

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> </table>					
HOUSEHOLD NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>					
HOUSEHOLD SELECTED FOR MAN'S SURVEY? (1=YES, 2=NO)									
HOUSEHOLD SELECTED FOR DV? (1=YES, 2=NO)									
INTERVIEWER VISITS									
	1	2	3	FINAL VISIT					
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px; display: inline-table;"></table>					
				MONTH <table border="1" style="width: 40px; height: 20px; display: inline-table;"></table>					
INTERVIEWER'S NAME	_____	_____	_____	YEAR <table border="1" style="width: 40px; height: 20px; display: inline-table;"></table>					
RESULT*	_____	_____	_____	INT. NO. <table border="1" style="width: 40px; height: 20px; display: inline-table;"></table>					
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NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; display: inline-table;"></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: 40px; height: 20px; display: inline-table;"></table> TOTAL ELIGIBLE WOMEN <table border="1" style="width: 40px; height: 20px; display: inline-table;"></table> TOTAL ELIGIBLE MEN <table border="1" style="width: 40px; height: 20px; display: inline-table;"></table> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="width: 40px; height: 20px; display: inline-table;"></table>					
LANGUAGE OF QUESTIONNAIRE**	<table border="1" style="width: 20px; height: 20px; display: inline-table;"><tr><td>0</td></tr></table> <table border="1" style="width: 20px; height: 20px; display: inline-table;"><tr><td>1</td></tr></table>	0	1	LANGUAGE OF INTERVIEW**	<table border="1" style="width: 20px; height: 20px; display: inline-table;"></table> <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table>	NATIVE LANGUAGE OF RESPONDENT**	<table border="1" style="width: 20px; height: 20px; display: inline-table;"></table> <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table>	TRANSLATOR USED (YES = 1, NO = 2)	<table border="1" style="width: 20px; height: 20px; display: inline-table;"></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						
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR	KEYED BY				
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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.

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</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.

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 MODEL WOMAN'S QUESTIONNAIRE

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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)				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td></tr> </table>											
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*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED SPECIFY _____															
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DOMESTIC VIOLENCE MODULE

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DV00	CHECK COVER PAGE: WOMAN SELECTED FOR DV MODULE? WOMAN SELECTED FOR THIS SECTION <input type="checkbox"/>	WOMAN NOT SELECTED <input type="checkbox"/>	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 if you are not living with him?	YES 1 NO 2	DV06																														
DV05	Have you ever been in an intimate relationship with a man even if 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).	B. How often did this happen during the last 12 months: often, only sometimes, or not at all?																															
		<table border="1"> <thead> <tr> <th></th> <th>EVER</th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td>a) He (is/was) jealous or angry if you (talk/talked) to other men?</td> <td>YES 1 NO 2</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b) He wrongly (accuses/accused) you of being unfaithful?</td> <td>YES 1 NO 2</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c) He (does/did) not permit you to meet your female friends?</td> <td>YES 1 NO 2</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>d) He (tries/tried) to limit your contact with your family?</td> <td>YES 1 NO 2</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>e) He (insists/insisted) on knowing where you (are/were) at all times?</td> <td>YES 1 NO 2</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	a) He (is/was) jealous or angry if you (talk/talked) to other men?	YES 1 NO 2	1	2	3	b) He wrongly (accuses/accused) you of being unfaithful?	YES 1 NO 2	1	2	3	c) He (does/did) not permit you to meet your female friends?	YES 1 NO 2	1	2	3	d) He (tries/tried) to limit your contact with your family?	YES 1 NO 2	1	2	3	e) He (insists/insisted) on knowing where you (are/were) at all times?	YES 1 NO 2	1	2	3	
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DOMESTIC VIOLENCE MODULE

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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="756 352 927 422">EVER</th> <th data-bbox="927 352 1089 422">OFTEN</th> <th data-bbox="1089 352 1203 422">SOME-TIMES</th> <th data-bbox="1203 352 1360 422">NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td data-bbox="756 422 927 506">YES 1 NO 2 ↓</td> <td data-bbox="927 422 1089 506">→ 1</td> <td data-bbox="1089 422 1203 506">2</td> <td data-bbox="1203 422 1360 506">3</td> </tr> <tr> <td data-bbox="756 506 927 590">YES 1 NO 2 ↓</td> <td data-bbox="927 506 1089 590">→ 1</td> <td data-bbox="1089 506 1203 590">2</td> <td data-bbox="1203 506 1360 590">3</td> </tr> <tr> <td data-bbox="756 590 927 688">YES 1 NO 2 ↓</td> <td data-bbox="927 590 1089 688">→ 1</td> <td data-bbox="1089 590 1203 688">2</td> <td data-bbox="1203 590 1360 688">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="756 800 927 869">EVER</th> <th data-bbox="927 800 1089 869">OFTEN</th> <th data-bbox="1089 800 1203 869">SOME-TIMES</th> <th data-bbox="1203 800 1360 869">NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td data-bbox="756 869 927 953">YES 1 NO 2 ↓</td> <td data-bbox="927 869 1089 953">→ 1</td> <td data-bbox="1089 869 1203 953">2</td> <td data-bbox="1203 869 1360 953">3</td> </tr> <tr> <td data-bbox="756 953 927 1037">YES 1 NO 2 ↓</td> <td data-bbox="927 953 1089 1037">→ 1</td> <td data-bbox="1089 953 1203 1037">2</td> <td data-bbox="1203 953 1360 1037">3</td> </tr> <tr> <td data-bbox="756 1037 927 1121">YES 1 NO 2 ↓</td> <td data-bbox="927 1037 1089 1121">→ 1</td> <td data-bbox="1089 1037 1203 1121">2</td> <td data-bbox="1203 1037 1360 1121">3</td> </tr> <tr> <td data-bbox="756 1121 927 1205">YES 1 NO 2 ↓</td> <td data-bbox="927 1121 1089 1205">→ 1</td> <td data-bbox="1089 1121 1203 1205">2</td> <td data-bbox="1203 1121 1360 1205">3</td> </tr> <tr> <td data-bbox="756 1205 927 1289">YES 1 NO 2 ↓</td> <td data-bbox="927 1205 1089 1289">→ 1</td> <td data-bbox="1089 1205 1203 1289">2</td> <td data-bbox="1203 1205 1360 1289">3</td> </tr> <tr> <td data-bbox="756 1289 927 1373">YES 1 NO 2 ↓</td> <td data-bbox="927 1289 1089 1373">→ 1</td> <td data-bbox="1089 1289 1203 1373">2</td> <td data-bbox="1203 1289 1360 1373">3</td> </tr> <tr> <td data-bbox="756 1373 927 1457">YES 1 NO 2 ↓</td> <td data-bbox="927 1373 1089 1457">→ 1</td> <td data-bbox="1089 1373 1203 1457">2</td> <td data-bbox="1203 1373 1360 1457">3</td> </tr> <tr> <td data-bbox="756 1457 927 1541">YES 1 NO 2 ↓</td> <td data-bbox="927 1457 1089 1541">→ 1</td> <td data-bbox="1089 1457 1203 1541">2</td> <td data-bbox="1203 1457 1360 1541">3</td> </tr> <tr> <td data-bbox="756 1541 927 1625">YES 1 NO 2 ↓</td> <td data-bbox="927 1541 1089 1625">→ 1</td> <td data-bbox="1089 1541 1203 1625">2</td> <td data-bbox="1203 1541 1360 1625">3</td> </tr> <tr> <td data-bbox="756 1625 927 1724">YES 1 NO 2 ↓</td> <td data-bbox="927 1625 1089 1724">→ 1</td> <td data-bbox="1089 1625 1203 1724">2</td> <td data-bbox="1203 1625 1360 1724">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	YES 1 NO 2 ↓	→ 1	2	3	
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DOMESTIC VIOLENCE MODULE

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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 1272 1360 1856"> <thead> <tr> <th data-bbox="756 1272 927 1371">EVER</th> <th data-bbox="927 1272 1089 1371">0 - 11 MONTHS AGO</th> <th data-bbox="1089 1272 1252 1371">12+ MONTHS AGO</th> <th data-bbox="1252 1272 1360 1371">DON'T REMEMBER</th> </tr> </thead> <tbody> <tr> <td colspan="4" data-bbox="756 1377 1360 1434">HAS NEVER HAD ANOTHER HUSBAND/ MALE PARTNER 6</td> </tr> <tr> <td data-bbox="756 1440 927 1539">YES 1</td> <td data-bbox="927 1440 1089 1539">→ 1</td> <td data-bbox="1089 1440 1252 1539">2</td> <td data-bbox="1252 1440 1360 1539">3</td> </tr> <tr> <td data-bbox="756 1545 927 1644">NO 2 ↓</td> <td colspan="3"></td> </tr> <tr> <td data-bbox="756 1650 927 1749">YES 1</td> <td data-bbox="927 1650 1089 1749">→ 1</td> <td data-bbox="1089 1650 1252 1749">2</td> <td data-bbox="1252 1650 1360 1749">3</td> </tr> <tr> <td data-bbox="756 1755 927 1856">NO 2 ↓</td> <td colspan="3"></td> </tr> <tr> <td data-bbox="756 1862 927 1961">YES 1</td> <td data-bbox="927 1862 1089 1961">→ 1</td> <td data-bbox="1089 1862 1252 1961">2</td> <td data-bbox="1252 1862 1360 1961">3</td> </tr> <tr> <td data-bbox="756 1967 927 2066">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
EVER	0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER																																
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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 <input type="checkbox"/> 232=1 OR HAD ONE OR MORE PAST PREGNANCIES <input type="checkbox"/> 212>0 ↓	NOT PREGNANT <input type="checkbox"/> 232=2 AND NO PAST PREGNANCIES <input type="checkbox"/> 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"/> ↓ 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;"> NEVER MARRIED/ NEVER HAD A MALE PARTNER <input type="checkbox"/> ↓ 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>		AGE IN COMPLETED YEARS <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> DON'T KNOW 98

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%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px dashed black; padding-right: 10px;"> <p>EVER MARRIED/EVER LIVED WITH A MAN/EVER HAD A MALE PARTNER <input type="checkbox"/></p> <p>↓</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: 50%; padding-left: 10px;"> <p>NEVER MARRIED/NEVER HAD A MALE PARTNER <input type="checkbox"/></p> <p>↓</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>↓</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>NEVER MARRIED/NEVER HAD A MALE PARTNER <input type="checkbox"/></p> <p>↓</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>↓</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>NEVER MARRIED/NEVER HAD A MALE PARTNER <input type="checkbox"/></p> <p>↓</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> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>↓</p> </td> <td style="width: 50%; text-align: center;"> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p> <p>→</p> </td> </tr> </table>		<p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>↓</p>	<p>NOT A SINGLE 'YES' <input type="checkbox"/></p> <p>→</p>	<p>→ DV35</p>
<p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>↓</p>	<p>NOT A SINGLE 'YES' <input type="checkbox"/></p> <p>→</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>→ 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>→ 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	
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HUSBAND	1	2	3																
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DV37	INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE. _____ _____ _____																		