

QUESTIONNAIRE FOR INDIVIDUAL WOMEN

WOMAN'S INFORMATION PANEL		WM
<p><i>This questionnaire is to be administered to all women age 15 through 49 (see Household Listing Form, column HL7). A separate questionnaire should be used for each eligible woman.</i></p>		
WM1. Cluster number:	WM2. Household number:	
_____	_____	
WM3. Woman's name:	WM4. Woman's line number:	
Name _____	_____	
WM5. Name and number of Interviewer:	WM6. Day / Month / Year of interview:	
Name _____	____ / ____ / _____	
<p>WM6A. Check the Household questionnaire. H20AC. Is this woman selected for questions on domestic violence? Yes..... 1 No 2</p>		
<p><i>Repeat greeting if not already read to this woman:</i></p> <p>We are from the agency of statistics, the republic of kazakhstan. We are working on a project concerned with family health, education, status of women and children. I would like to talk to you about these subjects.</p> <p>The interview will take about 20 minutes. All the information we obtain will remain strictly confidential and your answers will never be shared with anyone other than our project team.</p>	<p><i>If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:</i></p> <p>Now I would like to talk to you more about your health and other topics.</p> <p>This interview will take about 20 minutes. Again, all the information we obtain will remain strictly confidential and your answers will never be shared with anyone other than our project team.</p>	
<p>May I start now?</p> <p><input type="checkbox"/> Yes, permission is given ð Go to WM10 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ð Complete WM7. Discuss this result with your supervisor.</p>		
WM7. Result of woman's interview.	Completed 01 Not at home..... 02 Refused 03 Partly completed..... 04 Incapacitated..... 05 Other (specify) _____ 96	
WM8. Field edited by (Name and number):	WM9. Data entry clerk (Name and number):	
Name _____	Name _____	
WM10. Record the time.	Hour and minutes : _____	

WOMAN'S BACKGROUND		WB
WB1. In what month and year were you born?	<u>Date of birth</u> Month.....__ __ DK month.....98 Year__ __ __ __ DK year.....9998	
WB2. How old are you? <i>Probe: How old were you at your last birthday?</i> <i>Compare and correct WB1 and/or WB2 if inconsistent</i>	Age (in completed years).....__ __	
WB3. Have you ever attended school or preschool?	Yes..... 1 No..... 2	2⇒WB7
WB4. What is the highest level of school you attended?	Preschool..... 00 Primary 11 Secondary 22 Secondary specialised..... 33 Higher 44	0⇒WB7
WB5. What is the highest grade you completed at that level? <i>If less than 1 grade, enter "00"</i>	Grade.....__ __	
WB6. Check WB4: <input type="checkbox"/> Secondary, secondary special or higher. ⇒ Go to the next module <input type="checkbox"/> Primary ⇒ Continue from WB7		
WB7. Now I would like you to read the following sentence for me please. <u>Show from the card the sentence to the respondent.</u> <i>If respondent is not able to read the sentence in full ask:</i> Would you please read a part of this sentence?	Can not read at all 1 Can read partially 2 Can read the sentence in full..... 3 Absence of the sentence on a required language 4 <i>(specify the language)</i> Blind/mute, visually / speech impaired ... 5	

**ACCESS TO MASS MEDIA AND USE OF INFORMATION/
COMMUNICATION TECHNOLOGY**

MT

MT1. Check WB7:

- Question left blank (Respondent has secondary or higher education) ⇒ Continue with MT2**
- Able to read or no sentence in required language (codes 2, 3 or 4) ⇒ Continue with MT2**
- Cannot read at all or blind (codes 1 or 5) ⇒ Go to MT3**

MT2. How often do you read a newspaper or magazine: Almost every day, at least once a week, less than once a week or not at all?	Almost every day 1 At least once a week 2 Less than once a week..... 3 Not at all 4	
MT3. Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	Almost every day 1 At least once a week 2 Less than once a week..... 3 Not at all 4	
MT4. How often do you watch television: Would you say that you watch almost every day, at least once a week, less than once a week or not at all?	Almost every day 1 At least once a week 2 Less than once a week..... 3 Not at all 4	

MT5. Check WB2: Age of respondent between 15 and 24?

- Yes, Age 15-24 ⇒ Continue with the question MT6**
- No, Age 25-49 ⇒ Go to the next module**

MT6. Have you ever used a computer?	Yes..... 1 No..... 2	2⇒MT9
MT7. Have you used a computer from any location in the last 12 months?	Yes..... 1 No..... 2	2⇒MT9
MT8. During the last one month, how often did you use a computer? almost every day, at least once a week, less than once a week or not at all?	Almost every day 1 At least once a week 2 Less than once a week..... 3 Not at all 4	
MT9. Have you ever used the internet?	Yes..... 1 No..... 2	2⇒Next Module
MT10. In the last 12 months, have you used the internet?	Yes..... 1 No..... 2	2⇒ Next Module
MT11. During the last one month, how often did you use the internet? almost every day, at least once a week, less than once a week or not at all?	Almost every day 1 At least once a week 2 Less than once a week..... 3 Not at all 4	

CHILD MORTALITY

CM

All questions from CM1 to CM12 refer only to LIVE births.

CM1. Now i would like to ask about all the births you have had during your life. Have you ever given birth?	Yes..... 1 No..... 2	2⇒CM8
CM2. What was the date of your first birth? I mean the very first time you gave birth, even if the child is no longer living, or whose father is not your current partner. <i>Skip to CM4 only if year of first birth is given. Otherwise, continue with CM3.</i>	Date of first birth Day __ __ DK day 98 Month..... __ __ DK month..... 98 Year __ __ __ __ DK year..... 9998	⇒CM4
CM3. How many years ago did you have your first birth?	Completed years since first birth __ __	
CM4. Do you have any sons or daughters to whom you have given birth who are now living with you?	Yes..... 1 No..... 2	2⇒CM6
CM5. How many sons live with you? How many daughters live with you? <i>If none, record '00'.</i>	Sons at home __ __ Daughters at home __ __	
CM6. Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	Yes..... 1 No..... 2	2⇒CM8
CM7. How many sons are alive but do not live with you? How many daughters are alive but do not live with you? <i>If none, record '00'.</i>	Sons elsewhere __ __ Daughters elsewhere..... __ __	
CM8. Have you ever given birth to a boy or girl who was born alive but later died? <i>If "No" probe by asking: I mean, to a child who ever breathed or cried or showed other signs of life – even if he or she lived only a few minutes or hours?</i>	Yes..... 1 No..... 2	2⇒CM10
CM9. How many boys have died? How many girls have died? <i>If none, record '00'.</i>	Boys dead..... __ __ Girls dead __ __	
CM10. Sum answers to CM5, CM7, and CM9.	Sum __ __	
CM11. Just to make sure that I have this right, you have had in total (<i>total number in CM10</i>) live births during your life. Is this correct?		

- Yes.** Check below:
- No live births** ⇒ Go to ILLNESS SYMPTOMS Module
 - One or more live births** ⇒ Continue with CM12
- No** ⇒ Check responses to **CM1-CM10** and make corrections as necessary before proceeding to CM12

CM12. Of these (total number in CM10) births you have had, when did you deliver the last one (even if he or she has died)? <i>Month and year must be recorded.</i>	Date of last birth Day ____ DK day.....98 Month..... ____ Year ____	
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CM12A. Womensometimeshavepregnancieswhich do not end in a live born child. Have you ever had a pregnancy that miscarried, was aborted, or ended with a stillbirth?	Yes..... 1 No..... 2	2⇒CM13
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CM12B. How many such pregnancies (miscarriages, abortions or stillbirths) have you had over your lifetime?	Number of miscarriages, abortions and stillbirths..... ____	
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CM12C. When did the last such pregnancy (miscarriages, abortions or stillbirths) end? <i>Fill in both the month and the year</i>	Month..... ____ DK 98 Year ____ DK 9998	
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- CM12D. Check CM12C: Last miscarriage, abortion or stillbirth ended within the last 2 years, that is, since _____ (month of interview) in **2008**
- No miscarriages, abortions or stillbirths in last 2 years.** ⇒ Go to CM13.
 - One or more miscarriages, abortions or stillbirths in last 2 years.** ⇒ Continue with CM12E

CM12E. Ask the respondent to tell you, **in which Month and Year** each miscarriage, abortion or live birth had a place during last 2 years and record Month and Year for each pregnancy in CM12F, started from the last miscarriage, abortion or stillbirth.

Then, ask to answer the questions from CM12G till CM12H for each miscarriage, abortion and stillbirth.

	Last miscarriage, abortion, stillbirth	First	Second	Third
		Prior to the last miscarriage, abortion, stillbirth		
CM12F. In which Month and Year the previous pregnancy ended?	<i>Already filled in CM12C – no need to fill in</i>	Month..... ____ Year .. ____	Month...____ Year____	Month...____ Year____
CM12G. How many Months you were pregnant, when this pregnancy ended?	Months ____	Months ____	Months ____	Months ____

CM12H. Did that pregnancy end in a spontaneous miscarriage, an induced abortion, or a stillbirth?	Miscarriage 1 Abortion 2 Stillbirth 3	Miscarriage 1 Abortion 2 Stillbirth 3	Miscarriage 1 Abortion 2 Stillbirth 3	Miscarriage 1 Abortion 2 Stillbirth 3
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CM12I. Check CM12H, the column Last miscarriage, Abortion or Stillbirth

Dis that pregnancy end with the induced abortion?

- Yes** ⇒ Continue with CM12J.
 No ⇒ Go to CM13.

CM12J. Now let me ask you about your last pregnancy which ended with the Abortion in _____ <i>Month and Year</i> from CM12C). Who was the person that had the final say on taking the abortion decision?	Doctor / a Health Worker 01 Respondent 02 Husband/Partner 03 Respondent together with husband/partner 04 Parents 05 Respondent together with girlfriend 06 Relatives 07 Other _____ 96 (specify)
CM12K. Who made the abortion? <i>Specify the person <u>with the highest qualification</u></i>	<u>Health Personnel</u> Doctor 11 Nurse/Midwife 12 <u>Other Person</u> Traditional Birth Attendant 21 Relative/friend 22 No one 31 Other _____ 96 (specify)
CM12L. Where did that abortion take place ? <i>Probe to identify the type of place and circle the appropriate code.</i> <i>If <u>unable to determine whether the abortion took place in a hospital, health center or clinic, public or private institution,, write down the name of the place that the respondent provided.</u></i>	<u>Public Sector</u> Hospital/Maternity Home 11 Polyclinic/Ambulatory 12 Woman's Consultation 13 Family Planning Center 14 Medical Diagnostic Center 15 FAP/Rural Health Post 16 Other Public _____ 26 (specify) <u>Private Sector</u> Hospital/Maternity Home 31 Polyclinic/Ambulatory 32 Women's Consultation 33 Family Planning Center 34 Medical Diagnostic Center 35 FAP/Rural Health Post 36 NGO 37 Other Private Med. _____ 46 (specify) <u>Home</u> Your Home 51 Other Home 52 Other _____ 96 (specify)

CM12M. What abortion technique was used for that abortion? <i>Do not tell the respondent the methods and techniques used for Abortion.</i>	Abortion produced by a drug (RU-486)	01
	Suction-Aspiration	02
	Dilation and Curettage.....	03
	Dilation and Evacuation.....	04
	Dilation and Extraction.....	05
	Prostaglandin Abortion	06
	Salt Poisoning (Saline Injection).....	07
	Hysterectomy.....	08
	Other _____ (specify)	96
	DK	98

CM13. Check CM12: Last birth occurred within the last 2 years, that is, since (day and month of interview) in 2008

- No live birth in last 2 years.** ⇒ Go to ILLNESS SYMPTOMS Module.
- One or more live births in last 2 years.** ⇒ Ask for the name of the child.

Name of child _____

If child has died, take special care when referring to this child by name in the following modules.

Continue with the next module.

DESIRE FOR LAST BIRTH		DB
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview. Check child mortality module CM13 and record name of last-born child here _____. Use this child's name in the following questions, where indicated.</i></p>		
DB1. When you got pregnant with (name), did you want to get pregnant at that time?	Yes.....1 No.....2	1⇒Next Module
DB2. Did you want to have a baby later on, or did you not want any (more) children?	Later.....1 No more.....2	2⇒Next Module
DB3. How much longer did you want to wait?	Months.....1 __ __ Years.....2 __ __ DK.....998	

MATERNAL AND NEWBORN HEALTH

MN

This module is to be administered to all women with a **live birth** in the 2 years preceding date of interview. Check child mortality module **CM13** and record name of last-born child here _____.
Use this child's name in the following questions, where indicated.

MN1. Did you see anyone for antenatal care during your pregnancy with (name)?	Yes.....1 No.....2	2⇒MN17
MN2. Whom did you see? <i>Probe:</i> Any one else? <i>Probe for the type of person seen and circle all answers given.</i>	<u>Health professional:</u> Doctor _____ A Nurse / Midwife _____ B Auxiliary midwife _____ C Feldsher _____ D <u>Other person</u> Traditional birth attendant _____ F Other (specify) _____ X	
MN3. How many times did you receive antenatal care during this pregnancy?	Number of times DK98	
MN4. As part of your antenatal care during this pregnancy, were any of the following done at least once:		Yes No
[A] Was your blood pressure measured?	Blood pressure	1.. 2
[B] Did you give a urine sample?	Urine sample	1.. 2
[C] Did you give a blood sample?	Blood sample	1.. 2
MN17. Who assisted with the delivery of (name)? <i>Probe:</i> Any one else? <i>Probe for the type of person assisting and circle all answers given.</i> <i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i>	<u>Health professional:</u> DoctorA Nurse / MidwifeB Auxiliary midwifeC Feldsher.....D <u>Other person</u> Traditional birth attendantF Community health workerG Relative / FriendH Other (specify) _____X No oneY	
MN18. Where did you give birth to (name)? <i>Probe to identify the type of source.</i> <i>If unable to determine whether public or private, write the name of the place.</i> _____ (Name of place)	<u>Home</u> Your home 11 Other home..... 12 <u>Public sector</u> Govt. hospital/maternity21 Govt. clinic / health centre22 Other public (specify) _____26	11⇒MN20 12⇒MN20

	<u>Private Medical Sector</u> Private hospital31 Private clinic32 Private maternity home.....33 Other private medical (<i>specify</i>)36 Other (<i>specify</i>)96	96⇒MN20
MN19. Was (<i>name</i>) delivered by caesarean section? That is, did they cut your belly open to take the baby out?	Yes.....1 No.....2	
MN20. When (<i>name</i>) was born, was he/she very large, larger than average, average, smaller than average, or very small?	Very large 1 Larger than average2 Average3 Smaller than average4 Very small.....5 DK8	
MN21. Was (<i>name</i>) weighed at birth?	Yes..... 1 No..... 2 DK 8	2⇒MN23 8⇒MN23
MN22. How much did (<i>name</i>) weigh? <i>Record weight from health card, if available.</i>	From card 1 (kg) __ . ____ From recall..... 2 (kg) __ . ____ DK99998	
MN23. Has your menstrual period returned since the birth of (<i>name</i>)?	Yes.....1 No.....2	
MN24. Did you ever breastfeed (<i>name</i>)?	Yes.....1 No.....2	2⇒Next Module
MN25. How long after birth did you first put (<i>name</i>) to the breast? <i>If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days.</i>	Immediately 000 Hours 1 __ __ Days2 __ __ Don't know / remember998	
MN26. In the first three days after delivery, was (<i>name</i>) given anything to drink other than breast milk?	Yes.....1 No.....2	2⇒ Next Module
MN27. What was (<i>name</i>) given to drink? Probe: Anything else?	Milk (other than breast milk) A Plain water B Sugar or glucose water..... C Gripe water D Sugar-salt-water solution..... E Fruit juice F Infant formula..... G Tea / Infusions H Honey I Other (<i>specify</i>) X	

ILLNESS SYMPTOMS

IS

IS1. *Check Household Listing, column HL9*

Is the respondent the mother or caretaker of any child under age 5?

Yes ⇒ Continue with IS2.

No ⇒ Go to Next Module.

<p>IS2. Sometimes children have severe illnesses and should be taken immediately to a health facility. What types of symptoms would cause you to take your child to a health facility right away?</p> <p><i>Probe:</i> Any other symptoms?</p> <p><i>Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms.</i></p> <p><i>Circle all symptoms mentioned, but do NOT prompt with any suggestions</i></p>	<p>Child not able to drink or breastfeed..... A Child becomes sicker B Child develops a fever C Child has fast breathing D Child has difficult breathing E Child has blood in stool F Child is drinking poorly G</p> <p>Other (<i>specify</i>) _____ X</p> <p>Other (<i>specify</i>) _____ Y</p> <p>Other (<i>specify</i>) _____ Z</p>	
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CONTRACEPTION

CP

<p>CP1. I would like to talk with you about another subject – family planning.</p> <p>Are you pregnant now?</p>	<p>Yes, currently pregnant..... 1 No 2 Unsure or DK..... 8</p>	<p>1 ⇒ Next Module</p>
<p>CP2. Couples use various ways or methods to delay or avoid a pregnancy.</p> <p>Are you currently doing something or using any method to delay or avoid getting pregnant?</p>	<p>Yes..... 1 No 2</p>	<p>2 ⇒ Next Module</p>
<p>CP3. What are you doing to delay or avoid a pregnancy?</p> <p><i>Do not prompt.</i> <i>If more than one method is mentioned, circle each one.</i></p>	<p>Female sterilization..... A Male sterilization..... B IUD C Injectables D Implants E Pill..... F Male condom G Female condom..... H Diaphragm I Foam / Jelly J Lactational amenorrhoea method (LAM)..... K Periodic abstinence / Rhythm..... L Withdrawal..... M Other (<i>specify</i>) _____ X</p>	

UNMET NEEDS		UN
UN1. Check CP1. Currently pregnant? <input type="checkbox"/> Yes, currently pregnant ⇒ Continue with UN2 <input type="checkbox"/> No, unsure or DK ⇒ Go to UN5		
UN2. Now I would like to talk to you about your current pregnancy. When you got pregnant, did you want to get pregnant <u>at that time</u> ?	Yes..... 1 No..... 2	1⇒UN4
UN3. Did you want to have a baby later on or did you not want any (more) children?	Later1 No more.....2	
UN4. Now I would like to ask some questions about the future. After the child you are now expecting, would you like to have another child, or would you prefer not to have any more children?	Have another child..... 1 Would prefer no more / None 2 Undecided / DK 8	1⇒UN7 2⇒UN13 8⇒UN13
UN5. Check CP3. Currently using “Female sterilization”? <input type="checkbox"/> Yes ⇒ Go to UN13 <input type="checkbox"/> No ⇒ Continue with UN6		
UN6. Now I would like to ask you some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	Have (a/another) child 1 Would prefer no more / None 2 Says she cannot get pregnant..... 3 Undecided / DK 8	2⇒UN9 3⇒UN11 8⇒UN9
UN7. How long would you like to wait before the birth of (a/another) child?	Months..... 1 ___ Years 2 ___ Soon / Now 993 Says she cannot get pregnant..... 994 After marriage..... 995 Other..... 996 DK 998	994⇒UN11
UN8. Check CP1. Currently pregnant? <input type="checkbox"/> Yes, currently pregnant ⇒ Go to UN13 <input type="checkbox"/> No, unsure or DK ⇒ Continue with UN9		
UN9. Check CP2. Currently using a method? <input type="checkbox"/> Yes ⇒ Go to UN13 <input type="checkbox"/> No ⇒ Continue with UN10		
UN10. Do you think you are physically able to get pregnant at this time?	Yes.....1 No.....2 DK8	1 ⇒UN13 8 ⇒UN13

UN11. Why do you think you are not physically able to get pregnant?	Infrequent sex / No sex..... A Menopausal B Never menstruated C Hysterectomy (surgical removal of uterus) D Has been trying to get pregnant for 2 years or more without result E Postpartum amenorrheic F Breastfeeding G Too old H Fatalistic I Other (<i>specify</i>) _____ X Don't know Z
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UN12. Check UN11. "Never menstruated" mentioned?

Mentioned ⇒ Go to Next Module

Not mentioned ⇒ Continue with UN13

UN13. When did your last menstrual period start?	Days ago 1 ___ Weeks ago 2 ___ Months ago 3 ___ Years ago 4 ___ In menopause / Has had hysterectomy 994 Before last birth 995 Never menstruated 996
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ATTITUDES TOWARD DOMESTIC VIOLENCE

DV

DV1. Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:				
	Yes	No	DK	
[A] If she goes out without telling him?	Goes out without telling 1	2	8	
[B] If she neglects the children?	Neglects children 1	2	8	
[C] If she argues with him?	Argues with him 1	2	8	
[D] If she refuses to have sex with him?	Refuses sex 1	2	8	
[E] If she burns the food?	Burns food 1	2	8	

MARRIAGE/UNION		MA
MA1. Are you currently married or living together with a man as if married?	Yes, currently married..... 1 Yes, living with a man 2 No, not in union 3	3⇒MA5
MA2. How old is your husband/partner? <i>Probe: How old was your husband/partner on his last birthday?</i>	Age in years..... __ __ DK 98	⇒MA7 ⇒MA7
MA5. Have you ever been married or lived together with a man as if married?	Yes, formerly married 1 Yes, formerly lived with a man 2 No 3	3 ⇒Next Module
MA6. What is your marital status now: are you widowed, divorced or separated?	Widowed 1 Divorced 2 Separated 3	
MA7. Have you been married or lived with a man only once or more than once?	Only once 1 More than once..... 2	
MA8. In what month and year did you <u>first</u> marry or start living with a man as if married?	Date of the first marriage Month..... __ __ DK month..... 98 Year __ __ DK year..... 9998	⇒Next Module
MA9. How old were you when you started to live with your husband/partner?	Age in years..... __ __	

SEXUAL BEHAVIOUR		SB
SB1A. Check WB2: Age of the respondent between 15 and 24?		
<input type="checkbox"/> Yes, age 15-24 ⇒ Continue from the question SB1 <input type="checkbox"/> No, age 25-49 ⇒ Go to next module		
Check for the presence of others. Before continuing, ensure privacy.		
SB1. Now I would like to ask you some questions about sexual activity in order to gain a better understanding of some important life issues. The information you supply will remain strictly confidential. How old were you when you had sexual intercourse for the very first time?	Never had intercourse.....00 Age in years First time when started living with (first) husband/partner.....95	00⇒Next Module
SB2. The first time you had sexual intercourse, was a condom used?	Yes..... 1 No.....2 DK / Don't remember.....8	
SB3. When was the last time you had sexual intercourse? <i>Record 'years ago' only if last intercourse was one or more years ago. If 12 months or more the answer must be recorded in years.</i>	Days ago..... 1 __ __ Weeks ago.....2 __ __ Months ago.....3 __ __ Years ago.....4 __ __	4⇒SB15
SB4. The last time you had sexual intercourse, was a condom used?	Yes.....1 No.....2	

<p>SB5. What was your relationship to this person with whom you last had sexual intercourse?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'boyfriend', then ask: Were you living together as if married? If 'yes', circle '2'. If 'no', circle '3'.</i></p>	<p>Husband.....1 Cohabiting partner.....2 Boyfriend.....3 Casual acquaintance.....4</p> <p>Other (<i>specify</i>).....6</p>	<p>3⇒SB7 4⇒SB7 6⇒SB7</p>
<p>SB6. Check MA1:</p> <p><input type="checkbox"/> Currently married or living with a man (MA1 = 1 or 2) ⇒ Go to SB8</p> <p><input type="checkbox"/> Not married / Not in union (MA1 = 3) ⇒ Continue with SB7</p>		
<p>SB7. How old is this person?</p> <p><i>If response is DK, probe: About how old is this person?</i></p>	<p>Age of sexual partner.....__ __</p> <p>DK98</p>	
<p>SB8. Have you had sexual intercourse with any other person in the last 12 months?</p>	<p>Yes.....1 No.....2</p>	<p>2⇒SB15</p>
<p>SB9. The last time you had sexual intercourse with this other person, was a condom used?</p>	<p>Yes.....1 No.....2</p>	
<p>SB10. What was your relationship to this person?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'boyfriend' then ask: Were you living together as if married? If 'yes', circle '2'. If 'no', circle '3'.</i></p>	<p>Husband.....1 Cohabiting partner.....2 Boyfriend.....3 Casual acquaintance.....4</p> <p>Other (<i>specify</i>).....6</p>	<p>3⇒SB12 4⇒SB12 6⇒SB12</p>
<p>SB11. Check MA1 and MA7:</p> <p><input type="checkbox"/> Currently married or living with a man (MA1 = 1 or 2)</p> <p>AND</p> <p>Married only once or lived with a man only once (MA7 = 1) ⇒ Go to SB13</p> <p><input type="checkbox"/> Else ⇒ Continue with SB12</p>		
<p>SB12. How old is this person?</p> <p><i>If response is DK, probe: About how old is this person?</i></p>	<p>Age of sexual partner.....__ __</p> <p>DK98</p>	
<p>SB13. Other than these two persons, have you had sexual intercourse with any other person in the last 12 months?</p>	<p>Yes.....1 No.....2</p>	<p>2⇒SB15</p>
<p>SB14. In total, with how many different people have you had sexual intercourse in the last 12 months?</p>	<p>Number of partners.....__ __</p>	
<p>SB15. In total, with how many different people have you had sexual intercourse in your lifetime?</p> <p><i>If a non-numeric answer is given, probe to get an estimate. If number of partners is 95 or more, write '95'.</i></p>	<p>Number of lifetime partners__ __</p> <p>DK98</p>	

HIV/AIDS				HA
HA1. Now I would like to talk with you about something else. Have you ever heard of an illness called HIV?	Yes..... 1 No..... 2			2⇒Next Module
HA2. Can people reduce their chance of getting the HIV virus by having just one uninfected sex partner who has no other sex partners?	Yes..... 1 No..... 2 DK 8			
HA3. Can people get the HIV virus because of witchcraft or other supernatural means?	Yes..... 1 No..... 2 DK 8			
HA4. Can people reduce their chance of getting the HIV virus by using a condom every time they have sex?	Yes..... 1 No..... 2 DK 8			
HA5. Can people get the HIV virus from mosquito bites?	Yes..... 1 No..... 2 DK 8			
HA6. Can people get the HIV virus by sharing food with a person who has the HIV virus?	Yes..... 1 No..... 2 DK 8			
HA7. Is it possible for a healthy-looking person to have the HIV virus?	Yes..... 1 No..... 2 DK 8			
HA8. Can the virus that causes HIV be transmitted from a mother to her baby:				
		Yes	No	DK
[A] During pregnancy?	During pregnancy.....	1	2	8
[B] During delivery?	During delivery.....	1	2	8
[C] By breastfeeding?	By breastfeeding.....	1	2	8
HA9. In your opinion, if a female teacher has the HIV virus but is not sick, should she be allowed to continue teaching in school?	Yes..... 1 No..... 2 DK / Not sure / Depends..... 8			
HA10. Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the HIV virus?	Yes..... 1 No..... 2 DK / Not sure / Depends..... 8			
HA11. If a member of your family got infected with the HIV virus, would you want it to remain a secret?	Yes..... 1 No..... 2 DK / Not sure / Depends..... 8			
HA12. If a member of your family became sick with HIV, would you be willing to care for her or him in your own household?	Yes..... 1 No..... 2 DK / Not sure / Depends..... 8			
HA13. Check CM13: Any live birth in last 2 years?				
<input type="checkbox"/> No live birth in last 2 years ⇒ Go to HA24				
<input type="checkbox"/> One or more live births in last 2 years ⇒ Continue with HA14				
HA14. Check MN1: Received antenatal care?				
<input type="checkbox"/> Received antenatal care ⇒ Continue with HA15				
<input type="checkbox"/> Did not receive antenatal care ⇒ Go to HA24				

HA15. During any of the antenatal visits for your pregnancy with <i>(name)</i> , were you given any information about AIDS or HIV?	Yes.....1 No.....2 DK8																					
HA15A. During any of the antenatal visits for your pregnancy with <i>(name)</i> , were you given any information about: [A] Babies getting the HIV virus from their mother? [B] Things that you can do to prevent getting the HIV virus? [C] Getting tested for the HIV virus? were you: [D] offered a test for the HIV virus?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">Y</th> <th style="width: 10%; text-align: center;">N</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>AIDS from mother.....</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>Things to do.....</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>Tested for AIDS.....</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>Offered a test.....</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>		Y	N	DK	AIDS from mother.....	1	2	8	Things to do.....	1	2	8	Tested for AIDS.....	1	2	8	Offered a test.....	1	2	8	
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Offered a test.....	1	2	8																			
HA16. I don't want to know the results, but were you tested for the HIV virus as part of your antenatal care?	Yes..... 1 No 2 DK 8	2⇒HA19 8⇒HA19																				
HA17. I don't want to know the results, but did you get the results of the test?	Yes..... 1 No 2 DK 8	2⇒HA22 8⇒HA22																				
HA18. Regardless of the result, all women who are tested are supposed to receive counseling after getting the result. After you were tested, did you receive counselling?	Yes..... 1 No 2 DK 8	1⇒HA22 2⇒HA22 8⇒HA22																				
HA19. Check MN17: Birth delivered by health professional (A, B, C or D)? <input type="checkbox"/> Yes, birth delivered by health professional ⇒ Continue with HA20 <input type="checkbox"/> No, birth not delivered by health professional ⇒ Go to HA24																						
HA20. I don't want to know the results, but were you tested for the HIV virus between the time you went for delivery but before the baby was born?	Yes..... 1 No 2	2⇒HA24																				
HA21. I don't want to know the results, but did you get the results of the test?	Yes..... 1 No 2																					
HA22. Have you been tested for the HIV virus since that time you were tested during your pregnancy?	Yes..... 1 No 2	1⇒HA25																				
HA23. When was the most recent time you were tested for the HIV virus?	Less than 12 months ago 1 12-23 months ago..... 2 2 or more years ago 3	1⇒Next module 2⇒Next module 3⇒Next module																				
HA24. I don't want to know the results, but have you ever been tested to see if you have the HIV virus?	Yes..... 1 No 2	2⇒HA27																				
HA25. When was the most recent time you were tested?	Less than 12 months ago 1 12-23 months ago..... 2 2 or more years ago 3																					
HA26. I don't want to know the results, but did you get the results of the test?	Yes..... 1 No 2 DK 8	1⇒Next module 2⇒Next module 8⇒Next module																				
HA27. Do you know of a place where people can go to get tested for the HIV virus?	Yes..... 1 No 2																					

TOBACCO AND ALCOHOL USE		TA
TA1. Have you ever tried cigarette smoking, even one or two puffs?	Yes..... 1 No 2	2⇒TA6
TA2. How old were you when you smoked a whole cigarette for the first time?	Never smoked a whole cigarette 00 Age ____	00⇒TA6
TA3. Do you currently smoke cigarettes?	Yes..... 1 No 2	2⇒TA6
TA4. In the last 24 hours, how many cigarettes did you smoke?	Number of cigarettes ____	
TA5. During the last one month, on how many days did you smoke cigarettes? <i>If less than 10 days, record the number of days. If 10 days but less than a month, circle "10". If "everyday" or "almost every day", circle "30"</i>	Number of days 0 ____ 10 days or more, but less than a month ... 10 Everyday / Almost every day 30	
TA6. Have you ever tried any smoked tobacco products other than cigarettes, such as cigars, water pipe, cigarillos or pipe?	Yes..... 1 No 2	2⇒TA10
TA7. During the last one month, did you use any smoked tobacco products?	Yes..... 1 No 2	2⇒TA10
TA8. What type of smoked tobacco product did you use or smoke? <i>Circle all mentioned.</i>	Cigars _____ A Water pipe _____ B Cigarillos _____ C Pipe _____ D Other (<i>specify</i>) _____ X	
TA9. During the last one month, on how many days did you use smoked tobacco products? <i>If less than 10 days, record the number of days. If 10 days or more, but less than a month circle "10". If "everyday" or "almost every day", circle "30"</i>	Number of days 0 ____ 10 days or more but less than a month 10 Everyday / Almost every day 30	
TA10. Have you tried other types of tobacco products free of smoke, such as chewing tobacco, snuff and dip?.	Yes..... 1 No 2	2 ⇒TA14
TA11. During the last one month, did you use any smokeless tobacco products?	Yes..... 1 No 2	2 ⇒TA14
TA12. What type of smokeless tobacco product did you use? <i>Circle all mentioned.</i>	Chewing tobacco _____ A Snuff _____ B Nasybai _____ C Other (<i>specify</i>) _____ X	
TA13. During the last one month, on how many days did you use smokeless tobacco products? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "everyday" or "almost every day", circle "30"</i>	Number of days 0 ____ 10 days or more but less than a month 10 Everyday / Almost every day 30	

TA14. Now I would like to ask you some questions about drinking alcohol. Have you ever drunk alcohol?	Yes.....1 No2	2⇒Next Module
TA15. We count one drink of alcohol as one can or bottle of beer, one glass of wine, or one shot of cognac, vodka, whiskey or rum. How old were you when you had your first drink of alcohol, other than a few sips?	Never had one drink of alcohol..... 00 Age ____	00⇒Next Module
TA16. During the last one month, on how many days did you have at least one drink of alcohol? <i>If respondent did not drink, circle "00". If less than 10 days, record the number of days. If 10 days or more, circle "10". If "everyday" or "almost every day", circle "30"</i>	Did not have one drink in last one month 00 Number of days 0 ____ 10 days or more..... 10 Everyday / Almost every day 30	00⇒Next Module
TA17. In the last one month, on the days that you drank alcohol, how many drinks did you usually have?	Number of drinks ____	

DOMESTIC VIOLENCE	DA
<p>DA1A. Check the question WM6A, from the information section about woman</p> <p><input type="checkbox"/> Woman <u>SELECTED</u> for questions on Domestic Violence module ⇒ Continue from DA1B.</p> <p><input type="checkbox"/> Woman <u>NOT SELECTED</u> for questions on Domestic Violence module ⇒ Go to WM11</p>	
<p>DA1B. Check if anybody else is presented in the room.</p> <p><u>Do not continue unless you get the privacy with the respondent:</u></p> <p><input type="checkbox"/> Privacy obtained ⇒ Continue from DA2</p> <p><input type="checkbox"/> Privacy not possible ⇒ Go to DA34</p>	
<p><i>Read to the respondent:</i></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 kazakhstan. 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>	
<p>DA2. Check MA1 and MA5</p> <p><input type="checkbox"/> Currently married or living with a man ⇒ Continue with DA3</p> <p><input type="checkbox"/> Was married or lived with a man ⇒ Continue with DA3, but read questions in a <u>past tense</u></p> <p><input type="checkbox"/> Never married and never lived with a man ⇒ Go to DA14B</p>	

<p>DA3. First, I'm 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> <p>[F] He (does/did) not trust you with any money?</p>	<p style="text-align: right;">Yes No DK</p> <p>Jealous)1 2 8</p> <p>Accuses 1 2 8</p> <p>Not meet friends.....1 2 8</p> <p>No family.....1 2 8</p> <p>Where you are.....1 2 8</p> <p>Money.....1 2 8</p>	
<p>DA4. Now if you will permit me, I need to ask some more questions about your relationship with your (last) husband/partner. If we should come to any question that you do not want to answer, just let me know and we will go on to the next question:</p>		
<p>[A1]. did your (last) husband/partner ever say or do something to humiliate you in front of others?</p>	<p>Yes.....1</p> <p>No2</p>	2⇒ B1
<p>[A2]. Check MA6</p> <p><input type="checkbox"/> <i>If Respondent is not widow</i> ⇒ Continue with A3</p> <p><input type="checkbox"/> <i>If Respondent is widow</i> ⇒ Go to B1</p>		
<p>[A3]. How often did this happen during the last 12 months?</p>	<p>Often 1</p> <p>Sometimes 2</p> <p>Never 3</p>	
<p>[B1]. Your (ex) husband/partner threatened to hurt or harm you or someone else close to you?</p>	<p>Yes..... 1</p> <p>No 2</p>	2⇒ C1
<p>[B2]. Check MA6</p> <p><input type="checkbox"/> <i>If Respondent is not widow</i> ⇒ Continue with B3</p> <p><input type="checkbox"/> <i>If Respondent is widow</i> ⇒ Go to C1</p>		
<p>[B3]. How often did this happen during the last 12 months: Often, Sometimes, Never?</p>	<p>Often1</p> <p>Sometimes2</p> <p>Never 3</p>	
<p>[C1]. Your (ex) husband/partner insulted you or made you feel bad about yourself?</p>	<p>Yes..... 1</p> <p>No 2</p>	2⇒ DA5
<p>[C2]. Check MA6</p> <p><input type="checkbox"/> <i>If Respondent is not widow</i> ⇒ Continue with C3</p> <p><input type="checkbox"/> <i>If Respondent is widow</i> ⇒ Go to DA5</p>		
<p>[C3]. How often did this happen during the last 12 months: Often, Sometimes, Never?</p>	<p>Often 1</p> <p>Sometimes2</p> <p>Never 3</p>	

DA5. (Does/did) your (last) husband/partner ever do any of the following things to you:		
[A1]. Push you, shake you, or throw something at you?	Yes.....1 No.....2	2⇒ B1
[A2]. Check MA6 <input type="checkbox"/> If Respondent is not widow ⇒ Continue with A3 <input type="checkbox"/> If Respondent is widow ⇒ Go to B1		
[A3]. How often did this happen during the last 12 months: Often, Sometimes, Never?	Often 1 Sometimes 2 Never 3	
[B1]. Does/did your (last) husband/partner slapped you?	Yes..... 1 No 2	2⇒ C1
[B2]. Check MA6 <input type="checkbox"/> If Respondent is not widow ⇒ Continue with B3 <input type="checkbox"/> If Respondent is widow ⇒ Go to C1		
[B3]. How often did this happen during the last 12 months: Often, Sometimes, Never?	Often 1 Sometimes 2 Never 3	
[C1]. Does/did your (last) husband/partner twist your arm or pull your hair?	Yes..... 1 No.....2	2⇒ D1
[C2]. Check MA6 <input type="checkbox"/> If Respondent is not widow ⇒ Continue with C3 <input type="checkbox"/> If Respondent is widow ⇒ Go to D1		
C3. How often did this happen during the last 12 months: Often, Sometimes, Never?	Often 1 Sometimes 2 Never 3	
[D1]. Does/did your (last) husband/partner punch you with his fist or with something that could hurt you?	Yes..... 1 No.....2	2⇒ E1
[D2]. Check MA6 <input type="checkbox"/> If Respondent is not widow ⇒ Continue with D3 <input type="checkbox"/> If Respondent is widow ⇒ Go to E1		
[D3]. How often did this happen during the last 12 months: Often, Sometimes, Never?	Often 1 Sometimes 2 Never 3	
[E1]. Does/did your (last) husband/partner kick you, drag you or beat you up?	Yes.....1 No.....2	2⇒ F1
[E2]. Check MA6 <input type="checkbox"/> If Respondent is not widow ⇒ Continue with E3 <input type="checkbox"/> If Respondent is widow ⇒ Go to F1		
[E3]. How often did this happen during the last 12 months: Often, Sometimes, Never?	Often1 Sometimes2 Never3	

F1. Does/did your (last) husband/partner try to choke you or burn you on purpose?	Yes.....1 No.....2	2⇒ G1
[F2]. Check MA6		
<input type="checkbox"/> If Respondent is not widow ⇒ Continue with F3 <input type="checkbox"/> If Respondent is widow ⇒ Go to G1		
[F3]. How often did this happen during the last 12 months: Often, Sometimes, Never?	Often 1 Sometimes 2 Never3	
[G1]. Does/did your (last) husband/partner threaten or attack you with a knife, gun, or any other weapon?	Yes.....1 No.....2	2⇒ H1
[G2]. Check MA6		
<input type="checkbox"/> If Respondent is not widow ⇒ Continue with G3 <input type="checkbox"/> If Respondent is widow ⇒ Go to H1		
[G3]. How often did this happen during the last 12 months: Often, Sometimes, Never?	Often 1 Sometimes 2 Never3	
[H1]. Does/did your (last) husband/partner physically force you to have sexual intercourse with him even when you did not want to?	Yes.....1 No.....2	2⇒ I1
[H2]. Check MA6		
<input type="checkbox"/> If Respondent is not widow ⇒ Continue with H3 <input type="checkbox"/> If Respondent is widow ⇒ Go to I1		
[H3]. How often did this happen during the last 12 months: Often, Sometimes, Never?	Often 1 Sometimes 2 Never3	
[I1]. Does/did your (last) husband/partner Force you to perform any sexual acts you did not want to?	Yes.....1 No.....2	2⇒ DA6
[I2]. Check MA6		
<input type="checkbox"/> If Respondent is not widow ⇒ Continue with I3 <input type="checkbox"/> If Respondent is widow ⇒ Go to DA6		
[I3]. How often did this happen during the last 12 months: Often, Sometimes, Never?	Often 1 Sometimes 2 Never3	
DA6. Check DA6		
<input type="checkbox"/> At least one «Yes» ⇒ Continue with DA7 <input type="checkbox"/> Not a single «Yes» ⇒ Go to DA9		
DA7. How long after you first got married/ started living with your (last) husband/ partner did (This/any of these things) first happen? <i>If less than one year, record '00'.</i>	Number of years..... _ _ Before marriage/before living together .. 95	

DA8. Did the following ever happen as a result of what your (last) husband/partner did to you: [A] You had cuts, bruises or arches? [B] You had eye injuries, sprains, dislocations, or burns? [C] You had deep wounds, broken bones, broken teeth, or any other serious injury?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Cuts, bruises.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Eye injuries, sprains, dislocations, burns</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Deep wounds, broken bones, broken teeth or other serious injury....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Cuts, bruises.....	1	2	Eye injuries, sprains, dislocations, burns	1	2	Deep wounds, broken bones, broken teeth or other serious injury....	1	2																			
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DA9. 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?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Yes.....</td> <td style="text-align: center;">1</td> </tr> <tr> <td>No.....</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>	Yes.....	1	No.....	2	2⇒DA12																										
Yes.....	1																															
No.....	2																															
DA10. Check MA6 <input type="checkbox"/> If Respondent is not widow ⇒ Continue with DA11 <input type="checkbox"/> If Respondent is widow ⇒ Go to DA12																																
DA11. In the last 12 months, how often have you done this to your husband/partner: often, only sometimes, or not at all	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Often</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Only Sometimes</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Never</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>	Often	1	Only Sometimes	2	Never	3																									
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DA12. Does (did) your husband/partner drink alcohol?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Yes.....</td> <td style="text-align: center;">1</td> </tr> <tr> <td>No.....</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>	Yes.....	1	No.....	2	2⇒DA14																										
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No.....	2																															
DA13. How often does (did) he get drunk: often, only sometimes, or never?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Often</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Only Sometimes</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Never</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>	Often	1	Only Sometimes	2	Never	3																									
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DA14. Check MA1 and MA5 <input type="checkbox"/> Married or live with a man in unofficial union /was married or lived with a man in unofficial union ⇒ Continue from DA14A <input type="checkbox"/> Was never married or never lived with a man in unofficial union ⇒ Go to DA14B																																
DA14A. From the time you were 15 years old has anyone other than your (current/last) husband/partner hit, slapped, kicked, or done anything else to hurt you physically?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Yes.....</td> <td style="text-align: center;">1</td> </tr> <tr> <td>No.....</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Refused to answer/No answer.....</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>	Yes.....	1	No.....	2	Refused to answer/No answer.....	3	1⇒DA15 2⇒DA17 3⇒DA17																								
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DA14B. From the time you were 15 years old has anyone other than your (current/last) husband/partner hit, slapped, kicked, or done anything else to hurt you physically??	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Yes.....</td> <td style="text-align: center;">1</td> </tr> <tr> <td>No.....</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Refused to answer/No answer</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>	Yes.....	1	No.....	2	Refused to answer/No answer	3	2⇒DA173 ⇒DA17																								
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DA15. Who has hurt you in this way? Anyone else? <i>Circle all mentioned.</i>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>Mother/Step-mother _____</td><td style="text-align: center;">A</td></tr> <tr><td>Father/Step-father _____</td><td style="text-align: center;">B</td></tr> <tr><td>Sister/Brother _____</td><td style="text-align: center;">C</td></tr> <tr><td>Daughter/Son _____</td><td style="text-align: center;">D</td></tr> <tr><td>Other relative _____</td><td style="text-align: center;">E</td></tr> <tr><td>Former husband/Partner _____</td><td style="text-align: center;">F</td></tr> <tr><td>Current boyfriend _____</td><td style="text-align: center;">G</td></tr> <tr><td>Former boyfriend _____</td><td style="text-align: center;">H</td></tr> <tr><td>Mother-in-law _____</td><td style="text-align: center;">I</td></tr> <tr><td>Father-in-law _____</td><td style="text-align: center;">J</td></tr> <tr><td>Other –in-law _____</td><td style="text-align: center;">K</td></tr> <tr><td>Teacher _____</td><td style="text-align: center;">L</td></tr> <tr><td>Employer/Someone at work _____</td><td style="text-align: center;">M</td></tr> <tr><td>Police/Soldier _____</td><td style="text-align: center;">N</td></tr> <tr><td>Other (<i>specify</i>) _____</td><td style="text-align: center;">X</td></tr> </tbody> </table>	Mother/Step-mother _____	A	Father/Step-father _____	B	Sister/Brother _____	C	Daughter/Son _____	D	Other relative _____	E	Former husband/Partner _____	F	Current boyfriend _____	G	Former boyfriend _____	H	Mother-in-law _____	I	Father-in-law _____	J	Other –in-law _____	K	Teacher _____	L	Employer/Someone at work _____	M	Police/Soldier _____	N	Other (<i>specify</i>) _____	X	
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Other (<i>specify</i>) _____	X																															

DA16. 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?	Often1 Sometimes2 Never3	
DA17. Check CM1, CM12, u CP1 <input type="checkbox"/> Ever been pregnant, the pregnancy ended with miscarriage, abortion or stillbirth ⇒ <i>Continue with DA18</i> <input type="checkbox"/> Never been pregnant ⇒ <i>Go to DA20</i>		
DA18. Has anyone hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	Yes.....1 No.....2	2⇒DA20
DA19. Who has done any of these things to physically hurt you while you were pregnant? Anyone else? <i>Circle all mentioned.</i>	Current husband/PartnerA Mother/Step-mother.....B Father/Step-fatherC Sister/Brother.....D Daughter/SonE Other relativeF Former husband/PartnerG Current boyfriend.....H Former boyfriendI Mother-in-law.....J Father-in law.....K Other in -lawL Teacher.....M Employer/Someone at workN Police/Soldier.....O Other (<i>specify</i>)X	
DA20. Check: have you had sexual intercourse? <input type="checkbox"/> Has had sexual intercourse before ⇒ <i>Continue from DA21</i> <input type="checkbox"/> Has never had sexual intercourse before ⇒ <i>Go to DA28</i>		
DA21. 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?	Wanted to1 Forced to2 Refused to answer/No response3	
DA22. Check MA1 and MA5 <input type="checkbox"/> Married or lives with a man in unofficial marriage / was married or lived with a man in unofficial marriage ⇒ <i>Continue from DA22A</i> <input type="checkbox"/> Not married or never lived with a man in unofficial marriage ⇒ <i>Go to DA22B</i>		
DA22A. In the last 12 months has anyone apart from your (present/former) husband forced you to have sexual intercourse against your will?	Yes.....1 No.....2 Refused answer/no answer.....3	1⇒DA28 2⇒DA28 3⇒DA28
DA22B. In the last 12 months has anyone forced you to have sexual intercourse against your will?	Yes.....1 No.....2 Refused answer/no answer.....3	
DA28. Check DA5 (A,B,C,D,E,F,G,H,I), DA14 (A,B), DA18, DA21, DA22 (A,B) <i>(If there is an answer 'Yes' to one of these questions or DA21=2 (Continue from DA29</i> <input type="checkbox"/> If no 'Yes' ⇒ <i>Go to DA32</i>		

DA29. Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help to stop (the/these) person (s) from doing this to you again?	Yes..... 1 No..... 2	2⇒DA31
DA30. From whom have you sought help? Anyone else? <i>Circle all mentioned</i>	Own family..... A Husband/Partner's family B Current/Last/Late husband/Partner C Current/Former boyfriend D Relatives E Neighbor F Religious Leader..... G Doctor/Medical personnel..... H Police..... I Lawyer J Social service organization..... K Other (<i>specify</i>) X	⇒ DA32 ⇒ DA32 ⇒ DA32 ⇒ DA32 ⇒ DA32 ⇒ DA32 ⇒ DA32 ⇒ DA32 ⇒ DA32 ⇒ DA32 ⇒ DA32
DA31. Have you ever told anyone else about this?	Yes..... 1 No 2	
DA32. As far as you know, did your father ever beat your mother?	Yes..... 1 No 2 DK 8	

Thank the respondent for her cooperation and reassure her about the confidentiality of her answers. Fill out the questions below with reference to the domestic violence module only.

DA33. Did you have to interrupt the interview because some adult was trying to listen, or came into the room, or interrupted it in any other way?	Once More than once No	
	Husband 1..... 2 8	
	Other male adult..... 1 2 8	
	Female adult 1..... 2..... 8	

DA34. Interviewer's comments/ Explanation for not completing the domestic violence module

WM11. Record the time.	Hour and minutes ____ : ____
<p>WM12. Check Household Listing Form, column HL9. Is the respondent the mother or caretaker of any child age 0-4 living in this household? <input type="checkbox"/> Yes ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER 5 for that child and start the interview with this respondent. <input type="checkbox"/> No ⇒ End the interview with this respondent by thanking her for her cooperation.</p> <p><i>Check for the presence of any other eligible woman or children under-5 in the household.</i></p>	

Interviewer's Observations

Field Editor's Observations