Once	A few times	Many times																																																																																																																																																																																																					
A	0	1	2	3																																																																																																																																																																																																					
B	0	1	2	3																																																																																																																																																																																																					
C	0	1	2	3																																																																																																																																																																																																					
D	0	1	2	3																																																																																																																																																																																																					
E	0	1	2	3																																																																																																																																																																																																					
F	0	1	2	3																																																																																																																																																																																																					
G	0	1	2	3																																																																																																																																																																																																					
H	0	1	2	3																																																																																																																																																																																																					
I	0	1	2	3																																																																																																																																																																																																					
J	0	1	2	3																																																																																																																																																																																																					
K	0	1	2	3																																																																																																																																																																																																					
L	0	1	2	3																																																																																																																																																																																																					
M	0	1	2	3																																																																																																																																																																																																					
N	0	1	2	3																																																																																																																																																																																																					
O	0	1	2	3																																																																																																																																																																																																					
P	0	1	2	3																																																																																																																																																																																																					
Q	0	1	2	3																																																																																																																																																																																																					
R	0	1	2	3																																																																																																																																																																																																					
S	0	1	2	3																																																																																																																																																																																																					
W	0	1	2	3																																																																																																																																																																																																					
X	0	1	2	3																																																																																																																																																																																																					

1003	<p>Before the age of 15 years, do you remember if any- one in your family ever touched you sexually, or made you do something sexual that you didn't want to? This includes for example touching of breasts or private parts, making sexual remarks or showing sexual explicit pictures against your will, making you touch their private parts, etc.</p> <p>IF NO: CONTINUE PROMPTING: How about someone at school? How about a friend or neighbour? Has anyone else done this to you?</p> <p>IF YES CONTINUE WITH 1003a</p>		YES1				⇒1006	
			NO2					
1003 a)	a)		ASK ONLY FOR THOSE MARKED IN 1003a					
	IF YES: Who did this to you?		b) How old were you when it happened with this person for the first time? (more or less)	c) How old was this person?	d) How many times did this happen?			
	CONTINUE: How about someone at school? How about a friend or neighbour? Has anyone else done this to you?			PROBE: roughly (more or less).	Once	Few times	Many times	
		FATHER/STEPFATHER A	[] []	[] []	1	2	3	
		MOTHER B	[] []	[] []	1	2	3	
		MOTHER IN LAW C	[] []	[] []	1	2	3	
		OTHER MALE FAMILY MEMBER D	[] []	[] []	1	2	3	
		OTHER FEMALE FAMILY MEMBER E	[] []	[] []	1	2	3	
		SOMEONE AT WORK - MALE F	[] []	[] []	1	2	3	
		SOMEONE AT WORK - FEMALE G	[] []	[] []	1	2	3	
		FRIEND/ACQUAINTANCE - MALE H	[] []	[] []	1	2	3	
		FRIEND/ACQUAINTANCE - FEMALE I	[] []	[] []	1	2	3	
		RECENT ACQUAINTANCE - MALE J	[] []	[] []	1	2	3	
		RECENT ACQUAINTANCE - FEMALE K	[] []	[] []	1	2	3	
		COMPLETE STRANGER - MALE L	[] []	[] []	1	2	3	
		COMPLETE STRANGER - FEMALE M	[] []	[] []	1	2	3	
		TEACHER - MALE N	[] []	[] []	1	2	3	
		TEACHER - FEMALE O	[] []	[] []	1	2	3	
		DOCTOR/HEALTH STAFF - MALE P	[] []	[] []	1	2	3	
		DOCTOR/HEALTH STAFF - FEMALE Q	[] []	[] []	1	2	3	
		RELIGIOUS LEADER - MALE R	[] []	[] []	1	2	3	
		POLICE/ SOLDIER - MALE S	[] []	[] []	1	2	3	
		OTHER - MALE (specify) _____ W	[] []	[] []	1	2	3	
		OTHER - FEMALE (specify) _____ X	[] []	[] []	1	2	3	
				DK = 98				
1003e	During any of the instances you mentioned before, did this person put his penis or something else into your vagina, your backside (anus), or mouth?		YES	1				
			NO	2				
			DON'T KNOW	8				
			REFUSED/NO ANSWER	9				
1004	Moved							
1005	Moved							

1006	When you were a child, was your mother hit by your father (or her husband or boyfriend)?	YES 1 NO 2 PARENTS DID NOT LIVE TOGETHER 3 DON'T KNOW 8 REFUSED/NO ANSWER 9																									
1007	When you were a child, did anyone in your family ever: a) Slapped or spanked you (with hand)? b) Beat or kicked you or hit you with fist? c) Hit you with a belt, stick, broom or something else? d) Tied you with a rope? x) Anything else? Specify: _____	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) SLAPPED</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) BEAT, KICKED</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) HIT WITH OBJECT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) TIED WITH ROPE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>x) ANYTHING ELSE</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) SLAPPED	1	2	8	b) BEAT, KICKED	1	2	8	c) HIT WITH OBJECT	1	2	8	d) TIED WITH ROPE	1	2	8	x) ANYTHING ELSE	1	2	8	
	YES	NO	DK																								
a) SLAPPED	1	2	8																								
b) BEAT, KICKED	1	2	8																								
c) HIT WITH OBJECT	1	2	8																								
d) TIED WITH ROPE	1	2	8																								
x) ANYTHING ELSE	1	2	8																								
* CHECK: Ref. sheet Box A (a.10mar)	EVER MARRIED/EVER LIVING WITH A MANDATING PARTNER (Options K,L,M) [] ↓ (1)	NEVER MARRIED/NEVER LIVED WITH A MAN/NEVER DATING (Option N) [] ⇒ (2)	⇒S.11																								
1008	As far as you know, was your (most recent) husband/partner's mother hit or beaten by her husband?	YES 1 NO 2 PARENTS DID NOT LIVE TOGETHER 3 DON'T KNOW 8 REFUSED/NO ANSWER 9																									
1009																											
1010	As far as you know, was your (most recent) husband/partner himself hit or beaten regularly by someone in his family, when he was a child?	YES 1 NO 2 DON'T KNOW 8 REFUSED/NO ANSWER 9																									

SECTION 11 FINANCIAL AUTONOMY

Now I would like to ask you some questions about things that you own and your earnings. We need this information to understand the financial position of women nowadays.

1101		Please tell me if you own any of the following, either by yourself or with someone else:			YES Own by self	YES Own with others	NO Don't own
a)	Land	a)	LAND	1	2	3	
b)	Your house	b)	HOUSE	1	2	3	
c)	A company or business	c)	COMPANY	1	2	3	
d)	Large animals (cows, horses, etc.)	d)	LARGE ANIMALS	1	2	3	
e)	Small animals (chickens, pigs, goats, etc.)	e)	SMALL ANIMALS	1	2	3	
f)	Produce or crops from certain fields or trees	f)	PRODUCE	1	2	3	
g)	Large household items (TV, bed, cooker)	g)	HOUSEHOLD ITEMS	1	2	3	
h)	Jewellery, gold or other valuables	h)	JEWELLERY	1	2	3	
j)	Motor car	j)	MOTOR CAR	1	2	3	
k)	Savings in the bank?	k)	SAVINGS IN BANK	1	2	3	
x)	Other property, specify	x)	OTHER PROPERTY:	1	2	3	
FOR EACH, PROBE: Do you own this on your own, or do you own it with others?							
1102	a) Do you earn money by yourself? IF YES: What exactly do you do to earn money? ASK ALL. SPECIFY:	NO A			⇒ *sllmar		
	b) Job	b) JOB: _____		1	2		
	c) Selling things, trading	c) SELLING/TRADING: _____		1	2		
	d) Doing seasonal work	d) SEASONAL WORK: _____		1	2		
	x) Any other activity, specify	x) OTHER: _____		1	2		
* CHECK: Ref. sheet, Box A (sllmar)	CURRENTLY MARRIED/CURRENTLY LIVING WITH A MAN (Option K) [] ↓ (1)	NOT CURRENTLY MARRIED OR LIVING WITH A MAN/CURRENT OR PAST MALE DATING PARTNER (Options L, M, N) [] ⇒ (2)					⇒S.12
CHECK 1102	1. OPTIONS b) c) d) or x) MARKED [] ↓	2. OPTION a) MARKED [] ⇒					⇒1105
1103	Are you able to spend the money you earn how you want yourself, or do you have to give all or part of the money to your husband/partner?	SELF/OWN CHOICE 1 GIVE PART TO HUSBAND/PARTNER 2 GIVE ALL TO HUSBAND/PARTNER 3 DON'T KNOW 8 REFUSED/NO ANSWER 9					
1104	Would you say that the money that you bring into the family is more than what your husband/partner contributes, less than what he contributes, or about the same as he contributes?	MORE THAN HUSBAND/PARTNER 1 LESS THAN HUSBAND/PARTNER 2 ABOUT THE SAME 3 DO NOT KNOW 8 REFUSED/NO ANSWER 9					

1105	Have you ever given up/refused a job for money because your husband/partner did not want you to work?	YES..... 1 NO..... 2 DON'T KNOW/DON'T REMEMBER..... 3 REFUSED/NO ANSWER..... 9	
1106	Has your husband/partner ever taken your earnings or savings from you against your will? IF YES: Has he done this once or twice, several times or many times?	NEVER..... 1 ONCE OR TWICE..... 2 SEVERAL TIMES..... 3 MANY TIMES/ALL OF THE TIME..... 4 N/A (DOES NOT HAVE SAVINGS/EARNINGS) 7 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	
1107	Does your husband /partner ever refuse to give you money for household expenses, even when he has money for other things? IF YES: Has he done this once or twice, several times or many times?	NEVER..... 1 ONCE OR TWICE..... 2 SEVERAL TIMES..... 3 MANY TIMES/ALL OF THE TIME..... 4 N/A (PARTNER DOES NOT EARN MONEY)..... 7 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	
1108	In case of emergency, do you think that you alone could raise enough money to house and feed your family for 4 weeks? This could be for example by selling things that you own, or by borrowing money from people you know, or from a bank or moneylender?	YES..... 1 NO..... 2 DON'T KNOW..... 3 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. One picture is of a sad face, the other is of a happy face.</p> <p>No matter what you have already told me, I would like you to put a mark below the sad face if someone has ever touched you sexually, or made you do something sexual that you didn't want to, <u>before you were 15 years old</u>.</p> <p>Please put a mark below the happy face if this has never happened to you.</p> <p>Once you have marked the card, please fold it over and put it in this envelope. This will ensure that I do not know your answer.</p> <p>GIVE RESPONDENT CARD AND PEN. MAKE SURE THAT THE RESPONDENT FOLDS THE CARD; PUTS IT IN THE ENVELOPE; AND SEALS THE ENVELOPE BEFORE GIVING IT BACK TO YOU. ON LEAVING THE INTERVIEW SECURELY ATTACH THE ENVELOPE TO THE QUESTIONNAIRE (OR WRITE THE QUESTIONNAIRE CODE ON THE ENVELOPE).</p>	<p>CARD GIVEN FOR COMPLETION 1</p> <p>CARD NOT GIVEN FOR COMPLETION 2</p>
1202	<p>We have now finished the interview. Do you have any comments, or is there anything else you would like to add?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>---</p>	
1202 a	<p>Do you have any recommendations or suggestions that could help to stop domestic violence against women in this country?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
1203	<p>I have asked you about many difficult things. How has talking about these things made you feel?</p> <p>WRITE DOWN ANY SPECIFIC RESPONSE GIVEN BY RESPONDENT</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>GOOD/BETTER 1</p> <p>BAD/WORSE 2</p> <p>SAME/ NO DIFFERENCE ..3</p>
1204	<p>Finally, do you agree that we may contact you again if we need to ask a few more questions for clarification?</p>	<p>YES 1</p> <p>NO 2</p>

