



114	How often do you see or talk to (even on the phone) with a member of your family of birth? Would you say at least once a week, once a month, once a year, or never?	AT LEAST ONCE A WEEK1 AT LEAST ONCE A MONTH2 AT LEAST ONCE A YEAR3 NEVER (HARDLY EVER)4 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
115	When you need help or have a problem, can you usually count on members of your family of birth for support?	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
116 a	Do you regularly attend a group, organization or association? IF YES: What kind of group, organization or association? IF NO, PROMPT: Organizations like women's or community groups, religious groups or political associations. MARK ALL MENTIONED PROBE IF NECESSARY TO IDENTIFY TYPE OF GROUP	NONE A CIVIC/POLITICAL/ UNION B SOCIAL WORK/CHARITABLE C SPORTS/ARTS/CRAFTS D ECONOMIC/SAVINGS CLUBE WOMEN'S ORGANIZATIONF RELIGIOUS ORGANIZATION G OTHER: _____ _____ X	⇒ IF NONE GO TO 118 116b. How often do you attend? (ASK ONLY FOR EACH MARKED IN 116a) At least once a week At least once a month At least once a year Never (hardly ever) 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4
117	Is this group (Are any of these groups) attended by women only? (REFER TO THE ATTENDED GROUPS ONLY)	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
118	Has anyone ever prevented you from attending a meeting or participating in an organization? IF YES, ASK Who prevented you? MARK ALL THAT APPLY	NOT PREVENTEDA PARTNER/HUSBAND B PARENTS C PARENTS-IN-LAW/PARENTS OF PARTNER D OTHER: _____ X	
119	Are you <u>currently</u> married or do you have a male partner? IF RESPONDENT HAS A MALE PARTNER ASK: Do you and your partner live together?	CURRENTLY MARRIED1 LIVING WITH MAN, NOT MARRIED.....3 CURRENTLY HAVING A REGULAR MALE PARTNER (ENGAGED OR DATING RELATIONSHIP), LIVING APART.....4 NOT CURRENTLY MARRIED OR LIVING WITH A MAN (NOT INVOLVED IN A RELATIONSHIP WITH A MAN).....5 CURRENTLY HAVING A FEMALE SEXUAL PARTNER6	⇒ 123 ⇒ 123 ⇒ 123
120 a	Have you <u>ever</u> been married or lived with a male partner?	YES, MARRIED1 YES, LIVED WITH A MAN, BUT NEVER MARRIED3 NO5	⇒ 121 ⇒ 121



120 b	Have you ever had a regular male partner (engaged, dating or sexual partner)?	YES1 NO2 REFUSED/NO ANSWER9	⇒S2 ⇒S2
121	Did the <u>last partnership with a man</u> end in divorce or separation, or did your husband/partner die?	DIVORCED1 SEPARATED/BROKEN UP2 WIDOWED/PARTNER DIED3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	⇒123
122	Was the divorce/separation initiated by you, by your husband/partner, or did you both decide that you should separate?	RESPONDENT1 HUSBAND/PARTNER2 BOTH (RESPONDENT AND PARTNER)3 OTHER:6 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
123	How many times in your life have you been married and/or lived together with a man? (INCLUDE CURRENT PARTNER IF LIVING TOGETHER)	NUMBER OF TIMES MARRIED/ LIVED TOGETHER[][]IF "00" DON'T KNOW/DON'T REMEMBER98 REFUSED/NO ANSWER99	⇒S2
124	The next few questions are about your <u>current or most recent</u> partnership. Do/did you live with your husband/partner's parents or any of his relatives?	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
125	IF CURRENTLY WITH PARTNER: Do you <u>currently</u> live with your parents or any of your relatives? IF NOT CURRENTLY WITH PARTNER: Were you living with your parents or relatives <u>during your last relationship</u> ?	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
129	Did you have any kind of marriage ceremony to formalize the union? What type of ceremony did you have? MARK ALL THAT APPLY	NONEA CIVIL MARRIAGEB RELIGIOUS MARRIAGEC CUSTOMARY MARRIAGED OTHER:X	⇒S.2
130	In what year was the (first) ceremony performed? (THIS REFERS TO CURRENT/LAST RELATIONSHIP)	YEAR[][][][] DON'T KNOW9998 REFUSED/NO ANSWER9999	
131	Did you yourself choose your <u>current/most recent</u> husband, did someone else choose him for you, or did he choose you? IF SHE DID NOT CHOOSE HERSELF, PROBE: Who chose your <u>current/most recent</u> husband for you?	BOTH CHOSE1 RESPONDENT CHOSE2 RESPONDENT'S FAMILY CHOSE3 PARTNER CHOSE4 PARTNER'S FAMILY CHOSE5 OTHER:6 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	⇒133* ⇒133*
132	Before the marriage with your <u>current /most recent</u> husband, were you asked whether you wanted to marry him or not?	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
*	ONLY INDO FIJIAN RESPONDENTS [] ↓	NON INDO FIJIAN []	⇒ S.2
133	Did your marriage involve dowry/meher?	YES/DOWRY1 YES/MEHER2 NO3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	⇒S.2 ⇒S.2



134	Has all of the dowry/meher been paid for, or does some part still remain to be paid?	ALL PAID 1 PARTIALLY PAID 2 NONE PAID 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
135	Overall, do you think that the amount of dowry/meher has had a positive impact on how you are treated by your husband and his family, a negative impact, or no particular impact?	POSITIVE IMPACT 1 NEGATIVE IMPACT 2 NO IMPACT 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	

**BEFORE STARTING WITH SECTION 2:
REVIEW RESPONSES IN SECTION 1 AND MARK MARITAL STATUS ON REFERENCE SHEET, BOX A.**



SECTION 2 GENERAL HEALTH																							
201	I would now like to ask a few questions about your health and use of health services. In general, would you describe your overall health as excellent, good, fair, poor or very poor?	EXCELLENT1 GOOD.....2 FAIR3 POOR4 VERY POOR.....5 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9																					
F201 a	Do you have any of the following: a) Diabetes b) Asthma c) High Blood Pressure d) Physical Disabilities	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>DIABETES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ASTHMA</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>HIGH BLOOD PRESSURE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>PHYSICAL DISABILITIES</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	DIABETES	1	2	8	ASTHMA	1	2	8	HIGH BLOOD PRESSURE	1	2	8	PHYSICAL DISABILITIES	1	2	8	
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PHYSICAL DISABILITIES	1	2	8																				
202	Now I would like to ask you about your health in the <u>past 4 weeks</u> . How would you describe your ability to walk around? I will give 5 options, which one best describes your situation: Would you say that you have no problems, very few problems, some problems, many problems or that you are unable to walk at all?	NO PROBLEMS1 VERY FEW PROBLEMS.....2 SOME PROBLEMS.....3 MANY PROBLEMS.....4 UNABLE TO WALK AT ALL5 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9																					
203	In the <u>past 4 weeks</u> did you have problems with performing usual activities, such as work, study, household, family or social activities? Please choose from the following 5 options. Would you say no problems, very few problems, some problems, many problems or unable to perform usual activities?	NO PROBLEMS1 VERY FEW PROBLEMS.....2 SOME PROBLEMS3 MANY PROBLEMS.....4 UNABLE TO PERFORM USUAL ACTIVITIES5 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9																					
204	In the <u>past 4 weeks</u> have you been in pain or discomfort? Please choose from the following 5 options. Would you say not at all, slight pain or discomfort, moderate, severe or extreme pain or discomfort?	NO PAIN OR DISCOMFORT.....1 SLIGHT PAIN OR DISCOMFORT2 MODERATE PAIN OR DISCOMFORT3 SEVERE PAIN OR DISCOMFORT4 EXTREME PAIN OR DISCOMFORT.....5 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9																					
205	In the <u>past 4 weeks</u> have you had problems with your memory or concentration? Please choose from the following 5 options. Would you say no problems, very few problems, some problems, many problems or extreme memory or concentration problems?	NO PROBLEMS1 VERY FEW PROBLEMS.....2 SOME PROBLEMS3 MANY PROBLEMS.....4 EXTREME MEMORY PROBLEMS5 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9																					
206																							
207	In the <u>past 4 weeks</u> , have you taken medication: a) To help you calm down or sleep? b) To relieve pain? c) To help you not feel sad or depressed? FOR EACH, IF YES PROBE: How often? Once or twice, a few times or many times?	<table border="0"> <thead> <tr> <th></th> <th>NO</th> <th>ONCE OR TWICE</th> <th>A FEW TIMES</th> <th>MANY TIMES</th> </tr> </thead> <tbody> <tr> <td>a) FOR SLEEP</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>b) FOR PAIN</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>c) FOR SADNESS</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </tbody> </table>		NO	ONCE OR TWICE	A FEW TIMES	MANY TIMES	a) FOR SLEEP	1	2	3	4	b) FOR PAIN	1	2	3	4	c) FOR SADNESS	1	2	3	4	
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c) FOR SADNESS	1	2	3	4																			

208	<p>In the <u>past 4 weeks</u>, did you consult a doctor or other professional or traditional health worker because you yourself were sick?</p> <p>IF YES: Whom did you consult?</p> <p>PROBE: Did you also see anyone else?</p>	<p>NO ONE CONSULTED A</p> <p>DOCTOR B</p> <p>NURSE (AUXILIARY) C</p> <p>MIDWIFE D</p> <p>COUNSELLOR E</p> <p>PHARMACIST F</p> <p>TRADITIONAL HEALER G</p> <p>TRADITIONAL BIRTH ATTENDANT H</p> <p>OTHER: X</p>																																																																
209	<p>The next questions are related to other common problems that may have bothered you in the <u>past 4 weeks</u>. If you had the problem in the past 4 weeks, answer yes. If you have not had the problem in the past 4 weeks, answer no.</p> <p>a) Do you often have headaches?</p> <p>b) Is your appetite poor?</p> <p>c) Do you sleep badly?</p> <p>d) Are you easily frightened?</p> <p>e) Do your hands shake?</p> <p>f) Do you feel nervous, tense or worried?</p> <p>g) Is your digestion poor?</p> <p>h) Do you have trouble thinking clearly?</p> <p>i) Do you feel unhappy?</p> <p>j) Do you cry more than usual?</p> <p>k) Do you find it difficult to enjoy your daily activities?</p> <p>l) Do you find it difficult to make decisions?</p> <p>m) Is your daily work suffering?</p> <p>n) Are you unable to play a useful part in life?</p> <p>o) Have you lost interest in things that you used to enjoy?</p> <p>p) Do you feel that you are a worthless person?</p> <p>q) Has the thought of ending your life been on your mind?</p> <p>r) Do you feel tired all the time?</p> <p>s) Do you have uncomfortable feelings in your stomach?</p> <p>t) Are you easily tired?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>a) HEADACHES</td><td>1</td><td>2</td></tr> <tr><td>b) APPETITE</td><td>1</td><td>2</td></tr> <tr><td>c) SLEEP BADLY</td><td>1</td><td>2</td></tr> <tr><td>d) FRIGHTENED</td><td>1</td><td>2</td></tr> <tr><td>e) HANDS SHAKE</td><td>1</td><td>2</td></tr> <tr><td>f) NERVOUS</td><td>1</td><td>2</td></tr> <tr><td>g) DIGESTION</td><td>1</td><td>2</td></tr> <tr><td>h) THINKING</td><td>1</td><td>2</td></tr> <tr><td>i) UNHAPPY</td><td>1</td><td>2</td></tr> <tr><td>j) CRY MORE</td><td>1</td><td>2</td></tr> <tr><td>k) NOT ENJOY</td><td>1</td><td>2</td></tr> <tr><td>l) DECISIONS</td><td>1</td><td>2</td></tr> <tr><td>m) WORK SUFFERS</td><td>1</td><td>2</td></tr> <tr><td>n) USEFUL PART</td><td>1</td><td>2</td></tr> <tr><td>o) LOST INTEREST</td><td>1</td><td>2</td></tr> <tr><td>p) WORTHLESS</td><td>1</td><td>2</td></tr> <tr><td>q) ENDING LIFE</td><td>1</td><td>2</td></tr> <tr><td>r) FEEL TIRED</td><td>1</td><td>2</td></tr> <tr><td>s) STOMACH</td><td>1</td><td>2</td></tr> <tr><td>t) EASILY TIRED</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	a) HEADACHES	1	2	b) APPETITE	1	2	c) SLEEP BADLY	1	2	d) FRIGHTENED	1	2	e) HANDS SHAKE	1	2	f) NERVOUS	1	2	g) DIGESTION	1	2	h) THINKING	1	2	i) UNHAPPY	1	2	j) CRY MORE	1	2	k) NOT ENJOY	1	2	l) DECISIONS	1	2	m) WORK SUFFERS	1	2	n) USEFUL PART	1	2	o) LOST INTEREST	1	2	p) WORTHLESS	1	2	q) ENDING LIFE	1	2	r) FEEL TIRED	1	2	s) STOMACH	1	2	t) EASILY TIRED	1	2	
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210	<p>Just now we talked about problems that may have bothered you in the past 4 weeks. I would like to ask you now: In your life, have you <u>ever</u> thought about ending your life?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/DON'T REMEMBER 8</p> <p>REFUSED/NO ANSWER 9</p>	⇒ 212																																																															
211	<p>Have you <u>ever</u> tried to take your life?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/DON'T REMEMBER 8</p> <p>REFUSED/NO ANSWER 9</p>																																																																
212	<p>In the <u>past 12 months</u>, have you had an operation (other than a caesarean section)?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/DON'T REMEMBER 8</p> <p>REFUSED/NO ANSWER 9</p>																																																																
213	<p>In the <u>past 12 months</u>, did you have to spend any nights in a hospital because you were sick (other than to give birth)?</p> <p>IF YES: How many nights in the past 12 month (IF DON'T KNOW GET ESTIMATE)</p>	<p>NIGHTS IN HOSPITAL [] []</p> <p>NONE 00</p> <p>DON'T KNOW/DON'T REMEMBER 98</p> <p>REFUSED/NO ANSWER 99</p>																																																																



213a	Have you ever heard of HIV or AIDS?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
213b	Is it possible for a person who looks and feels completely healthy to have the AIDS virus?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
213c	Many people in Fiji are getting tested for HIV. Have you had an HIV/AIDS test? We do not want to know the result, only if you ever had the test.	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
214	Do you <u>currently</u> smoke..... 1. Daily? 2. Occasionally? 3. Not at all?	DAILY 1 OCCASIONALLY 2 NOT AT ALL 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒216 ⇒216
215	Have you <u>ever</u> smoked in your life? Did you ever smoke.... 1. Daily? (smoking at least once a day) 2. Occasionally? (at least 100 cigarettes, but never daily) 3. Not at all? (not at all, or less than 100 cigarettes in your life time)	DAILY 1 OCCASIONALLY 2 NOT AT ALL 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
216	How often do you drink alcohol? Would you say: 1. Every day or nearly every day 2. Once or twice a week 3. 1 – 3 times a month/fortnightly 4. Occasionally, less than once a month 5. Never (INCLUDING LESS THAN ONCE A YEAR OR LAST TIME LONGER THAN A YEAR AGO)	EVERY DAY OR NEARLY EVERY DAY 1 ONCE OR TWICE A WEEK 2 1 – 3 TIMES IN A MONTH 3 LESS THAN ONCE A MONTH 4 NEVER 5 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒219
217			
218	In the <u>past 12 months</u> , have you experienced any of the following problems, related to your drinking alcohol? a) money problems b) health problems c) conflict with family or friends d) problems with authorities / bar owner/police etc) x) other, specify.	YES NO a) MONEY PROBLEMS 1 2 b) HEALTH PROBLEMS 1 2 c) CONFLICT WITH FAMILY OR FRIENDS 1 2 d) PROBLEMS WITH AUTHORITIES 1 2 x) OTHER: 1 2	
219	How often do you drink yaqona? Would you say: 1. Every day or nearly every day 2. Once or twice a week 3. 1 – 3 times a month 4. Occasionally, less than once a month 5. Never (INCLUDING LESS THAN ONCE A YEAR OR LAST TIME LONGER THAN A YEAR AGO)	EVERY DAY OR NEARLY EVERY DAY 1 ONCE OR TWICE A WEEK 2 1 – 3 TIMES IN A MONTH 3 LESS THAN ONCE A MONTH 4 NEVER 5 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒S.3



220	In the <u>past 12 months</u> , have you experienced any of the following problems, related to your drinking yaqona?	YES	NO	
a)	money problems	1	2	a) MONEY PROBLEMS
b)	health problems	1	2	b) HEALTH PROBLEMS
c)	conflict with family or friends	1	2	c) CONFLICT WITH FAMILY
d)	problems with authorities	1	2	d) AUTHORITIES
x)	other, specify	1	2	x) OTHER: _____



SECTION 3 REPRODUCTIVE HEALTH			
	Now I would like to ask about all of the children that you may have given birth to during your life.		
301	Have you ever given birth? How many children have you given birth to that were alive when they were born? (INCLUDE BIRTHS WHERE THE BABY DIDN'T LIVE FOR LONG)	NUMBER OF CHILDREN BORN[][] IF 1 OR MORE ...⇒ NONE00	⇒ 303
302	Have you ever been pregnant?	YES1 NO2 MAYBE/NOT SURE3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	⇒ 304 ⇒ 310 ⇒ 310 ⇒ 310 ⇒ 310
303	How many children do you have, who are alive now? RECORD NUMBER	CHILDREN[][] NONE00	
304	Have you ever given birth to a boy or a girl who was born alive, but later died? This could be at any age. IF NO, PROBE: Any baby who cried or showed signs of life but survived for only a few hours or days?	YES1 NO2	⇒ 306
305	a) How many sons have died? a) How many daughters have died? (THIS IS ABOUT ALL AGES)	a) SONS DEAD[][] b) DAUGHTERS DEAD[][] IF NONE ENTER '00'	
306	Do (did) all your children have the same biological father, or more than one father?	ONE FATHER1 MORE THAN ONE FATHER2 N/A (NEVER HAD LIVE BIRTH)7 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	⇒ 308
307	How many of your children receive financial support from their father(s)? Would you say none, some or all? IF ONLY ONE CHILD AND SHE SAYS 'YES,' CODE '3' ('ALL').	NONE.....1 SOME.....2 ALL3 N/A7 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
308	How many times have you been pregnant? Include pregnancies that did not end up in a live birth, and if you are pregnant now, your current pregnancy? PROBE: How many pregnancies were with twins, triplets?	a) TOTAL NO. OF PREGNANCIES[][] b) PREGNANCIES WITH TWINS [] c) PREGNANCIES WITH TRIPLETS []	
309	Have you ever had a pregnancy that miscarried, or ended in a stillbirth? Or an abortion? PROBE: How many times did you miscarry, how many times did you have a stillbirth, and how many times did you abort?	a) MISCARRIAGES[][] b) STILLBIRTHS[][] c) ABORTIONS[][] IF NONE ENTER '00'	
310	Are you pregnant now?	YES1 NO2 MAYBE3	⇒ A ⇒ B ⇒ B
DO EITHER A OR B:		IF PREGNANT NOW ==>	A. [301] ____ + [309 a+b+c] ____ + 1 = [308a] ____ + [308b] ____ + [2x308c] ____ = ____
		IF NOT PREGNANT NOW ==>	B. [301] ____ + [309 a+b+c] ____ = [308a] ____ + [308b] ____ + [2x308c] ____ = ____
VERIFY THAT ADDITION ADDS UP TO THE SAME FIGURE. IF NOT, PROBE AGAIN AND CORRECT.			

311	Have you <u>ever</u> used anything, or tried in any way, to delay or avoid getting pregnant?	YES 1 NO 2 NEVER HAD INTERCOURSE 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒ 315 ⇒ S.5
312	Are you <u>currently</u> doing something, or using any method, to delay or avoid getting pregnant?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒ 315
313	What (main) method are you <u>currently</u> using? IF MORE THAN ONE, ONLY MARK MAIN METHOD	PILL/TABLETS 01 INJECTABLES 02 IMPLANTS (NORPLANT) 03 IUD/LOOP 04 DIAPHRAGM/FOAM/JELLY 05 CALENDAR/MUCUS METHOD 06 FEMALE STERILIZATION 07 CONDOMS 08 MALE STERILIZATION 09 WITHDRAWAL 10 HERBS 11 OTHER: 96 DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99	⇒ 315 ⇒ 315 ⇒ 315
314	Does your <u>current</u> husband/partner know that you are using a method of family planning?	YES 1 NO 2 N/A: NO CURRENT PARTNER 7 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
315	Has/did your <u>current/most recent</u> husband/partner ever refused to use a method or tried to stop you from using a method to avoid getting pregnant?	YES 1 NO 2 N.A. (NEVER HAD A PARTNER) 7 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒ 317 ⇒ S.4 ⇒ 317 ⇒ 317
316	In what ways did he let you know that he disapproved of using methods to avoid getting pregnant? MARK ALL THAT APPLY	TOLD ME HE DID NOT APPROVE A SHOUTED/GOT ANGRY B THREATENED TO BEAT ME C THREATENED TO LEAVE/THROW ME OUT OF HOME D BEAT ME/PHYSICALLY ASSAULTED E TOOK OR DESTROYED METHOD F OTHER X	
317	Apart from what you have told me before, I would now like to ask some specific questions about condoms. Have you ever used a condom with your <u>current/most recent</u> partner?	YES 1 NO 2 N.A. (NEVER HAD A PARTNER) 7 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒ 318 ⇒ S.4
317 a	The last time that you had sex with your <u>current/most recent partner</u> did you use a condom?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
318	Have you ever asked your <u>current/most recent</u> partner to use a condom?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	



319	Has your <u>current/most recent</u> husband/partner ever refused to use a condom?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒S.4 ⇒S.4 ⇒S.4
320	In what ways did he let you know that he disapproved of using a condom? MARK ALL THAT APPLY	TOLD ME HE DID NOT APPROVE A SHOUTED/GOT ANGRY B THREATENED TO BEAT ME C THREATENED TO LEAVE/THROW ME OUT OF HOME D BEAT ME/PHYSICALLY ASSAULTED E TOOK OR DESTROYED METHOD F ACCUSED ME OF BEING UNFAITHFUL/ NOT A GOOD WOMAN G LAUGHED AT/NOT TAKE ME SERIOUS ..H SAID IT IS NOT NECESSARY I OTHER X	

**BEFORE STARTING WITH SECTION 4:
REVIEW RESPONSES AND MARK REPRODUCTIVE HISTORY ON REFERENCE SHEET, BOX B.**

SECTION 4 CHILDREN			
CHECK: Ref. Sheet, box B, point Q <i>(s4bir)</i>	ANY LIVE BIRTHS [] ↓ <i>(1)</i>	NO LIVE BIRTHS [] ⇒ <i>(2)</i>	⇒S.5
401	I would like to ask about the last time that you gave birth (Live birth, regardless of whether the child is still alive or not). What is the date of birth of this child?	DAY [][] MONTH [][] YEAR [][][][]	
402	What name was given to your last born child? Is (NAME) a boy or a girl?	NAME: _____ BOY 1 GIRL 2	
403	Is your last born child (NAME) still alive?	YES 1 NO 2	⇒405
404	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS CHECK AGE WITH BIRTH DATE	AGE IN YEARS [][] ⇒406 IF NOT YET COMPLETED 1 YEAR 00 ⇒406	
405	How old was (NAME) when he/she died?	YEARS [][] MONTHS (IF LESS THAN 1 YEAR) [][] DAYS (IF LESS THAN 1 MONTH) [][]	
406	CHECK IF DATE OF BIRTH OF LAST CHILD (IN Q401) IS MORE OR LESS THAN 5 YEARS AGO	5 OR MORE YEARS AGO 1 ⇒417 LESS THAN 5 YEARS AGO 2	
407	I would like to ask you about your <u>last pregnancy</u> . At the time you became pregnant with this child (NAME), did you want to become pregnant then, did you want to wait until later, did you want no (more) children, or did you not mind either way?	BECOME PREGNANT THEN 1 WAIT UNTIL LATER 2 NOT WANT CHILDREN 3 NOT MIND EITHER WAY 4 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
408	At the time you became pregnant with this child (NAME), did your husband/partner want you to become pregnant then, did he want to wait until later, did he want no (more) children at all, or did he not mind either way?	BECOME PREGNANT THEN 1 WAIT UNTIL LATER 2 NOT WANT CHILDREN 3 NOT MIND EITHER WAY 4 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
409	When you were pregnant with this child (NAME), did you see anyone for an antenatal check? IF YES: Whom did you see? Anyone else? MARK ALL THAT APPLY	NO ONE A DOCTOR B OBSTETRICIAN/GYNAECOLOGIST C NURSE/MIDWIFE D AUXILIARY NURSE E TRADITIONAL BIRTH ATTENDANT F OTHER: _____ X	
410	Did your husband/partner stop you, encourage you, or have no interest in whether you received antenatal care for your pregnancy?	STOP 1 ENCOURAGE 2 NO INTEREST 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
411	When you were pregnant with this child, did your husband/partner have preference for a son, a daughter or did it not matter to him whether it was a boy or a girl?	SON 1 DAUGHTER 2 DID NOT MATTER 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	



412	During this pregnancy, did you consume any alcoholic drinks?	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9																									
413	During this pregnancy, did you smoke any cigarettes or use tobacco?	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9																									
414	Were you given a (postnatal) check-up at any time during the 6 weeks after delivery?	YES1 NO2 NO, CHILD NOT YET SIX WEEKS OLD3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9																									
415	Was this child (NAME) weighed at birth?	YES1 NO2 DON'T KNOW /DON'T REMEMBER8 REFUSED/NO ANSWER9	⇒417 ⇒417																								
416	How much did he/she weigh? RECORD FROM HEALTH CARD WHERE POSSIBLE	KG FROM CARD [] []1 KG FROM RECALL [] []2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9																									
417	Do you have any children aged between 6 and 14 years? How many? (include 6-year-old and 14-year-old children)	NUMBER [] [] NONE00	⇒S.5																								
418	a) How many are boys? b) How many are girls?	a) BOYS [] b) GIRLS []																									
419	How many of these children (ages 6-14 years) currently live with you? PROBE: a) How many boys? b) How many girls?	a) BOYS [] b) GIRLS [] IF "0" FOR BOTH SEXES ===== GO TO ⇒	⇒S.5																								
420	Do any of these children (ages 6-14 years): a) Have frequent nightmares? b) Suck their thumbs or fingers? c) Wet their bed often? d) Are any of these children very timid or withdrawn? e) Are any of them aggressive with you or other children?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>a) NIGHTMARES</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>b) SUCK THUMB</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>c) WET BED</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>d) TIMID</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>e) AGGRESSIVE</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>		YES	NO	DK	a) NIGHTMARES	1	2	8	b) SUCK THUMB	1	2	8	c) WET BED	1	2	8	d) TIMID	1	2	8	e) AGGRESSIVE	1	2	8	
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e) AGGRESSIVE	1	2	8																								
421	Of these children (ages 6-14 years), how many of your boys and how many of your girls have ever run away from home?	a) NUMBER OF BOYS RUN AWAY [] b) NUMBER OF GIRLS RUN AWAY [] IF NONE ENTER '0'																									
422	Of these children (ages 6-14 years), how many of your boys and how many of your girls are studying/in school?	a) BOYS [] b) GIRLS [] IF "0" FOR BOTH SEXES ===== GO TO ⇒	⇒S.5																								
423	Have any of these children had to repeat (failed) a year at school? MAKE SURE ONLY CHILDREN AGED 6-14 YEARS.	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9																									
424	Have any of these children stopped school for a while or dropped out of school? MAKE SURE ONLY CHILDREN AGED 6-14 YEARS.	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9																									

SECTION 5 CURRENT OR MOST RECENT PARTNER				
CHECK: Ref. sheet, Box A (s5mar)	CURRENTLY MARRIED, OR LIVING WITH A MAN/WITH MALE PARTNER (Options K, L) [] ↓ (1)	FORMERLY MARRIED/ LIVING WITH A MAN/ FORMERLY WITH MALE PARTNER (Option M) [] ↓ (2)	NEVER MARRIED/ NEVER LIVED WITH A MAN (NEVER SEXUAL PARTNER) (Option N) [] ⇒ (3)	⇒ S.6
501	I would now like you to tell me a little about your <u>current/most recent</u> husband/partner. How old is your husband/partner now? PROBE: MORE OR LESS IF MOST RECENT PARTNER DIED: How old would he be now if he were alive?	AGE (YEARS) [] []		
502	In what year was he born?	YEAR [] [] [] [] DON'T KNOW/DON'T REMEMBER 9998 REFUSED/NO ANSWER 9999		
503	Can (could) he read and write?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9		
504	Did he ever attend school?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9		⇒ 506
505	What is the highest level of education that he achieved? MARK HIGHEST LEVEL. (CLASS/FORM)	CLASSES 1-6 _____ year 1 FORMS 1-7 _____ year 2 HIGHER _____ year 3 DON'T KNOW 8 NUMBER OF YEARS SCHOOLING... [] [] DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99		
506	IF CURRENTLY WITH PARTNER: Is he currently working, looking for work or unemployed, retired or studying? IF NOT CURRENTLY WITH PARTNER: Towards the end of your relationship was he working, looking for work or unemployed, retired or studying?	WORKING 1 LOOKING FOR WORK/UNEMPLOYED 2 RETIRED 3 STUDENT 4 DISABLED/LONG TERM SICK 5 CASUAL/LABOURER 6 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9		⇒ 508 ⇒ 508 ⇒ 509 ⇒ 508
507	When did his last job finish? Was it in the past 4 weeks, between 4 weeks and 12 months ago, or before that? (FOR MOST RECENT HUSBAND/PARTNER: in the last 4 weeks or in the last 12 months of your relationship?)	IN THE PAST 4 WEEKS 1 4 WKS - 12 MONTHS AGO 2 MORE THAN 12 MONTHS AGO 3 NEVER HAD A JOB 4 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9		⇒ 509
508	What kind of work does/did he normally do? SPECIFY KIND OF WORK	PROFESSIONAL: 01 SEMI-SKILLED: 02 UNSKILLED/MANUAL: 03 MILITARY/POLICE: 04 FARMER/FISHERMAN 05 SEAMAN/SAILOR 06 TRADESMAN 07 SECURITY 08 OTHER: 96 DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99		