



<p><b>AUTHORITY:</b> Commonwealth Act No. 591 authorizes the National Statistics Office to conduct this survey in order to collect information on fertility, family planning and health.</p> <p><b>CONFIDENTIALITY:</b> Sec. 4 of CA No. 591 provides that all information obtained from the Respondent is held <b>STRICTLY CONFIDENTIAL</b>.</p>	<p>NATIONAL STATISTICS OFFICE</p> <p><b>2013 NATIONAL DEMOGRAPHIC AND HEALTH SURVEY</b></p> <p>WOMEN'S SAFETY MODULE (ENGLISH)</p>	<p><b>NDHS FORM 3</b></p> <p>NSCB Approval No. NSO-1229-03 Expires: 30 June 2014</p>														
Booklet ___ of ___ Booklets																
<b>IDENTIFICATION</b>																
<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> 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="width: 15%; text-align: center;"> <table border="1" style="border-collapse: collapse; margin: 0 auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> </div> </div>																
<b>INTERVIEW RECORD</b>																
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DATE				DAY ..... MONTH ..... YEAR <table border="1" style="display: inline-table; text-align: center; width: 40px;"><tr><td>2</td><td>0</td><td>1</td><td>3</td></tr></table> INT. CODE ... RESULT* .....	2	0	1	3								
2	0	1	3													
INTERVIEWER'S NAME																
RESULT*																
NEXT VISIT: DATE AND TIME				TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; text-align: center; width: 40px;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>												
<b>*RESULT CODES:</b> 1 COMPLETED      5 PARTLY COMPLETED 2 NOT AT HOME      6 RESPONDENT INCAPACITATED 3 POSTPONED      7 OCW/OFW 4 REFUSED      8 OTHER _____ <div style="text-align: right; margin-top: -10px;">(SPECIFY)</div>			<b>TIME STARTED</b> HOUR ..... MINUTES .....													
LANGUAGE OF QUESTIONNAIRE** <table border="1" style="display: inline-table; text-align: center; width: 40px;"><tr><td style="width: 20px; height: 20px;">7</td></tr></table> LOCAL LANGUAGE OF RESPONDENT** <table border="1" style="display: inline-table; text-align: center; width: 40px;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> TRANSLATOR USED      YES 1 NO 2			7		LANGUAGE OF INTERVIEW** <table border="1" style="display: inline-table; text-align: center; width: 40px;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> <b>**LANGUAGE CODES</b> 1 TAGALOG      5 HILIGAYNON 2 CEBUANO      6 WARAY 3 ILOCANO      7 ENGLISH 4 BICOL      8 OTHER _____ <div style="text-align: right; margin-top: -10px;">(SPECIFY)</div>											
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1101	<p>CHECK FOR PRESENCE OF OTHERS:</p> <p>DO NOT CONTINUE UNTIL EFFECTIVE OR COMPLETE PRIVACY IS ENSURED.</p> <p>PRIVACY OBTAINED <input type="checkbox"/></p> <p>PRIVACY NOT POSSIBLE <input type="checkbox"/></p>		→1139																																																																
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 in your household will know that you were asked these questions.</p>																																																																		
1103	<p>CHECK 601 AND 602:</p> <p>CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/LIVED WITH A MAN (READ IN PAST TENSE, AND USE 'LAST' WITH HUSBAND/PARTNER) <input type="checkbox"/></p> <p>NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/></p>		→1117																																																																
1104	<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 (talk/talked) 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>	<table> <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>LIMIT FAMILY CONTACTS .....</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> </tbody> </table>		YES	NO	DK	JEALOUS .....	1	2	8	ACCUSES .....	1	2	8	NOT MEET FRIENDS .....	1	2	8	LIMIT FAMILY CONTACTS .....	1	2	8	WHERE YOU ARE .....	1	2	8																																									
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1105	<p>A. Now, I need to ask some more questions about your relationship with your (last) (husband/partner).</p> <p>Did your (last) (husband/partner) ever:</p> <p>a) say or do something to humiliate you in front of others?</p> <p>b) threaten to hurt or harm you or himself or someone you care about?</p> <p>c) insult you or make you feel bad about yourself?</p> <p>d) not allow you to engage in any legitimate work nor practice your profession?</p> <p>e) control your own money or properties or force you to work?</p> <p>f) destroy your personal properties, pets or belongings, or threaten or actually harm your pets?</p> <p>g) have other intimate relationships?</p>	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th><th></th></tr> </thead> <tbody> <tr> <td>a)</td><td>1 →</td><td>2 ↓</td><td></td></tr> <tr> <td>b)</td><td>1 →</td><td>2 ↓</td><td></td></tr> <tr> <td>c)</td><td>1 →</td><td>2 ↓</td><td></td></tr> <tr> <td>d)</td><td>1 →</td><td>2 ↓</td><td></td></tr> <tr> <td>e)</td><td>1 →</td><td>2 ↓</td><td></td></tr> <tr> <td>f)</td><td>1 →</td><td>2 ↓</td><td></td></tr> <tr> <td>g)</td><td>1 →</td><td>2 ↓</td><td></td></tr> </tbody> </table>		YES	NO		a)	1 →	2 ↓		b)	1 →	2 ↓		c)	1 →	2 ↓		d)	1 →	2 ↓		e)	1 →	2 ↓		f)	1 →	2 ↓		g)	1 →	2 ↓		<p>B. How often did this happen during the last 12 months: often, only sometimes, or not in the last 12 months?</p> <table> <thead> <tr> <th></th><th>OFTEN</th><th>SOME-TIMES</th><th>NOT IN THE LAST 12 MONTHS</th></tr> </thead> <tbody> <tr> <td>a)</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>b)</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>c)</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>d)</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>e)</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>f)</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>g)</td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>		OFTEN	SOME-TIMES	NOT IN THE LAST 12 MONTHS	a)	1	2	3	b)	1	2	3	c)	1	2	3	d)	1	2	3	e)	1	2	3	f)	1	2	3	g)	1	2	3
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1106	<p>A. Did your (last) (husband/partner) ever do any of the following things to you:</p> <p>a) push you, shake you, or throw something at you?</p> <p>b) slap you?</p> <p>c) twist your arm or pull your hair?</p> <p>d) punch or hit you with something that could hurt you?</p> <p>e) kick you, drag you or beat you up?</p> <p>f) try to choke you or burn you on purpose?</p> <p>g) threaten or attack you with a knife, gun, or other weapon?</p> <p>h) physically force you to have sexual intercourse with him when you did not want to?</p> <p>i) physically force you to perform any other sexual acts you did not want to?</p> <p>j) force you with threats or in any other way to have sexual intercourse or perform sexual acts you did not want to?</p> <p>k) try or attempt to force, persuade or threaten you to have sexual intercourse with him or perform any other sexual acts against your will?</p>	<p>B. How often did this happen during the last 12 months: often, only sometimes, or not in the last 12 months?</p> <table border="1"> <thead> <tr> <th>OFTEN</th><th>SOME-TIMES</th><th>NOT IN THE LAST 12 MONTHS</th></tr> </thead> <tbody> <tr> <td>YES 1 →</td><td>2</td><td>3</td></tr> <tr> <td>NO 2 ↓</td><td></td><td></td></tr> <tr> <td>YES 1 →</td><td>2</td><td>3</td></tr> <tr> <td>NO 2 ↓</td><td></td><td></td></tr> <tr> <td>YES 1 →</td><td>2</td><td>3</td></tr> <tr> <td>NO 2 ↓</td><td></td><td></td></tr> <tr> <td>YES 1 →</td><td>2</td><td>3</td></tr> <tr> <td>NO 2 ↓</td><td></td><td></td></tr> <tr> <td>YES 1 →</td><td>2</td><td>3</td></tr> <tr> <td>NO 2 ↓</td><td></td><td></td></tr> <tr> <td>YES 1 →</td><td>2</td><td>3</td></tr> <tr> <td>NO 2 ↓</td><td></td><td></td></tr> <tr> <td>YES 1 →</td><td>2</td><td>3</td></tr> <tr> <td>NO 2 ↓</td><td></td><td></td></tr> </tbody> </table>	OFTEN	SOME-TIMES	NOT IN THE LAST 12 MONTHS	YES 1 →	2	3	NO 2 ↓			YES 1 →	2	3	NO 2 ↓			YES 1 →	2	3	NO 2 ↓			YES 1 →	2	3	NO 2 ↓			YES 1 →	2	3	NO 2 ↓			YES 1 →	2	3	NO 2 ↓			YES 1 →	2	3	NO 2 ↓			
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1107	<p>CHECK 1105A (a-g) AND 1106A (a-k):</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/></p>		1110																																													
1108	<p>How long after you first (got married/started living together) with your (last) (husband/partner) did (this/any of these things) first happen?</p> <p>IF LESS THAN ONE YEAR, RECORD '00'.</p>	<p>NUMBER OF YEARS ..... <input type="text"/> <input type="text"/></p> <p>BEFORE MARRIAGE/ BEFORE LIVING TOGETHER ..... 95</p>																																														
1109	<p>Did the following ever happen as a result of what your (last) (husband/partner) did to you?</p> <p>a) You had cuts, bruises or aches?</p> <p>b) You had eye injuries, sprains, dislocations, or burns?</p> <p>c) You had deep wounds, broken bones, broken teeth, or any other serious injury?</p> <p>d) You lost your job/source of income?</p> <p>e) You had depression, anxiety, anger, sleeplessness, irritable, confused, feeling of isolation?</p> <p>f) You attempted to commit suicide?</p> <p>g) Other, specify _____</p>	<p>YES ..... 1 NO/NOT APPLICABLE ..... 2</p> <p>YES ..... 1 NO/NOT APPLICABLE ..... 2</p> <p>YES ..... 1 NO/NOT APPLICABLE ..... 2</p> <p>YES ..... 1 NO/NOT APPLICABLE ..... 2</p> <p>YES ..... 1 NO/NOT APPLICABLE ..... 2</p> <p>YES ..... 1 NO/NOT APPLICABLE ..... 2</p> <p>YES ..... 1 NO/NOT APPLICABLE ..... 2</p>																																														

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1110	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?	YES..... 1 NO ..... 2	→ 1112
1111	In the last 12 months, how often have you done this to your (last) (husband/partner): often, only sometimes, or not at all?	OFTEN ..... 1 SOMETIMES ..... 2 NOT IN THE LAST 12 MONTHS ..... 3	
1112	Does/(Did) your (last) (husband/partner) drink alcohol?	YES..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 1114
1113	How often does/(did) your (last) (husband/partner) get drunk: often, only sometimes, or never.	OFTEN ..... 1 SOMETIMES ..... 2 NEVER ..... 3 DON'T KNOW ..... 8	
1114	Are (Were) you afraid of your (last) (husband/partner): most of the time, sometimes, or never?	MOST OF THE TIME AFRAID ..... 1 SOMETIMES AFRAID ..... 2 NEVER AFRAID ..... 3	
1115	CHECK 606 :  EVER MARRIED/ LIVED WITH A MAN <input type="checkbox"/> MORE THAN ONCE  EVER MARRIED/LIVED WITH A MAN ONLY ONCE/ <input type="checkbox"/>		→ 1117
1116	A. So far we have been talking about the behavior of your (current/last) (husband/partner). Now I want to ask you about the behavior of any previous (husband/partner).  a) Did any previous (husband/partner) ever hit, slap, kick or do anything else to hurt you physically?  b) Did any previous (husband/partner) physically force you to have intercourse or perform any other sexual acts against your will?	B. How long ago did this happen?  0 - 11 MONTHS AGO      12+ MONTHS AGO      DON'T RE-MEMBER  YES 1 →      1      2      3 NO 2 ↓ YES 1 →      1      2      3 NO 2	
1117	CHECK 1103:  EVER MARRIED/ EVER LIVED <input type="checkbox"/> WITH A MAN  From the time you were 15 years old has anyone other than (your/any of your) (husband/partner) slapped you, kicked you, hit you, or done anything else to hurt you physically?  NEVER MARRIED/ NEVER LIVED <input type="checkbox"/> WITH A MAN  From the time you were 15 years old has anyone ever hit you, slapped you, kicked you, or done anything else to hurt you physically?	YES..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER ..... 3	→ 1120
1118	Who has hurt you in this way?  Anyone else?  RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER ..... A FATHER/STEP-FATHER ..... B SISTER/BROTHER ..... C STEP SISTER/BROTHER ..... D DAUGHTER/SON ..... E OTHER RELATIVE ..... F CURRENT BF/DATING PARTNER ..... G FORMER BF/DATING PARTNER ..... H MOTHER-IN-LAW ..... I FATHER-IN-LAW ..... J OTHER IN-LAW ..... K TEACHER ..... L EMPLOYER/SOMEONE AT WORK ..... M FRIEND/ACQUAINTANCE ..... N POLICE/SOLDIER ..... O STRANGER ..... P RELIGIOUS LEADER ..... Q  OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1119	In the last 12 months, how often (has this person/have these persons) physically hurt you : often, only sometimes, or not at all?	OFTEN ..... 1 SOMETIMES ..... 2 NOT IN THE LAST 12 MONTHS ..... 3	
1120	CHECK 201, 206, 208, AND 233  <div style="display: flex; justify-content: space-around;"> <div>           EVER BEEN PREGNANT (YES IN 201 OR 206 OR 208 OR 233) <input type="checkbox"/> </div> <div>           NEVER BEEN PREGNANT <input type="checkbox"/> </div> </div>		→1123
1121	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES..... 1 NO ..... 2	→ 1123
1122	Who has done any of these things to physically hurt you while you were pregnant?  Anyone else?  RECORD ALL MENTIONED.	CURRENT HUSBAND/PARTNER ..... A MOTHER/STEP-MOTHER ..... B FATHER/STEP-FATHER ..... C SISTER/BROTHER ..... D STEP SISTER/BROTHER ..... E DAUGHTER/SON ..... F OTHER RELATIVE ..... G FORMER HUSBAND/PARTNER ..... H CURRENT BF/DATING PARTNER ..... I FORMER BF/DATING PARTNER ..... J MOTHER-IN-LAW ..... K FATHER-IN-LAW ..... L OTHER IN-LAW ..... M TEACHER ..... N EMPLOYER/SOMEONE AT WORK ..... O FRIEND/ACQUAINTANCE ..... P POLICE/SOLDIER ..... Q STRANGER ..... R RELIGIOUS LEADER ..... S OTHER ..... X (SPECIFY)	
1123	CHECK 1103:  <div style="display: flex; justify-content: space-around;"> <div>           EVER MARRIED/ LIVED WITH A MAN <input type="checkbox"/> </div> <div>           NEVER MARRIED/ NEVER LIVED WITH A MAN <input type="checkbox"/> </div> </div>		→1126
1124	Now, I want to ask you about the things that may have been done to you by someone other than (your/any of your) (husband/partner).  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 when you did not want to?	YES..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER ..... 3	→ 1128
1125	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 when you did not want to?	YES..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER..... 3	→ 1128 →1130
1126	Now, I want to ask you about the things that may have been done to you by anyone.  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 when you did not want to?	YES..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER..... 3	→ 1128
1127	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 when you did not want to?	YES..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER..... 3	→1132



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1132	<p>CHECK 1106A (a-k), 1116A(a-b), 1117, 1121 AND 1124-1127: PUT 'X' MARK</p> <p>AT LEAST ONE 'YES'                      NOT A SINGLE 'YES'</p> <p>Q 1106 A (a-k)                      <input type="checkbox"/>                      <input type="checkbox"/></p> <p>Q 1116 A (a-b)                      <input type="checkbox"/>                      <input type="checkbox"/></p> <p>Q 1117                      <input type="checkbox"/>                      <input type="checkbox"/></p> <p>Q 1121                      <input type="checkbox"/>                      <input type="checkbox"/></p> <p>Q 1124                      <input type="checkbox"/>                      <input type="checkbox"/></p> <p>Q 1125                      <input type="checkbox"/>                      <input type="checkbox"/></p> <p>Q 1126                      <input type="checkbox"/>                      <input type="checkbox"/></p> <p>Q 1127                      <input type="checkbox"/>                      <input type="checkbox"/></p> <p>AT LEAST ONE 'YES' <input type="checkbox"/>                      NOT A SINGLE 'YES' <input type="checkbox"/></p>		→ 1136
1133	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES ..... 1 NO ..... 2	→ 1135
1134	<p>From whom have you sought help?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>SOUGHT HELP FROM:</p> <p>OWN FAMILY ..... A</p> <p>HUSBAND/PARTNER'S FAMILY ..... B</p> <p>CURRENT/FORMER HUSBAND/PARTNER ..... C</p> <p>CURRENT/FORMER BOYFRIEND/DATING PARTNER ..... D</p> <p>FRIEND ..... E</p> <p>NEIGHBOR ..... F</p> <p>RELIGIOUS LEADER ..... G</p> <p>DOCTOR/MEDICAL PERSONNEL ... H</p> <p>POLICE ..... I</p> <p>LAWYER ..... J</p> <p>SOCIAL SERVICE ORGANIZATION . K</p> <p>OTHER _____ X (SPECIFY)</p>	→ 1136
1135	Have you ever told any one about this?	YES..... 1 NO ..... 2	
1136	As far as you know, did your father ever beat your mother?	YES..... 1 NO ..... 2 DON'T KNOW ..... 8	
1137	Are you aware of the Barangay Protection Order? This is an order by the Barangay to protect the woman or child against further violence by the perpetrator.	YES..... 1 NO ..... 2 DON'T KNOW ..... 8	
1138	<p>Are you aware of the following places where you could seek help in case you need it? READ ALL ITEMS BELOW.</p> <p>A Barangay Violence Against Women (VAW) Desk?</p> <p>B PNP Women and Children's Protection Desk?</p> <p>C DSWD Regional Center for Women/Girls (e.g. Crisis Intervention Unit)</p> <p>D Women and Children 's Protection Units in DOH-retained hospitals or other government health facilities</p> <p>E Public Attorney's Office of the Department of Justice or any public legal assistance office</p> <p>F Civil Society Organizations, non-government organizations (NGOs), people's organization that provides help/services to victims of violence against women.</p>	<p>YES NO</p> <p>BGY VAW DESK ..... 1 2</p> <p>PNP WOMEN'S DESK ..... 1 2</p> <p>DSWD REG'L CENTER FOR WOMEN/GIRLS ..... 1 2</p> <p>WOMEN AND CHILDREN'S PROTECTION UNITS ..... 1 2</p> <p>PUBLIC ATTORNEY'S OFFICE ..... 1 2</p> <p>CIVIL SOCIETY ORGANIZATION ..... 1 2</p>	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
	THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE WOMEN'S SAFETY MODULE ONLY.																						
1139	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table> <thead> <tr> <th></th> <th>YES ONCE</th> <th>YES, MORE THAN ONCE</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>HUSBAND/PARTNER</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALE ADULT</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>FEMALE ADULT</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>CHILDREN</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		YES ONCE	YES, MORE THAN ONCE	NO	HUSBAND/PARTNER	1	2	3	OTHER MALE ADULT	1	2	3	FEMALE ADULT	1	2	3	CHILDREN	1	2	3	
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CHILDREN	1	2	3																				
1140	RECORD TIME	HOUR ..... <input type="text"/> <input type="text"/> MINUTES ..... <input type="text"/> <input type="text"/>																					

**INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE WOMEN'S SAFETY MODULE**

**TO BE FILLED IN AFTER COMPLETING INTERVIEW**

**COMMENTS ABOUT RESPONDENT:**

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**COMMENTS ON SPECIFIC QUESTIONS:**

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**ANY OTHER COMMENTS:**

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