

DEMOGRAPHIC AND HEALTH SURVEYS
 DOMESTIC VIOLENCE MODULE
 MODEL HOUSEHOLD QUESTIONNAIRE

[NAME OF COUNTRY]
 [NAME OF ORGANIZATION]

IDENTIFICATION (1)																				
PLACE NAME _____																				
NAME OF HOUSEHOLD HEAD _____																				
CLUSTER NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>																
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HOUSEHOLD SELECTED FOR MAN'S SURVEY? (1=YES, 2=NO)				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>																
HOUSEHOLD SELECTED FOR DV? (1=YES, 2=NO)				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>																
INTERVIEWER VISITS																				
	1	2	3	FINAL VISIT																
DATE	_____	_____	_____	DAY <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>																
				MONTH <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>																
INTERVIEWER'S NAME	_____	_____	_____	YEAR <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>																
RESULT*	_____	_____	_____	INT. NO. <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>																
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NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>																
TIME	_____	_____																		
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> TOTAL ELIGIBLE WOMEN <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> TOTAL ELIGIBLE MEN <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>																
LANGUAGE OF QUESTIONNAIRE**	<table border="1" style="width: 100%; height: 20px;"><tr><td>0</td><td>1</td></tr></table>	0	1	LANGUAGE OF INTERVIEW**	<table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td></tr></table>			NATIVE LANGUAGE OF RESPONDENT**	<table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td></tr></table>			TRANSLATOR USED (YES = 1, NO = 2)	<table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td></tr></table>							
0	1																			
LANGUAGE OF QUESTIONNAIRE**	ENGLISH		**LANGUAGE CODES: 01 ENGLISH 03 LANGUAGE 3 05 LANGUAGE 5 02 LANGUAGE 2 04 LANGUAGE 4 06 LANGUAGE 6																	
TEAM	TEAM SUPERVISOR		CAPI SUPERVISOR (2)																	
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(1) This section should be adapted for country-specific survey design.

(2) Remove the section for recording the name and ID number of the CAPI supervisor if the survey does not have CAPI supervisors who are separate from the team supervisors.

Note: Questions with highlighting in the question number column may be deleted in some circumstances (see footnotes). Brackets [] indicate items that should be adapted on a country-specific basis.

SELECTION OF WOMAN FOR THE DOMESTIC VIOLENCE QUESTIONS (PAPER OPTION)¹

DVH00	CHECK COVER PAGE: HOUSEHOLD SELECTED FOR DV MODULE?										
	YES <input type="checkbox"/>				NO <input type="checkbox"/> → 101						
<p>LOOK AT THE LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN (COLUMN 9) IN THE HOUSEHOLD SCHEDULE. THIS IS THE COLUMN NUMBER YOU SHOULD GO TO. FOLLOW THE SELECTED ROW AND COLUMN TO THE CELL WHERE THEY MEET AND CIRCLE THE NUMBER IN THE CELL. THIS IS THE NUMBER OF THE WOMAN SELECTED FOR THE DOMESTIC VIOLENCE QUESTIONS FROM THE LIST OF ELIGIBLE WOMEN IN COLUMN 9 OF THE HOUSEHOLD SCHEDULE. WRITE THE NAME AND LINE NUMBER OF THE SELECTED WOMAN IN THE SPACE BELOW THE TABLE.</p> <p>EXAMPLE: THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER IS '716' AND THE HOUSEHOLD SCHEDULE COLUMN 9 SHOWS THAT THERE ARE THREE ELIGIBLE WOMEN AGE 15-49 IN THE HOUSEHOLD (LINE NUMBERS 02, 04, AND 05). SINCE THE LAST DIGIT OF THE HOUSEHOLD SERIAL NUMBER IS '6' GO TO ROW '6' AND SINCE THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE CELL WHERE THEY MEET ('2') AND CIRCLE THE NUMBER. NOW GO TO THE HOUSEHOLD SCHEDULE AND FIND THE SECOND WOMAN WHO IS ELIGIBLE FOR THE WOMAN'S INTERVIEW (LINE NUMBER '04' IN THIS EXAMPLE). WRITE HER NAME AND LINE NUMBER IN THE SPACE BELOW</p>											
LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER	TOTAL NUMBER OF ELIGIBLE WOMEN AGE 15-49 IN HOUSEHOLD SCHEDULE COLUMN 9										
	1	2	3	4	5	6	7	8+			
0	1	2	2	4	3	6	5	4			
1	1	1	3	1	4	1	6	5			
2	1	2	1	2	5	2	7	6			
3	1	1	2	3	1	3	1	7			
4	1	2	3	4	2	4	2	8			
5	1	1	1	1	3	5	3	1			
6	1	2	2	2	4	6	4	2			
7	1	1	3	3	5	1	5	3			
8	1	2	1	4	1	2	6	4			
9	1	1	2	1	2	3	7	5			
DVH01	NAME OF SELECTED WOMAN _____					HH LINE NUMBER OF SELECTED WOMAN		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			

(1) If the survey will be conducted using paper questionnaires, retain "SELECTION OF WOMAN FOR THE DOMESTIC VIOLENCE QUESTIONS". If the survey will be conducted using CAPI, delete the "SELECTION OF WOMAN FOR THE DOMESTIC VIOLENCE QUESTIONS", because the selection will be done automatically.

DEMOGRAPHIC AND HEALTH SURVEYS
 MODEL WOMAN'S QUESTIONNAIRE

[NAME OF COUNTRY]
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NAME AND LINE NUMBER OF WOMAN _____														
CHECK COVER PAGE OF HOUSEHOLD QUESTIONNAIRE: HOUSEHOLD SELECTED FOR DV MODULE? (1=YES, 2=NO)														
CHECK HOUSEHOLD QUESTIONNAIRE DVH01: WOMAN SELECTED FOR DV MODULE? (1=YES, 2=NO)														
INTERVIEWER VISITS														
	1	2	3	FINAL VISIT										
DATE	_____	_____	_____	DAY MONTH YEAR										
INTERVIEWER'S NAME	_____	_____	_____	INT. NO.										
RESULT*	_____	_____	_____	RESULT*										
NEXT VISIT: DATE TIME	_____	_____		TOTAL NUMBER OF VISITS										
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED SPECIFY _____														
LANGUAGE OF QUESTIONNAIRE**		LANGUAGE OF INTERVIEW**		NATIVE LANGUAGE OF RESPONDENT**										
0 1														
LANGUAGE OF QUESTIONNAIRE**		**LANGUAGE CODES:		TRANSLATOR (YES = 1, NO = 2)										
ENGLISH		01 ENGLISH 03 LANGUAGE 3 05 LANGUAGE 5												
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 Note: Questions with highlighting in the question number column may be deleted in some circumstances (see footnotes). Brackets [] indicate items that should be adapted on a country-specific basis.

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV00	CHECK COVER PAGE: WOMAN SELECTED FOR DV MODULE? WOMAN SELECTED FOR THIS SECTION <input type="checkbox"/>	WOMAN <input type="checkbox"/> NOT SELECTED	NEXT SECT.
DV01	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED. PRIVACY OBTAINED 1	PRIVACY NOT POSSIBLE 2	DV37
DV02	READ TO THE RESPONDENT: Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in [COUNTRY]. 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. If I ask you any question you don't want to answer, just let me know and I will go on to the next question.		
DV03	CHECK 701 AND 702: NEVER MARRIED/ NEVER LIVED WITH A MAN <input type="checkbox"/>	CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A MAN (READ IN PAST TENSE AND USE 'LAST' WITH 'HUSBAND/ MALE PARTNER') <input type="checkbox"/>	DV06 DV06
DV04	You have said that you are not married and are not living with a man as if married. Are you currently in an intimate relationship with a man even though you are not living with him?	YES 1 NO 2	DV06
DV05	Have you ever been in an intimate relationship with a man even though you did not ever live with him?	YES 1 NO 2	DV19
DV06	Now, I am going to ask you about some situations that can happen between some women and their (husband/male partner). A. Please tell me if these descriptions apply to your relationship with your (last) (husband/male partner). a) He (is/was) jealous or angry if you (talk/talked) to other men? b) He wrongly (accuses/accused) you of being unfaithful? c) He (does/did) not permit you to meet your female friends? d) He (tries/tried) to limit your contact with your family? e) He (insists/insisted) on knowing where you (are/were) at all times?	B. How often did this happen during the last 12 months: often, only sometimes, or not at all? EVER OFTEN SOME-TIMES NOT IN LAST 12 MONTHS YES 1 NO 2 ↓ YES 1 NO 2 ↓ YES 1 NO 2 ↓ YES 1 NO 2 ↓ YES 1 NO 2 ↓	

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																								
DV07	<p>Now I need to ask some more questions about your relationship with your (last) (husband/male partner).</p> <p>A. Did your (last) (husband/male 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 someone you care about?</p> <p>c) insult you or make you feel bad about yourself?</p>	<p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1"> <thead> <tr> <th data-bbox="756 359 927 426">EVER</th> <th data-bbox="927 359 1089 426">OFTEN</th> <th data-bbox="1089 359 1203 426">SOME-TIMES</th> <th data-bbox="1203 359 1360 426">NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td data-bbox="756 426 927 520">YES 1 NO 2 ↓</td> <td data-bbox="927 426 1089 520">→ 1</td> <td data-bbox="1089 426 1203 520">2</td> <td data-bbox="1203 426 1360 520">3</td> </tr> <tr> <td data-bbox="756 520 927 615">YES 1 NO 2 ↓</td> <td data-bbox="927 520 1089 615">→ 1</td> <td data-bbox="1089 520 1203 615">2</td> <td data-bbox="1203 520 1360 615">3</td> </tr> <tr> <td data-bbox="756 615 927 695">YES 1 NO 2 ↓</td> <td data-bbox="927 615 1089 695">→ 1</td> <td data-bbox="1089 615 1203 695">2</td> <td data-bbox="1203 615 1360 695">3</td> </tr> </tbody> </table>	EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3																									
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DV08	<p>A. Did your (last) (husband/male 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 you with his fist or 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) 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 perform sexual acts you did not want to?</p>	<p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1"> <thead> <tr> <th data-bbox="756 810 927 877">EVER</th> <th data-bbox="927 810 1089 877">OFTEN</th> <th data-bbox="1089 810 1203 877">SOME-TIMES</th> <th data-bbox="1203 810 1360 877">NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td data-bbox="756 877 927 972">YES 1 NO 2 ↓</td> <td data-bbox="927 877 1089 972">→ 1</td> <td data-bbox="1089 877 1203 972">2</td> <td data-bbox="1203 877 1360 972">3</td> </tr> <tr> <td data-bbox="756 972 927 1066">YES 1 NO 2 ↓</td> <td data-bbox="927 972 1089 1066">→ 1</td> <td data-bbox="1089 972 1203 1066">2</td> <td data-bbox="1203 972 1360 1066">3</td> </tr> <tr> <td data-bbox="756 1066 927 1161">YES 1 NO 2 ↓</td> <td data-bbox="927 1066 1089 1161">→ 1</td> <td data-bbox="1089 1066 1203 1161">2</td> <td data-bbox="1203 1066 1360 1161">3</td> </tr> <tr> <td data-bbox="756 1161 927 1255">YES 1 NO 2 ↓</td> <td data-bbox="927 1161 1089 1255">→ 1</td> <td data-bbox="1089 1161 1203 1255">2</td> <td data-bbox="1203 1161 1360 1255">3</td> </tr> <tr> <td data-bbox="756 1255 927 1350">YES 1 NO 2 ↓</td> <td data-bbox="927 1255 1089 1350">→ 1</td> <td data-bbox="1089 1255 1203 1350">2</td> <td data-bbox="1203 1255 1360 1350">3</td> </tr> <tr> <td data-bbox="756 1350 927 1444">YES 1 NO 2 ↓</td> <td data-bbox="927 1350 1089 1444">→ 1</td> <td data-bbox="1089 1350 1203 1444">2</td> <td data-bbox="1203 1350 1360 1444">3</td> </tr> <tr> <td data-bbox="756 1444 927 1539">YES 1 NO 2 ↓</td> <td data-bbox="927 1444 1089 1539">→ 1</td> <td data-bbox="1089 1444 1203 1539">2</td> <td data-bbox="1203 1444 1360 1539">3</td> </tr> <tr> <td data-bbox="756 1539 927 1633">YES 1 NO 2 ↓</td> <td data-bbox="927 1539 1089 1633">→ 1</td> <td data-bbox="1089 1539 1203 1633">2</td> <td data-bbox="1203 1539 1360 1633">3</td> </tr> <tr> <td data-bbox="756 1633 927 1738">YES 1 NO 2 ↓</td> <td data-bbox="927 1633 1089 1738">→ 1</td> <td data-bbox="1089 1633 1203 1738">2</td> <td data-bbox="1203 1633 1360 1738">3</td> </tr> </tbody> </table>	EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	
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DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
DV09	CHECK DV08A (a-j): AT LEAST ONE <input type="checkbox"/> 'YES' ↓	NOT A SINGLE <input type="checkbox"/> 'YES' →	→ DV11																																
DV10	Did the following ever happen as a result of what your (last) (husband/male partner) did to you: a) You had cuts, bruises, or aches? b) You had eye injuries, sprains, dislocations, or burns? c) You had deep wounds, broken bones, broken teeth, or any other serious injury?	YES 1 NO 2 YES 1 NO 2 YES 1 NO 2																																	
DV11	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (husband/male partner) at times when he was not already beating or physically hurting you?	YES 1 NO 2	→ DV13																																
DV12	In the last 12 months, how often have you done this to your (last) (husband/male partner): often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3																																	
DV13	Does (did) your (last) (husband/male partner) drink alcohol?	YES 1 NO 2	→ DV15																																
DV14	How often does (did) he get drunk: often, only sometimes, or never?	OFTEN 1 SOMETIMES 2 NEVER 3																																	
DV15	Are (Were) you afraid of your (last) (husband/male partner): most of the time, sometimes, or never?	MOST OF THE TIME AFRAID 1 SOMETIMES AFRAID 2 NEVER AFRAID 3																																	
DV16	A. So far we have been talking about the behavior of your (current/last) (husband/male partner). Now I want to ask you about the behavior of any previous husband or any other current or previous male partner that you may have ever had. a) Did any previous husband or any other current or previous male partner ever hit, slap, kick, or do anything else to hurt you physically? b) Did any previous husband or any other current or previous male partner physically force you to have intercourse or perform any other sexual acts that you did not want to? c) Did any previous husband or any other current or previous male partner humiliate you in front of others, threaten to hurt you or someone you care about, or insult you or make you feel bad about yourself?	B. How long ago did this last happen? <table border="1" data-bbox="756 1283 1360 1877"> <thead> <tr> <th data-bbox="756 1283 927 1381">EVER</th> <th data-bbox="927 1283 1117 1381">0 - 11 MONTHS AGO</th> <th data-bbox="1117 1283 1247 1381">12+ MONTHS AGO</th> <th data-bbox="1247 1283 1360 1381">DON'T REMEMBER</th> </tr> </thead> <tbody> <tr> <td colspan="4" data-bbox="756 1388 1360 1451">HAS NEVER HAD ANOTHER HUSBAND/ MALE PARTNER 6</td> </tr> <tr> <td data-bbox="756 1457 927 1556">YES 1</td> <td data-bbox="927 1457 1117 1556">→ 1</td> <td data-bbox="1117 1457 1247 1556">2</td> <td data-bbox="1247 1457 1360 1556">3</td> </tr> <tr> <td data-bbox="756 1562 927 1661">NO 2 ↓</td> <td colspan="3"></td> </tr> <tr> <td data-bbox="756 1667 927 1766">YES 1</td> <td data-bbox="927 1667 1117 1766">→ 1</td> <td data-bbox="1117 1667 1247 1766">2</td> <td data-bbox="1247 1667 1360 1766">3</td> </tr> <tr> <td data-bbox="756 1772 927 1871">NO 2 ↓</td> <td colspan="3"></td> </tr> <tr> <td data-bbox="756 1877 927 1976">YES 1</td> <td data-bbox="927 1877 1117 1976">→ 1</td> <td data-bbox="1117 1877 1247 1976">2</td> <td data-bbox="1247 1877 1360 1976">3</td> </tr> <tr> <td data-bbox="756 1982 927 2081">NO 2 ↓</td> <td colspan="3"></td> </tr> </tbody> </table>	EVER	0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER	HAS NEVER HAD ANOTHER HUSBAND/ MALE PARTNER 6				YES 1	→ 1	2	3	NO 2 ↓				YES 1	→ 1	2	3	NO 2 ↓				YES 1	→ 1	2	3	NO 2 ↓				→ DV17
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DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV17	CHECK DV08A (h-j) AND DV16A (b): AT LEAST ONE <input type="checkbox"/> 'YES' ↓	NOT A SINGLE <input type="checkbox"/> YES →	→ DV19
DV18	How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to by any current or previous husband or male partner?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	
DV19	CHECK 212 AND 232: CURRENTLY PREGNANT 232=1 OR <input type="checkbox"/> HAD ONE OR MORE PAST PREGNANCIES 212>0 ↓	NOT PREGNANT 232=2 AND <input type="checkbox"/> NO PAST PREGNANCIES 212=0 →	→ DV22
DV20	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES 1 NO 2	→ DV22
DV21	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 DAUGHTER/SON E OTHER RELATIVE F FORMER HUSBAND/PARTNER G CURRENT BOYFRIEND H FORMER BOYFRIEND I MOTHER-IN-LAW J FATHER-IN-LAW K OTHER IN-LAW L TEACHER M SCHOOLMATE/CLASSMATE N EMPLOYER/SOMEONE AT WORK .. O POLICE/SOLDIER P OTHER _____ X (SPECIFY)	
DV22	CHECK 701 AND 702 AND DV04 AND DV05: EVER MARRIED/EVER LIVED WITH A MAN/EVER HAD A MALE PARTNER <input type="checkbox"/> ↓ a) From the time you were 15 years old, has anyone other than a husband or male partner, hit you, slapped you, kicked you, or done anything else to hurt you physically? Remember, I do not want you to include any husband or any other male partner.	NEVER MARRIED/NEVER HAD A MALE PARTNER <input type="checkbox"/> ↓ b) From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically? YES 1 NO 2 REFUSED TO ANSWER/NO ANSWER 3	→ DV25

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV23	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER A FATHER/STEP-FATHER B SISTER/BROTHER C DAUGHTER/SON D OTHER RELATIVE E CURRENT BOYFRIEND F FORMER BOYFRIEND G MOTHER-IN-LAW H FATHER-IN-LAW I OTHER IN-LAW J TEACHER K SCHOOLMATE/CLASSMATE L EMPLOYER/SOMEONE AT WORK .. M POLICE/SOLDIER N OTHER _____ X (SPECIFY)	
DV24	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 AT ALL 3	
DV25	CHECK 701 AND 702 AND DV04 AND DV05: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> EVER MARRIED/ EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NEVER MARRIED/ NEVER HAD A MALE PARTNER <input type="checkbox"/> </div> </div>		→ DV27
DV26	At any time in your life, as a child or as an adult, has anyone other than any previous husband or any other current or previous male partner ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to? Remember I do not want you to include any husband or male partner.	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ DV28 → DV31
DV27	At any time 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	→ DV31
DV28	CHECK 701 AND 702 AND DV04 AND DV05: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER <input type="checkbox"/> ↓ </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> NEVER MARRIED/ NEVER HAD A MALE PARTNER <input type="checkbox"/> ↓ </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> a) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to by anyone, not including any husband or any other male partner? </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> b) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to? </div> </div> <div style="margin-top: 20px;"> AGE IN COMPLETED YEARS <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> DON'T KNOW 98 </div>		

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP			
DV29	<p>Who has forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>FATHER/STEP-FATHER A</p> <p>BROTHER/STEP-BROTHER B</p> <p>OTHER RELATIVE C</p> <p>CURRENT BOYFRIEND D</p> <p>FORMER BOYFRIEND E</p> <p>IN-LAW F</p> <p>OWN FRIEND/ACQUAINTANCE G</p> <p>FAMILY FRIEND H</p> <p>TEACHER I</p> <p>SCHOOLMATE/CLASSMATE J</p> <p>EMPLOYER/SOMEONE AT WORK .. K</p> <p>POLICE/SOLDIER L</p> <p>PRIEST/RELIGIOUS LEADER M</p> <p>STRANGER N</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>				
DV30	<p>CHECK 701 AND 702 AND DV04 AND DV05:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>EVER MARRIED/EVER LIVED WITH A MAN/EVER HAD A MALE PARTNER <input type="checkbox"/></p> <p>a) In the last 12 months, has anyone other than any previous husband or any other current or previous male partner forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p> </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <p>-----</p> </td> <td style="width: 45%; vertical-align: top;"> <p>NEVER MARRIED/NEVER HAD A MALE PARTNER <input type="checkbox"/></p> <p>b) In the last 12 months, has anyone forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p> </td> </tr> </table>	<p>EVER MARRIED/EVER LIVED WITH A MAN/EVER HAD A MALE PARTNER <input type="checkbox"/></p> <p>a) In the last 12 months, has anyone other than any previous husband or any other current or previous male partner forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p>	<p>-----</p>	<p>NEVER MARRIED/NEVER HAD A MALE PARTNER <input type="checkbox"/></p> <p>b) In the last 12 months, has anyone forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p>	<p>YES 1</p> <p>NO 2</p>	
<p>EVER MARRIED/EVER LIVED WITH A MAN/EVER HAD A MALE PARTNER <input type="checkbox"/></p> <p>a) In the last 12 months, has anyone other than any previous husband or any other current or previous male partner forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p>	<p>-----</p>	<p>NEVER MARRIED/NEVER HAD A MALE PARTNER <input type="checkbox"/></p> <p>b) In the last 12 months, has anyone forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p>				
DV31	<p>CHECK DV08A (a-j), DV16A (a,b), DV20, DV22, DV26, AND DV27:</p> <p align="center"> AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/> </p>		<p align="right">→ DV35</p>			
DV32	<p>Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?</p>	<p>YES 1</p> <p>NO 2</p>	<p align="right">→ DV34</p>			
DV33	<p>From whom have you sought help?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>OWN FAMILY A</p> <p>HUSBAND'S/PARTNER'S FAMILY .. B</p> <p>CURRENT/FORMER HUSBAND/PARTNER C</p> <p>CURRENT/FORMER BOYFRIEND .. 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</p> <p align="center">(SPECIFY)</p>	<p align="right">→ DV35</p>			
DV34	<p>Have you ever told any one about this?</p>	<p>YES 1</p> <p>NO 2</p>				
DV35	<p>As far as you know, did your father ever beat your mother?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>				

DOMESTIC VIOLENCE MODULE

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 DOMESTIC VIOLENCE MODULE ONLY.																		
DV36	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 border="0"> <thead> <tr> <th></th> <th align="center">YES, ONCE</th> <th align="center">YES, MORE THAN ONCE</th> <th align="center">NO</th> </tr> </thead> <tbody> <tr> <td>HUSBAND</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>OTHER MALE ADULT ..</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>FEMALE ADULT</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> </tbody> </table>		YES, ONCE	YES, MORE THAN ONCE	NO	HUSBAND	1	2	3	OTHER MALE ADULT ..	1	2	3	FEMALE ADULT	1	2	3	
	YES, ONCE	YES, MORE THAN ONCE	NO																
HUSBAND	1	2	3																
OTHER MALE ADULT ..	1	2	3																
FEMALE ADULT	1	2	3																
DV37	INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE. _____ _____ _____																		