





6/19/2013

QUES. NO.

SINGLE WOMAN'S QUESTIONNAIRE

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
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| IDENTIFICATION  |   |
|---|---|
| <b>ADMINISTRATIVE INFORMATION</b><br><br>GOVERNORATE _____ <input type="text"/> <input type="text"/><br>DIRECTORATE NAME _____ <input type="text"/> <input type="text"/><br>SUB-DIRECTORATE NAME _____ <input type="text"/> <input type="text"/><br>URBAN = 1      RURAL = 2 <input type="text"/> | <b>LISTING INFORMATION</b><br><br>SECTOR NUMBER _____ <input type="text"/> <input type="text"/><br>SECTION NUMBER _____ <input type="text"/> <input type="text"/><br>CLUSTER NUMBER _____ <input type="text"/> <input type="text"/><br>HOUSEHOLD NUMBER _____ <input type="text"/> <input type="text"/> <input type="text"/><br>HOUSEHOLD CLUSTER NUMBER _____ <input type="text"/> <input type="text"/><br>NAME OF HOUSEHOLD HEAD _____<br>NAME AND LINE NUMBER OF WOMAN _____ <input type="text"/> <input type="text"/> |

| INTERVIEWER VISITS  |                    |                    |                    |  |
|---|--------------------|--------------------|--------------------|--|
|   | 1                  | 2                  | 3                  | FINAL VISIT  |
| DATE  | ____ / ____ / 2013 | ____ / ____ / 2013 | ____ / ____ / 2013 | DAY <input type="text"/> <input type="text"/><br>MONTH <input type="text"/> <input type="text"/><br>YEAR <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 3 |
| INTERVIEWER'S NAME  | _____              | _____              | _____              | INT. NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  |
| RESULT*   | _____              | _____              | _____              | RESULT <input type="text"/>  |
| NEXT VISIT: DATE  | ____ / ____ / 2013 | ____ / ____ / 2013 |                    | TOTAL NUMBER OF VISITS <input type="text"/>  |
| TIME  | _____              | _____              |                    |  |
| *RESULT CODES:<br>1 COMPLETED<br>2 NOT AT HOME<br>3 POSTPONED<br>4 REFUSED<br>5 PARTLY COMPLETED<br>6 INCAPACITATED<br>7 OTHER _____<br>(SPECIFY) |                    |                    |                    |  |

|           | FIELD EDITOR                              | SUPERVISOR                                | OFFICE EDITOR                             | KEYER                                     |
|-----------|---|---|---|---|
| NAME      | _____                                     | _____                                     | _____                                     | _____                                     |
| SIGNATURE | _____                                     | _____                                     | _____                                     | _____                                     |
| DATE      | ____ / ____ / 2013                        | ____ / ____ / 2013                        | ____ / ____ / 2013                        | ____ / ____ / 2013                        |
| CODE      | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |

# SECTION 1. RESPONDENT'S BACKGROUND

## INTRODUCTION AND CONSENT

### INFORMED CONSENT

Hello. My name is \_\_\_\_\_. I am working on the National Health & Demographic Survey which is implemented (by the Ministry of Public Health & Population and the Central Statistical Organization). We are conducting a survey about health all over Yemen. The information we collect will help the government to plan health services. Your household was selected for the survey. All of the answers you give will be confidential under Article (5) of the Statistics Law No. (28) for the year 1995 and will be used for statistical and researches purposes only and will not be shared with anyone other than members of our survey team. but we hope you will agree to answer the questions since your views are important. If you don't want to answer any question, just let me know and I will go on to the next question or you can stop the interview at any time.

Do you have any questions? May I begin the interview now?

RESPONDENT AGREES TO BE INTERVIEWED ... 1      RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ... 2 → END



SIGNATURE OF INTERVIEWER: \_\_\_\_\_ DATE: \_\_\_\_\_

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP  |
|-----|--|--|-------|
| 101 | RECORD THE TIME.   | HOUR ..... <input type="text"/> <input type="text"/><br>MINUTES ..... <input type="text"/> <input type="text"/>  |       |
| 102 | In what month and year were you born?  | MONTH ..... <input type="text"/> <input type="text"/><br>DON'T KNOW MONTH ..... 98<br>YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>DON'T KNOW YEAR ..... 9998 |       |
| 103 | How old were you on your last birthday?<br><br>COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.   | AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>   |       |
| 104 | Have you ever attended school?   | YES ..... 1<br>NO ..... 2  | → 108 |
| 105 | What is the highest level of school you attended: primary, fundamental (preparatory, unified), diploma before secondary, secondary, diploma after secondary, or university/higher? | PRIMARY ..... 1<br>FUNDAMENTAL (PREPARATORY, UNIFIED) ..... 2<br>DIPLOMA BEFORE SECONDARY ..... 3<br>SECONDARY ..... 4<br>DIPLOMA AFTER SECONDARY.... 5<br>UNIVERSITY/HIGHER ..... 6                               |       |
| 106 | What is the highest (grade/year) you completed at that level?<br><br>IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.   | GRADE/YEAR ..... <input type="text"/> <input type="text"/>   |       |

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP |
|-----|--|--|------|
| 107 | <p>CHECK 105</p> <p>PRIMARY <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>FUNDAMENTAL 1-6 LEVELS</p> <p>→ 110</p>   |  |      |
| 108 | <p>Now I would like you to read this sentence to me.</p> <p>SHOW CARD TO RESPONDENT</p> <p>IF RESPONDENT CANNOT READ THE WHOLE SENTENCE,<br/>PROBE: Can you read any part of the sentence to me?</p> | <p>CANNOT READ AT ALL ..... 1</p> <p>ABLE TO READ ONLY PARTS OF<br/>SENTENCE ..... 2</p> <p>ABLE TO READ WHOLE SENTENCE ..... 3</p> <p>BLIND/VISUALLY IMPAIRED ..... 4</p> |      |
| 109 | <p>CHECK 108:</p> <p>CODE '2' <input type="checkbox"/> CODE '1' OR '4' <input type="checkbox"/></p> <p>OR '3' CIRCLED</p> <p>→ 111</p>   |  |      |
| 110 | <p>Do you read a newspaper or magazine every day, at least once a week, or not at all?</p>   | <p>EVERY DAY ..... 1</p> <p>AT LEAST ONCE A WEEK ..... 2</p> <p>NOT AT ALL ..... 3</p>   |      |
| 111 | <p>Do you listen to the radio every day, at least once a week, or not at all?</p>  | <p>EVERY DAY ..... 1</p> <p>AT LEAST ONCE A WEEK ..... 2</p> <p>NOT AT ALL ..... 3</p>   |      |
| 112 | <p>Do you watch television every day, at least once a week, or not at all?</p>   | <p>EVERY DAY ..... 1</p> <p>AT LEAST ONCE A WEEK ..... 2</p> <p>NOT AT ALL ..... 3</p>   |      |

SECTION 9. HIV/AIDS

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP   |
|-----|---|--|--------|
| 901 | Now I would like to talk about something else. Have you ever heard of an illness called AIDS?   | YES ..... 1<br>NO ..... 2  | → 1001 |
| 902 | From your point of view, AIDS is transmitted by:<br>1 Blood transfusion<br>2 Mosquito bites<br>3 Sexual intercourse with an infected husband<br>4 Contaminated sharp instruments<br>5 Swimming with an infected person<br>6 Sharing food with a person who has AIDS | YES NO DK<br>TRANSFUSION ..... 1 2 8<br>MOSQUITO BITES ... 1 2 8<br>LIVING WITH INFECTED. 1 2 8<br>CONTAMINATED INSTR 1 2 8<br>SWIMMING WITH INFEC 1 2 8<br>SHARING FOOD 1 2 8   |        |
| 903 | Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |        |
| 906 | Is it possible for a healthy-looking person to have the AIDS virus?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |        |
| 907 | Can the virus that causes AIDS be transmitted from a mother to her baby:<br>1 During pregnancy?<br>2 During delivery?<br>3 By breastfeeding?  | YES NO DK<br>DURING PREG. .... 1 2 8<br>DURING DELIVERY ... 1 2 8<br>BREASTFEEDING ... 1 2 8   |        |
| 909 | CHECK 907:<br>AT LEAST <input type="checkbox"/><br>ONE 'YES' <input type="checkbox"/><br>OTHER <input type="checkbox"/> → 930   |  |        |
| 910 | Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |        |
| 930 | Do you know of a place where people can go to get tested for the AIDS virus?  | YES ..... 1<br>NO ..... 2  | → 932  |
| 931 | Where is that?<br>Any other place?<br>PROBE TO IDENTIFY EACH TYPE OF SOURCE.<br><br>IF UNABLE TO DETERMINE IF THE SECTOR, WRITE THE NAME OF THE PLACE.<br><br>_____<br>(NAME OF PLACE(S))   | GOVT. HOSPITAL ..... A<br>GOVT. HEALTH CENTER ..... B<br>PRIMARY HEALTH CENTER ..... C<br>FAMILY PLANNING CLINIC ..... D<br>MOBILE CLINIC ..... E<br><br>PRIVATE SECTOR<br>(PRIVATE HOSPITAL/CLINIC/<br>DISPENSARY/DOCTOR'S OFFICE)... F<br><br>NON GOVERNMENT ORGANIZATIONS<br>(HOSPITAL/CLINIC/DISPENSARY/<br>PRIVATE DOCTOR'S OFFICE,<br>MOBILE CLINIC) ..... G<br><br>OTHER _____ X<br>(SPECIFY) |        |
| 932 | Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |        |
| 933 | If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW/NOT SURE ..... 8   |        |
| 934 | If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW/NOT SURE ..... 8   |        |
| 935 | In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?  | SHOULD BE ALLOWED ..... 1<br>SHOULD NOT BE ALLOWED ..... 2<br>DON'T KNOW/NOT SURE ..... 8  |        |

SECTION 10. OTHER HEALTH ISSUES

| NO.                  | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP |                     |                           |                      |   |   |                     |   |   |                |   |   |                 |   |   |                |   |   |  |
|----------------------|---|---|------|---------------------|---------------------------|----------------------|---|---|---------------------|---|---|----------------|---|---|-----------------|---|---|----------------|---|---|--|
| 1001                 | <p>Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months?</p> <p>IF YES: How many injections have you had?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>  | <p>NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/></p> <p>NONE ..... 00 → 1008</p>   |      |                     |                           |                      |   |   |                     |   |   |                |   |   |                 |   |   |                |   |   |  |
| 1002                 | <p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>  | <p>NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/></p> <p>NONE ..... 00 → 1008</p>   |      |                     |                           |                      |   |   |                     |   |   |                |   |   |                 |   |   |                |   |   |  |
| 1003                 | The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?   | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>  |      |                     |                           |                      |   |   |                     |   |   |                |   |   |                 |   |   |                |   |   |  |
| 1008                 | <p>Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?</p> <p>1 Getting permission to go to the doctor?</p> <p>2 Getting money needed for advice or treatment?</p> <p>3 The distance to the health facility?</p> <p>4 No female provider at facility?</p> <p>5 Not wanting to go alone?</p> | <table border="0"> <thead> <tr> <th></th><th>BIG<br/>PROB-<br/>LEM</th><th>NOT A BIG<br/>PROB-<br/>LEM</th></tr> </thead> <tbody> <tr> <td>PERMISSION TO GO ...</td><td>1</td><td>2</td></tr> <tr> <td>GETTING MONEY .....</td><td>1</td><td>2</td></tr> <tr> <td>DISTANCE .....</td><td>1</td><td>2</td></tr> <tr> <td>NO FEMALE .....</td><td>1</td><td>2</td></tr> <tr> <td>GO ALONE .....</td><td>1</td><td>2</td></tr> </tbody> </table> |      | BIG<br>PROB-<br>LEM | NOT A BIG<br>PROB-<br>LEM | PERMISSION TO GO ... | 1 | 2 | GETTING MONEY ..... | 1 | 2 | DISTANCE ..... | 1 | 2 | NO FEMALE ..... | 1 | 2 | GO ALONE ..... | 1 | 2 |  |
|                      | BIG<br>PROB-<br>LEM   | NOT A BIG<br>PROB-<br>LEM   |      |                     |                           |                      |   |   |                     |   |   |                |   |   |                 |   |   |                |   |   |  |
| PERMISSION TO GO ... | 1   | 2   |      |                     |                           |                      |   |   |                     |   |   |                |   |   |                 |   |   |                |   |   |  |
| GETTING MONEY .....  | 1   | 2   |      |                     |                           |                      |   |   |                     |   |   |                |   |   |                 |   |   |                |   |   |  |
| DISTANCE .....       | 1   | 2   |      |                     |                           |                      |   |   |                     |   |   |                |   |   |                 |   |   |                |   |   |  |
| NO FEMALE .....      | 1   | 2   |      |                     |                           |                      |   |   |                     |   |   |                |   |   |                 |   |   |                |   |   |  |
| GO ALONE .....       | 1   | 2   |      |                     |                           |                      |   |   |                     |   |   |                |   |   |                 |   |   |                |   |   |  |
| 1009                 | Are you covered by any health insurance?  | <p>YES ..... 1</p> <p>NO ..... 2 → 1018</p>   |      |                     |                           |                      |   |   |                     |   |   |                |   |   |                 |   |   |                |   |   |  |
| 1010                 | <p>What type of health insurance are you covered by?</p> <p>PROBE:</p> <p>Any other health insurance?</p> <p>RECORD ALL MENTIONED.</p>  | <p>MUTUAL HEALTH ORGANIZATION/<br/>COMMUNITY-BASED HEALTH<br/>INSURANCE ..... A</p> <p>HEALTH INSURANCE THROUGH<br/>EMPLOYER ..... B</p> <p>SOCIAL SECURITY ..... C</p> <p>OTHER PRIVATELY PURCHASED<br/>COMMERCIAL HEALTH INSURANCE D</p> <p>OTHER ..... X</p> <p align="center">(SPECIFY)</p>   |      |                     |                           |                      |   |   |                     |   |   |                |   |   |                 |   |   |                |   |   |  |

| NO.  | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP   |
|------|---|--|--------|
| 1018 | Have you had any type of tumors?  | YES ..... 1<br>NO ..... 2  | → 1101 |
| 1019 | When did you find out that you had a tumor?<br><br>RECORD THE YEAR AND THE MONTH<br>IF DON'T KNOW MONTH CIRCLE 98 | MONTH ..... <input type="text"/> <input type="text"/><br><br>DON'T KNOW MONTH ..... 98<br><br>YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |        |
| 1020 | Who discovered your tumor?  | DOCTOR ..... 1<br>NURSE/MIDWIFE ..... 2<br><br>OTHER ..... 6<br>(SPECIFY) _____  |        |
| 1021 | In what part of your body did the tumor develop?<br><br>RECORD IN WHICH PART OF THE BODY THE TUMOR<br>EXIST.      | ..... <input type="text"/> <input type="text"/><br>_____<br>_____  |        |
| 1022 | Have you sought treatment for this condition?   | YES ..... 1<br>NO ..... 2  | → 1024 |
| 1023 | Why have you not sought treatment?  | DO NOT KNOW WHERE TO GO ..... A<br>TOO EXPENSIVE ..... B<br>TOO FAR ..... C<br>OTHER ..... X<br>(SPECIFY) _____  |        |
| 1024 | Did you have a biopsy or an ultrasound to determine<br>the type of tumor?   | YES ..... 1<br>NO ..... 2  | → 1026 |
| 1025 | What was the result of the biopsy or the ultrasound?  | BENIGN TUMOR ..... 1<br>MALIGNANT TUMOR ..... 2<br>OTHER ..... 6<br>(SPECIFY) _____  |        |
| 1026 | Do you currently receive or have you received in the past<br>treatment for the malignant tumor (CANCER)?          | YES CURRENTLY ..... 1<br>YES IN THE PAST ..... 2<br>NO ..... 3<br>OTHER ..... 6<br>(SPECIFY) _____   |        |

# SECTION 11: FEMALE CIRCUMCISION

| NO.  | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP             |
|------|--|---|------------------|
| 1101 | Have you ever heard of female circumcision?  | YES ..... 1<br>NO ..... 2   | → 1103           |
| 1102 | In some countries, there is a practice in which a girl may have part of her genitals cut. Have you ever heard about this practice? | YES ..... 1<br>NO ..... 2   | → 1201           |
| 1103 | Have you yourself ever been circumcised?   | YES ..... 1<br>NO ..... 2   | → 1118           |
| 1104 | Was any flesh removed from the genital area?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |                  |
| 1107 | How old were you when you were circumcised?<br><br>IF THE RESPONDENT DOES NOT KNOW THE EXACT AGE, PROBE TO GET AN ESTIMATE         | AGE IN COMPLETED YEARS... <input type="text"/> <input type="text"/><br>DURING FIRST WEEK AFTER BIRTH ..... 93<br>AFTER FIRST WEEK AND BEFORE<br>FIRST YEAR AFTER BIRTH ..... 94<br>DON'T KNOW ..... 98  |                  |
| 1108 | Who performed the circumcision?  | TRADITIONAL<br>TRAD. 'CIRCUMCISER' ..... 11<br>TRAD. BIRTH ATTENDANT ..... 12<br><br>HEALTH PROFESSIONAL<br>DOCTOR ..... 21<br>NURSE/TRAINED MIDWIFE ..... 22<br><br>OTHER ..... 96<br>(SPECIFY)<br>DON'T KNOW ..... 98   |                  |
| 1118 | Do you intend to have any of your daughters circumcised in the future?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   | → 1120           |
| 1119 | Why do you intend to have any of your daughter circumcised?<br><br>PROBE: Any other reasons?<br><br>RECORD ALL MENTIONED.          | CLEANLINESS/HYGIENE ..... A<br>SOCIAL ACCEPTANCE ..... B<br>BETTER MARRIAGE PROSPECTS ..... C<br>PRESERVE VIRGINITY/PREVENT<br>PREMARITAL SEX ..... D<br>MORE SEXUAL PLEASURE FOR<br>THE MAN ..... E<br>RELIGIOUS APPROVAL ..... F<br><br>OTHER ..... X<br>(SPECIFY)<br>NO REASON ..... Y |                  |
| 1120 | Do you believe that this practice is required by your religion?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |                  |
| 1121 | Do you think that this practice should be continued, or should it be stopped?  | CONTINUED ..... 1<br>STOPPED ..... 2<br>DEPENDS ..... 3<br>DON'T KNOW ..... 8   | → 1201<br>→ 1201 |
| 1122 | Why do you think this practice should be stopped?<br><br>PROBE: Any other reasons?<br><br>RECORD ALL MENTIONED.                    | BAD TRADITIONAL PRACTICE ..... A<br>AGAINST RELIGION ..... B<br>CAUSES SERIOUS MEDICAL<br>COMPLICATION ..... C<br>PAINFUL PERSONAL EXPERIENCE ..... D<br>AGAINST WOMAN'S DIGNITY ..... E<br><br>OTHER ..... X<br>(SPECIFY)<br>DON'T KNOW ..... Z  |                  |



**SECTION 12. OPINIONS ON VIOLENCE AGAINST WOMEN**

| NO.                  | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP   |     |    |    |                   |   |   |   |                    |   |   |   |                |   |   |   |                    |   |   |   |                      |   |   |   |                      |   |   |   |                    |   |   |   |           |   |   |   |                     |   |   |   |             |   |   |  |  |
|----------------------|--|--|--------|-----|----|----|-------------------|---|---|---|--------------------|---|---|---|----------------|---|---|---|--------------------|---|---|---|----------------------|---|---|---|----------------------|---|---|---|--------------------|---|---|---|-----------|---|---|---|---------------------|---|---|---|-------------|---|---|--|--|
| 1201                 | <p>What is your understanding of domestic violence, does it mean:</p> <p>1 Physical abuse?</p> <p>2 No participation in decision-making for household?</p> <p>3 No participation in decision-making for children?</p> <p>4 Better treatment of males than females?</p> <p>5 Failing to meet basic living costs?</p> <p>6 Denial of education?</p> <p>7 Forced marriage?</p> <p>8 Rape?</p> <p>9 Sexual harassment?</p> <p>10 other _____</p> <p align="center">SPECIFY</p> | <table> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>PHYSICAL ABUSE...</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>FOR HOUSEHOLD ...</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>FOR CHILDREN .</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>SEX PREFERENCES...</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>FAILING LIVING COSTS</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>DENIAL OF EDUCATION.</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>FORCED MARRIAGE...</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>RAPE.....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>SEXUAL HARASSMENT..</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>OTHER .....</td><td>1</td><td>2</td><td></td></tr> </tbody> </table> |        | YES | NO | DK | PHYSICAL ABUSE... | 1 | 2 | 8 | FOR HOUSEHOLD ...  | 1 | 2 | 8 | FOR CHILDREN . | 1 | 2 | 8 | SEX PREFERENCES... | 1 | 2 | 8 | FAILING LIVING COSTS | 1 | 2 | 8 | DENIAL OF EDUCATION. | 1 | 2 | 8 | FORCED MARRIAGE... | 1 | 2 | 8 | RAPE..... | 1 | 2 | 8 | SEXUAL HARASSMENT.. | 1 | 2 | 8 | OTHER ..... | 1 | 2 |  |  |
|                      | YES  | NO   | DK     |     |    |    |                   |   |   |   |                    |   |   |   |                |   |   |   |                    |   |   |   |                      |   |   |   |                      |   |   |   |                    |   |   |   |           |   |   |   |                     |   |   |   |             |   |   |  |  |
| PHYSICAL ABUSE...    | 1  | 2  | 8      |     |    |    |                   |   |   |   |                    |   |   |   |                |   |   |   |                    |   |   |   |                      |   |   |   |                      |   |   |   |                    |   |   |   |           |   |   |   |                     |   |   |   |             |   |   |  |  |
| FOR HOUSEHOLD ...    | 1  | 2  | 8      |     |    |    |                   |   |   |   |                    |   |   |   |                |   |   |   |                    |   |   |   |                      |   |   |   |                      |   |   |   |                    |   |   |   |           |   |   |   |                     |   |   |   |             |   |   |  |  |
| FOR CHILDREN .       | 1  | 2  | 8      |     |    |    |                   |   |   |   |                    |   |   |   |                |   |   |   |                    |   |   |   |                      |   |   |   |                      |   |   |   |                    |   |   |   |           |   |   |   |                     |   |   |   |             |   |   |  |  |
| SEX PREFERENCES...   | 1  | 2  | 8      |     |    |    |                   |   |   |   |                    |   |   |   |                |   |   |   |                    |   |   |   |                      |   |   |   |                      |   |   |   |                    |   |   |   |           |   |   |   |                     |   |   |   |             |   |   |  |  |
| FAILING LIVING COSTS | 1  | 2  | 8      |     |    |    |                   |   |   |   |                    |   |   |   |                |   |   |   |                    |   |   |   |                      |   |   |   |                      |   |   |   |                    |   |   |   |           |   |   |   |                     |   |   |   |             |   |   |  |  |
| DENIAL OF EDUCATION. | 1  | 2  | 8      |     |    |    |                   |   |   |   |                    |   |   |   |                |   |   |   |                    |   |   |   |                      |   |   |   |                      |   |   |   |                    |   |   |   |           |   |   |   |                     |   |   |   |             |   |   |  |  |
| FORCED MARRIAGE...   | 1  | 2  | 8      |     |    |    |                   |   |   |   |                    |   |   |   |                |   |   |   |                    |   |   |   |                      |   |   |   |                      |   |   |   |                    |   |   |   |           |   |   |   |                     |   |   |   |             |   |   |  |  |
| RAPE.....            | 1  | 2  | 8      |     |    |    |                   |   |   |   |                    |   |   |   |                |   |   |   |                    |   |   |   |                      |   |   |   |                      |   |   |   |                    |   |   |   |           |   |   |   |                     |   |   |   |             |   |   |  |  |
| SEXUAL HARASSMENT..  | 1  | 2  | 8      |     |    |    |                   |   |   |   |                    |   |   |   |                |   |   |   |                    |   |   |   |                      |   |   |   |                      |   |   |   |                    |   |   |   |           |   |   |   |                     |   |   |   |             |   |   |  |  |
| OTHER .....          | 1  | 2  |        |     |    |    |                   |   |   |   |                    |   |   |   |                |   |   |   |                    |   |   |   |                      |   |   |   |                      |   |   |   |                    |   |   |   |           |   |   |   |                     |   |   |   |             |   |   |  |  |
| 1202                 | <p>Who is the person who commits the most violent acts against women?</p>  | <p>FATHER ..... 01</p> <p>MOTHER ..... 02</p> <p>HUSBANDS ..... 03</p> <p>SISTER/BROTHER ..... 04</p> <p>DAUGHTER/SON ..... 05</p> <p>EMPLOYER ..... 06</p> <p>SOMEONE AT WORK ..... 07</p> <p>OTHER ..... 96</p> <p align="center">(SPECIFY)</p>  |        |     |    |    |                   |   |   |   |                    |   |   |   |                |   |   |   |                    |   |   |   |                      |   |   |   |                      |   |   |   |                    |   |   |   |           |   |   |   |                     |   |   |   |             |   |   |  |  |
| 1203                 | <p>Where is the place with most violent acts?</p>  | <p>AT HOME ..... 01</p> <p>WORKPLACE ..... 02</p> <p>STREET ..... 03</p> <p>SCHOOL ..... 04</p> <p>OTHER ..... 96</p> <p align="center">(SPECIFY)</p>  |        |     |    |    |                   |   |   |   |                    |   |   |   |                |   |   |   |                    |   |   |   |                      |   |   |   |                      |   |   |   |                    |   |   |   |           |   |   |   |                     |   |   |   |             |   |   |  |  |
| 1204                 | <p>Does any form of violence cause damage?</p>   | <p>YES ..... 1</p> <p>NO ..... 2</p>   | → 1206 |     |    |    |                   |   |   |   |                    |   |   |   |                |   |   |   |                    |   |   |   |                      |   |   |   |                      |   |   |   |                    |   |   |   |           |   |   |   |                     |   |   |   |             |   |   |  |  |
| 1205                 | <p>What is the most serious damage caused by violence?</p>   | <p>HEALTH DAMAGE ..... 01</p> <p>PSYCHOLOGICAL DAMAGE ..... 02</p> <p>ECONOMIC DAMAGE ..... 03</p> <p>EDUCATIONAL DAMAGE ..... 04</p> <p>SOCIAL DAMAGE ..... 05</p> <p>OTHER ..... 96</p> <p align="center">(SPECIFY)</p>  |        |     |    |    |                   |   |   |   |                    |   |   |   |                |   |   |   |                    |   |   |   |                      |   |   |   |                      |   |   |   |                    |   |   |   |           |   |   |   |                     |   |   |   |             |   |   |  |  |
| 1206                 | <p>In your opinion, is a husband justified in hitting or beating his wife in the following situations:</p> <p>1 If she goes out without telling him?</p> <p>2 If she neglects the children?</p> <p>3 If she argues with him?</p> <p>4 If she refuses to have sex with him?</p> <p>5 If she burns the food?</p>   | <table> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>GOES OUT .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NEGL. CHILDREN ...</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>ARGUES .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>REFUSES SEX .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>BURNS FOOD .....</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>  |        | YES | NO | DK | GOES OUT .....    | 1 | 2 | 8 | NEGL. CHILDREN ... | 1 | 2 | 8 | ARGUES .....   | 1 | 2 | 8 | REFUSES SEX .....  | 1 | 2 | 8 | BURNS FOOD .....     | 1 | 2 | 8 |                      |   |   |   |                    |   |   |   |           |   |   |   |                     |   |   |   |             |   |   |  |  |
|                      | YES  | NO   | DK     |     |    |    |                   |   |   |   |                    |   |   |   |                |   |   |   |                    |   |   |   |                      |   |   |   |                      |   |   |   |                    |   |   |   |           |   |   |   |                     |   |   |   |             |   |   |  |  |
| GOES OUT .....       | 1  | 2  | 8      |     |    |    |                   |   |   |   |                    |   |   |   |                |   |   |   |                    |   |   |   |                      |   |   |   |                      |   |   |   |                    |   |   |   |           |   |   |   |                     |   |   |   |             |   |   |  |  |
| NEGL. CHILDREN ...   | 1  | 2  | 8      |     |    |    |                   |   |   |   |                    |   |   |   |                |   |   |   |                    |   |   |   |                      |   |   |   |                      |   |   |   |                    |   |   |   |           |   |   |   |                     |   |   |   |             |   |   |  |  |
| ARGUES .....         | 1  | 2  | 8      |     |    |    |                   |   |   |   |                    |   |   |   |                |   |   |   |                    |   |   |   |                      |   |   |   |                      |   |   |   |                    |   |   |   |           |   |   |   |                     |   |   |   |             |   |   |  |  |
| REFUSES SEX .....    | 1  | 2  | 8      |     |    |    |                   |   |   |   |                    |   |   |   |                |   |   |   |                    |   |   |   |                      |   |   |   |                      |   |   |   |                    |   |   |   |           |   |   |   |                     |   |   |   |             |   |   |  |  |
| BURNS FOOD .....     | 1  | 2  | 8      |     |    |    |                   |   |   |   |                    |   |   |   |                |   |   |   |                    |   |   |   |                      |   |   |   |                      |   |   |   |                    |   |   |   |           |   |   |   |                     |   |   |   |             |   |   |  |  |
| 1207                 | <p>RECORD THE TIME.</p>  | <p>HOUR ..... <table border="1"><tr><td></td><td></td></tr></table></p> <p>MINUTES ..... <table border="1"><tr><td></td><td></td></tr></table></p>   |        |     |    |    |                   |   |   |   |                    |   |   |   |                |   |   |   |                    |   |   |   |                      |   |   |   |                      |   |   |   |                    |   |   |   |           |   |   |   |                     |   |   |   |             |   |   |  |  |
|                      |  |  |        |     |    |    |                   |   |   |   |                    |   |   |   |                |   |   |   |                    |   |   |   |                      |   |   |   |                      |   |   |   |                    |   |   |   |           |   |   |   |                     |   |   |   |             |   |   |  |  |
|                      |  |  |        |     |    |    |                   |   |   |   |                    |   |   |   |                |   |   |   |                    |   |   |   |                      |   |   |   |                      |   |   |   |                    |   |   |   |           |   |   |   |                     |   |   |   |             |   |   |  |  |

INTERVIEWER'S OBSERVATIONS

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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SUPERVISOR'S OBSERVATIONS

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NAME OF SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

EDITOR'S OBSERVATIONS

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NAME OF EDITOR: \_\_\_\_\_ DATE: \_\_\_\_\_