

<p>AUTHORITY: Commonwealth Act No. 591 authorizes this survey and the National Statistics Office to collect information on fertility, family planning and health.</p> <p>CONFIDENTIALITY: Sec. 4 of CA No. 591 provides that all information furnished on this form is held STRICTLY CONFIDENTIAL.</p>	<p>NATIONAL STATISTICS OFFICE</p> <p>2008 NATIONAL DEMOGRAPHIC AND HEALTH SURVEY</p> <p>WOMEN'S SAFETY MODULE</p>	<p>NDHS FORM 3</p> <p>NSCB Approval No. NSO-0813-03 Expires July 31, 2008</p>		
Booklet ___ of ___ Booklets				
IDENTIFICATION				
<div style="display: flex; justify-content: space-between;"> <div> PROVINCE _____ CITY/MUNICIPALITY _____ BARANGAY _____ EA SAMPLE HOUSING UNIT SERIAL NUMBER HOUSEHOLD CONTROL NUMBER NDHS HOUSEHOLD NUMBER NAME OF HOUSEHOLD HEAD _____ NAME AND LINE NUMBER OF ELIGIBLE WOMAN _____ ADDRESS _____ </div> <div style="border: 1px solid black; width: 100px; height: 150px; margin-left: 10px; position: relative;"> <!-- Grid representation of the form --> </div> </div>				
INTERVIEW RECORD				
	1	2	3	FINAL VISIT
DATE				DAY MONTH YEAR <div style="display: inline-block; border: 1px solid black; padding: 2px;">2</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;">0</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;">0</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;">8</div> INT. CODE RESULT
INTERVIEWER'S NAME				
RESULT*				
NEXT VISIT: DATE AND TIME				TOTAL NUMBER OF VISITS <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>
<p>*RESULT CODES:</p> <div style="display: flex; justify-content: space-between;"> <div> 1 COMPLETED 2 NOT AT HOME 3 POSTPONED 4 REFUSED </div> <div> 5 PARTLY COMPLETED 6 RESPONDENT INCAPACITATED 7 OCW/OFW 8 OTHER _____ (SPECIFY) </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div> LANGUAGE OF QUESTIONNAIRE** <div style="display: inline-block; border: 1px solid black; padding: 2px;">7</div> LOCAL LANGUAGE OF RESPONDENT** <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> TRANSLATOR USED YES 1 NO 2 </div> <div> LANGUAGE OF INTERVIEW** <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> **LANGUAGE CODES <div style="display: flex; justify-content: space-between;"> <div> 1 TAGALOG 2 CEBUANO 3 ILOCANO 4 BICOL </div> <div> 5 HILIGAYNON 6 WARAY 7 ENGLISH 8 OTHER _____ (SPECIFY) </div> </div> </div> </div>				
SUPERVISOR <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>	FIELD EDITOR <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>	OFFICE EDITOR <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>	ENCODER <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>	
Name and Signature Date	Name and Signature Date			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
1101	<p>CHECK FOR PRESENCE OF OTHERS:</p> <p>DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED.</p> <p>PRIVACY OBTAINED 1 PRIVACY NOT POSSIBLE 2</p> <p style="text-align: center;">↓</p>		1136																												
1102	<p>READ TO THE RESPONDENT</p> <p>Now I would like to ask you questions about some other important aspects of a woman's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women in the Philippines. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else will know that you were asked these questions.</p>																														
1103	<p>CHECK 601 AND 602</p> <p>NEVER MARRIED/ NEVER LIVED WITH A MAN <input type="checkbox"/></p> <p style="text-align: center;">↓</p>	<p>CURRENTLY <input type="checkbox"/> MARRIED/ LIVING WITH A MAN</p> <p>FORMERLY <input type="checkbox"/> MARRIED/ LIVED WITH A MAN</p> <p style="text-align: center;">(READ IN PAST TENSE)</p>	<p>1105</p> <p>1105</p>																												
1104	<p>Have you ever had a boyfriend or dating partner?</p>	<p>YES, HAS/HAD BOYFRIEND/ DATING PARTNER 1</p> <p>NO, NEVER HAD BOYFRIEND/ DATING PARTNER 2</p>	1116																												
1105	<p>EVER MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) husband/partner.</p> <p>a) He (is/was) jealous or angry if you (communicate/communicated) to other men?</p> <p>b) He frequently (accuses/accused) you of being unfaithful?</p> <p>c) He (does/did) not permit you to meet your female friends?</p> <p>d) He (tries/tried) to limit your contact with your family?</p> <p>e) He (insists/insisted) on knowing where you (are/were) at all times?</p> <p>f) He (does/did) not trust you with his money?</p>	<p>NEVER MARRIED/NEVER LIVED WITH A MAN, HAS/ HAD BOYFRIEND/ DATING PARTNER <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with any of your boyfriends or dating partners.</p> <table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>JEALOUS</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>ACCUSES</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NOT MEET FRIENDS ...</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NO FAMILY</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>WHERE YOU ARE</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>MONEY</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	JEALOUS	1	2	8	ACCUSES	1	2	8	NOT MEET FRIENDS ...	1	2	8	NO FAMILY	1	2	8	WHERE YOU ARE	1	2	8	MONEY	1	2	8	
	YES	NO	DK																												
JEALOUS	1	2	8																												
ACCUSES	1	2	8																												
NOT MEET FRIENDS ...	1	2	8																												
NO FAMILY	1	2	8																												
WHERE YOU ARE	1	2	8																												
MONEY	1	2	8																												

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES			SKIP
1106	<p>EVER MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> <p>A. Now, if you will permit me, I need to ask some more questions about your relation- ship with your (last) husband/ partner.</p> <p>Does/Did your (last) husband/partner ever:</p>	<p>NEVER MARRIED/NEVER LIVED WITH A MAN, HAS/ HAD BOYFRIEND/ DATING PARTNER <input type="checkbox"/></p> <p>A. Now, if you will permit me, I need to ask some more questions about your rela- tionship with any of your boyfriend/dating partner.</p> <p>Does/Did any of your boyfriends/ dating partners ever:</p>	<p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <p>OFTEN SOME- TIMES NOT AT ALL</p>			
	a) say or do something to humiliate you in front of others?	<p>YES 1 →</p> <p>NO 2 ↓</p>	1	2	3	
	b) threaten to hurt or harm you or himself or someone close to you?	<p>YES 1 →</p> <p>NO 2 ↓</p>	1	2	3	
	c) insult you or make you feel bad about yourself?	<p>YES 1 →</p> <p>NO 2 ↓</p>	1	2	3	
	d) not allow you to engage in any legitimate work nor practice your profession?	<p>YES 1 →</p> <p>NO 2 ↓</p>	1	2	3	
	e) control your own money or properties or force you to work?	<p>YES 1 →</p> <p>NO 2 ↓</p>	1	2	3	
	f) destroy your personal properties, pets or belongings, or threaten or actually harm your pets?	<p>YES 1 →</p> <p>NO 2 ↓</p>	1	2	3	
	g) have other intimate relationships?	<p>YES 1 →</p> <p>NO 2 ↓</p>	1	2	3	
1107	<p>EVER MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> <p>A. Does/Did your (last) husband/partner ever do any of the following things to you:</p>	<p>NEVER MARRIED/NEVER LIVED WITH A MAN, HAS/ HAD BOYFRIEND/ DATING PARTNER <input type="checkbox"/></p> <p>A. Does/Did any of your boyfriends/ dating partners do any of the following things to you:</p>	<p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <p>OFTEN SOME- TIMES NOT AT ALL</p>			
	a) push you, shake you, or throw something at you?	<p>YES 1 →</p> <p>NO 2 ↓</p>	1	2	3	
	b) slap you?	<p>YES 1 →</p> <p>NO 2 ↓</p>	1	2	3	
	c) twist your arm or pull your hair?	<p>YES 1 →</p> <p>NO 2 ↓</p>	1	2	3	
	d) punch or hit you with something that could hurt you?	<p>YES 1 →</p> <p>NO 2 ↓</p>	1	2	3	
	e) kick you, drag you or beat you up?	<p>YES 1 →</p> <p>NO 2 ↓</p>	1	2	3	
	f) try to choke you or burn you on purpose?	<p>YES 1 →</p> <p>NO 2 ↓</p>	1	2	3	
	g) threaten or attack you with a knife, gun, or any other weapon?	<p>YES 1 →</p> <p>NO 2 ↓</p>	1	2	3	
	h) physically force you to have sexual intercourse with him even when you did not want to?	<p>YES 1 →</p> <p>NO 2 ↓</p>	1	2	3	
	i) force you to perform any other sexual acts you did not want to?	<p>YES 1 →</p> <p>NO 2 ↓</p>	1	2	3	
	j) try or attempt to force you to have sexual intercourse with him or perform any other sexual acts against your will?	<p>YES 1 →</p> <p>NO 2 ↓</p>	1	2	3	
	k) persuade or threaten you to have sexual intercourse with him or perform any other sexual acts against your will?	<p>YES 1 →</p> <p>NO 2 ↓</p>	1	2	3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1108	CHECK 1106A (a-g) AND 1107A (a-k) : <div style="display: flex; justify-content: space-between;"> <div> AT LEAST ONE 'YES' <input type="checkbox"/> </div> <div> NOT A SINGLE 'YES' <input type="checkbox"/> </div> </div>	<div style="border-bottom: 1px solid black; width: 100px;"></div>	1111
1109	<div style="display: flex; justify-content: space-between;"> <div> EVER MARRIED/ LIVED WITH A MAN <input type="checkbox"/> </div> <div> NEVER MARRIED/NEVER LIVED WITH A MAN, HAS/ HAD BOYFRIEND/ DATING PARTNER <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-between;"> <div> How long after you first got married to/started living with your (last) husband/partner did (this/any of these) thing(s) first happen? IF LESS THAN ONE YEAR, RECORD '00'. </div> <div> How long after you started your relationship with your boyfriend/dating partner did (this/any of these) thing(s) first happen? </div> </div>	NUMBER OF YEARS <input type="text"/> <input type="text"/> BEFORE MARRIAGE/BEFORE LIVING TOGETHER 95	
1110	<div style="display: flex; justify-content: space-between;"> <div> EVER MARRIED/ LIVED WITH A MAN <input type="checkbox"/> </div> <div> NEVER MARRIED/NEVER LIVED WITH A MAN, HAS/ HAD BOYFRIEND/ DATING PARTNER <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-between;"> <div> Did the following ever happen as a result of what your (last) husband/ partner did to you? a) You had cuts, bruises or aches? b) You had eye injuries, sprains, dislocations, or burns? c) You had deep wounds, broken bones, broken teeth, or any other serious injury? d) You lost your job/source of income? e) You had depression, anxiety, anger, sleeplessness, irritable, confused, feeling of isolation? f) You attempted to commit suicide? g) Other, specify _____ </div> <div> Did the following ever happen as a result of what your boyfriends/ dating partners did to you? YES 1 NO 2 YES 1 NO 2 YES 1 NO 2 YES 1 NO 2 YES 1 NO 2 YES 1 NO 2 YES 1 NO 2 </div> </div>		
1111	<div style="display: flex; justify-content: space-between;"> <div> EVER MARRIED/ LIVED WITH A MAN <input type="checkbox"/> </div> <div> NEVER MARRIED/NEVER LIVED WITH A MAN, HAS/ HAD BOYFRIEND/ DATING PARTNER <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-between;"> <div> Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) husband/partner (at times when he was not already beating or physically hurting you)? </div> <div> Have you ever hit, slapped, kicked, or done anything else to physically hurt any of your boyfriends or dating partners (at times when he was not already beating or physically hurting you)? </div> </div>	YES 1 NO 2	1114
1112	CHECK 601, 602 and 603 : <div style="display: flex; justify-content: space-between;"> <div> RESPONDENT NEVER MARRIED OR IS NOT A WIDOW <input type="checkbox"/> </div> <div> RESPONDENT IS A WIDOW <input type="checkbox"/> </div> </div>	<div style="border-bottom: 1px solid black; width: 100px;"></div>	1114
1113	<div style="display: flex; justify-content: space-between;"> <div> EVER MARRIED/ LIVED WITH A MAN <input type="checkbox"/> </div> <div> NEVER MARRIED/NEVER LIVED WITH A MAN, HAS/ HAD BOYFRIEND/ DATING PARTNER <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-between;"> <div> In the last 12 months, how often have you done this to your husband/ partner: often, only sometimes, or not at all? </div> <div> In the last 12 months, how often have you done this to any of your boyfriends or dating partners: often, only sometimes, or not at all? </div> </div>	OFTEN 1 SOMETIMES 2 NOT AT ALL 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1114	<div> <div> EVER MARRIED/ LIVED WITH A MAN <input type="checkbox"/> </div> <div> NEVER MARRIED/NEVER LIVED WITH A MAN, HAS/ HAD BOYFRIEND/ DATING PARTNER <input type="checkbox"/> </div> </div> <p>Does/Did your husband/ partner drink alcohol?</p> <p>Does/Did any of your boyfriends or dating partners who did (this/these) thing(s) to you drink alcohol?</p>	YES 1 NO 2 DON'T KNOW 8	→ 1116
1115	How often does (did) he get drunk: often, only sometimes, or never?	OFTEN 1 SOMETIMES 2 NEVER 3 DON'T KNOW 8	
1116	<p>CHECK 601, 602 AND 1104:</p> <div> <div> EVER MARRIED/ LIVED WITH A MAN <input type="checkbox"/> </div> <div> HAS/HAD BOYFRIEND/ DATING PARTNER <input type="checkbox"/> </div> <div> NEVER HAD BOYFRIEND/ DATING PARTNER <input type="checkbox"/> </div> </div> <p>From the time you were 15 years old has anyone other than your (current/ last) husband/ partner slapped, kicked, hit, or done anything else to hurt you physically?</p> <p>From the time you were 15 years old has anyone other than any of your boyfriends or dating partners slapped, kicked, hit or done anything else to hurt you physically?</p> <p>From the time you were 15 years old has anyone ever hit, slapped, kicked, or done anything else to hurt you physically?</p>	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1119
1117	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER A FATHER/STEP-FATHER B SISTER/BROTHER C DAUGHTER/SON D OTHER RELATIVE E FORMER HUSBAND/PARTNER F CURRENT BOYFRIEND/ DATING PARTNER G FORMER BOYFRIEND/ DATING PARTNER H MOTHER-IN-LAW I FATHER-IN-LAW J OTHER IN-LAW K TEACHER L EMPLOYER/SOMEONE AT WORK M POLICE/SOLDIER N OTHER _____ X (SPECIFY)	
1118	In the last 12 months, how often have you been hit, slapped, kicked, or physically hurt by this/these person(s): often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3	
1119	<p>CHECK 201, 208, AND 233</p> <div> <div> EVER BEEN PREGNANT (YES IN 201 OR 208 OR 233) <input type="checkbox"/> </div> <div> NEVER BEEN PREGNANT <input type="checkbox"/> </div> </div>		→ 1122
1120	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES 1 NO 2	→ 1122

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1121	<p>Who has done any of these things to physically hurt you while you were pregnant?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	MOTHER/STEP-MOTHER A FATHER/STEP-FATHER B SISTER/BROTHER C DAUGHTER/SON D OTHER RELATIVE E CURRENT HUSBAND/PARTNER F FORMER HUSBAND/PARTNER G CURRENT BF/DATING PARTNER H FORMER BF/DATING PARTNER I MOTHER-IN-LAW J FATHER-IN-LAW K OTHER IN-LAW L TEACHER M EMPLOYER/SOMEONE AT WORK N POLICE/SOLDIER O OTHER X (SPECIFY)	
1122	<p>CHECK 610: EVER HAD SEX?</p> <p>HAS EVER HAD SEX <input type="checkbox"/></p> <p>NEVER HAD SEX <input type="checkbox"/></p>		1127
1123	<p>The first time you had sexual intercourse, would you say that you had it because you wanted to, or because you were forced to have it against your will?</p>	WANTED TO 1 FORCED TO 2 REFUSED TO ANSWER/ NO RESPONSE 3	
1124	<p>CHECK 601, 602 AND 1104:</p> <p>EVER MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> <p>NEVER MARRIED/NEVER LIVED WITH A MAN</p> <p>HAS/HAD BOYFRIEND/ DATING PARTNER <input type="checkbox"/></p> <p>NEVER HAD BOYFRIEND/ DATING PARTNER <input type="checkbox"/></p> <p>In the last 12 months, has anyone other than your (current/last) husband/partner forced you to have sexual intercourse against your will?</p> <p>In the last 12 months, has anyone other than any of your boyfriends or dating partners forced you to have sexual intercourse against your will?</p> <p>In the last 12 months has anyone forced you to have sexual intercourse against your will?</p>	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	
1125	<p>CHECK 1123 AND 1124:</p> <p>1123 = '1' OR '3' AND 1124 = '2' OR '3' <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>		1129
1126	<p>CHECK 1107(h-k)</p> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p>		1131
1127	<p>At anytime in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts?</p>	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	1129
1128	<p>At anytime in your life, as a child or as an adult, has anyone ever tried to force you or ever threatened or persuaded you to have sexual intercourse or perform any other sexual acts against your will?</p>	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	1129a 1131
1129	<p>How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts?</p>	AGE IN COMPLETED YEARS ... <input type="text"/> <input type="text"/>	
1129a	<p>How old were you the first time someone tried to force you, or threatened or persuaded you to have sexual intercourse or perform any other sexual acts against your will?</p>	DON'T KNOW 98	

INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE WOMEN'S SAFETY MODULE
TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:
