

**WOMEN'S HEALTH AND LIFE EXPERIENCES SURVEY
ADMINISTRATION FORM**

IDENTIFICATION				
HH1. CLUSTER NUMBER/EA _____	[][][]			
HH2. HOUSEHOLD NUMBER _____	[][]			
HH3. PROVINCE/CITY NAME _____	[][]			
HH4. DISTRICT _____	[][]			
HH5. TEAM NAME _____	[][]			
HH6. LOCATION: Ulaanbaatar (1), Urban centres in aimags (2), Soums center (rural) (3) Outskirts of soums (rural) (4)	[]			
HH7. NAME OF HOUSEHOLD HEAD : _____				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	HH8. YEAR [][][] HH9. MONTH [][] HH10. DAY [][] HH11. INTERVIEWER [][] HH12. RESULT [][]
INTERVIEWERS NAME RESULT***	_____ _____	_____ _____	_____ _____	
NEXT VISIT: DATE TIME LOCATION	_____ _____ _____	_____ _____ _____		HH13. TOTAL NUMBER OF VISITS []
QUESTIONNAIRES COMPLETED?	*** RESULT CODES Refused (specify): _____ .. 11 Dwelling vacant or address not a dwelling 12 Dwelling destroyed..... 13 Dwelling not found, not accessible..... 14 Entire hh absent for extended period..... 15 No hh member at home at time of visit 16 Hh respondent postponed interview 17 Entire hh speaking only foreign language. 18			CHECK HH SELECTION FORM: HH14. TOTAL IN HOUSEHOLD (A1) [][] HH15. TOTAL ELIGIBLE WOMEN IN HH OF SELECTED WOMAN (A3, total with YES) [][] HH16. LINE NUMBER OF SELECTED FEMALE RESPONDENT (A3) [][]
[] 1. None completed ⇒				
[] 2. HH selection form (and in most cases HH questionnaire) only ⇒	Selected woman refused (specify): _____ .. 21 No eligible woman in household 22 Selected woman not at home 23 Selected woman postponed interview 24 Selected woman incapacitated 25 Selected woman speaks foreign language 26			⇒Need to return ⇒Need to return
[] 3. Woman's questionnaire partly ⇒	Does not want to continue (specify) : _____ .. 31 Rest of interview postponed to next visit 32			⇒Need to return
[] 4. Woman's questionnaire completed ⇒ 41			
HH17. LANGUAGE INTERVIEW CONDUCTED IN: MONGOLIAN (1), KAZAKH (2)				[]
FIELD SUPERVISOR				
HH18. CODE [][] Name _____				
HH19. DAY [][]				
HH20. MONTH [][]				
HH21. YEAR [][][][]				

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

HOUSEHOLD SELECTION FORM					
	Hello, my name is _____. I am visiting your household on behalf of CENTRE FOR SURVEY RESEARCH. We are conducting a survey in STUDY LOCATION to learn about women's health and life experiences.				
A1	Please can you tell me how many people live here, and share food? PROBE: Does this include children (including infants) living here? Does it include any other people who may not be members of your family, such as domestic servants, lodgers or friends who live here and share food? MAKE SURE THESE PEOPLE ARE INCLUDED IN THE TOTAL			TOTAL NUMBER OF PEOPLE IN HOUSEHOLD [][]	
A2	Is the head of the household male or female?			MALE 1 FEMALE 2	
	FEMALE HOUSEHOLD MEMBERS	RELATIONSHIP TO HEAD OF HH	RESIDENCE	AGE	ELIGIBLE
A3	A3.1 Today we would like to talk to one woman or girl from your household. To enable me to identify whom I should talk to, would you please give me the first names of all girls or women who usually live in your household (and share food).	A3.2 What is the relationship of NAME to the head of the household.* (USE CODES BELOW)	A3.3 Does NAME usually live here? SPECIAL CASES: SEE (A) BELOW. YES NO	A3.4 How old is NAME? (YEARS, more or less)	A3.5 SEE CRITERIA BELOW (A +B) YES NO
LINE NUM.					
1			1 2		1 2
2			1 2		1 2
3			1 2		1 2
4			1 2		1 2
5			1 2		1 2
6			1 2		1 2
7			1 2		1 2
8			1 2		1 2
9			1 2		1 2
10			1 2		1 2
11			1 2		1 2
12			1 2		1 2
13			1 2		1 2
14			1 2		1 2
15			1 2		1 2
16			1 2		1 2
17			1 2		1 2
18			1 2		1 2
19			1 2		1 2
20			1 2		1 2

CODES

01 HEAD	07 MOTHER-IN-LAW	13 TEMPORARY RESIDENT
02 WIFE (PARTNER)	08 SISTER	14 FRIEND
03 DAUGHTER	09 SISTER-IN-LAW	98 OTHER NOT RELATIVE:
04 DAUGHTER-IN-LAW	10 OTHER RELATIVE	_____
05 GRANDDAUGHTER	11 ADOPTED/FOSTER/STEP DAUGHTER	
06 MOTHER	12 DOMESTIC SERVANT	

(A) SPECIAL CASES TO BE CONSIDERED MEMBER OF HOUSEHOLD:

- DOMESTIC SERVANTS IF THEY SLEEP 5 NIGHTS A WEEK OR MORE IN THE HOUSEHOLD.
- VISITORS IF THEY HAVE SLEPT IN THE HOUSEHOLD FOR THE PAST 4 WEEKS.

(B) ELIGIBLE: ANY WOMAN BETWEEN 15 AND 64 YEARS LIVING IN HOUSEHOLD.

MORE THAN ONE ELIGIBLE WOMEN IN HH:

- **RANDOMLY SELECT** ONE ELIGIBLE WOMAN FOR INTERVIEW. TO DO THIS, WRITE THE LINE NUMBERS OF ELIGIBLE WOMEN ON PIECES OF PAPER, AND PUT IN A BAG. ASK A HOUSEHOLD MEMBER TO PICK OUT A NUMBER – SO SELECTING THE PERSON TO BE INTERVIEWED. *[OPTIONAL: USE KISH TABLE]*
- **PUT CIRCLE AROUND LINE NUMBER OF WOMAN SELECTED.** ASK IF YOU CAN TALK WITH THE SELECTED WOMAN. IF SHE IS NOT AT HOME, AGREE ON DATE FOR RETURN VISIT.
- **CONTINUE WITH HOUSEHOLD QUESTIONNAIRE**

NO ELIGIBLE WOMAN IN HH:

- **SAY “I cannot continue because I can only interview women 15–64 *[COUNTRY SPECIFIC UPPER AGE LIMIT]* years old. Thank you for your assistance.” FINISH HERE.**

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

ADMINISTERED TO ANY RESPONSIBLE ADULT IN HOUSEHOLD

HOUSEHOLD QUESTIONNAIRE		
	QUESTIONS & FILTERS	CODING CATEGORIES
<i>QUESTIONS 1-6: COUNTRY-SPECIFIC SOCIOECONOMIC INDICATORS, TO BE ADAPTED IN EACH COUNTRY</i>		
0	What type of dwelling is your household?	GER.....1 APARTMENT.....2 HOUSE.....3 HOUSE (NO INFRASTRUCTRE)4 DORMITORY.....5 OTHER6
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?	WATER SUPPLY SYSTEM TAP/PIPED WATER IN RESIDENCE 01 OUTSIDE TAP (PIPED WATER) WITH HH.... 02 PUBLIC TAP 03 WELL-WATER, WITH HOUSEHOLD 04 WELL PROTECTED 05 UNPROTECTED 06 SPRING PROTECTED 07 UNPROTECTED 08 STORM WATER/RAIN OR SNOW WATER 09 PORTABLE WATER SERVICE Transported water 10 Public water disbursement 11 Water ballons 12 RIVERS / LAKES / PONDS 13 BOTTLED WATER 14 OTHER: 96 DON'T KNOW/DON'T REMEMBER..... 98 REFUSED/NO ANSWER..... 99
2	What kind of toilet facility does your household have?	FLUSH TOILET CONNECTED TO CENTRAL SYSTEM/ OWN FLUSH TOILET 01 SHARED FLUSH TOILET 02 PIT LATRINE/ VENTILATED IMPROVED PIT LATRINE..... 03 PUBLIC TOILET/..... 04 FAMILY SIMPLE UNIT 05 PUBLIC SIMPLE UNIT 06 OPEN FIELD 07 БИТYY ТУНГААГУУП..... 08 BIO TOILET 09 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 Skip: if HH lives in Ger	ROOF FROM NATURAL MATERIALS..... 1 PITCH/PAPER 2 CONCRETE OR CEMENT 3 METAL 4 CEMENT/SHINGLES-BETOH/ 5 SOFT SHINGLES 6 WOOD / TIMBER..... 7 OTHER: _____ .. 96 DON'T KNOW/DON'T REMEMBER..... 98 REFUSED/NO ANSWER..... 99																									
4	Does your household have: a) Electricity b) A radio c) A television d) A telephone e) A refrigerator	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) ELECTRICITY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) RADIO</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) TELEVISION</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) TELEPHONE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) REFRIGERATOR</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) ELECTRICITY	1	2	8	b) RADIO	1	2	8	c) TELEVISION	1	2	8	d) TELEPHONE	1	2	8	e) REFRIGERATOR	1	2	8	
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c) TELEVISION	1	2	8																								
d) TELEPHONE	1	2	8																								
e) REFRIGERATOR	1	2	8																								
5	Does any member of your household own: a) A bicycle? b) A motorcycle? c) A car?	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) BICYCLE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) MOTORCYCLE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) CAR</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) BICYCLE	1	2	8	b) MOTORCYCLE	1	2	8	c) CAR	1	2	8									
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b) MOTORCYCLE	1	2	8																								
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? Skip: if HH lives in Ger	NUMBER OF ROOMS [][] DON'T KNOW/DON'T REMEMBER..... 98 REFUSED/NO ANSWER..... 99																									
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 the National Statistics Committee. We are conducting research on women's health and life experiences with support from the United Nations and the Swiss Agency for Development and Cooperation. You have been selected by chance to participate in this 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:

WOMEN'S QUESTIONNAIRE

DATE OF INTERVIEW: day [][] month [][] year [][][][]		
100. RECORD THE START TIME OF THE WOMAN'S INTERVIEW (24H SYSTEM)	HH:MM [][]:[][] (00-24 h)	
SECTION 1 RESPONDENT AND HER COMMUNITY		
QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
If you don't mind, I would like to start by asking you a little about <COMMUNITY NAME>.		
<i>INSERT NAME OF COMMUNITY/VILLAGE/NEIGHBOURHOOD ABOVE AND IN QUESTIONS BELOW. IF NO NAME, SAY "IN THIS COMMUNITY/VILLAGE/AREA" AS APPROPRIATE.</i>		
101	Do neighbours in COMMUNITY NAME generally tend to know each other well? Neighbours are people living nearby	YES 1 NO 2 Acquainted, but do not know well..... 3 DON'T KNOW 8 REFUSED/NO ANSWER 9
102	If there were a street fight in COMMUNITY NAME would people generally do something to stop it?	YES 1 NO 2 DON'T KNOW 8 REFUSED/NO ANSWER 9
105	If someone in your family suddenly fell ill or had an accident, would your neighbours offer to help?	YES 1 NO 2 DON'T KNOW 8 REFUSED/NO ANSWER 9
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
106	I would now like to ask you some questions about yourself. What is your date of birth (year, month and day that you were born)?	YEAR[][][][] MONTH[][] DAY[][] DON'T KNOW YEAR9998 REFUSED/NO ANSWER9999
107	How old are you (completed years)?	AGE (YEARS)[][]
108	How long have you been living continuously in COMMUNITY NAME?	NUMBER OF YEARS[][] LESS THAN 1 YEAR00 LIVED ALL HER LIFE 95 VISITOR (AT LEAST 4 WEEKS IN HOUSEHOLD) 96 DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99
108a	Are you religious? What religion do you follow?	NO RELIGION 01 BUDDHIST 02 CHRISTIAN 03 ISLAM 04 SHAMAN..... 05 OTHER : 96 DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99
108 b	What ethnic group do you identify with most?	KHALKH01 KAZAKH02

		DURVUD..... 03 BURIAD 04 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	⇒11c
111 a	What is the highest level of education that you achieved? MARK HIGHEST LEVEL.	NO SCHOOLING 0 LOWER PRIMARY 1 BASIC 2 HIGH SCHOOL 3 TECHNICAL AND PROFESSIONAL 4 VOCATIONAL 5 GRADUATE AND UNDERGRADUATE 6 MASTERS 7 DOCTORATE 8	
111 b	Write the year you are studying	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: Do you earn money by yourself? [MARK ONE] Did you want to include Other here?	WAGE/ SALARY EMPLOYEE 01 EMPLOYER 02 SELF-EMPLOYED 03 COOPERATIVE MEMBER 04 LIVESTOCK FARMER 05 UNPAID HOUSEHOLD PRODUCTION/SERVICES... 06 OTHER WORK 07 UNEMPLOYED 08 HOUSEWIFE 09 STUDENT / PUPIL 10 RETIRED 11 DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99	⇒11c3 ⇒11c3 ⇒11c3 ⇒11d
111c1	What is your current position?	MANAGER 01 PROFESSIONAL 02 TECHNICIANS / ASSOCIATE PROFESSIONAL 03 CLERICAL SUPPORT WORKERS 04 SALES AND SERVICE WORKERS 05 SKILLED AGRICULTURE, FORESTRY, HUNTING, FISHING WORKER..... 06 CRAFT AND RELATED TRADE WORKER..... 07 PLANT AND MACHINE OPERATOR/ ASSEMBLER 08 ELEMENTARY OCCUPATION 09 ARMED FORCES 10 OTHER (SPECIFY)..... .. 96 DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99	

111c2	What is the sector you work in?	AGRICULTURE, FORESTRY, FISHING, HUNTING 01 MINING 02 PROCESSING FACTORY 03 ELECTRICITY, GAS, AIR CONDITIONING 04 WATER SUPPLY, DRAINAGE, WASTE MANAGEMENT SERVICES 05 CONSTRUCTION 06 WHOLESALE AND RETAIL TRADE AND REPAIR OF MOTOR VEHICLES AND MOTORCYCLES 07 TRANSPORTATION, STORAGE 08 HOTEL, ACCOMMODATION, RESTAURANT, FOOD SERVICES 09 INFORMATION TECHNOLOGY, COMMUNICATION 10 FINANCE, INSURANCE 11 REAL ESTATE 12 PROFESSIONAL, SCIENTIFIC, TECHNICAL 13 ADMINISTRATIVE, SUPPORT SERVICES 14 GOVERNMENT, DEFENCE 15 EDUCATION 16 HUMAN HEALTH, SOCIAL WORK 17 ARTS, ENTERTAINMENT, RECREATION 18 OTHER SERVICE ACTIVITIES 19 HOUSEHOLDS AS EMPLOYERS 20 INTERNATIONAL ORGANIZATIONS 21 OTHER (SPECIFY) 96 DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99	} 111d
111 c3	Have you ever been employed before?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
111 d	What is <u>now</u> the main source of income for you and your household? [MARK ONE]	NO INCOME 1 MONEY FROM OWN WORK 2 SUPPORT FROM HUSBAND/PARTNER 3 SUPPORT FROM OTHER RELATIVES 4 PENSION 5 SOCIAL SERVICES/WELFARE 6 OTHER (SPECIFY) 7 BOTH EARN INCOME 10 OTHER MEMBERS' INCOME 11 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
112	Where did you grow up? PROBE: Before age 12 where did you live longest?	THIS COMMUNITY/NEIGHBOURHOOD 1 ANOTHER RURAL AREA/VILLAGE 2 ANOTHER TOWN/CITY 3 ANOTHER COUNTRY 4 ANOTHER NEIGHBOURHOOD IN SAME TOWN 5 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
113	Do any of your family of birth live close enough by that you can easily see/visit them?	YES 1 NO 2 LIVING WITH FAMILY OF BIRTH 3 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 WEEK..... 1 AT LEAST ONCE A MONTH 2 AT LEAST ONCE A YEAR 3 NEVER (HARDLY EVER) 4 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	
115	When you need help or have a problem, can you usually count on members of your family of birth for support?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	
119	Are you <u>currently</u> married , living together? IF NO: are you <i>involved in a relationship with a man without living together?</i> <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 TOGETHER. 2 LIVING WITH MAN, NOT MARRIED 3 <i>CURRENTLY HAVING A REGULAR MALE PARTNER (ENGAGED OR DATING) NOT LIVING TOGETHER..... 4</i> NOT CURRENTLY MARRIED OR HAVING A MALE PARTNER..... 5 <i>CURRENTLY HAVING A FEMALE PARTNER 6</i>	⇒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 MARRIED 3 NO 5	⇒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	⇒X.2 ⇒X.2
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 RESPONDENT'S FAMILY 4 HUSBAND/PARTNER'S FAMILY 5 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	⇒X.2
The next few questions are about your <u>current</u> or <u>most recent</u> partnership.			
124	Do/did you live together (in the same home) 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	<p>IF CURRENTLY WITH HUSBAND/PARTNER: Do you <u>currently</u> live with your parents or any of your relatives?</p> <p>IF NOT CURRENTLY WITH HUSBAND/PARTNER: Were you living with your parents or relatives <u>during your last relationship</u>?</p>	<p>YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9</p>	
129	<p>Did you have any kind of marriage ceremony to formalize the union? What type of ceremony did you have? MARK ALL THAT APPLY</p>	<p>No ceremony A Officially registered B Religious ceremony C Traditional ceremony D Engagement ceremony E OTHER (SPECIFY) X</p>	⇒X.2
130	<p>In what year was the (first) ceremony performed? (THIS REFERS TO CURRENT/LAST RELATIONSHIP)</p>	<p>YEAR [] [] [] [] No ceremony 96 DON'T KNOW 98 REFUSED/NO ANSWER 99</p>	
131	<p>Did you yourself choose your <u>current/most recent</u> husband, did someone else choose him for you, or did he choose you?</p> <p>IF SHE DID NOT CHOOSE HERSELF, PROBE: Who chose your <u>current/most recent</u> husband for you?</p>	<p>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</p>	⇒133 ⇒133
132	<p>Before the marriage with your <u>current /most recent</u> husband, were you asked whether you wanted to marry him or not?</p>	<p>YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9</p>	
*	<p>AREA WITH DOWRY/BRIDE PRICE [] ↓</p>	<p>AREA WITHOUT DOWRY/BRIDE PRICE []⇒</p>	⇒ X.2
133	<p>Did your marriage involve dowry/bride price payment?</p>	<p>YES/DOWRY 1 YES/BRIDE PRICE 2 NO 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9</p>	⇒X.2 ⇒X.2
134	<p>Has all of the dowry/ bride price been paid for, or does some part still remain to be paid?</p>	<p>ALL PAID 1 PARTIALLY PAID 2 NONE PAID 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9</p>	
135	<p>Overall, do you think that the amount of dowry/bride price payment has had a positive impact on how you are treated by your husband and his family, a negative impact, or no particular impact?</p>	<p>POSITIVE IMPACT 1 NEGATIVE IMPACT 2 NO IMPACT 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9</p>	

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

SECTION 2 GENERAL HEALTH

I would now like to ask a few questions about your health and use of health services.

201	In general, would you describe your overall health as excellent, good, fair, poor or very poor?	EXCELLENT1 GOOD.....2 FAIR.....3 POOR.....4 VERY POOR.....5 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
WG1	Do you have difficulty seeing?	Yes.....1 No.....2	=>WG3
WG2	Do you have difficulty seeing, even if wearing glasses?	NO – NO DIFFICULTY1 YES – SOME DIFFICULTY2 YES – A LOT OF DIFFICULTY3 CANNOT DO AT ALL.....4 REFUSED/NO ANSWER.....9	
WG3	Do you have difficulty hearing?	Yes.....1 No.....2	=>WG5
WG4	Do you have difficulty hearing, even if using a hearing aid?	NO – NO DIFFICULTY1 YES – SOME DIFFICULTY2 YES – A LOT OF DIFFICULTY3 CANNOT DO AT ALL.....4 REFUSED/NO ANSWER.....9	
WG5	Do you have difficulty walking or climbing steps?	Yes.....1 No.....2	=>WG7
WG6	Do you have difficulty walking or climbing steps, even when using a support aid?	NO – NO DIFFICULTY1 YES – SOME DIFFICULTY2 YES – A LOT OF DIFFICULTY3 CANNOT DO AT ALL.....4 REFUSED/NO ANSWER.....9	
WG7	Do you have difficulty remembering or concentrating?	NO – NO DIFFICULTY1 YES – SOME DIFFICULTY2 YES – A LOT OF DIFFICULTY3 CANNOT DO AT ALL.....4 REFUSED/NO ANSWER.....9	
WG8	Do you have difficulty (with self-care such as) was washing all over or dressing?	NO – NO DIFFICULTY1 YES – SOME DIFFICULTY2 YES – A LOT OF DIFFICULTY3 CANNOT DO AT ALL.....4 REFUSED/NO ANSWER.....9	
WG9	Do you have difficulty communicating (for example, understanding or being understood by others)?	NO – NO DIFFICULTY1 YES – SOME DIFFICULTY2 YES – A LOT OF DIFFICULTY3 CANNOT DO AT ALL.....4 REFUSED/NO ANSWER.....9	
204	In the <u>past 4 weeks</u> have you been in pain or discomfort? Please choose from the following 5 options. Would you say not at all, slight pain or discomfort, moderate, severe or extreme pain or discomfort?	NO PAIN OR DISCOMFORT1 SLIGHT PAIN OR DISCOMFORT.....2 MODERATE PAIN OR DISCOMFORT.....3 SEVERE PAIN OR DISCOMFORT.....4 EXTREME PAIN OR DISCOMFORT5 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	

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? d) To treat something like a cold, blood pressure or stomach upset? 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 d) FOR TREATMENT (e.g. cold, blood pressure, stomach)	1 1 1 1	2 2 2 2	3 3 3 3	4 4 4 4
208	In the <u>past 4 weeks</u> , did you consult a doctor or other professional or traditional health worker because you yourself were sick? IF YES: Whom did you consult? PROBE: Did you also see anyone else?	NO ONE CONSULTED.....A DOCTOR.....B NURSE (AUXILIARY)C MIDWIFED COUNSELLOR.....E PHARMACISTF TRADITIONAL HEALERG TRADITIONAL BIRTH ATTENDANTH OTHER:X					
209	The next questions are related to other common problems that may have bothered you in the <u>past 4 weeks</u> . If you had the problem in the past 4 weeks, answer yes. If you have not had the problem in the past 4 weeks, answer no. a) Do you often have headaches? b) Is your appetite poor? c) Do you sleep badly? d) Are you easily frightened? e) Do your hands shake? f) Do you feel nervous, tense or worried? g) Is your digestion poor? h) Do you have trouble thinking clearly? i) Do you feel unhappy? j) Do you cry more than usual? k) Do you find it difficult to enjoy your daily activities? l) Do you find it difficult to make decisions? m) Is your daily work suffering? n) Are you unable to play a useful part in life? o) Have you lost interest in things that you used to enjoy? p) Do you feel that you are a worthless person? q) Has the thought of ending your life been on your mind? r) Do you feel tired all the time? s) Do you have uncomfortable feelings in your stomach? t) Are you easily tired?	YES NO	a) HEADACHES b) APPETITE c) SLEEP BADLY d) FRIGHTENED e) HANDS SHAKE f) NERVOUS g) DIGESTION h) THINKING i) UNHAPPY j) CRY MORE k) NOT ENJOY l) DECISIONS m) WORK SUFFERS n) USEFUL PART o) LOST INTEREST p) WORTHLESS q) ENDING LIFE r) FEEL TIRED s) STOMACH t) EASILY TIRED	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
210	Just now we talked about problems that may have bothered you in the past 4 weeks. I would like to ask you now: In your life, have you <u>ever</u> thought about ending your life?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9					⇒212
211	Have you <u>ever</u> tried to take your life?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9					⇒212 ⇒212 ⇒212
211 a	Have you tried to take your life <u>in the past 12 months</u> ?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9					

211b	At the time when you tried to take your life, did you require medical care or hospitalization?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	
212	In the <u>past 12 months</u> , have you had an operation (other than a caesarean section)?	YES..... 1 NO 2 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	
213	In the <u>past 12 months</u> , did you have to spend any nights in a hospital because you were sick (other than to give birth)? IF YES: How many nights in the past 12 months? (IF DON'T KNOW GET ESTIMATE)	NIGHTS IN HOSPITAL [][] NONE 00 DON'T KNOW/DON'T REMEMBER..... 98 REFUSED/NO ANSWER..... 99	
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) <i>IN COUNTRIES WHERE WOMEN SMOKE IF NEEDED ADAPT TO INCLUDE CHEWING</i>	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 6. On special occasions	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 SPECIAL OCCASIONS 6 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	⇒219
217	On the days that you drank in the <u>past 4 weeks</u> , about how many alcoholic drinks did you usually have a day? Beers are counted in cans or bottles, cognac/whisky/vodka in shots, alky in glass.	USUAL NUMBER OF DRINKS [][] DRINK (GLASS, CANS).....[][] NO ALCOHOLIC DRINKS IN PAST 4 WEEKS ... 00	
218	In the <u>past 12 months</u> , have you experienced any of the following problems, related to your drinking? a) money problems b) health problems c) conflict with family or friends d) problems with authorities (bar owner/police, etc) x) other, specify. <i>IN COUNTRIES WHERE WOMEN DRINK</i>	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	

219	Did you ever use drugs (e.g. marijuana, 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/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	
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SECTION 3 REPRODUCTIVE HEALTH

	Now I would like to ask about all of the children that you may have given birth to during your life.		
301	Have you ever given birth? How many children have you given birth to that were alive when they were born? (INCLUDE BIRTHS WHERE THE BABY DIDN'T LIVE FOR LONG)	NUMBER OF CHILDREN BORN..... [][] IF 1 OR MORE ... => NONE 00	=>303
302	Have you ever been pregnant?	YES 1 NO 2 MAYBE/NOT SURE 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	=>304 =>310 =>310 =>310 =>310
303	How many children do you have, who are alive now? RECORD NUMBER	CHILDREN [][] NONE 00	
304	Have you ever given birth to a boy or a girl who was born alive, but later died? This could be at any age. IF NO, PROBE: Any baby who cried or showed signs of life but survived for only a few hours or days?	YES 1 NO 2	=>306
305	a) How many sons have died? b) How many daughters have died? (THIS IS ABOUT ALL AGES)	a) SONS DEAD [][] b) DAUGHTERS DEAD [][] IF NONE ENTER '00'	
306	Do (did) all your children have the same biological father, or more than one father?	ONE FATHER 1 MORE THAN ONE FATHER..... 2 N/A (NEVER HAD LIVE BIRTH)..... 7 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	=> 308
307	How many of your children receive financial support from their father(s)? Would you say none, some or all? IF ONLY ONE CHILD AND SHE SAYS 'YES,' CODE '3' ('ALL').	NONE..... 1 SOME..... 2 ALL 3 N/A 7 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	
308	How many times have you been pregnant? Include pregnancies that did not end up in a live birth, and if you are pregnant now, your current pregnancy? PROBE: How many pregnancies were with twins, triplets?	a) TOTAL NO. OF PREGNANCIES [][] b) PREGNANCIES WITH TWINS [] c) PREGNANCIES WITH TRIPLETS []	
309	Have you ever had a pregnancy that miscarried, or ended in a stillbirth? Or an abortion? PROBE: How many times did you miscarry, how many times did you have a stillbirth, and how many times did you abort?	a) MISCARRIAGES [][] b) STILLBIRTHS [][] c) ABORTIONS [][] IF NONE ENTER '00'	
310	Are you pregnant now?	YES 1 NO 2 MAYBE 3	=> A => B => B
DO EITHER A OR B: IF PREGNANT NOW ==> IF NOT PREGNANT NOW ==> VERIFY THAT ADDITION ADDS UP TO THE SAME FIGURE. IF NOT, PROBE AGAIN AND CORRECT.		A. [301] ____ + [309 a+b+c] ____ + 1 = [308a] ____ + [308b] ____ + [2x308c] ____ = ____ B. [301] ____ + [309 a+b+c] ____ = [308a] ____ + [308b] ____ + [2x308c] ____ = ____	
311	Have you ever 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 =>X.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	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	⇒X.4
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	

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

SECTION 4 CHILDREN

CHECK: Ref. Sheet, box B, point Q <i>(s4bir)</i>	ANY LIVE BIRTHS [] ↓ <i>(1)</i>	NO LIVE BIRTHS [] ⇒ <i>(2)</i>	⇒X.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?	YEAR [][][][] MONTH [][] DAY [][] DON'T KNOW/DON'T REMEMBER 9998	
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 <i>USE 'PRENATAL' IF BETTER UNDERSTOOD</i>	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	

412	During this pregnancy, did you consume any alcoholic drinks?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
413	During this pregnancy, did you smoke any cigarettes or use tobacco?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
414	Were you given a (postnatal) check-up at any time during the 6 weeks after delivery?	YES 1 NO 2 NO, CHILD NOT YET SIX WEEKS OLD 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
415	Was this child (NAME) weighed at birth?	YES 1 NO 2 DON'T KNOW /DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒417 ⇒417
416	How much did he/she weigh? RECORD FROM HEALTH CARD WHERE POSSIBLE	KG FROM CARD [] [] 1 KG FROM RECALL [] [] 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
417	Do you have any children aged between 6 and 12 years? How many? (include 6-year-old and 12-year-old children)	NUMBER [] [] NONE 00	⇒X.5
418	a) How many are boys? b) How many are girls? MAKE SURE ONLY CHILDREN AGED 6-12 YEARS.	a) BOYS [] b) GIRLS []	
419	How many of these children (ages 6-12 years) currently live with you? PROBE: a) How many boys? b) How many girls?	a) BOYS [] b) GIRLS [] IF "0" FOR BOTH SEXES == GO TO ⇒	⇒X.5
420	Do any of these children (ages 6-12 years): a) Have frequent nightmares? c) Wet their bed often? d) Are any of these children very timid or withdrawn? e) Are any of them aggressive with you or other children?	YES NO DK a) NIGHTMARES 1 2 8 c) WET BED 1 2 8 d) TIMID 1 2 8 e) AGGRESSIVE 1 2 8	
421	Of these children (ages 6-12 years), how many of your boys and how many of your girls have ever run away from home?	a) NUMBER OF BOYS RUN AWAY [] b) NUMBER OF GIRLS RUN AWAY [] IF NONE ENTER '0'	
423	Have any of these children had to repeat (failed) a year at school? MAKE SURE ONLY CHILDREN AGED 6-12 YEARS.	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
424	Have any of these children stopped school for a while or dropped out of school? MAKE SURE ONLY CHILDREN AGED 6-12 YEARS.	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	

SECTION 5 CURRENT OR MOST RECENT HUSBAND/PARTNER

CHECK: Ref. sheet, Box A (s5mar)	CURRENTLY MARRIED, OR LIVING WITH A MAN/ENGAGED OR DATING A MALE PARTNER (Options K, L) [] [] ↓ (1)	FORMERLY MARRIED/ LIVING WITH A MAN/ ENGAGED OR DATING A MALE PARTNER (Option M) [] [] ↓ (2)	NEVER MARRIED/ NEVER LIVED WITH A MAN (NEVER MALE PARTNER) (Option N) [] [] ⇒ (3)	⇒X.6
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I would now like you to tell me a little about your current/most recent husband/partner.

501	How old is your husband/partner (completed years)? PROBE: MORE OR LESS IF MOST RECENT HUSBAND/PARTNER DIED: How old would he be now if he were alive?	AGE (YEARS)[][] DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99	
502	In what year was he born?	YEAR.....[][][] DON'T KNOW/DON'T REMEMBER 9998 REFUSED/NO ANSWER 9999	
502 a	Where is he from? Is he from the same community or town as you? <i>OPTIONAL QUESTION</i>	SAME COMMUNITY/NEIGHBOURHOOD 1 ANOTHER RURAL AREA/VILLAGE2 ANOTHER TOWN/CITY3 ANOTHER COUNTRY.....4 OTHER:6 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
503	Can (could) he read and write?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
504	Did he ever attend school?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒506
505	a) What is the highest level of education that he achieved? MARK HIGHEST LEVEL. b) <i>CONVERT TOTAL YEARS IN SCHOOL, LOCALLY-SPECIFIC CODING</i>	NO SCHOOLING 0 LOWER PRIMARY 1 BASIC 2 HIGH SCHOOL 3 TECHNICAL AND PROFESSIONAL 4 VOCATIONAL 5 GRADUATE AND UNDERGRADUATE 6 MASTERS 7 DOCTORATE 8 NUMBER OF YEARS SCHOOLING...[][] DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99	
506	IF CURRENTLY WITH HUSBAND/PARTNER: Is he currently working, looking for work or unemployed, retired or studying? IF NOT CURRENTLY WITH HUSBAND/PARTNER: Towards the end of your relationship was he working, looking for work or unemployed, retired or studying?	WORKING 1 LOOKING FOR WORK/UNEMPLOYED 2 RETIRED 3 STUDENT 4 DISABLED/LONG TERM SICK 5 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒508 ⇒508 ⇒509
507	When did his last job finish? Was it in the past 4 weeks, between 4 weeks and 12 months ago, or before that? (FOR MOST RECENT HUSBAND/PARTNER: in the last 4 weeks or in the last 12 months of your relationship?)	IN THE PAST 4 WEEKS 1 4 WKS - 12 MONTHS AGO 2 MORE THAN 12 MONTHS AGO 3 NEVER HAD A JOB 4 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒509

508	<p>What kind of work does/did he normally do?</p> <p>SPECIFY KIND OF WORK</p>	MANAGER.....01 PROFESSIONAL..... 02 TECHNICIANS / ASSOCIATE PROFESSIONAL.....03 CLERICAL SUPPORT WORKERS04 SALES AND SERVICE WORKERS05 SKILLED AGRICULTURE, FORESTRY, HUNTING, FISHING WORKER.....06 CRAFT AND RELATED TRADE WORKER07 PLANT AND MACHINE OPERATOR/ ASSEMBLER08 ELEMENTARY OCCUPATION09 ARMED FORCES 10 OTHER (SPECIFY).....96 DON'T KNOW/DON'T REMEMBER98 REFUSED/NO ANSWER99																
509	<p>How often does/did your husband/partner drink alcohol?</p> <p>1. Every day or nearly every day</p> <p>2. Once or twice a week</p> <p>3. 1–3 times a month</p> <p>4. Occasionally, less than once a month</p> <p>5. Never/</p>	EVERY DAY OR NEARLY EVERY DAY... 1 ONCE OR TWICE A WEEK.....2 1–3 TIMES IN A MONTH3 LESS THAN ONCE A MONTH4 NEVER5 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	⇒512															
510	<p>In the <u>past 12 months</u> (In the last 12 months of your last <u>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?</p>	MOST DAYS 1 WEEKLY2 ONCE A MONTH.....3 LESS THAN ONCE A MONTH4 NEVER5 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9																
511	<p>In the <u>past 12 months</u> (In the <u>last 12 months</u> of your relationship), have you experienced any of the following problems, related to your husband/partner's drinking?</p> <p>a) Money problems</p> <p>b) Family problems</p> <p>c) Violence problems</p> <p>x) Any other problems, specify.</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) MONEY PROBLEMS</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) FAMILY PROBLEMS</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) VIOLENCE PROBLEMS</td> <td>1</td> <td>2</td> </tr> <tr> <td>x) OTHER: _____</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	a) MONEY PROBLEMS	1	2	b) FAMILY PROBLEMS	1	2	c) VIOLENCE PROBLEMS	1	2	x) OTHER: _____	1	2	
	YES	NO																
a) MONEY PROBLEMS	1	2																
b) FAMILY PROBLEMS	1	2																
c) VIOLENCE PROBLEMS	1	2																
x) OTHER: _____	1	2																
512	<p>Does/did your husband/partner ever use drugs (e.g. marijuana, cannabis)?</p> <p>Would you say:</p> <p>1. Every day or nearly every day</p> <p>2. Once or twice a week</p> <p>3. 1 – 3 times a month</p> <p>4. Occasionally, less than once a month</p> <p>5. Never</p>	EVERY DAY OR NEARLY EVERY DAY... 1 ONCE OR TWICE A WEEK.....2 1 – 3 TIMES IN A MONTH3 LESS THAN ONCE A MONTH4 NEVER5 IN THE PAST, NOT NOW.....6 DON'T KNOW /DON'T REMEMBER8 REFUSED/NO ANSWER9																
513	<p><u>Since you have known him</u>, has he ever been involved in a physical fight with another man?</p>	YES 1 NO2 DON'T KNOW /DON'T REMEMBER8 REFUSED/NO ANSWER9	⇒515 ⇒515															
514	<p>In the <u>past 12 months</u> (In the last 12 months of the relationship), has this happened once or twice, a few times, many times or never?</p>	NEVER (NOT IN PAST 12 MONTHS) 1 ONCE OR TWICE2 A FEW (3-5) TIMES.....3 MANY (MORE THAN 5) TIMES.....4 DON'T KNOW /DON'T REMEMBER8 REFUSED/NO ANSWER9																

515	Has your <u>current/most recent</u> husband/partner had a relationship with any other women while being with you?	YES 1 NO 2 MAY HAVE 3 DON'T KNOW /DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒1008 ⇒1008
516	Has your current/most recent husband/partner had children with any other woman while being with you?	YES 1 NO 2 MAY HAVE 3 DON'T KNOW /DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
1008	As far as you know, was your (most recent) husband/partner's mother hit or beaten by her husband/partner?	YES 1 NO 2 PARENTS DID NOT LIVE TOGETHER 3 DON'T KNOW 8 REFUSED/NO ANSWER 9	
1010	As far as you know, was your (most recent) husband/partner himself hit or beaten regularly by someone in his family, when he was a child?	YES 1 NO 2 DON'T KNOW 8 REFUSED/NO ANSWER 9	

SECTION 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		
603	It is important for a man to show his wife who is the boss	AGREE.....	1		
		DISAGREE	2		
		DON'T KNOW	8		
		REFUSED/NO ANSWER.....	9		
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
	g) She does not take care of the children	g) DOESN'T CARE FOR CHILDREN	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

703 N	Does/did your current/most recent or any husband/partner generally do any of the following? h) Prohibits you from getting a job, going to work, trading, earning money or participating in income generation projects? i) Takes your earnings from you against your will? j) Refuses to give you money you needed for household expenses even when he has money for other things (such as alcohol and cigarettes)?	A) h) PROHIBITED WORK i) TAKEN EARNING j) REFUSED MONEY	YES 1 1 1	NO 2 2 2	B) ONLY ASK IF 'YES' IN 703A Has this happened in the past 12 months? YES NO 1 2 1 2 1 2
CHECK: Question 703N	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
704N k	Who did the things you just mentioned? (MENTION ACTS REPORTED IN 703N) Was it your <u>current or most recent</u> husband/partner, 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 <u>any</u> other <u>partner</u> ever....	A) (If YES continue with B. If NO skip to next item) YES NO	B) Has this happened <u>in the past 12 months?</u> (If YES ask C 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	Who did the things you just mentioned? (MENTION ACTS REPORTED IN 704) Was it your <u>current or most recent</u> husband/partner, 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 partner</u> ever....	A) (If YES continue with B. If NO skip to next item)	B) Has this happened <u>in</u> <u>the past 12</u> <u>months?</u> (If YES ask C and D . If NO ask D only)	C) <u>In the past 12</u> <u>months</u> would you say that this has happened once, a few times or many times?	D) Did this happen <u>before</u> <u>the past 12 months?</u> IF YES : would you say that this has happened once, a few times or many times?
		YES NO	YES NO	One Few Many	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
	g) Chased you by car/motocycle?	1 2	1 2	1 2 3	0 1 2 3
	h) Chased you by horse? Lashed you with a whip?	1 2	1 2	1 2 3	0 1 2 3
	i) Lashed you with a belt?	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
705 g	Who did the things you just mentioned? (MENTION ACTS REPORTED IN 705) Was it your <u>current or most recent</u> husband/partner, any other husband or partner that you may have had before or both?	CURRENT/MOST RECENT HUSBAND/ PARTNER 1 PREVIOUS HUSBAND/PARTNER..... 2 BOTH..... 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9			

706	<p>a) Did your <u>current husband/partner</u> or <u>any other husband/partner</u> 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 vaginal, oral or anal penetration.</p> <p>b) Did you ever have sexual intercourse you did not want to because you were afraid of what your partner or any other husband or partner might do if you refused?</p> <p>c) Did your husband/partner or any other husband or partner ever force you to do anything else sexual that you did not want or that you found degrading or humiliating?</p>	<p>A) (If YES continue with B. If NO skip to next item)</p> <p>YES NO</p>	<p>B) Has this happened in the past 12 months? (If YES ask C and D. If NO ask D only)</p> <p>YES NO</p>	<p>C) In the past 12 months would you say that this has happened once, a few times or many times?</p> <p>One Few Many</p>	<p>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?</p> <p>No One Few Many</p>
<p>CHECK: Question 706</p>	<p>MARK WHEN YES FOR ANY ACT (AT LEAST ONE "1" CIRCLED IN COLUMN A)</p> <p>[] ↓</p>	<p>MARK WHEN ALL ANSWERS NO CIRCLED (ONLY "2" CIRCLED IN COLUMN A)</p> <p>[]</p>			<p>⇒707</p>
706 d	<p>Who did the things you just mentioned? (MENTION ACTS REPORTED IN 706) Was this your <u>current or most recent</u> husband/partner, any other husband or partner that you may have had before or both?</p>	<p>CURRENT/MOST RECENT HUSBAND/PARTNER.....1 PREVIOUS HUSBAND/PARTNER.....2 BOTH.....3 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9</p>			
707	<p>VERIFY WHETHER ANSWERED YES TO ANY QUESTION ON PHYSICAL VIOLENCE, SEE QUESTION 705</p>	<p>YES, PHYSICAL VIOLENCE 1 NO PHYSICAL VIOLENCE 2</p>			<p>MARK IN BOX C</p>
708	<p>VERIFY WHETHER ANSWERED YES TO ANY QUESTION ON SEXUAL VIOLENCE, SEE QUESTION 706</p>	<p>YES, SEXUAL VIOLENCE 1 NO SEXUAL VIOLENCE 2</p>			<p>MARK IN BOX C</p>
708a	<p>Are you afraid of your <u>current/most recent</u> husband or partner (in the present)? Would you say never, sometimes, many times, most/all of the time? MAKE SURE YOU REFER TO HER SITUATION NOWADAYS EVEN IF SHE IS NO LONGER WITH HER HUSBAND/PARTNER</p>	<p>NEVER.....1 SOMETIMES.....2 MANY TIMES.....3 MOST/ALL OF THE TIMES.....4 IN THE PAST (NO LONGER AFRAID NOW)..7 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9</p>			
905	<p>Have you ever, hit or beaten your husband/partner when he was not hitting or beating you? IF YES: How often? Would you say once, several times or many times?</p>	<p>NEVER..... 1 ONCE 2 2-5 TIMES..... 3 > 5TIMES..... 4 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER.....9</p>			

CHECK : Ref. sheet, Box B	<i>(s7preg)</i> EVER BEEN PREGNANT (option P) <i>(s7prnum)</i> NUMBER OF PREGNANCIES (option T)	NEVER PREGNANT <i>(2) []</i> ⇒	⇒ X.8
709	You said that you have been pregnant TOTAL times. Was there ever a time when you were pushed, slapped, hit, kicked or beaten by (<u>any</u> of) your husband/partner(s) while you were pregnant?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	⇒ X.8 ⇒ X.8 ⇒ X.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 did this happen (in how many pregnancies were you pushed, slapped, hit, kicked or beaten)?	NUMBER OF PREGNANCIES IN WHICH THIS HAPPENED [][]	
710 a	Did this happen in the <u>last</u> pregnancy? IF RESPONDENT WAS PREGNANT ONLY ONCE, CIRCLE CODE '1'.	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	
711	Were you ever punched or kicked in the abdomen while you were pregnant?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	
IF VIOLENCE REPORTED IN ONE 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 <u>most recent pregnancy in which you were beaten</u> , was the husband/partner who did this to you the father of the child?	YES 1 NO 2 DON'T KNOW /DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	
713 a	Was the man who did this your current 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	⇒ X.8 ⇒ X.8
715	Compared to before you were pregnant, did the slapping/beating (REFER TO RESPONDENT'S PREVIOUS ANSWERS) get less, stay about the same, or get worse while you were pregnant? By worse I mean, more frequent or more severe.	GOT LESS 1 STAYED ABOUT THE SAME..... 2 GOT WORSE..... 3 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	

SECTION 8 INJURIES

CHECK: Ref. sheet Box C (S8phsex)	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)	
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[] ⇒

⇒X.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	⇒805a																											
802 a	In your life, 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	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?	CUTS, PUNCTURES, BITES A SCRATCH, ABRASION, BRUISES B SPRAINS, DISLOCATIONS C BURNS D PENETRATING INJURY, DEEP CUTS, GASHES E BROKEN EARDRUM, EYE INJURIES F FRACTURES, BROKEN BONES G BROKEN TEETH H INTERNAL INJURIES I HEAD INJURIES/CONCUSSION J OTHER (specify): X	b) ONLY ASK FOR RESPONSES MARKED IN 803: Has this happened <u>in the past 12 months</u> ? <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">YES</th> <th style="width: 33%;">NO</th> <th style="width: 33%;">DK</th> </tr> </thead> <tbody> <tr> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </tbody> </table>	YES	NO	DK	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8
YES	NO	DK																												
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1	2	8																												
805a	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 [] [] NOT NEEDED 00 DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99	⇒X.9																											
805b	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? 111	YES, SOMETIMES 1 YES, ALWAYS 2 NO, NEVER 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒X.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

SECTION 9 IMPACT AND COPING			
CHECK: Ref. sheet Box C	WOMAN EXPERIENCED PHYSICAL VIOLENCE ("YES" TO Option U) [] ↓	WOMAN HAS EXPERIENCED SEXUAL VIOLENCE ONLY ("NO" to Option U and "YES" to option V) [] ⇒	
<i>(S9phys)</i>	<i>(1)</i>	<i>(2)</i>	⇒906
901	<p>Are there any particular situations that tend to lead to (or trigger) your husband/partner's behaviour? REFER TO ACTS OF PHYSICAL VIOLENCE MENTIONED BEFORE.</p> <p>PROBE: Any other situation?</p> <p>MARK ALL MENTIONED</p>	<p>NO PARTICULAR REASON A WHEN MAN DRUNK B MONEY PROBLEMS C DIFFICULTIES AT HIS WORK D WHEN HE IS UNEMPLOYED E NO FOOD AT HOME F PROBLEMS WITH HIS OR HER FAMILY G SHE IS PREGNANT H HE IS JEALOUS OF HER I SHE REFUSES SEX J SHE IS DISOBEDIENT K HE WANTS TO TEACH HER A LESSON, EDUCATE OR DISCIPLINE HER L HE WANT TO SHOW HE IS BOSS M Own family caused it N His family caused it O His adopted/fostered children caused it P Own adopted/fostered children caused it Q OTHER (specify): X</p>	
CHECK: (Ref. sheet, Box B, option R)	CHILDREN LIVING [] ↓	NO CHILDREN ALIVE [] ⇒	
<i>(s9child)</i>	<i>(1)</i>	<i>(2)</i>	⇒904
902	<p>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?</p>	<p>NEVER 1 ONCE OR TWICE 2 SEVERAL (2-5) TIMES 3 MANY TIMES/MOST OF THE TIME 4 DON'T KNOW 8 REFUSED/NO ANSWER 9</p>	
904	<p>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?</p>	<p>NEVER 1 ONCE 2 SEVERAL(2-5) TIMES 3 MANY TIMES/MOST OF THE TIME 4 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9</p>	⇒906
904a	<p>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.</p>	<p>NO CHANGE/NO EFFECT 1 VIOLENCE BECAME WORSE 2 VIOLENCE BECAME LESS 3 VIOLENCE STOPPED 4 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9</p>	
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>	<p>⇒908 ⇒908</p>
907a	<p>How many days of work (or of income) have you lost in the last 12 months because of your husband / partner's behaviour? PROBE: More or less</p>	<p>NUMBER OF DAYS [][][] DON'T KNOW/DON'T REMEMBER 998 REFUSED/NO ANSWER 999</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 Олон нийтийн сүлжээ O 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>	

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 H 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 ⇒X.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 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	⇒X.10
918	What were the reasons that you returned? MARK ALL MENTIONED AND GO TO SECTION 10	DIDN'T WANT TO LEAVE CHILDREN A SANCTITY OF MARRIAGE B FOR SAKE OF FAMILY/CHILDREN (FAMILY HONOUR) C COULDN'T SUPPORT CHILDREN D LOVED HIM E HE ASKED HER TO GO BACK F FAMILY SAID TO RETURN G FORGAVE HIM H THOUGHT HE WOULD CHANGE I THREATENED HER/CHILDREN J COULD NOT STAY THERE (WHERE SHE WENT) K VIOLENCE NORMAL/NOT SERIOUS L THE CHILDREN NEED A FATHER/BOTH PARENTS M OTHER (specify): X	FOR ALL OPTION S GO TO Section 10

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 MARRIAGEB</p> <p>DIDN'T WANT TO BRING SHAME ON FAMILYC</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/CHILDRENJ</p> <p>NOWHERE TO GO K</p> <p>VIOLENCE NORMAL/NOT SERIOUSL</p> <p>THE CHILDREN NEED A FATHER/BOTH PARENTSM</p> <p>OTHER (specify): _____ X</p>	
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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.

N06a	FOR WOMEN WHO EVER HAD A PARTNER ADD IF NECESSARY: except your husband/male partner.	YES	NO	IF ALL THREE ANSWERS ARE NO → N08
	a) Since the age of 15 until now , has anyone (other than your male partner) 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.	1	2	
	IF NECESSARY: We define sexual intercourse as vaginal, oral or anal penetration.			
	b) Has anyone (other than your male partner) ever forced you to have sex when you were too drunk or drugged to refuse?	1	2	
	c) Have you been forced or persuaded to have sex against your will with more than one man at the same time?	1	2	

N06b	Has any of this happened in the past 12 months?	YES	1
		NO	2
		DON'T KNOW.....	8

N07	a) Who did this to you? PROBE: Anyone else? How about a relative? How about someone at school or work? How about a friend or neighbour? A stranger or anyone else?	b) INDICATE SEX FOR EACH PERSON MENTIONED	c) ASK ONLY FOR THOSE MARKED in N03 a). How many times did this happen since you were 15? Once, a few times, or many times?	d) 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?
	DO NOT READ OUT THE LIST MARK LETTER FOR ALL MENTIONED			
	MALE FEMALE	ONCE FEW MANY	NO ONCE FEW MANY	
	PARENT A	1 2	1 2 3	0 1 2 3
	PARENT-IN-LAW B	1 2	1 2 3	0 1 2 3
	SIBLING (BROTHER OR SISTER)..... C	1 2	1 2 3	0 1 2 3
	OTHER FAMILY MEMBER D	1 2	1 2 3	0 1 2 3
	SOMEONE AT WORK..... E	1 2	1 2 3	0 1 2 3
	FRIEND/ACQUAINTANCE F	1 2	1 2 3	0 1 2 3
	RECENT ACQUAINTANC..... G	1 2	1 2 3	0 1 2 3
	COMPLETE STRANGER..... H	1 2	1 2 3	0 1 2 3
	TEACHER I	1 2	1 2 3	0 1 2 3
	DOCTOR/HEALTH STAFF J	1 2	1 2 3	0 1 2 3
	RELIGIOUS LEADER..... K	1 2	1 2 3	0 1 2 3
	POLICE/ SOLDIER..... L	1 2	1 2 3	0 1 2 3
	Brother/sister-in-law M	1 2	1 2 3	0 1 2 3
	Step-father N			
	step-brother/sister O	1 2	1 2 3	0 1 2 3
	OTHER (specify) _____ X			

N07e	I am now going to ask you about your experience of forced sex . When was the most recent incident that you were forced to have sex?	LESS THAN ONE YEAR AGO	1
		BETWEEN ONE AND FIVE YEARS AGO	2
		LONGER THAN FIVE YEARS AGO	3
		REFUSED/NO ANSWER	9

N07f	Where did this (the most recent) incident occur?	YOUR OWN HOME OR YARD.....1 HIS HOME OR YARD2 SOMEONE’S ELSE HOME OR YARD3 STREET, ALLEY4 PARKING LOT.....5 CAR.....6 WORK.....7 BAR, DANCE CLUB, POOL HALL.....8 RURAL AREAS, WOODS, PARK, CAMPGROUND9 OTHER PUBLIC BUILDING10 SCHOOL, COLLEGE, CAMPUS.....11 PUBLIC TRANSPORT.....12 OTHER (SPECIFY).....96 DON’T KNOW/CAN’T REMEMBER.....98 REFUSED/NO ANSWER.....99	
N07g	Did you report the incident to the police? Please respond about the most recent incident.	YES..... 1 NO..... 2 REFUSED/NO ANSWER 9	⇒N07j
N07h	How did the police respond? COUNTRY SPECIFIC CODING	THEY OPENED A CASE..... 1 THEY SENT ME AWAY 2 OTHER 3 REFUSED/NO ANSWER 9	
N07i	Was the person who did this to you arrested and convicted?	NOT ARRESTED..... 1 ARRESTED BUT NOT CONVICTED..... 2 CONVICTED..... 3 REFUSED/NO ANSWER 9	
N07j	Did you report it to a health service (doctor or nurse)?	YES..... 1 NO..... 2 REFUSED/NO ANSWER 9	⇒N07n
N07k	Were you offered any medication/treatment for preventing pregnancy?	YES..... 1 NO..... 2 DON’T KNOW..... 8 REFUSED/NO ANSWER 9	
N07l	Were you offered any medication/treatment for preventing transmission of HIV (PEP)?	YES..... 1 NO..... 2 DON’T KNOW..... 8 REFUSED/NO ANSWER 9	
N07m	Did you receive (formal) counselling with regards to the incident that you experienced?	YES..... 1 NO..... 2 REFUSED/NO ANSWER 9	
N07n	Did you tell anyone in your family about the incident? Anyone else, such as a friend or neighbour?	NO ONE..... A FEMALE MEMBER OF YOUR FAMILY OF BIRTH .. B MALE MEMBER OF YOUR FAMILY OF BIRTH..... C FEMALE MEMBER OF YOUR IN-LAWS D MALE MEMBER OF YOUR IN-LAWS E YOUR CHILD/CHILDREN F FRIEND/NEIGHBOUR..... G OTHER, SPECIFY: X	⇒ N08
N07o	How did they respond? Anything else?	BLAMED ME FOR IT A SUPPORTED ME B WERE INDIFFERENT..... C TOLD ME TO KEEP IT QUIET D ADVISED TO REPORT TO POLICE E OTHER, SPECIFY: X	

N09e	Where did this (the most recent) incident occur?	YOUR OWN HOME OR YARD1 HIS HOME OR YARD2 SOMEONE'S ELSE HOME OR YARD3 STREET, ALLEY4 PARKING LOT.....5 CAR.....6 WORK.....7 BAR, DANCE CLUB, POOL HALL.....8 RURAL AREAS, WOODS, PARK, CAMPGROUND9 OTHER PUBLIC BUILDING10 SCHOOL, COLLEGE, CAMPUS.....11 PUBLIC TRANSPORT.....12 OTHER (SPECIFY).....96 DON'T KNOW/CAN'T REMEMBER.....98 REFUSED/NO ANSWER.....99	
N09f	Have you ever been asked to perform sexual acts against your will in order to get a job or keep your job, or to get promoted? <i>OPTIONAL QUESTION</i>	YES.....1 NO.....2 N/A NEVER WORKED.....7 DON'T KNOW/CAN'T REMEMBER.....8 REFUSED/NO ANSWER.....9	111с3-г 2 бол алгасана
N09g	Have you ever been asked to perform sexual acts against your will in order to pass an exam or get good grades at school? (The acts do not need to have happened). THE ACT MAY NOT HAVE HAPPENED <i>OPTIONAL QUESTION</i>	YES.....1 NO.....2 NEVER WENT TO SCHOOL.....7 DON'T KNOW/CAN'T REMEMBER.....8 REFUSED/NO ANSWER.....9	111с3-г 2 бол алгасана
N09h	Have you ever been groped, sexually touched or had someone rubbing against you in the bus or another public space?	YES.....1 NO.....2 DON'T KNOW/CAN'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
N09i	Have you ever received personal electronic messages with sexual content (e.g. remarks, invitations, pictures) that were hurtful to you or made you feel uncomfortable? For example, via Facebook, cellphone, e-mail, <u>excluding spam</u>	YES.....1 NO.....2 DOES NOT USE ELECTRONIC MEDIA7 DON'T KNOW/CAN'T REMEMBER.....8 REFUSED/NO ANSWER.....9	

1003	<p>When you were a girl, before you were 15 years old, do you remember if any-one in your family ever touched you sexually against your will, or made you do something sexual that you didn't want to?</p> <p>For example, has any of these things ever happened to you?</p> <ul style="list-style-type: none"> - touching of breasts or private parts - making sexual remarks or showing sexual explicit pictures against your will - making you touch their private parts - having sex or trying to have sex with you <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>	<p>YES1</p> <p>NO2</p>	⇒ 1004
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1003	<p>a) IF YES: Who did this to you? We do not need to know the name of this person.</p> <p>CONTINUE: How about someone at school? How about a friend or neighbour? Has anyone else done this to you?</p> <p>DO NOT READ OUT THE LIST MARK LETTER FOR ALL MENTIONED</p>	<p>INDICATE SEX OF EACH PERSON MENTIONED</p> <p>MALE FEMALE</p>	ASK ONLY FOR THOSE MARKED IN 1003a																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
a)			<p>b) How old were you when it happened with this person for the first time? (more or less)</p>	<p>c) How old was this person? PROBE: roughly (more or less).</p>	<p>d) How many times did this happen?</p>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
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	<p>PARENTA</p> <p>PARENT-IN-LAW.....B</p> <p>SIBLING (BROTHER OR SISTER)C</p> <p>OTHER FAMILY MEMBERD</p> <p>SOMEONE AT WORKE</p> <p>FRIEND/ACQUAINTANCE F</p> <p>RECENT ACQUAINTANCG</p> <p>COMPLETE STRANGERH</p> <p>TEACHERI</p> <p>DOCTOR/HEALTH STAFF.....J</p> <p>RELIGIOUS LEADERK</p> <p>POLICE/ SOLDIERL</p> <p>Brother/sister-in-law.....M</p> <p>Step-father,N</p> <p>step-brother/sister.....O</p> <p>OTHER (specify) _____ X</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>			1	2	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> </tr> </table>			[]	[]	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> </tr> </table>			[]	[]	<table style="width: 100%; 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1005	How would you describe the first time that you had sexual intercourse? 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	The first time you had sexual intercourse, was this with your (future) husband/cohabiting partner, or was it with someone else?	(FUTURE) HUSBAND/PARTNER..... 1 SOMEONE ELSE MORE OR LESS YOUR OWN AGE 2 SOMEONE ELSE WHO WAS OLDER..... 3 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED /NO ANSWER 9																													
1005a	The number of sexual partners women have had differs a lot from person to person. Some women report having had one sex partner, some 2 or more, and still others report many, even 50 or more. <u>In your life</u> how many different men have you had sex with? IF NEEDED PROBE: More or less; I do not need to know the exact number.	PARTNERS.....[][] DON'T KNOW/DON'T REMEMBER..... 998 REFUSED/NO ANSWER..... 999																													
1005b	IF ONE PARTNER IN 1005a; ASK: Did you have sex in the past 12 months? IF YES, ENTER "01" IF NONE ENTER "00" IF MORE THAN ONE PARTNER IN 1005a, ASK With how many of these men did you have sex in the <u>past 12 months</u> ? INCLUDE CURRENT PARTNER IN TOTAL	PARTNERS.....[][] DON'T KNOW/DON'T REMEMBER..... 98 REFUSED/NO ANSWER..... 99																													
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/DON'T REMEMBER 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? e) Locked you in a dark room? f) Anything else? Specify: _____	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>a) SLAPPED</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>b) BEAT, KICKED</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>c) HIT WITH OBJECT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>d) TIED WITH ROPE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>e) Dark Room</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>f) ANYTHING ELSE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	a) SLAPPED	1	2	8	b) BEAT, KICKED	1	2	8	c) HIT WITH OBJECT	1	2	8	d) TIED WITH ROPE	1	2	8	e) Dark Room	1	2	8	f) ANYTHING ELSE	1	2	8	
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d) TIED WITH ROPE	1	2	8																												
e) Dark Room	1	2	8																												
f) ANYTHING ELSE	1	2	8																												

SECTION 12 COMPLETION OF INTERVIEW

1201	<p>I would now like to give you a card. On this card are two pictures. No other information is written on the card. The first picture is of a sad face, the second is of a happy face.</p> <p>No matter what you have already told me, I would like you to put a mark below the sad face if someone has ever touched you sexually, or made you do something sexual that you didn't want to, <u>before you were 15 years old</u> (when you were a girl younger than 15 years old).</p> <p>For example, has any of these things ever happened to you?</p> <ul style="list-style-type: none"> - touching of breasts or private parts - making sexual remarks or showing sexual explicit pictures against your will - making you touch their private parts - having sex or trying to have sex with you <p>Please put a mark below the happy face if this has never happened to you. 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 COMPLETION1</p> <p>CARD <u>NOT</u> GIVEN FOR COMPLETION2</p>
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1202	<p>We have now finished the interview. Do you have any comments, or is there anything else you would like to add?</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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1202 a	<p>Do you have any recommendations or suggestions that could help to stop domestic violence against women in this country?</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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1203	<p>I have asked you about many difficult things. How has talking about these things made you feel?</p> <p>WRITE DOWN ANY SPECIFIC RESPONSE GIVEN BY RESPONDENT</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>GOOD/BETTER..... 1</p> <p>BAD/WORSE 2</p> <p>SAME/ NO DIFFERENCE.. 3</p>
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REFERENCE SHEET (THIS WILL BE USED IF VIOLENCE QUESTIONS APPLIED TO ALL WOMEN WHO EVER HAD A HUSBAND/PARTNER, CURRENT OR PAST)

Box A. MARITAL STATUS

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

119	Are you <u>currently</u> married, living together or <i>involved in a relationship with a man without living together</i> ?	CURRENTLY MARRIED AND LIVING TOGETHER1 CURRENTLY MARRIED NOT LIVING TOGETHER2 LIVING WITH MAN, NOT MARRIED3 <i>CURRENTLY HAVING A REGULAR PARTNER (ENGAGED, DATING), NOT LIVING TOGETHER</i>4 NOT CURRENTLY MARRIED OR LIVING WITH A MAN (<i>NOT INVOLVED IN A RELATIONSHIP WITH A MAN</i>).....5 CURRENTLY HAVING FEMALE PARTNER ..6	[] Currently married and/or living with man (K) [] Currently with regular partner; dating relationship (L) [] Previously married/previously lived with man; <i>no current (dating) relationship</i> (M1)
120 a	Have you <u>ever</u> been married or lived with a male partner?	YES, MARRIED.....1 LIVED WITH A MAN, NOT MARRIED.....3 NO5	[] Previously had (dating) relationship (M2)
120 b	Have you ever been involved in a relationship with a man without living together (such as being engaged or dating)?	YES.....1 NO.....2	[] Never married /never lived with man; <i>never (dating) relationship</i> (N)

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

Box B. REPRODUCTIVE HISTORY

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

(P) Respondent has been pregnant at least once (Question 308, 1 or more) [] Yes [] No

(Q) Respondent had at least one child born alive (Question 301, 1 or more) [] Yes [] No

(R) Respondent has children who are alive (Question 303, 1 or more) [] Yes [] No

(S) Respondent is currently pregnant (Question 310, option 1) [] Yes [] No

(T) Number of pregnancies reported (Question 308): [] []

Box C. VIOLENCE BY HUSBAND/PARTNER

Check and complete ALL that applies for respondent:

(U) Respondent has been victim of physical violence (Question 707) [] Yes [] No

(V) Respondent has been victim of sexual violence (Question 708) [] Yes [] No