

Appendix 1: Core instrument

WorldSAFE Survey 1998

(Remember to complete the Household Census Form before beginning the interview.)

I have more questions for you. These are questions for which there is no right or wrong answer. The only right answer is your honest answer. Honesty is very important in this project because it is only by hearing the honest response of women that we will understand their experiences and how to help them.

Section A: Community

I want to start by asking you a little about the community in which you live.

A. 1. Does this community (or area where you live) have a name?

- 1 YES----> What is it called? _____ *(not keyed)*
- 2 NO

(Insert name of community /village/slum in following questions. If no name, say "in this area/village/place", as appropriate.)

I want to ask you some questions about <community name>. Would you say that...

A. 2. People in <community name> help each other? *(Read each response choice and circle the respondent's answer)*

- 1 VERY MUCH
- 2 SOMEWHAT
- 3 VERY LITTLE
- 4 NOT AT ALL

A. 3. People in <name> are concerned about your welfare?

- 1 VERY MUCH
- 2 SOMEWHAT
- 3 VERY LITTLE
- 4 NOT AT ALL

A. 4. Neighbors watch out for each other's children in <name>?

- 1 VERY MUCH
- 2 SOMEWHAT
- 3 VERY LITTLE
- 4 NOT AT ALL

A. 5. There are people you can count on in <name>?

- 1 VERY MUCH

- 2 SOMEWHAT
- 3 VERY LITTLE
- 4 NOT AT ALL

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A. 6. There are people in <name> you can talk to about your problems?

- 1 VERY MUCH
- 2 SOMEWHAT
- 3 VERY LITTLE
- 4 NOT AT ALL

A. 7. Besides neighbors, is there anyone else you can talk to about your problems?

- 1 YES
- 2 NO (Skip to A. 8.)

A. 7a. Who? (Read list and check all that apply, without duplicating)

- A7a. Mother
- A7b. Father
- A7c. Sister
- A7d. Brother
- A7e. Grandmother
- A7f. Grandfather
- A7g. Other blood relatives
- A7h. Mother-in-law
- A7i. Father-in-law
- A7j. Sister-in-law
- A7k. Other in-laws
- A7l. Other members of your household
- A7m. Co-workers
- A7n. Other friends
- A7o. Other (specify relationship: _____)

A. 8. In the last year, have you received assistance or service from any organization or agency, like an organization that provides assistance with. . . ?

(Read list and check all that apply)

- A8a. Adult health care
- A8b. Adult education
- A8c. Food, shelter, or the basics of life
- A8d. Employment
- A8e. Child health or development
- A8f. Other (describe: _____)
- A8g. NO RECEIPT OF SERVICES

A. 9. Do you participate in any of the following types of organizations? (Read list. Check all that apply.)

___A9a. Civic/Political

___A9b. Social work, charitable

___A9c. Recreational/arts (sports, games, cards, singing, dancing, visual art, etc)

___A9d. Economic, labor-related

___A9e. Religious

___A9f. Other

___A9g. DOES NOT PARTICIPATE IN ANY ORGANIZATION

Section B: Index Child

Now I want to ask you about <name of index child>. [Interviewer: If respondent has other children, please emphasize throughout Section B that these questions are about index child ONLY]

B. 1. Child's Gender:

1 FEMALE

2 MALE

B. 2a. Child's Date of Birth ___/___/___ (day/month/year)
(If mother does not know year of birth, compute from child's age below)

B. 2b. What position was (index child) born into his/her family? (If position has changed because of sibling death, record current position.)

1 ONLY CHILD

2 FIRST (OLDEST)

3 MIDDLE

4 LAST (YOUNGEST)

5 NOT HER BIOLOGICAL CHILD

B. 3. Child's Age |__|__| COMPLETED YEARS (For children less than 5 years, skip to Q5.)

B. 4a. [For children age 5 or older] Has s/he had any formal schooling?

1 YES

2 NO [Skip to B5]

B. 4b. Since age 5, how many years of formal schooling has s/he completed? |__|__| (#years completed)

B. 5. Compared to other children of the same age, how would you describe his / her health? Is it...

- 1 EXCELLENT/ VERY GOOD
- 2 AVERAGE/ OKAY
- 3 POOR/ BAD

B. 6. Let me ask you about some common health problems that children have. Does s/he have a . . .

	YES	NO	DK
B. 6a. chronic health problem - something that is an ongoing problem like asthma or tuberculosis?	1	2	8
B. 6b. hearing, speech or vision problem?	1	2	8
B. 6c. physical deformity or handicap? (Describe: _____)	1	2	8
B. 6d. learning problem or mental retardation?	1	2	8
B. 6e. behavior or emotional problem?	1	2	8
B. 6f. other problem? (Describe: _____)	1	2	8

B. 7. Compared to other children his/her age, how easy or difficult has s/he been to take care of?

- 1 EASY TO TAKE CARE OF
- 2 ABOUT AVERAGE
- 3 DIFFICULT TO TAKE CARE OF

All adults use certain methods to teach children the right behavior or to address a behavior problem. I will read various methods that might be used and I want you to tell me how often you (or if applicable, your husband/partner) have used this with (index child's name) in the last year. Tell me if you (IW) [or your husband/partner (HP)] have done this to (index child's name): never, once or twice, or three or more times in the last year.

		NEVER	ONCE OR TWICE	THREE OR MORE	DK	
<u>NA</u>						
Explained why something was wrong	B8a. IW	1	2	3		
	B8b. HP	1	2	3	8	9
Told him/her to start or stop doing something	B9a. IW	1	2	3		B9b. HP 1
Made him/her stay in one place	B10a. IW	1	2	3		
	B10b. HP	1	2	3	8	9
Shook him/her	B11a. IW	1	2	3		
	B11b. HP	1	2	3	8	
9						
Hit on buttocks with an object such as a stick, broom, cane, or belt	B12a. IW	1	2	3		
	B12b. HP	1	2	3	8	
9						
Hit elsewhere (not buttocks) with an object such as a stick, broom, cane, or belt	B13a. IW	1	2	3		
	B13b. HP	1	2	3	8	9
Gave him/her something else to do	B14a. IW	1	2	3		
	B14b. HP	1	2	3	8	9
Twisted his/her ear	B15a. IW	1	2	3		
	B15b. HP	1	2	3	8	
9						
Hit him/her on head with knuckles	B16a. IW	1	2	3		
	B16b. HP	1	2	3	8	
9						
Pulled his/her hair	B17a. IW	1	2	3		
	B17b. HP	1	2	3	8	9
Threatened to leave or abandon him/her	B18a. IW	1	2	3		
	B18b. HP	1	2	3	8	9
Shouted, yelled, or screamed at him/her	B19a. IW	1	2	3		
	B19b. HP	1	2	3	8	9
Threatened to invoke ghosts or evil spirits or harmful people	B20a. IW	1	2	3		
	B20b. HP	1	2	3	8	9
Kicked him/her	B21a. IW	1	2	3		

Put chili pepper, hot pepper or spicy
food in mouth

B21b. HP	1	2	3	8	9
B22a. IW	1	2	3		
B22b. HP	1	2	3	8	9

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			NEVER	ONCE OR TWICE	THREE OR MORE	DK	
NA							
Forced him/her to kneel or stand in one spot with an added burden (in heat or holding a heavy object)	B23a. IW	1		2	3		
	B23b. HP	1		2	3	8	9
Cursed him/her	B24a. IW	1		2	3		
	B24b. HP	1		2	3	8	9
Spanked him/her on buttocks with hand only	B25a. IW	1		2	3		
	B25b. HP	1		2	3	8	
9							
Choked him/her by putting hands (or something else) around his/her neck	B26a. IW	1		2	3		
	B26b. HP	1		2	3	8	9
Threatened to kick out of house or send away	B27a. IW	1		2	3		
	B27b. HP	1		2	3	8	9
Locked out of house	B28a. IW	1		2	3		
	B28b. HP	1		2	3	8	9
Took away privileges	B29a. IW	1		2	3		
	B29b. HP	1		2	3	8	9
Called him/her names like stupid, ugly, or useless	B30a. IW	1		2	3		
	B30b. HP	1		2	3	8	9
Pinched him/her	B31a. IW	1		2	3		
	B31b. HP	1		2	3	8	
9							
Slapped on face or back of head	B32a. IW	1		2	3		
	B32b. HP	1		2	3	8	9
Refused to speak to him/her	B33a. IW	1		2	3		
							B33b. HP
Withheld food	B34a. IW	1		2	3		
	B34b. HP	1		2	3	8	9
Smothered him/her with hand or pillow	B35a. IW	1		2	3		
	B35b. HP	1		2	3	8	
9							
Burned, scalded or branded him/her	B36a. IW	1		2	3		
	B36b. HP	1		2	3	8	
9							
Beat him/her (hit over and over again with object or fist)	B37a. IW	1		2	3		
	B37b. HP	1		2	3	8	9

Threatened him/her with a knife or gun	B38a. IW	1	2	3	
	B38b. HP	1	2	3	8

9

I. Section C: History of Partner Violence

Everyone knows that relationships go through difficult times and face many challenges. Sometimes when this happens women are treated badly by their husbands or male partners. We want to know more about your own experience in these matters. Remember that this interview is strictly confidential and no one will know your answers to these questions. How often has a husband, or any male partner you have ever had, done the following

		NEVER	ONCE OR TWICE	THREE OR MORE TIMES
C.1. Insulted you		1	2	3
C.2. Belittled or demeaned you		1	2	3
C.3. Threatened you		1	2	3
C.4. Threatened someone you care about		1	2	3
C.5. Did something that made you feel afraid without touching you		1	2	3
C.6. Abandoned you- - that is, did he leave you for at least six months without providing any financial support		1	2	3
C6a. (PH) Ever while pregnant ?				
	1 YES			
	2 NO			
C.7. Was unfaithful to you		1	2	3
C7a. (PH) Ever while pregnant ?				
	1 YES			
	2 NO			
[For questions C8-C12, if answer is yes, then ask about during pregnancy. Circle appropriate code for each response.]				
C.8a. Slapped you (open hand)		1	2	3
C. 8b. Ever while pregnant?				
	1 YES			
	2 NO			
C.9a. Kicked you		1	2	3

C. 9b. Ever while pregnant?

- 1 YES
- 2 NO

C.10a. *Hit you with his fist*

1 2 3

C. 10b. Ever while pregnant?

- 1 YES
- 2 NO

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C.11a. Beat you (hit you repeatedly) 1 2 3

C. 11b. Ever while pregnant?

- 1 YES
- 2 NO

C. 12a. Used or threatened to use a weapon against you (use local examples) 1 2 3

C. 12b. Ever while pregnant?

- 1 YES
- 2 NO

C12c. Physically harmed you in another way? 1 2 3
What? _____

C12d. Ever while pregnant?

- 1 YES
- 2 NO

(Interviewer: If the answer to all questions C8-C12 is NEVER, skip to Section D)

When _____ happened... , OR When he did this to you...

C.13. Did you ever go to any of the following for help? [Read list and check all that apply.]

- C13a. a member of your family
- C13b. a member of his family
- C13c. friends
- C13d. religious person (like a priest)
- C13e. women's organization/shelter
- C13f. police department
- C13g. health center
- C13h. mental health center (like psychologist, social worker, psychiatrist)
- C13i. local official
- C13j. traditional healer
- C13k. someone else or some other place ⇒

Who/where? _____

- C13l. never went to anyone

C.14. Who [else] knew about these incidents (*physical violence*)?
(Do not read list. Check all that apply.)

- C14a. no one
- C14b. a member of your family
- C14c. a member of your husband's family
- C14d. a friend
- C14e. someone from the police/legal system
- C14f. health care worker
- C14g. counselor (like psychologist, social worker, psychiatrist)
- C14h. neighbor(s)
- C14i. religious person (like priest)
- C14j. someone else ⇒ Who? _____

C.15. Have your children ever seen or heard you being physically harmed or threatened by your (husband or any) male partner?

- 1 YES
- 2 NO
- 8 DK

C.16. Did you ever leave your husband/partner due to these incidents (physical violence)?

- 1 YES
- 2 NO ⇒ Go to C20

C.16a. How many times? | ____ | TIMES

C.17. Where did you go? (*Don't read. Check all that apply*)

- C17a. Her relatives
- C17b. His relatives
- C17c. Her friends
- C17d. Hotel/Motel/Boarding House
- C17e. Shelter for women
- C17f. Church
- C17g. Community Center/Hall
- C17h. Elsewhere (C17i. Specify: _____)

C.18. Did you return?

- 1 YES
- 2 NO ⇒ Go to C20

C.19. Why did you return? (Don't read. Check all that apply)

- C19a. Didn't want to leave children
- C19b. Couldn't support children
- C19c. Couldn't support self
- C19d. Loved him
- C19e. He asked her to come back
- C19f. Her family convinced her to go back
- C19g. Forgave him
- C19h. Thought he would change
- C19i. He threatened her or children
- C19j. Other (C19k. Specify: _____)

C.20. How many times have you been harmed badly enough that you thought you needed health

care, even if you did not seek it?

___|___| TIMES (If NONE enter 00, go to C 24.)

C.21. Did you receive health care?

- 1 YES, ALWAYS [Go to C 23]
- 2 YES, SOMETIMES
- 3 NO

C.22. Why didn't you get health care? [Do not read. Check all that apply. Probe "other reason"?)

- C22a. didn't know where
- C22b. I felt ashamed or embarrassed
- C22c. too far
- C22d. no transportation
- C22e. I couldn't afford it
- C22f. my husband/partner or family wouldn't let me go
- C22g. fear of reprisal
- C22h. police may find out
- C22i. family's reputation at risk
- C22j. received care at home
- C22k. feels health care system would be unhelpful
- C22l. could not afford transportation to get there

__C22m. other reason ⇒ What? C22n._____

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C.23. Have you ever been hospitalized (“admitted to hospital”) for injuries from your husband/partner?

- 1 YES ⇒ C23a. How many times? TIMES
- 2 NO

C.24. Were you ever injured so badly by your husband/partner such that you could not do your usual household chores? (*Probe best guess*)

- 1 YES ⇒ C24a. For about how many days? DAYS [≥ 7 , code 7]
- 2 NO

C.25. Were you ever injured so badly by your husband/partner such that you could not do your work for income?

- 1 YES ⇒ C25a. For about how many days? DAYS [≥ 7 , code 7]
- 2 NO
- 9 NOT APPLICABLE (has never worked for pay)

Section D: Current Partner (If no current male partner, skip to section E)

D.1. How long have you lived with your current partner? ___/___/YEARS (if less than one year, code 00)

D.2. What are his best qualities?

Look back at answers for C1-C12. Try not to repeat any for which answer was "never".
Now I want to ask a little about how your husband/male partner has treated you in the last year.

In the last year, how often has your current husband/male partner...

OR <u>TIMES</u>	ONCE OR		THREE
	<u>NEVER</u>	<u>TWICE</u>	<u>MORE</u>
D.3. insulted you	1	2	3
D.4. belittled or demeaned you	1	2	3
D.5. threatened you	1	2	3
D.6. threatened someone you care about	1	2	3
D.7. did something that made you feel afraid without touching you	1	2	3
D.8. abandoned you-- that is, did he leave you without providing any financial support?	1	2	3
D.9. was unfaithful to you	1	2	3
D.10. slapped you (open hand)	1	2	3
D.11. kicked you	1	2	3
D.12. hit you with his fist	1	2	3
D.13. beat you (hit you repeatedly)	1	2	3
D.14. used or threatened to use a weapon against you	1	2	3
D.14a (PH) physically forced you to have sex against your will	1	2	3

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D.15. Does your husband/partner ever drink alcohol?

2 NO (skip to D19)

1 YES ⇒ D.16. Has he been drunk during the past year?

2 NO

1 YES ⇒ D.17. About how often does he get drunk?

1 Daily or almost daily (5-7 days/week)

2 3-4 days /week

3 1-2 days/week

4 1-3 days/month

5 less than once per month

D.18. Ask only if husband ever drinks alcohol (i.e., D15 = 1). If not applicable, circle 9. When your husband/partner drinks, is he more likely to :

	YES	NO	NA
D18a. Verbally insult you?	1	2	9
D18b. Argue or quarrel with you?	1	2	9
D18c. Hit or beat you?	1	2	9

D.19. Does your husband/partner ever take marijuana, hashish, cocaine (substitute most prevalent drugs for your locale), or other drugs?

2 NO (skip to D22)

1 YES ⇒ D.20. About how often does he take this/these drug(s) ?

1 Daily or almost daily (5-7 days/week)

2 3-4 days /week

3 1-2 days/week

4 1-3 days/month

5 less than once per month

D21. Ask only if husband ever takes drugs other than alcohol (i.e., D19=1). If not applicable, circle 9.

When your husband/partner takes _____, is he more likely to:

	YES	NO	NA
D21a. Verbally insult you?	1	2	9
D21b. Argue or quarrel with you?	1	2	9
D21c. Hit or beat you?	1	2	9

D22. (PH) Does your husband/partner bet or gamble?

2 NO(skip to D25)

1 YES⇒ D.23. About how often does he bet or gamble?

1 Daily or almost daily (5-7 days/week)

2 3-4 days /week

3 1-2 days/week

4 1-3 days/month

5 less than once per month

D24. (PH) Ask only if husband ever gambles (i.e., D22=1). If not applicable, circle 9.

When your husband/partner bets or gambles, is he more likely to:

	YES	NO	NA
D24a. Verbally insult you?	1	2	9
D24b. Argue or quarrel with you?	1	2	9
D24c. Hit or beat you?	1	2	9

D25. (PH) Is your husband a womanizer (has sex with other women)?

2 NO

1 YES⇒ D.26. (PH) How many other women has he had since you've been together?

1 1 or 2

2 3 or 4

3 5 or more

Section E: Childhood History of Family Violence

Now I am interested in finding out how things were for you [and your husband/partner] when you were growing up.

E.1. How often did your family use harsh physical punishment to change your behavior or teach you a lesson?

- 1 NEVER (*skip to E2*)
- 2 ONCE OR TWICE
- 3 THREE OR MORE TIMES

E1a. (PH) What type of harsh punishment? _____
__ __ (Code harshest from Section B)

E.2. When you were a girl, how often did you see or hear your father beat your mother?

- 1 NEVER (*skip to E3*)
- 2 ONCE OR TWICE
- 3 THREE OR MORE TIMES
- 9 NOT APPLICABLE (*skip to E3*)

If 2 or 3 then E2a. (PH) What did you feel when your father hurt your mother?

- 1 EXTREMELY UPSET
- 2 SOMEWHAT UPSET
- 3 NOT UPSET OR NO REACTION AT ALL

[If she has a RHP, ask E3 and E4. If no RHP, don't ask E3 and E4, but code 9.]

E.3. If you know, how often did your (partner or husband)'s family use harsh physical punishment to change his behavior or teach him a lesson when he was a child?

- 1 NEVER
- 2 ONCE OR TWICE
- 3 THREE OR MORE TIMES
- 8 DK
- 9 NOT APPLICABLE

E.4. As far as you know, did your husband/partner come from a home where his father beat his mother?

- 1 YES

- 2 NO
- 8 DK
- 9 NOT APPLICABLE

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Section F: Woman's Mental and Physical Health (SRQ20 = F2-F21)

F.1. In general, would you say your health is...

- 1 EXCELLENT/VERY GOOD
- 2 AVERAGE/OKAY
- 3 POOR/BAD

	YES	NO
F.2. Do you often have headaches?	1	2
F.3. Is your appetite poor?	1	2
F.4. Do you sleep badly?	1	2
F.5. Are you easily frightened?	1	2
F.6. Do your hands shake?	1	2
F.7. Do you feel nervous, tense or worried?	1	2
F.8. Is your digestion poor?	1	2
F.9. Do you have trouble thinking clearly?	1	2
F.10. Do you feel unhappy?	1	2
F.11. Do you cry more than usual?	1	2
F.12. Do you find it more difficult to enjoy your daily activities?	1	2
F.13. Do you find it difficult to make decisions?	1	2
F.14. Is your daily work suffering?	1	2
F.15. Are you unable to play a useful part in life?	1	2
F.16. Have you lost interest in things?	1	2
F.17. Do you feel that you are a worthless person?	1	2
F.18. Has the thought of ending your life been on your mind?	1	2
F.19. Do you feel tired all the time?	1	2
F.20. Do you have uncomfortable feelings in your stomach?	1	2
F.21. Are you easily tired?	1	2
F.22. <i>Have you ever thought about taking your life?</i>	1	2
F.23. Have you ever tried to take your life?	1	2

PHILIPPINES ONLY

F24. (PH) Do you ever drink alcohol?

2 NO

1 YES⇒ F24a. (PH) About how often do you drink alcohol?

1 Daily or almost daily (5-7 days/week)

2 3-4 days /week

3 1-2 days/week

4 1-3 days/month

5 less than once per month

F25. (PH) Do you ever take marijuana, hashish, (local drug)?

2 NO

1 YES⇒ F25a. (PH) About how often do you take marijuana, hashish, (local drug)?

1 Daily or almost daily (5-7 days/week)

2 3-4 days /week

3 1-2 days/week

4 1-3 days/month

5 less than once per month

F26. (PH) Do you ever bet or gamble?

2 NO

1 YES⇒ F26a. (PH) About how often do you bet or gamble?

1 Daily or almost daily (5-7 days/week)

2 3-4 days /week

3 1-2 days/week

4 1-3 days/month

5 less than once per month

F27. (PH) In the past year, has your husband/partner accused you of being unfaithful?

1 YES

2 NO

F28. (PH) Do you have any disabilities?

2 NO

1 YES ⇒ *Check all that apply*

_____ F28a. vision problem

_____ F28b. hearing problem

_____ F28c. speech problem

_____ F28d. lame or cannot walk

_____ F28e. difficulty learning

_____ F28f. disfigurement (*silent code for cleft lip, hunchback, missing or disfigured limb, facial mark or disfigurement*)

Section G. Natal Family

Now I want to ask about your first family, that is the family you were born into.

G.1. How many of your family members live in this community? [Read responses.]

- 1 NONE
- 2 SOME
- 3 ALL

G.2. Are any of your family members close enough by (in distance) that you could easily travel to their house for a day visit?

- 1 YES
- 2 NO

G.3. From whom must you receive permission in order to see your family? (Check all that apply)

- G3a. No one (do not need permission)
- G3b. RHP
- G3c. HOH
- G3d. Someone from birth family
- G3e. Someone else ⇒ Who? _____

G.4. How often do you see or talk to a member of your birth family?

- 1 At least several times per week
- 2 Several times per month
- 3 About once a month
- 4 Less than once a month, and more than once per year
- 5 About once a year or less
- 6 Never

G.5. When you need help or have a problem can you count on family members for support?

- 1 NEVER
- 2 SOMETIMES (or some YES, some NO)
- 3 ALWAYS

PHILIPPINES ONLY: Now I want to ask about your own (immediate) family.

G6. (PH) How would you describe relationships within your family in the last year?

- 1 Never harmonious
- 2 Sometimes harmonious
- 3 Mostly harmonious
- 4 Always harmonious

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Section H. Household Characteristics

Now I want to ask you a little bit about your home and your work.

H.1. How long have you lived in this home? /_ /_ /YEARS [If ≥5 years, skip to H4]

H.2. *If < 5 years, ask:* How many times have you moved in the last 5 years? |_|_| MOVES(not # of houses)

H.3. How many times have you moved in the last year? |_|_| TIMES

H.4. How have you come to live in this dwelling? Do you own it or are you buying it through mortgage payments? Do you rent or lease it? Or is it a place you and your family have found to live for which you pay nothing? (Circle only one)

- 1 OWN, or PAY MORTGAGE
- 2 RENT / LEASE (with monetary or non-monetary payments)
- 3 SQUAT; PAY NOTHING
- 4 OTHER _____

H.5. Does your family (i.e., current household) own land or housing somewhere else?

- 1 YES
- 2 NO

H.6. How many rooms are in this dwelling, not including bathrooms? |_|_| ROOMS(if obvious, silent code)

H.7. What kind of toilet facilities do you have (in this dwelling)? (Silent code, if obvious)

- 1 NO TOILET
- 2 OUTSIDE TOILET ONLY
- 3 INSIDE TOILET SHARED AMONG HOUSEHOLDS
- 4 1 TOILET INSIDE FOR HER HOUSEHOLD
- 5 MORE THAN 1 TOILET INSIDE FOR HER HOUSEHOLD

H.8. Does your household have a: (Read and check all that apply)

__H8a. Refrigerator

__H8g. Air conditioner

__ H8b. Gas or electric stove
blender, VCR)

__ H8c. Radio

__ H8d. Television

__ H8e. Sewing machine

__ H8f. Stereo (record, tape, or CD player)
jeep)

__ H8h. Other appliance(e.g. fan,

__ H8i. Bicycle

__ H8j. Moped/scooter

__ H8k. Car/automobile

__ H8l. Other vehicle (e.g. truck, boat,

__ H8m. Telephone

H.9. Who has worked for pay in this household in the last year? (Check all that apply.)

- H9a. Index woman (IW)
- H9b. Resident husband/partner (RHP)
- H9c. HOH (check only if different from IW or RHP)
- H9d. Index child (IC)
- H9e. Other adult(s)
- H9f. Other child(ren)

If IW has worked, ask H10)

H10. Are you currently employed?

- 2 NO (skip to H10b)
- 1 YES⇒ H10a. Are you salaried, or do you earn wages?
 - 1 SALARIED
 - 2 DAILY WAGES
 - 3 OTHER (specify: _____)

H10b. Do you work regularly throughout the year, or seasonally, or only when able to find work?

- 1 REGULAR ON-GOING EMPLOYMENT
- 2 SEASONAL EMPLOYMENT (work is regular, but only in particular seasons)
- 3 IRREGULAR EMPLOYMENT (works only when able to find work)

(If RHP has worked, ask H11)

H11. Is he currently employed?

- 2 NO (skip to H11b)
- 1 YES⇒ H11a. Is he salaried, or does he earn wages?
 - 1 SALARIED
 - 2 DAILY WAGES
 - 3 OTHER (specify: _____)

H11b. Does he work regularly throughout the year, or seasonally, or only when able to find work?

- 1 REGULAR ON-GOING EMPLOYMENT

- 2 SEASONAL EMPLOYMENT (work is regular, but only in particular seasons)
- 3 IRREGULAR EMPLOYMENT (works only when able to find work)

(About HOH—if he/she works and if different from IW or RHP)

H12. Is HOH currently employed?

2 NO(skip to H12b)

1 YES⇒ H12a. Is HOH salaried, or does HOH earn wages?

1 SALARIED

2 DAILY WAGES

3 OTHER (specify:_____)

H12b. Does HOH work regularly throughout the year, or seasonally, or only when able to find work?

1 REGULAR ON-GOING EMPLOYMENT

2 SEASONAL EMPLOYMENT (work is regular, but only in particular seasons)

3 IRREGULAR EMPLOYMENT (works only when able to find work)

(If there is a RHP)

H.13. How many years of formal schooling does your husband/partner have? |_|_| YEARS

H.14. How many years of formal schooling do you have? |_|_| YEARS

H.15. What brings you happiness in life right now?

H.16. What are your hopes for the future?

~END OF INTERVIEW~

Thank you!

Section I. Interviewer Ratings

To be completed by the interviewer immediately following the interview.

I. 1. Interviewer code ___ __ _

Please use the following 5-point scales to give your impression of the respondent during the course of the interview.

Did you feel that she was . . .

I. 2. Very cooperative 1 2 3 4 5 Very uncooperative

I. 3. Very truthful 1 2 3 4 5 Hiding the truth

I. 4. Very relaxed 1 2 3 4 5 Very nervous or
frightened

For the most part, did you feel that she . . .

I. 5. Understood the 1 2 3 4 5 Did not understand the
questions questions

I. 6. Please choose the number that best describes the interview time and setting:

- 1 Complete privacy with no interruptions
- 2 Complete privacy with a few interruptions
- 3 Complete privacy with many interruptions
- 4 Privacy maintained, but with some difficulty
- 5 Privacy not maintained

I. 7. Where was the interview conducted?

- 1 Inside the respondent's home
- 2 Outdoors, but close to the respondent's home
- 3 Health or child clinic
- 4 Elsewhere (describe: _____)

Comments:

In the section below, please explain any ratings of 4 or 5 given to questions I.2 – I.6. Also record any other comments or impressions about the index woman, her situation, or the interview conditions.

Section J. Household Abstraction Form

To be completed following the interview, using the data gathered on the household census form.

1. Total number of household residents = ___
2. Total number of adults (I + II + III) = ___
 - 2a. Total number of adult women = ___
 - 2b. Total number of adult men = ___
 - 2c. Are any of the resident adults non-related household servants?
 - 1 YES → 2c1. How many? ___
 - 2 NO
3. Total number of children and youth (IV + V) = ___
 - 3a. Are any of the resident children non-related household servants?
 - 1 YES → 3a1. How many? ___
 - 2 NO
4. What is the marital status of the Index Woman?
 - 1 Married (Husband resident)
 - 2 Married (Husband, not resident)
 - 3 Single never married
 - 4 Widowed
 - 5 Separated or divorced
 - 6 Other (describe) _____
 - 4a. Is she currently residing with a male partner who is not her husband?
 - 1 YES
 - 2 NO
 - 4b. (If married or partnered) Is there another wife or female partner that co-resides in this household?
 - 1 YES
 - 2 NO

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