## VIOLENCE AGAINST CHILDREN SURVEY — UGANDA: Females Age 13-24 Years Old

<table>
<thead>
<tr>
<th>HEAD OF HOUSEHOLD QUESTIONNAIRE COMPLETED FOR THIS HOUSEHOLD: YES ☐ NO ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>F1</strong> RECORD THE TIME THE INTERVIEW BEGAN (00:00):</td>
</tr>
<tr>
<td><strong>F2</strong> I would like to start by asking you questions about yourself:</td>
</tr>
<tr>
<td>How old are you?</td>
</tr>
<tr>
<td>YEARS OLD:</td>
</tr>
<tr>
<td>DON’T KNOW/DECLINED:</td>
</tr>
<tr>
<td><strong>F3</strong> EDUCATION:</td>
</tr>
<tr>
<td>Have you ever attended school?</td>
</tr>
<tr>
<td>YES:</td>
</tr>
<tr>
<td>NO:</td>
</tr>
<tr>
<td>DON’T KNOW/DECLINED:</td>
</tr>
<tr>
<td><strong>F4</strong> Are you currently attending school?</td>
</tr>
<tr>
<td>YES:</td>
</tr>
<tr>
<td>NO:</td>
</tr>
<tr>
<td>DON’T KNOW/DECLINED:</td>
</tr>
<tr>
<td><strong>F5</strong> What is the highest level of schooling you have completed?</td>
</tr>
<tr>
<td>LESS THAN PRIMARY:</td>
</tr>
<tr>
<td>PRIMARY:</td>
</tr>
<tr>
<td>SECONDARY:</td>
</tr>
<tr>
<td>HIGHER THAN SECONDARY:</td>
</tr>
<tr>
<td>DON’T KNOW/DECLINED:</td>
</tr>
<tr>
<td><strong>F6</strong> What is your current level of school?</td>
</tr>
<tr>
<td>LESS THAN PRIMARY:</td>
</tr>
<tr>
<td>PRIMARY:</td>
</tr>
<tr>
<td>SECONDARY:</td>
</tr>
<tr>
<td>HIGHER THAN SECONDARY:</td>
</tr>
<tr>
<td>DON’T KNOW/DECLINED:</td>
</tr>
<tr>
<td><strong>F6B</strong> What is your religion?</td>
</tr>
<tr>
<td>CATHOLIC:</td>
</tr>
<tr>
<td>PROTESTANT:</td>
</tr>
<tr>
<td>MUSLIM:</td>
</tr>
<tr>
<td>PENTECOSTAL:</td>
</tr>
<tr>
<td>SDA:</td>
</tr>
<tr>
<td>OTHER(SPECIFY):</td>
</tr>
<tr>
<td>DON’T KNOW/DECLINED:</td>
</tr>
<tr>
<td><strong>F6C</strong> What is your tribe?</td>
</tr>
<tr>
<td>MUGANDA:</td>
</tr>
<tr>
<td>MUNYANKOLE:</td>
</tr>
<tr>
<td>MUSOGA:</td>
</tr>
<tr>
<td>MUKIGA:</td>
</tr>
<tr>
<td>ATESO:</td>
</tr>
<tr>
<td>OTHER (SPECIFY):</td>
</tr>
<tr>
<td>DON’T KNOW/DECLINED:</td>
</tr>
<tr>
<td><strong>F7</strong> FRIENDSHIPS:</td>
</tr>
<tr>
<td>How much do you talk to friends about important things: a lot, some, not too much, not at all?</td>
</tr>
<tr>
<td>A LOT:</td>
</tr>
<tr>
<td>A LITTLE:</td>
</tr>
<tr>
<td>NOT VERY MUCH:</td>
</tr>
<tr>
<td>NOT AT ALL:</td>
</tr>
<tr>
<td>DON’T KNOW/DECLINED:</td>
</tr>
<tr>
<td><strong>F8</strong> How many close friends do you have right now?</td>
</tr>
<tr>
<td>NUMBER OF CLOSE FRIENDS:</td>
</tr>
<tr>
<td>DON’T KNOW/DECLINED:</td>
</tr>
<tr>
<td><strong>F9</strong> WORK:</td>
</tr>
<tr>
<td>Did you engage in any work of at least one hour during the past week? As an employee, self-employed, volunteer or unpaid family worker?</td>
</tr>
<tr>
<td>YES:</td>
</tr>
<tr>
<td>NO:</td>
</tr>
<tr>
<td>DON’T KNOW/DECLINED:</td>
</tr>
<tr>
<td><strong>F10</strong> Where did you carry out your main work during the past week?</td>
</tr>
<tr>
<td>AT FAMILY DWELLING:</td>
</tr>
<tr>
<td>FORMAL OFFICE:</td>
</tr>
<tr>
<td>FACTORY/WORKSHOP:</td>
</tr>
<tr>
<td>FARM/GARDEN:</td>
</tr>
<tr>
<td>CONSTRUCTION SITE:</td>
</tr>
<tr>
<td>MINE/QUARRY:</td>
</tr>
<tr>
<td>SHOP/KIOSK:</td>
</tr>
<tr>
<td>RESTAURANT/HOTEL/CAFÉ, BAR:</td>
</tr>
<tr>
<td>DIFFERENT PLACES (MOBILE):</td>
</tr>
<tr>
<td>FIXED, STREET OR MARKET STALL:</td>
</tr>
<tr>
<td>POND/LAKE/RIVER:</td>
</tr>
<tr>
<td>Question</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>F11 Did you receive money for this work?</td>
</tr>
<tr>
<td>F12 Who usually decides how the money you earn will be used?</td>
</tr>
<tr>
<td>F13 At any time during the past 12 months did you engage in any work?</td>
</tr>
<tr>
<td>F14 Where did you carry out your main work during the past 12 months?</td>
</tr>
<tr>
<td>F15 Did you receive money for this work?</td>
</tr>
<tr>
<td>F16 Who usually decides how the money you earn will be used?</td>
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<tr>
<td>F17 PARENTS: Now, I would like to ask you some questions about your biological parents, the parents who gave birth to you. Is your biological mother living with you?</td>
</tr>
<tr>
<td>F18 How old were you when you last lived with her?</td>
</tr>
<tr>
<td>F19 What was the main reason you stopped living with her?</td>
</tr>
<tr>
<td>F20 Is your biological mother still alive?</td>
</tr>
<tr>
<td>F21 How old were you when she died?</td>
</tr>
<tr>
<td>F22 How close do you/did you feel to your biological mother? Would you say very close, close, not</td>
</tr>
<tr>
<td>Question</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
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<tr>
<td>close, or never had a relationship with her?</td>
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<td></td>
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<tr>
<td>F23 Is your biological father living with you?</td>
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<tr>
<td>F24 How old were you when you last lived with your father?</td>
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<tr>
<td>F25 What was the main reason you stopped living with him?</td>
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<td></td>
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<tr>
<td>F26 Is your biological father still alive?</td>
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<td></td>
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<tr>
<td>F27 How old were you when he died?</td>
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<tr>
<td>F28 How close do you/did you feel to your biological father? Would you</td>
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<tr>
<td>say very close, close, not close, or never had a relationship with him?</td>
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<tr>
<td>F29 MARRIAGE AND PARTNERSHIP:</td>
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<tr>
<td>Have you ever been married?</td>
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<tr>
<td>F30 How old were you when you first got married?</td>
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<td></td>
</tr>
<tr>
<td>F31 What is your marital status now? Are you married, co-habiting,</td>
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<tr>
<td>widowed, divorced, or separated?</td>
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<td></td>
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<tr>
<td>F32 Are you currently living with your spouse?</td>
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<tr>
<td>F33 Have you ever lived together with someone as if you were married?</td>
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<tr>
<td>F34 How old were you when you first started living together?</td>
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<tr>
<td>F35 Are you currently living with that person now?</td>
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<tr>
<td>F36 Have you ever had a boyfriend or romantic partner?</td>
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<tr>
<td>F37 GENDER ATTITUDES:</td>
</tr>
<tr>
<td>Do you believe, it is right for a man to hit or beat his wife? (Read</td>
</tr>
<tr>
<td>categories below)</td>
</tr>
</tbody>
</table>
### F37AA
What are other circumstances where you believe it is right for a man to hit or beat his wife?

| (SPECIFY) | 1 |
| NO OTHER CIRCUMSTANCES | 2 |
| DON’T KNOW/DECLINED | 99 |

### F38
Do you believe: *(Read categories below)*

<table>
<thead>
<tr>
<th>A)</th>
<th>B)</th>
<th>C)</th>
<th>D)</th>
<th>E)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men, not women, should decide when to have sex</td>
<td>Men need more sex than women</td>
<td>Men need to have sex with other women, even if they have good relationships with their wives</td>
<td>Women who carry condoms have sex with a lot of men</td>
<td>A woman should tolerate violence to keep her family together</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>DK/ DTA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. MEN DECIDE WHEN TO HAVE SEX</td>
<td>1</td>
<td>2</td>
<td>99</td>
<td></td>
</tr>
<tr>
<td>B. MEN NEED MORE SEX</td>
<td>1</td>
<td>2</td>
<td>99</td>
<td></td>
</tr>
<tr>
<td>C. MEN NEED OTHER WOMEN</td>
<td>1</td>
<td>2</td>
<td>99</td>
<td></td>
</tr>
<tr>
<td>D. WOMEN WHO CARRY CONDOMS HAVE SEX WITH A LOT OF MEN</td>
<td>1</td>
<td>2</td>
<td>99</td>
<td></td>
</tr>
<tr>
<td>E. WOMEN SHOULD TOLERATE VIOLENCE</td>
<td>1</td>
<td>2</td>
<td>99</td>
<td></td>
</tr>
</tbody>
</table>

### F39
Do you believe parents need to punch, kick or beat a child when he or she misbehaves?

| YES | NO | DON’T KNOW/DECLINED |
| 1 | 2 | 99 |

### F40
SAFETY:

How much do you trust people living in your community: a lot, some, not too much, not at all?

| A LOT | SOME | NOT TOO MUCH | NOT AT ALL | DON’T KNOW/DECLINED |
| 1 | 2 | 3 | 4 | 99 |

### F41
How safe do you feel in your community? Very safe, somewhat safe, not safe at all.

| VERY SAFE | SOMEWHAT SAFE | NOT SAFE AT ALL | DON’T KNOW/DECLINED |
| 1 | 2 | 3 | 99 |

### F42
WITNESSING PHYSICAL VIOLENCE:

The following questions are about witnessing physical violence by strangers or people you know well in your home or community.

**For respondents 13-17:** At any time in your life:

**For respondents 18-24:** Before the age of 18:

**F43**
How many times did you see or hear your parent punched, kicked or beaten up by your other parent, or their boyfriend or girlfriend? Never, once, a few times or many times?

| NEVER | ONCE | FEW | MANY | DON’T KNOW/DECLINED |
| 1 | 2 | 3 | 4 | 99 |

**F44**
Did this happen in the last 12 months?

| YES | NO | DON’T KNOW/DECLINED |
| 1 | 2 | 99 |

**F45**
How many times did you see or hear a parent punch, kick, or beat your brothers or sisters? Never, once, a few times, many times, or I have no brothers or sisters?

| NEVER | ONCE | FEW | MANY | I HAVE NO BROTHERS OR SISTERS | DON’T KNOW/DECLINED |
| 1 | 2 | 3 | 4 | 5 | 99 |

**F46**
Did this happen in the last 12 months?

| YES | NO | DON’T KNOW/DECLINED |
| 1 | 2 | 99 |
**F47** Outside of your home and family environment, how many times did you see anyone get attacked? Never, once, a few times, or many times?

<table>
<thead>
<tr>
<th>Option</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>99</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEVER..............................</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>99</td>
</tr>
<tr>
<td>ONCE.................................</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FEW..................................</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MANY.................................</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW/DECLINED.............</td>
<td>99</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**F49** IF $F29=2/99$ (NEVER MARRIED/DK/DTA) AND $F33=2/99$ (NEVER LIVED W/ SOMEONE AS MARRIED) AND $F36=2/99$ (NEVER PARTNER) SKIP TO F116 (PEERS)

IF $F29=1$ (EVER MARRIED) OR $F33=1$ (EVER LIVED W/ SOMEONE AS MARRIED) OR $F36=1$ (EVER PARTNER) CONTINUE TO F100 (INTIMATE PARTNER)

**PV1: PHYSICAL VIOLENCE**

The next questions are about things that can happen to girls and women who date, have a romantic partner, boyfriend, or who are married.

Remember, you can ask to skip any question that you do not want to answer.

Has a current or previous romantic partner, boyfriend or husband ever:

<table>
<thead>
<tr>
<th>Option</th>
<th>1</th>
<th>2</th>
<th>99</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. punched, kicked, whipped, or beat you with an object?</td>
<td>1</td>
<td>2</td>
<td>99</td>
</tr>
<tr>
<td>B. strangled, suffocated, tried to drown you, or burned you intentionally?</td>
<td>1</td>
<td>2</td>
<td>99</td>
</tr>
<tr>
<td>C. used or threatened you with a knife, gun or other weapon?</td>
<td>1</td>
<td>2</td>
<td>99</td>
</tr>
</tbody>
</table>

**F100 PV1: INTIMATE PARTNER VIOLENCE**

**F101 IF F100A =1 OR F100B=1 OR F100C=1 ➔ F101**


**F102 PV1: MOST RECENT TIME**

Did this happen in the last 12 months?

<table>
<thead>
<tr>
<th>Option</th>
<th>1</th>
<th>2</th>
<th>99</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES.....................................</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO....................................</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW/DECLINED................</td>
<td>99</td>
<td></td>
<td></td>
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</tbody>
</table>

**F103 How old were you the last time this happened?**

<table>
<thead>
<tr>
<th>Option</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 TO 5 YEARS..........................</td>
<td>1</td>
<td></td>
<td></td>
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<tr>
<td>6 TO 11 YEARS...........................</td>
<td>2</td>
<td></td>
<td></td>
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<tr>
<td>12 TO 17 YEARS.........................</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 OR OLDER..............................</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW/DECLINED..............</td>
<td>99</td>
<td></td>
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</tr>
</tbody>
</table>

**F104 Was this person who did this to you the last time your current or previous boyfriend, romantic partner, husband?**

<table>
<thead>
<tr>
<th>Option</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>99</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOYFRIEND/ROMANTIC PARTNER.....</td>
<td>1</td>
<td></td>
<td></td>
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<tr>
<td>HUSBAND..............................</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EX-BOYFRIEND/ROMANTIC PARTNER</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>EX-HUSBAND..........................</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>DON’T KNOW/DECLINED.............</td>
<td>99</td>
<td></td>
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</tbody>
</table>

**F105 Was this person older than you, younger than you, or about the same age?**

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<thead>
<tr>
<th>Option</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>99</th>
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</thead>
<tbody>
<tr>
<td>OLDER.................................</td>
<td>1</td>
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<tr>
<td>YOUNGER..............................</td>
<td>2</td>
<td></td>
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<tr>
<td>ABOUT SAME AGE......................</td>
<td>3</td>
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<tr>
<td>DON’T KNOW/DECLINED.............</td>
<td>99</td>
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</tbody>
</table>

**F106 Was this person more than 10 years older than you, 5-10 years older or less than 5 years older?**

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<thead>
<tr>
<th>Option</th>
<th>1</th>
<th>2</th>
<th>99</th>
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</thead>
<tbody>
<tr>
<td>MORE THAN 10 YEARS OLDER.......</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5-10 YEARS OLDER..................</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LESS THAN 5 YEARS OLDER........</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW/DECLINED.............</td>
<td>99</td>
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**F107 This last time that this person [PGM WILL PROGRAM TEXT], did you receive any injuries?**

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<tr>
<th>Option</th>
<th>1</th>
<th>2</th>
<th>99</th>
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</thead>
<tbody>
<tr>
<td>YES.....................................</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO....................................</td>
<td>2</td>
<td></td>
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</tr>
<tr>
<td>DON’T KNOW/DECLINED.............</td>
<td>99</td>
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</table>

**F108 Did you experience?**

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<tr>
<th>Option</th>
<th>1</th>
<th>2</th>
<th>99</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. CUTS, SCRATCHES, BRUISES....</td>
<td>1</td>
<td></td>
<td></td>
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<tr>
<td>B. SPRAINS, DISLOCATIONS, BLISTERING</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. DEEP WOUNDS, BROKEN BONES, CHARRED SKIN</td>
<td>1</td>
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</table>

**F109** Thinking of all of these experiences, such as [PGM WILL PROGRAM TEXT] how many times has a boyfriend, romantic partner or husband ever done this to you: Once, a few times, many times?

<table>
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<tr>
<th>Option</th>
<th>1</th>
<th>2</th>
<th>3</th>
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</thead>
<tbody>
<tr>
<td>ONCE..................................</td>
<td>1</td>
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<td></td>
</tr>
<tr>
<td>FEW.................................</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MANY.................................</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW/DECLINED.............</td>
<td>99</td>
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</tbody>
</table>

**F110** Did you experience?

| A) Cuts, scratches, bruises, aches, or swelling or other minor marks | 1 | 2 | 99 |
| B) Sprains, dislocations, or blistering | 1 | 2 | 99 |
| C) Deep wounds, broken bones, broken teeth, or charred skin | 1 | 2 | 99 |
### F110 PV1: FIRST TIME

<table>
<thead>
<tr>
<th>Did this happen in the last 12 months?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES.........................................       1</td>
</tr>
<tr>
<td>NO.............................................    2</td>
</tr>
<tr>
<td>DON’T KNOW/DECLINED..................... 99</td>
</tr>
</tbody>
</table>

### F110 How old were you the first time this happened?

| 0 TO 5 YEARS........................................ 1 |
| 6 TO 11 YEARS........................................ 2 |
| 12 TO 17 YEARS....................................... 3 |
| 18 OR OLDER.........................................   4 |
| DON’T KNOW/DECLINED.............................. 99 |

### F111 Was this person who did this to you this first time your current or previous boyfriend, romantic partner, husband?

| BOYFRIEND/ROMANTIC PARTNER.......................... 1 |
| HUSBAND.................................................. 2 |
| EX-BOYFRIEND/ROMANTIC PARTNER....................... 3 |
| EX-HUSBAND............................................... 4 |
| DON’T KNOW/DECLINED................................. 99 |

### F112 Was the person older than you, younger than you, or about the same age?

| OLDER.................................................... 1 |
| YOUNGER.................................................. 2 |
| ABOUT SAME AGE......................................... 3 |
| DON’T KNOW/DECLINED................................. 99 |

### F113 Was this person more than 10 years older than you, 5-10 years older or less than 5 years older?

| MORE THAN 10 YEARS OLDER............................. 1 |
| 5-10 YEARS OLDER........................................ 2 |
| LESS THAN 5 YEARS OLDER................................ 3 |
| DON’T KNOW/DECLINED................................. 99 |

### F114 The first time that this person [PGM WILL PROGRAM TEXT], did you receive any injuries?

| YES....................................................... 1 |
| NO......................................................... 2 |
| DON’T KNOW/DECLINED................................. 99 |

### F115 Did you experience?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK/DTA</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. CUTS, SCRATCHES, BRUISES</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>B. SPRAINS, DISLOCATIONS, BLISTERING</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>C. DEEP WOUNDS, BROKEN BONES, CHARRED SKIN</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>D. PERMANENT INJURY OR DISFIGUREMENT</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>E. MENTAL PROBLEMS</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### F116 PV2: PEER VIOLENCE

The next questions are about people your own age not including a boyfriend, husband or romantic partner. These may include, people who you may or may not know such as siblings, schoolmates, neighbors or strangers. Remember, you can ask to skip any question that you do not want to answer.

Has a person your own age ever:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK/DTA</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. punched, kicked, whipped, or beat you with an object?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>B. strangled, suffocated, tried to drown you, or burned you intentionally?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>C. used or threatened you with a knife, gun or other weapon?</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

IF F116A =1 OR F116B=1 OR F116C=1 ─── F117


### F117 PV2:

Thinking about all these experiences, such as [PGM WILL PROGRAM TEXT] how many times has a person your own age ever done this to you: once, a few times, many times?

| ONCE.................................................. 1 |
| FEW.................................................... 2 |
| MANY................................................... 3 |
| DON’T KNOW/DECLINED.............................. 99 |

### F118 PV2: MOST RECENT TIME

| YES...................................................... 1 |
| NO....................................................... 2 |
| DON’T KNOW/DECLINED.............................. 99 |

### F119 How old were you the last time this happened?

| 0 TO 5 YEARS........................................ 1 |
| 6 TO 11 YEARS........................................ 2 |
| 12 TO 17 YEARS....................................... 3 |
### F120
The person of your own age who did this to you the last time, what was this person’s relationship to you?

<table>
<thead>
<tr>
<th>MALE</th>
<th></th>
<th>FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>BROTHER</td>
<td>1</td>
<td>SISTER</td>
</tr>
<tr>
<td>MALE COUSIN</td>
<td>2</td>
<td>FEMALE COUSIN</td>
</tr>
<tr>
<td>MALE FRIEND</td>
<td>3</td>
<td>FEMALE FRIEND</td>
</tr>
<tr>
<td>MALE CLASSMATE/SCHOOLMATE</td>
<td>4</td>
<td>FEMALE CLASSMATE/SCHOOLMATE</td>
</tr>
<tr>
<td>MALE NEIGHBOR</td>
<td>5</td>
<td>FEMALE NEIGHBOR</td>
</tr>
<tr>
<td>OTHER MALE (SPECIFY)</td>
<td>77</td>
<td>OTHER FEMALE (SPECIFY)</td>
</tr>
</tbody>
</table>

DON’T KNOW/DECLINED

---

### F121
This last time when a person of your own age [PGM WILL PROGRAM TEXT], did you receive any injuries?

**PV2: FIRST TIME**
Did this happen in the last 12 months?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK/DTA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>99</td>
</tr>
</tbody>
</table>

DON’T KNOW/DECLINED

---

### F122
Did you experience?

A) Cuts, scratches, bruises, aches, or swelling or other minor marks
B) Sprains, dislocations, or blistering
C) Deep wounds, broken bones, broken teeth, or charred skin
D) Permanent injury or disfigurement
E) Mental Problems

<table>
<thead>
<tr>
<th>A. CUTS, SCRATCHES, BRUISES</th>
<th>B. SPRAINS, DISLOCATIONS, BLISTERING</th>
<th>C. DEEP WOUNDS, BROKEN BONES, CHARRED SKIN</th>
<th>D. PERMANENT INJURY OR DISFIGUREMENT</th>
<th>E. MENTAL PROBLEMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>99</td>
<td>99</td>
<td>99</td>
</tr>
</tbody>
</table>

---

### F123
**PV2: FIRST TIME**
Did this happen in the last 12 months?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK/DTA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>99</td>
</tr>
</tbody>
</table>

DON’T KNOW/DECLINED

---

### F124
How old were you the first time this happened?

<table>
<thead>
<tr>
<th>0 TO 5 YEARS</th>
<th>6 TO 11 YEARS</th>
<th>12 TO 17 YEARS</th>
<th>18 OR OLDER</th>
<th>DON’T KNOW/DECLINED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>99</td>
</tr>
</tbody>
</table>

---

### F125
The person of your own age who did this to you the first time, what was this person’s relationship to you?

<table>
<thead>
<tr>
<th>MALE</th>
<th></th>
<th>FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>BROTHER</td>
<td>1</td>
<td>SISTER</td>
</tr>
<tr>
<td>MALE COUSIN</td>
<td>2</td>
<td>FEMALE COUSIN</td>
</tr>
<tr>
<td>MALE FRIEND</td>
<td>3</td>
<td>FEMALE FRIEND</td>
</tr>
<tr>
<td>MALE CLASSMATE/SCHOOLMATE</td>
<td>4</td>
<td>FEMALE CLASSMATE/SCHOOLMATE</td>
</tr>
<tr>
<td>MALE NEIGHBOR</td>
<td>5</td>
<td>FEMALE NEIGHBOR</td>
</tr>
<tr>
<td>OTHER MALE (SPECIFY)</td>
<td>77</td>
<td>OTHER FEMALE (SPECIFY)</td>
</tr>
</tbody>
</table>

DON’T KNOW/DECLINED

---

### F126
The first time when a person of your own age [PGM WILL PROGRAM TEXT], did you receive any injuries?

**PV3: PARENTS, ADULT CAREGIVERS AND OTHER ADULT RELATIVES**

The next questions are about parents, adult caregivers, or other adult relatives. Remember, you can ask to skip any question that you do not want to answer.

Has a parent, adult caregiver, or other adult relative ever:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK/DTA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>99</td>
</tr>
</tbody>
</table>
A. punched, kicked, whipped, or beat you with an object?  1  2  99
B. strangled, suffocated, tried to drown you, or burned you intentionally?  1  2  99
C. used or threatened you with a knife, gun or other weapon?  1  2  99

IF F128A =1 OR F128B=1 OR F128C=1  →  F129

| PV3: Thinking of all these experiences, such as [PGM WILL PROGRAM TEXT] how many times has a parent, adult caregiver, or other adult relative ever done this to you: once, a few times, many times? | YES…………………………………………………………. | 1  | F136
|-------------------------------------------------|-------------------------------------------------|---|---
| FEMALE | FEW………………………………………………………... | 2  | ---
| FEMALE | MANY……………………………………………………... | 3  | ---
| FEMALE | DON’T KNOW/DECLINED……………………………. | 99 | ---

| PV3: MOST RECENT TIME | YES…………………………………………………………. | 1  | F136
| Did this happen in the last 12 months? | NO…………………………………………………………. | 2  | DON’T KNOW/DECLINED……………………………. | 99 |

| How old were you the last time this happened? | 0 TO 5 YEARS……………………………………………... | 1  | ---
| 6 TO 11 YEARS………………………………………. | 2  | ---
| 12 TO 17 YEARS………………………………………. | 3  | ---
| 18 OR OLDER………………………………………………. | 4  | ---
| DON’T KNOW/DECLINED……………………………. | 99 | ---

The parent, adult caregiver or adult relative who did this to you the last time, what was this person’s relationship to you?

<table>
<thead>
<tr>
<th>MALE</th>
<th>FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>FATHER………………………………………………………….</td>
<td>1</td>
</tr>
<tr>
<td>STEP FATHER………………………………………………….</td>
<td>2</td>
</tr>
<tr>
<td>BROTHER………………………………………………………….</td>
<td>3</td>
</tr>
<tr>
<td>STEP BROTHER………………………………………………….</td>
<td>4</td>
</tr>
<tr>
<td>UNCLE…………………………………………………………….</td>
<td>5</td>
</tr>
<tr>
<td>GRANDFATHER………………………………………………….</td>
<td>6</td>
</tr>
<tr>
<td>OTHER MALE RELATIVE/CAREGIVER 77</td>
<td>OTHER FEMALE RELATIVE/CAREGIVER</td>
</tr>
<tr>
<td>(SPECIFY)………………………………………………………….</td>
<td>(SPECIFY)………………………………………………….</td>
</tr>
<tr>
<td>DON’T KNOW/DECLINED…………………………….</td>
<td>99</td>
</tr>
</tbody>
</table>

Did this parent, adult caregiver, or adult relative live within the same household as you when this last time occurred?

| YES…………………………………………………………. | 1  | ---
| NO…………………………………………………………. | 2  | DON’T KNOW / DECLINED……………………………. | 99 |

The last time your parent, adult caregiver or adult relative [PGM WILL PROGRAM TEXT], did you receive any injuries?

| YES…………………………………………………………. | 1  | ---
| NO…………………………………………………………. | 2  | DON’T KNOW/DECLINED……………………………. | 99 |

Did you experience?

<table>
<thead>
<tr>
<th>A. CUTS, SCRATCHES, BRUISES</th>
<th>1</th>
<th>2</th>
<th>99</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. SPRAINS, DISLOCATIONS, BLISTERING</td>
<td>1</td>
<td>2</td>
<td>99</td>
</tr>
<tr>
<td>C. DEEP WOUNDS, BROKEN BONES, CHARRED SKIN</td>
<td>1</td>
<td>2</td>
<td>99</td>
</tr>
<tr>
<td>D. PERMANENT INJURY OR DISFIGUREMENT</td>
<td>1</td>
<td>2</td>
<td>99</td>
</tr>
<tr>
<td>E. MENTAL PROBLEMS</td>
<td>1</td>
<td>2</td>
<td>99</td>
</tr>
</tbody>
</table>

The parent, adult caregiver or adult relative who did this to you the first time, what was this person’s relationship to you?

<table>
<thead>
<tr>
<th>MALE</th>
<th>FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>FATHER………………………………………………………….</td>
<td>1</td>
</tr>
<tr>
<td>STEP FATHER………………………………………………….</td>
<td>2</td>
</tr>
<tr>
<td>BROTHER………………………………………………………….</td>
<td>3</td>
</tr>
<tr>
<td>STEP BROTHER………………………………………………….</td>
<td>4</td>
</tr>
<tr>
<td>UNCLE…………………………………………………………….</td>
<td>5</td>
</tr>
<tr>
<td>GRANDFATHER………………………………………………….</td>
<td>6</td>
</tr>
<tr>
<td>OTHER MALE RELATIVE/CAREGIVER 77</td>
<td>OTHER FEMALE RELATIVE/CAREGIVER</td>
</tr>
<tr>
<td>(SPECIFY)………………………………………………………….</td>
<td>(SPECIFY)………………………………………………….</td>
</tr>
</tbody>
</table>

Did this happen in the last 12 months?

| YES…………………………………………………………. | 1  | ---
| NO…………………………………………………………. | 2  | DON’T KNOW/DECLINED……………………………. | 99 |

How old were you the first time this happened?

| 0 TO 5 YEARS……………………………………………... | 1  | ---
| 6 TO 11 YEARS………………………………………. | 2  | ---
| 12 TO 17 YEARS………………………………………. | 3  | ---
| 18 OR OLDER………………………………………………. | 4  | ---
| DON’T KNOW/DECLINED……………………………. | 99 | --- |

The parent, adult caregiver or adult relative who did this to you the first time, what was this person’s relationship to you?
<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>DK/DTA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>F139</strong> Did this parent, adult caregiver, or adult relative live within the same household as you when this first time occurred?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YES ..................................................................................</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO .................................................................................</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW/DECLINED ..................................................................</td>
<td>99</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>F140</strong> The first time that parent, adult caregiver, or adult relative [PGM WILL PROGRAM TEXT], did you receive any injuries?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YES ..................................................................................</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO .................................................................................</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW/DECLINED ..................................................................</td>
<td>99</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>F141</strong> Did you experience?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A) Cuts, scratches, bruises, aches, or swelling or other minor marks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B) Sprains, dislocations, or blistering</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C) Deep wounds, broken bones, broken teeth, or charred skin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D) Permanent injury or disfigurement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E) Mental problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. CUTS, SCRATCHES, BRUISES</td>
<td>1</td>
<td>2</td>
<td>99</td>
</tr>
<tr>
<td>B. SPRAINS, DISLOCATIONS, BLISTERING</td>
<td>1</td>
<td>2</td>
<td>99</td>
</tr>
<tr>
<td>C. DEEP WOUNDS, BROKEN BONES, BROKEN TEETH, OR CHARRED SKIN</td>
<td>1</td>
<td>2</td>
<td>99</td>
</tr>
<tr>
<td>D. PERMANENT INJURY OR DISFIGUREMENT</td>
<td>1</td>
<td>2</td>
<td>99</td>
</tr>
<tr>
<td>E. MENTAL PROBLEMS</td>
<td>1</td>
<td>2</td>
<td>99</td>
</tr>
<tr>
<td><strong>F142</strong> PV4: ADULTS IN THE COMMUNITY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The next questions are about adults who are in your community. This includes adults such as teachers, police, employers, religious or community leaders, neighbors, or other adults you don’t know. Remember, you can ask to skip any question that you do not want to answer.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has one of these people ever:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. punched, kicked, whipped, or beat you with an object?</td>
<td>1</td>
<td>2</td>
<td>99</td>
</tr>
<tr>
<td>B. strangled, suffocated, tried to drown you, or burned you intentionally?</td>
<td>1</td>
<td>2</td>
<td>99</td>
</tr>
<tr>
<td>C. used or threatened you with a knife, gun or other weapon?</td>
<td>1</td>
<td>2</td>
<td>99</td>
</tr>
<tr>
<td><strong>F143</strong> PV4: Thinking of all these experiences, such as [PGM WILL PROGRAM TEXT] how many times has an adult in your community ever done this to you: once, a few times, or many times?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ONCE ..................................................................................</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FEW .................................................................................</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MANY ...............................................................................</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW/DECLINED ..................................................................</td>
<td>99</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>F144</strong> PV4: MOST RECENT TIME</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did this happen in the last 12 months?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YES ..................................................................................</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO .................................................................................</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW/DECLINED ..................................................................</td>
<td>99</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>F145</strong> How old were you the last time this happened?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 TO 5 YEARS ........................................................................</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 TO 11 YEARS .......................................................................</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 TO 17 YEARS ....................................................................</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 OR OLDER .........................................................................</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW/DECLINED ..................................................................</td>
<td>99</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>F146</strong> The adult in the community who did this to you the last time, what was this person’s relationship to you?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MALE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MALE TEACHER ........................................................................</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MALE POLICE/ SECURITY PERSON .............................................</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MALE EMPLOYER .......................................................................</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MALE COMMUNITY LEADER ......................................................</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MALE RELIGIOUS LEADER ................................................................</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MALE NEIGHBOR .......................................................................</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER MALE (SPECIFY) ................................................................</td>
<td>77</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FEMALE ...............................................................................</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FEMALE POLICE/ SECURITY PERSON ...........................................</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FEMALE EMPLOYER ....................................................................</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FEMALE COMMUNITY LEADER ..................................................</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FEMALE RELIGIOUS LEADER ...................................................</td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FEMALE NEIGHBOR ....................................................................</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER FEMALE (SPECIFY) ................................................................</td>
<td>88</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW/DECLINED ..................................................................</td>
<td>99</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>F147</strong> This last time when an adult in your community [PGM WILL PROGRAM TEXT], did you receive any injuries?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YES ..................................................................................</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO .................................................................................</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW/DECLINED ..................................................................</td>
<td>99</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>F148</strong> Did you experience?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A) Cuts, scratches, bruises, aches, or swelling or other minor marks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B) Sprains, dislocations, or blistering</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C) Deep wounds, broken bones, broken</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. CUTS, SCRATCHES, BRUISES</td>
<td>1</td>
<td>2</td>
<td>99</td>
</tr>
<tr>
<td>B. SPRAINS, DISLOCATIONS, BLISTERING</td>
<td>1</td>
<td>2</td>
<td>99</td>
</tr>
<tr>
<td>C. DEEP WOUNDS, BROKEN BONES</td>
<td>1</td>
<td>2</td>
<td>99</td>
</tr>
</tbody>
</table>
### The Child Helpline

Did you receive any help from services?

What was the main reason you did not try to seek help from a hospital/clinic, police station, The Child Helpline, social welfare or legal office?

Did you receive any services for any of these experiences from a hospital/clinic, police station, The Child Helpline, social welfare or legal office?

---

### PV SERVICES

Thinking about all these experiences with parents, other adults, romantic partners and people your own age that we just discussed, did you ever have to miss school because of what happened?

Did you try to seek help from any of these places for any of these experiences?

What was the main reason you did not try to seek help from a hospital/clinic, police station, The Child Helpline, social welfare or legal office?

Did you receive any services for any of these experiences from a hospital/clinic, police station, The Child Helpline, social welfare or legal office?

---

### F149 PV: FIRST TIME

Did this happen in the last 12 months?

How old were you the first time this happened?

The adult in the community who did this to you the first time; what was this person’s relationship to you?

MALE

MALE POLICE/ SECURITY PERSON
MALE NEIGHBOR
MALE RELIGIOUS LEADER
MALE COMMUNITY LEADER
OTHER MALE (SPECIFY)

FEMALE

FEMALE POLICE/ SECURITY PERSON
FEMALE NEIGHBOR
FEMALE RELIGIOUS LEADER
FEMALE COMMUNITY LEADER
OTHER FEMALE (SPECIFY)

---

### F153 Did you experience?

A) Cuts, scratches, bruises, aches, or swelling or other minor marks
B) Sprains, dislocations, or blistering
C) Deep wounds, broken bones, broken teeth, or charred skin
D) Permanent injury or disfigurement
E) Mental problems

---

### F154 PV SERVICES

---

### F155 The first time when an adult in your community [PGM WILL PROGRAM TEXT], did you receive any injuries?

---

### F156 Did you seek help from a hospital/clinic, police station, The Child Helpline, social welfare or legal office to go for help?

---

### F157 What was the main reason you did not try to seek help from a hospital/clinic, police station, The Child Helpline, social welfare or legal office?

### F158 Did you receive any services for any of these experiences from a hospital/clinic, police station, The Child Helpline, social welfare or legal office?

---

### F159
### A) Did you receive help from:

<table>
<thead>
<tr>
<th>A) A doctor, nurse or other healthcare worker?</th>
<th>Yes</th>
<th>No</th>
<th>DK/DTA</th>
</tr>
</thead>
<tbody>
<tr>
<td>B) Police or other security personnel?</td>
<td>Yes</td>
<td>No</td>
<td>DK/DTA</td>
</tr>
<tr>
<td>C) A lawyer, judge/magistrate or other legal professional, other than police?</td>
<td>Yes</td>
<td>No</td>
<td>DK/DTA</td>
</tr>
<tr>
<td>D) A social worker or counselor?</td>
<td>Yes</td>
<td>No</td>
<td>DK/DTA</td>
</tr>
<tr>
<td>E) The Child Helpline 116?</td>
<td>Yes</td>
<td>No</td>
<td>DK/DTA</td>
</tr>
</tbody>
</table>

### B) (If “Yes” to part A category, ask …) How much did they help you:

<table>
<thead>
<tr>
<th>Not at all</th>
<th>A little</th>
<th>Some</th>
<th>A lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

### F160 Did you tell anyone about any of these experiences?

| YES............................................................................ | 1 |
| NO........................................................................... | 2 |
| DON’T KNOW/DECLINED........................................... | 99 |

### F161 Who did you tell? (Circle all mentioned)

- MOTHER .......................................................... A
- FATHER .......................................................... B
- SISTER .......................................................... C
- BROTHER .......................................................... D
- OTHER RELATIVE ............................................... E
- HUSBAND .......................................................... F
- BOYFRIEND/ROMANTIC PARTNER ......................... G
- FRIEND ............................................................ H
- NEIGHBOR ........................................................ I
- TRADITIONAL HEALER ......................................... J
- NGO WORKER ..................................................... K
- TEACHER ........................................................... L
- EMPLOYER .......................................................... M
- COMMUNITY LEADER ........................................... N
- RELIGIOUS LEADER .............................................. O
- POLICE ............................................................... P
- HEALTHCARE WORKER .......................................... Q
- OTHER (SPECIFY) ____________________________________ X
- DON’T KNOW/DECLINED.......................................... Z

### IF F25=2/99 (NEVER MARRIED/DK/DTA) AND F29=2/99 (NEVER LIVED W/ SOMEONE AS MARRIED) AND F32=2/99 (NEVER PARTNER) SKIP TO F201

### IF F25=1 (EVER MARRIED) OR F29=1 (EVER LIVED W/ SOMEONE AS MARRIED) OR F32=1 (EVER PARTNER) SKIP TO F200

### F162 What was the main reason you did not tell anyone?

| DID NOT KNOW WHERE TO GO .................................. | 1 |
| AFRAID OF GETTING IN TROUBLE ............................ | 2 |
| EMBARRASSED FOR SELF/FAMILY ............................ | 3 |
| DEPENDENT ON PERPETRATOR ............................... | 4 |
| PERPETRATOR THREATENED ME ............................... | 5 |
| DID NOT THINK IT WAS A PROBLEM ........................... | 6 |
| FELT IT WAS MY FAULT ....................................... | 7 |
| AFRAID OF BEING ABANDONED ................................ | 8 |
| DID NOT NEED/WANT TO TELL ANYONE ..................... | 9 |
| OTHER (SPECIFY):_______________________________ 88 |
| DON’T KNOW/DECLINED.......................................... 99 |

### IF F29=2/99 (NEVER MARRIED/DK/DTA) AND F33=2/99 (NEVER LIVED W/ SOMEONE AS MARRIED) AND F36=2/99 (NEVER PARTNER) SKIP TO F201

### IF F29=1 (EVER MARRIED) OR F33=1 (EVER LIVED W/ SOMEONE AS MARRIED) OR F36=1 (EVER PARTNER) SKIP TO F200

### F200 PV PERPETRATION

Have you ever done any of the following to a current or previous boyfriend, romantic partner/husband:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK/DTA</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. punched, kicked, whipped, or beat them?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>F201</td>
<td>Have you ever done any of the following to someone who is not a current or previous boyfriend, romantic partner/husband:</td>
<td>YES</td>
</tr>
<tr>
<td>------</td>
<td>-------------------------------------------------</td>
<td>-----</td>
</tr>
<tr>
<td>A. punched, kicked, whipped, or beat them?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>B. strangled, suffocated, tried to drown, or intentionally burn them?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>C. used or threatened to use a knife, gun or other weapon against them?</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>F300</th>
<th><strong>EMOTIONAL VIOLENCE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The next questions ask about what a parent, adult caregiver or other adult relative may have said to you.</td>
<td></td>
</tr>
</tbody>
</table>

| F301 | (**EV1**): First Time Thinking of all these experiences such as [PGM will program text] how many times did a parent, adult caregiver or other adult relative ever say these things: once, a few times, or many times? |
|------|-------------------------------------------------|-----|----|--------|
| EVI  | YES……………………………………………………… | 1   |    | F306   |
|      | FEW………………………………………………………  | 2   |    |        |
|      | MANY………………………………………………………| 3   |    |        |
|      | DON'T KNOW/DECLINED………………………………… | 99  |    | F306   |

| F302 | (**EV1**: Most Recent Time Did this happen in the last 12 months? |
|------|-------------------------------------------------|-----|----|--------|
| EVI  | YES……………………………………………………… | 1   |    |        |
|      | NO………………………………………………………  | 2   |    |        |
|      | DON'T KNOW/DECLINED………………………………… | 99  |    |        |

| F303 | How old were you the last time this happened? |
|------|-------------------------------------------------|-----|----|--------|
|      | 0 TO 5 YEARS………………………………………… | 1   |    |        |
|      | 6 TO 11 YEARS……………………………………….. | 2   |    |        |
|      | 12 TO 17 YEARS………………………………………. | 3   |    |        |
|      | 18 OR OLDER……………………………………….. | 4   |    |        |
|      | DON'T KNOW/DECLINED……………………………… | 99  |    |        |

<table>
<thead>
<tr>
<th>F304</th>
<th>The parent, adult caregiver or other adult relative who did this to you the last time, what was the person’s relationship to you?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>MALE</strong></td>
</tr>
<tr>
<td></td>
<td>FATHER………………………………………………………………………………………</td>
</tr>
<tr>
<td></td>
<td>STEP FATHER………………………………………………………………………………..</td>
</tr>
<tr>
<td></td>
<td>BROTHER……………………………………………………………………………………</td>
</tr>
<tr>
<td></td>
<td>STEP BROTHER………………………………………………………………………………..</td>
</tr>
<tr>
<td></td>
<td>UNCLE………………………………………………………………………………………</td>
</tr>
<tr>
<td></td>
<td>OTHER MALE RELATIVE/CAREGIVER (SPECIFY)……………………………………………..</td>
</tr>
<tr>
<td></td>
<td><strong>FEMALE</strong></td>
</tr>
<tr>
<td></td>
<td>MOTHER……………………………………………………………………………………..</td>
</tr>
<tr>
<td></td>
<td>STEP MOTHER………………………………………………………………………………..</td>
</tr>
<tr>
<td></td>
<td>SISTER……………………………………………………………………………………..</td>
</tr>
<tr>
<td></td>
<td>STEP SISTER………………………………………………………………………………..</td>
</tr>
<tr>
<td></td>
<td>AUNT……………………………………………………………………………………….</td>
</tr>
<tr>
<td></td>
<td>OTHER FEMALE RELATIVE/CAREGIVER (SPECIFY)……………………………………………</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW/DECLINED…………………………………………………………………….</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>F305</th>
<th>Did this parent, adult caregiver, or adult relative live within the same household as you when this last time occurred?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES…………………………………………………………………………………………</td>
</tr>
<tr>
<td></td>
<td>NO…………………………………………………………………………………………..</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW/DECLINED…………………………………………………………………….</td>
</tr>
</tbody>
</table>

| F306 | (**EV1**: First Time Did this happen in the last 12 months? |
|------|-------------------------------------------------|-----|----|--------|
| EVI  | YES……………………………………………………… | 1   |    |        |
|      | NO………………………………………………………  | 2   |    |        |
|      | DON'T KNOW/DECLINED………………………………… | 99  |    |        |

| F307 | How old were you the first time this happened? |
|------|-------------------------------------------------|-----|----|--------|
|      | 0 TO 5 YEARS………………………………………… | 1   |    |        |
|      | 6 TO 11 YEARS……………………………………….. | 2   |    |        |
|      | 12 TO 17 YEARS………………………………………. | 3   |    |        |
|      | 18 OR OLDER……………………………………….. | 4   |    |        |
|      | DON'T KNOW/DECLINED……………………………… | 99  |    |        |
### F308 MALE

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>The parent, adult caregiver or adult relative who did this to you the first time, what was this person’s relationship to you?</td>
<td></td>
</tr>
<tr>
<td>FATHER................................................................................................................1</td>
<td></td>
</tr>
<tr>
<td>STEP FATHER.................................................................................................2</td>
<td></td>
</tr>
<tr>
<td>BROTHER........................................................................................................3</td>
<td></td>
</tr>
<tr>
<td>STEP BROTHER.................................................................................................4</td>
<td></td>
</tr>
<tr>
<td>UNCLE................................................................................................................5</td>
<td></td>
</tr>
<tr>
<td>OTHER MALE RELATIVE/CAREGIVER (SPECIFY)..................................................77</td>
<td></td>
</tr>
</tbody>
</table>

### F308 FEMALE

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>The parent, adult caregiver or adult relative who did this to you the first time, what was this person’s relationship to you?</td>
<td></td>
</tr>
<tr>
<td>MOTHER..............................................................................................................6</td>
<td></td>
</tr>
<tr>
<td>STEP MOTHER.................................................................................................7</td>
<td></td>
</tr>
<tr>
<td>SISTER..............................................................................................................8</td>
<td></td>
</tr>
<tr>
<td>STEP SISTER.................................................................................................9</td>
<td></td>
</tr>
<tr>
<td>AUNT................................................................................................................10</td>
<td></td>
</tr>
<tr>
<td>OTHER FEMALE RELATIVE/CAREGIVER (SPECIFY)..............................................88</td>
<td></td>
</tr>
</tbody>
</table>

### F309

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did this parent, adult caregiver, or adult relative live within the same household as you when this first time occurred?</td>
<td></td>
</tr>
<tr>
<td>YES...........................................................................................................1</td>
<td></td>
</tr>
<tr>
<td>NO...........................................................................................................2</td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW/DECLINED..............................................................................99</td>
<td></td>
</tr>
</tbody>
</table>

### F310

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIRCUMCISION In many communities, girls are introduced to womanhood by participating in some ceremonies and undergoing specific procedures. I want to discuss with you the circumcision of girls. Are you familiar with the practice of female circumcision?</td>
<td></td>
</tr>
<tr>
<td>YES...........................................................................................................1</td>
<td></td>
</tr>
<tr>
<td>NO...........................................................................................................2</td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW/DECLINED..............................................................................99</td>
<td></td>
</tr>
</tbody>
</table>

### F311

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>In this community, is female circumcision practiced?</td>
<td></td>
</tr>
<tr>
<td>YES...........................................................................................................1</td>
<td></td>
</tr>
<tr>
<td>NO...........................................................................................................2</td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW/DECLINED..............................................................................99</td>
<td></td>
</tr>
</tbody>
</table>

### F313

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>In communities where female circumcision exists, do you think this practice should be continued or stopped?</td>
<td></td>
</tr>
<tr>
<td>STOPPED..................................................................................................2</td>
<td></td>
</tr>
<tr>
<td>CONTINUED..............................................................................................1</td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW/DECLINED..............................................................................99</td>
<td></td>
</tr>
</tbody>
</table>

### F312

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you circumcised?</td>
<td></td>
</tr>
<tr>
<td>YES...........................................................................................................1</td>
<td></td>
</tr>
<tr>
<td>NO...........................................................................................................2</td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW/DECLINED..............................................................................99</td>
<td></td>
</tr>
</tbody>
</table>

### F400 HIV/AIDS:

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>The next questions are about HIV. Remember that everything you say will be confidential. You can ask to skip any question that you do not want to answer. Do you know what HIV is?</td>
<td></td>
</tr>
<tr>
<td>YES...........................................................................................................1</td>
<td></td>
</tr>
<tr>
<td>NO...........................................................................................................2</td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW/DECLINED..............................................................................99</td>
<td></td>
</tr>
</tbody>
</table>

### F401

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you know any place where people could go for HIV testing?</td>
<td></td>
</tr>
<tr>
<td>YES...........................................................................................................1</td>
<td></td>
</tr>
<tr>
<td>NO...........................................................................................................2</td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW/DECLINED..............................................................................99</td>
<td></td>
</tr>
</tbody>
</table>

### F402

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever been tested for HIV?</td>
<td></td>
</tr>
<tr>
<td>YES...........................................................................................................1</td>
<td></td>
</tr>
<tr>
<td>NO...........................................................................................................2</td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW/DECLINED..............................................................................99</td>
<td></td>
</tr>
</tbody>
</table>

### F403

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the main reason you have never been tested?</td>
<td></td>
</tr>
<tr>
<td>NO KNOWLEDGE ABOUT HIV TEST..............................................................1</td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW WHERE TO GET HIV TEST..........................................................2</td>
<td></td>
</tr>
<tr>
<td>TEST COSTS TOO MUCH...................................................................................3</td>
<td></td>
</tr>
<tr>
<td>TRANSPORT TO TEST SITE IS TOO MUCH.........................................................4</td>
<td></td>
</tr>
<tr>
<td>TEST SITE TOO FAR AWAY..............................................................................5</td>
<td></td>
</tr>
<tr>
<td>AFRAID HUSBAND/PARTNER WILL KNOW ABOUT TEST/TEST RESULTS..................6</td>
<td></td>
</tr>
<tr>
<td>AFRAID OTHERS WILL KNOW ABOUT TEST/TEST RESULTS..................................7</td>
<td></td>
</tr>
<tr>
<td>DON’T NEED TEST/LOW RISK............................................................................8</td>
<td></td>
</tr>
<tr>
<td>DON’T WANT TO KNOW IF I HAVE HIV............................................................9</td>
<td></td>
</tr>
<tr>
<td>CAN’T GET TREATMENT IF I HAVE HIV..........................................................10</td>
<td></td>
</tr>
<tr>
<td>OTHER(SPECIFY).........................................................................................88</td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW/DECLINED..................................................................................99</td>
<td></td>
</tr>
</tbody>
</table>

### F404

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>When was the most recent time you were tested for HIV: less than 12 months ago, 1-2 years ago, or more than 2 years ago?</td>
<td></td>
</tr>
<tr>
<td>LESS THAN 12 MONTHS AGO...........................................................................1</td>
<td></td>
</tr>
<tr>
<td>1-2 YEARS AGO.............................................................................................2</td>
<td></td>
</tr>
<tr>
<td>MORE THAN 2 YEARS AGO...............................................................................3</td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW/DECLINED..................................................................................99</td>
<td></td>
</tr>
</tbody>
</table>

### F405

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>This most recent time you were tested for HIV, did you get the results of your test?</td>
<td></td>
</tr>
<tr>
<td>YES...........................................................................................................1</td>
<td></td>
</tr>
<tr>
<td>NO...........................................................................................................2</td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW/DECLINED...............................................................................99</td>
<td></td>
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</tbody>
</table>

### F406

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>What was the result of that HIV test?</td>
<td></td>
</tr>
<tr>
<td>HIV POSITIVE..........................................................................................1</td>
<td></td>
</tr>
<tr>
<td>HIV NEGATIVE..........................................................................................2</td>
<td></td>
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<tr>
<td>DON’T KNOW/DECLINED..............................................................................99</td>
<td></td>
</tr>
</tbody>
</table>

### F407 SEXUAL BEHAVIOR:

The next questions are about sexual activity. By sex we
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know/Declined</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever had sex?</td>
<td></td>
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<tr>
<td>The first time you had sex, was it because you wanted to or because you were forced to?</td>
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<tr>
<td>The first time you had sex, were you physically forced or were you pressured into having sex through harassment, threats or tricks?</td>
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<tr>
<td>What was this person’s relationship to you?</td>
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<tr>
<td>Was this person older than you, younger than you, or about the same age?</td>
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<tr>
<td>Was this person more than 10 years older than you, 5-10 years older or less than 5 years older?</td>
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<tr>
<td>Have you ever been pregnant?</td>
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<tr>
<td>How old were you the first time that you got pregnant?</td>
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<tr>
<td>Have you ever had a pregnancy that did not end in a live birth, such as a miscarriage or stillbirth?</td>
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<tr>
<td>In your life, how many people have you ever had sex with?</td>
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<tr>
<td>Question</td>
<td>Options</td>
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<td>------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you had sex in the past 12 months?</td>
<td>YES………………………………………………………………………………….. 1</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>NO………………………………………………………………………………….. 2</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>DON’T KNOW/DECLINED…………………………………………………………… 99</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you /your partner currently doing something or using any method to delay or avoid getting pregnant?</td>
<td>YES………………………………………………………………………………….. 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NO………………………………………………………………………………….. 2</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>DON’T KNOW/DECLINED…………………………………………………………… 99</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Which method are you or your partner using?</td>
<td>FEMALE STERILIZATION…………… A</td>
<td></td>
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<td></td>
<td>MALE STERILIZATION……………… B</td>
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<td></td>
<td>IUD,……………………………………... C</td>
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<td></td>
<td>INJECTABLES………………………………... D</td>
<td></td>
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<td></td>
<td>IMPLANTS…………………………………… E</td>
<td></td>
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<td>PILL……………………………………………… F</td>
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<td></td>
<td>MALE CONDOM……………………………. G</td>
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<td>FEMALE CONDOM…………………………… H</td>
<td></td>
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<td></td>
<td>DIAPHRAGM……………………………………. I</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>FOAM/JELLY…………………………………… J</td>
<td></td>
<td></td>
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<td></td>
<td>LAM………………………………………………. K</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>RHYTHM METHOD/MOON BEADS………… L</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>WITHDRAWAL………………………………… M</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>OTHER METHOD (SPECIFY)____________ X</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DON’T KNOW/DECLINED………………………………………………………………… Z</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many people have you had sex with in the past 12 months?</td>
<td>NUMBER OF PERSONS</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>DON’T KNOW/DECLINED…………………………………………………………… 99</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was this person older than you, younger than you, or about the same age?</td>
<td>OLDER………………………………………………………………………………….. 1</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>YOUNGER…………………………………………………………………………… 2</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>ABOUT SAME AGE……………………………………………………………… 3</td>
<td></td>
<td></td>
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<td></td>
<td>DON’T KNOW/DECLINED…………………………………………………………… 99</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was this person more than 10 years older than you, 5-10 years older or less than 5 years older?</td>
<td>MORE THAN 10 YEARS OLDER…………….. 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5-10 YEARS OLDER…………………………. 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>LESS THAN 5 YEARS OLDER…………………………. 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DON’T KNOW/DECLINED…………………………………………………………… 99</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does this person live in this household?</td>
<td>YES………………………………………………………………………………….. 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NO………………………………………………………………………………….. 2</td>
<td></td>
<td></td>
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<td></td>
<td>DON’T KNOW/DECLINED…………………………………………………………… 99</td>
<td></td>
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<tr>
<td>Question</td>
<td>Options</td>
<td>Code</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>----------------------------------------------</td>
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<td></td>
</tr>
</tbody>
</table>
| In the past 12 months when you had sex with this person, how often did you use a condom? Would you say always, sometimes, or never? | ALWAYS ........................................ 1  
SOMETIMES .................................... 2  
NEVER ...................................... 3  
DON'T KNOW/DECLINED ......................................... 99 | F426  |
| Does this person know your HIV status?                                 | YES ........................................................................ 1  
NO ......................................................................... 2  
DON'T KNOW/DECLINED ......................................... 99 | F427  |
| What is the HIV status of this person?                                 | I THINK HE/SHE IS POSITIVE .................. 1  
THIS PERSON TOLD ME HE/SHE IS POSITIVE.. 2  
POSITIVE, TESTED TOGETHER .................... 3  
I THINK HE/SHE IS NEGATIVE .................. 4  
THIS PERSON TOLD ME HE/SHE IS NEGATIVE.. 5  
NEGATIVE, TESTED TOGETHER .................... 6  
DON'T KNOW/DECLINED ......................................... 99 | F428  |
| In the last 12 months, have you had sex with this person because they provided you with material support or help in any other way? Material support means helping you to pay for things, or giving you gifts or things such as food, school fees or money. | YES ........................................................................ 1  
NO ......................................................................... 2  
DON'T KNOW/DECLINED ......................................... 99 | F429  |

**IF F421=1 SKIP TO F500**  
**IF F421>1 CONTINUE TO F430**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Now think back to a second partner with whom you had sex in the past 12 months.</td>
<td>What was this person’s relationship to you?</td>
<td></td>
</tr>
</tbody>
</table>
| ROMANTIC PARTNER.................. 1  
SPouse.................. 2  
EX-ROMANTIC PARTNER............... 3  
EX-SPouse.................. 4  
PARENT.................. 5  
STEP PARENT.................. 6  
SIBLING.................. 7  
AUNT/UNCLE.................. 8  
CLASSMATE/SCHOOLMATE............... 9  
TEACHER.................. 10  
POLICE/ SECURITY PERSON.................. 11  
EMPLOYER.................. 12  
NEIGHBOR.................. 13  
COMMUNITY/ RELIGIOUS LEADER….. 14  
FRIEND.................. 15  
STRANGER.................. 16  
OTHER PERSON (SPECIFY)........... 88  
DON'T KNOW/DECLINED ......................................... 99 |       | F430  |

**IF F430 = 5 OR F430 = 6 → F433**  
**ELSE GO TO F431**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Code</th>
</tr>
</thead>
</table>
| Was this person older than you, younger than you, or about the same age? | OLDER........................................ 1  
YOUNGER........................................... 2  
ABOUT SAME AGE.......................... 3  
DON'T KNOW/DECLINED ......................................... 99 | F431  |
| Was this person more than 10 years older than you, 5-10 years older or less than 5 years older? | MORE THAN 10 YEARS OLDER .................. 1  
5-10 YEARS OLDER ...................... 2  
LESS THAN 5 YEARS OLDER ............. 3  
DON'T KNOW/DECLINED ......................................... 99 | F432  |
| Does this person live in this household?                                 | YES ........................................................................ 1  
NO ......................................................................... 2  
DON'T KNOW/DECLINED ......................................... 99 | F433  |
| In the past 12 months when you had sex with this person, how often did you use a condom? Would you say always, sometimes, or never? | ALWAYS ........................................ 1  
SOMETIMES .................................... 2  
NEVER ...................................... 3  
DON'T KNOW/DECLINED ......................................... 99 | F434  |
| Does this person know your HIV status?                                 | YES ........................................................................ 1  
NO ......................................................................... 2  
DON'T KNOW/DECLINED ......................................... 99 | F435  |
| What is the HIV status of this person?                                 | I THINK HE/SHE IS POSITIVE .................. 1  
THIS PERSON TOLD ME HE/SHE IS POSITIVE.. 2  
POSITIVE, TESTED TOGETHER .................... 3  | F436  |
<table>
<thead>
<tr>
<th>F43</th>
<th>In the last 12 months, have you had sex with this person because they provided you with material support or help in any other way? Material support means helping you to pay for things, or giving you gifts or things such as food, school fees or money</th>
<th>YES………………………………………………………… 1</th>
<th>NO………………………………………………………… 2</th>
<th>DON’T KNOW/DECLINED…………………………… 99</th>
</tr>
</thead>
<tbody>
<tr>
<td>F43</td>
<td>Now think back to a third partner with whom you had sex in the past 12 months. What was this person’s relationship to you?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ROMANTIC PARTNER…………….. 1</td>
<td>SPOUSE………………………………. 2</td>
<td>EX-ROMANTIC PARTNER………………………. 3</td>
<td>EX-SPouse………………………………… 4</td>
</tr>
<tr>
<td>F43</td>
<td>Was this person older than you, younger than you, or about the same age?</td>
<td>OLDER……………………………………………… 1</td>
<td>YOUNGER………………………………………… 2</td>
<td>ABOUT SAME AGE…………………………….. 3</td>
</tr>
<tr>
<td>F440</td>
<td>Was this person more than 10 years older than you, 5-10 years older or less than 5 years older?</td>
<td>MORE THAN 10 YEARS OLDER……………………… 1</td>
<td>5-10 YEARS OLDER……………………………. 2</td>
<td>LESS THAN 5 YEARS OLDER…………………… 3</td>
</tr>
<tr>
<td>F441</td>
<td>Does this person live in this household?</td>
<td>YES………………………………………………… 1</td>
<td>NO……………………………………………….. 2</td>
<td>DON’T KNOW/DECLINED………………………… 99</td>
</tr>
<tr>
<td>F442</td>
<td>In the past 12 months when you had sex with this person, how often did you use a condom? Would you say always, sometimes, or never?</td>
<td>ALWAYS ………………………………………….. 1</td>
<td>SOMETIMES …………………………………….. 2</td>
<td>NEVER …………………………………………. 3</td>
</tr>
<tr>
<td>F443</td>
<td>Does this person know your HIV status?</td>
<td>YES………………………………………………… 1</td>
<td>NO……………………………………………….. 2</td>
<td>DON’T KNOW/DECLINED………………………… 99</td>
</tr>
<tr>
<td>F444</td>
<td>What is the HIV status of this person?</td>
<td>I THINK HE/SHE IS POSITIVE ……………………… 1</td>
<td>THIS PERSON TOLD ME HE/SHE IS POSITIVE … 2</td>
<td>POSITIVE, TESTED TOGETHER………………… 3</td>
</tr>
</tbody>
</table>
In the last 12 months, have you had sex with this person because they provided you with material support or help in any other way? Material support means helping you to pay for things, or giving you gifts or things such as food, school fees, or money.

<table>
<thead>
<tr>
<th></th>
<th>YES: Fan</th>
<th>NO: Fan</th>
<th>DON’T KNOW/DECLINED: Fan</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>99</td>
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</tbody>
</table>

**F500**

**SEXUAL VIOLENCE/EXPLOITATION: MONEY, GOODS OR FAVORS EXCHANGED FOR SEX**

Have you ever had sex with someone because this person provided you with material support or help in any other way? Material support means helping you pay for things or giving you gifts or things such as food, school fees or money.

<table>
<thead>
<tr>
<th></th>
<th>YES: Fan</th>
<th>NO: Fan</th>
<th>DON’T KNOW/DECLINED: Fan</th>
</tr>
</thead>
<tbody>
<tr>
<td>F600</td>
<td>1</td>
<td>2</td>
<td>99</td>
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</table>

**F501**

Including all your experiences having sex with someone because they provided you with something, what material goods did they provide you with? *(Circle all mentioned)*

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</thead>
<tbody>
<tr>
<td>F503</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
<td>G</td>
<td>H</td>
<td>I</td>
<td>J</td>
<td>K</td>
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</table>

**F502**

When they gave you money, who did you give it to? *(Circle all mentioned)*

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</thead>
<tbody>
<tr>
<td>F503</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>X</td>
<td>Z</td>
</tr>
</tbody>
</table>

**F503**

Who were the people whom you had sex with because they provided you with material support? *(Circle all mentioned)*

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</thead>
<tbody>
<tr>
<td>F503</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
<td>G</td>
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<td>I</td>
<td>J</td>
<td>K</td>
<td>L</td>
<td>M</td>
<td>N</td>
<td>O</td>
<td>P</td>
<td>X</td>
<td>Z</td>
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</tbody>
</table>

**F504**

How old were you the first time someone gave you material support for sex?

<table>
<thead>
<tr>
<th>YEARS OLD</th>
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<table>
<thead>
<tr>
<th>DON’T KNOW / DECLINED: Fan</th>
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</thead>
<tbody>
<tr>
<td>99</td>
</tr>
<tr>
<td>Question</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------------------------</td>
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<tr>
<td>Was the person older than you, younger than you, or about the same age?</td>
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<td></td>
</tr>
<tr>
<td>Was this person more than 10 years older than you, 5-10 years older or less than 5 years older?</td>
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<td></td>
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<td></td>
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<tr>
<td>In the last 12 months, how many times did you have sex with someone because they gave you material support?</td>
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</tbody>
</table>

**SEXUAL VIOLENCE: SEXUAL ABUSE**

Girls and women may experience unwanted sexual contact by people they know well, such as a romantic partner, family member or friend, or by strangers. Your answers are confidential and you can skip any questions that you don’t feel comfortable answering.

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has anyone ever touched you in a sexual way without you wanting to, but did not try and force you to have sex?</td>
<td>YES .................................................. 1</td>
<td>F600</td>
</tr>
<tr>
<td></td>
<td>NO .................................................. 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DON’T KNOW/DECLINED .......................... 99</td>
<td></td>
</tr>
<tr>
<td>SV1: TOUCHING WITHOUT PERMISSION- LIFETIME</td>
<td>WRITE NUMBER IF 2 TIMES OR MORE:</td>
<td></td>
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<tr>
<td></td>
<td>TOO MANY TO RECALL .......................... 66</td>
<td>F601</td>
</tr>
<tr>
<td></td>
<td>DON’T KNOW/DECLINED .......................... 99</td>
<td></td>
</tr>
<tr>
<td>SV1A: TOUCHING – MOST RECENT</td>
<td>YES .................................................. 1</td>
<td>F602</td>
</tr>
<tr>
<td></td>
<td>NO .................................................. 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DON’T KNOW/DECLINED .......................... 99</td>
<td></td>
</tr>
<tr>
<td>How old were you the last time this happened?</td>
<td>YEARS OLD:</td>
<td></td>
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<tr>
<td></td>
<td>DON’T KNOW/DECLINED .......................... 99</td>
<td>F603</td>
</tr>
<tr>
<td>This last time, did more than one person touch you in a sexual way without you wanting to?</td>
<td>YES .................................................. 1</td>
<td>F604</td>
</tr>
<tr>
<td></td>
<td>NO, ONE PERSON ONLY .......................... 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DON’T KNOW/DECLINED .......................... 99</td>
<td></td>
</tr>
<tr>
<td>This last time, how many people touched you in a sexual way without you wanting to?</td>
<td>NUMBER OF PEOPLE:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DON’T KNOW/DECLINED .......................... 99</td>
<td>F605</td>
</tr>
<tr>
<td>Of these people who touched you in a sexual way without you wanting to this last time, think of the person you know the best for the following questions:</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>F606</td>
</tr>
<tr>
<td>What was this person’s relationship to you?</td>
<td></td>
<td>F607</td>
</tr>
</tbody>
</table>
ROMANTIC PARTNER……………. 1
SPOUSE…………………………… 2
EX-ROMANTIC PARTNER…… 3
EX-SPOUSE……………………… 4
PARENT…………………………… 5
STEP PARENT…………………….. 6
SIBLING…………………………… 7
AUNT/UNCLE…………………….. 8
CLASSMATE/SCHOOLMATE…… 9
TEACHER…………………………… 10
POLICE/ SECURITY PERSON……… 11
EMPLOYER……………………… 12
NEIGHBOR……………………… 13
COMMUNITY/ RELIGIOUS LEADER…. 14
FRIEND…………………………… 15
STRANGER……………………… 16
HEALTHCARE WORKER………… 17
OTHER (SPECIFY) _______________ 88

DON’T KNOW/DECLINED ………99

IF F607 =5 OR F607=6 SKIP TO F610
ELSE GO TO F608

F608 Was the person older than you, younger than you, or about the same age?
OLDER………………………………… 1
YOUNGER…………………………… 2
ABOUT SAME AGE…………………… 3
DON’T KNOW/DECLINED……………. 99

F609 Was this person more than 10 years older than you, 5-10 years older or less than 5 years older?
MORE THAN 10 YEARS OLDER………… 1
5-10 YEARS OLDER…………………… 2
LESS THAN 5 YEARS OLDER………… 3
DON’T KNOW/DECLINED……………. 99

F610 Where were you when this happened to you?
MY HOME………………………… 1
PERPETRATOR’S HOME…………… 2
SOMEONE ELSE’S HOME……….. 3
ON A ROAD/STREET…………….. 4
MARKET/SHOP…………………… 5
SCHOOL…………………………… 6
INSIDE A CAR/BUS……………… 7
LAKE, RIVER, OTHER BODY OF WATER……………… 8
FIELD OR OTHER NATURAL …… 9
BAR/RESTAURANT/DISCO/CLUB…… 10
WELL…………………………… 11
POLICE STATION………………… 12
HEALTH FACILITY……………… 13
OTHER LOCATION (SPECIFY):___ 88
DON’T KNOW/DECLINED……………. 99

F611 About what time of day did this happen?
MORNING (SUNRISE TO NOON)……… 1
AFTERNOON (NOON TO SUNSET)…… 2
EVENING (SUNSET TO MIDNIGHT)…… 3
LATE AT NIGHT (MIDNIGHT TO SUNRISE)…… 4
DON’T KNOW/DECLINED……………. 99

SKIP TO F613

F612 SV18: TOUCHING – FIRST TIME
Did this happen to you within the past 12 months?
YES………………………………… 1
NO…………………………….. 2
DON’T KNOW/DECLINED……………. 99

F613 How old were you the first time anyone touched you in a sexual way without you wanting to but did not try to force you to have sex?
YEARS OLD: ______________ 1
DON’T KNOW/DECLINED……………. 99

F614 This first time, did more than one person touch you in a sexual way without you wanting to?
YES………………………………… 1
NO, ONE PERSON ONLY…………… 2
DON’T KNOW/DECLINED……………. 99

F615 This first time, how many people touched you in a sexual way without you wanting to?
NUMBER OF PEOPLE: __________ 1
DON’T KNOW/DECLINED……………. 99

F616 Of these people who touched you in a sexual way without you wanting to this first time, think of the person you know the best for the following questions:

F617 What was this person’s relationship to you?
ROMANTIC PARTNER: 1
SPOUSE: 2
EX-ROMANTIC PARTNER: 3
EX-SPOUSE: 4
PARENT: 5
STEP PARENT: 6
SIBLING: 7
AUNT/UNCLE: 8
CLASSMATE/SCHOOLMATE: 9
TEACHER: 10
POLICE/SECURITY PERSON: 11
EMPLOYER: 12
NEIGHBOR: 13
COMMUNITY/RELIGIOUS LEADER: 14
FRIEND: 15
STRANGER: 16
HEALTHCARE WORKER: 17
OTHER PERSON (SPECIFY): 88
DON’T KNOW/DECLINED: 99

IF $F_{617}=5$ OR $F_{617}=6$ SKIP TO $F_{660}$

<table>
<thead>
<tr>
<th>$F_{618}$</th>
<th>Was the person older than you, younger than you, or about the same age?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>OLDER:</td>
</tr>
<tr>
<td>2</td>
<td>YOUNGER:</td>
</tr>
<tr>
<td>3</td>
<td>ABOUT SAME AGE:</td>
</tr>
<tr>
<td>99</td>
<td>DON’T KNOW/DECLINED</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>$F_{619}$</th>
<th>Would you say this person was more than 10 years older than you, 5-10 years older than you, or less than 5 years older?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>MORE THAN 10 YEARS OLDER:</td>
</tr>
<tr>
<td>2</td>
<td>5-10 YEARS OLDER:</td>
</tr>
<tr>
<td>3</td>
<td>LESS THAN 5 YEARS OLDER:</td>
</tr>
<tr>
<td>99</td>
<td>DON’T KNOW/DECLINED</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>$F_{620}$</th>
<th>Where were you when this happened to you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>MY HOME: 1</td>
<td>FIELD OR OTHER NATURAL AREA:</td>
</tr>
<tr>
<td>PERPETRATOR’S HOME: 2</td>
<td>BAR/RESTAURANT/DISCO/CLUB:</td>
</tr>
<tr>
<td>SOMEONE ELSE’S HOME: 3</td>
<td>WELL:</td>
</tr>
<tr>
<td>ON A ROAD/STREET: 4</td>
<td>POLICE STATION:</td>
</tr>
<tr>
<td>MARKET/SHOP: 5</td>
<td>HEALTH FACILITY:</td>
</tr>
<tr>
<td>SCHOOL: 6</td>
<td>OTHER LOCATION (SPECIFY):</td>
</tr>
<tr>
<td>INSIDE A CAR/BUS: 7</td>
<td>DON’T KNOW/DECLINED:</td>
</tr>
<tr>
<td>LAKE, RIVER, OTHER BODY OF WATER: 8</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>$F_{621}$</th>
<th>About what time of day did this happen?</th>
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<tr>
<td>MORNING (SUNRISE TO NOON): 1</td>
<td></td>
</tr>
<tr>
<td>AFTERNOON (NOON TO SUNSET): 2</td>
<td></td>
</tr>
<tr>
<td>EVENING (SUNSET TO MIDNIGHT): 3</td>
<td></td>
</tr>
<tr>
<td>LATE AT NIGHT (MIDNIGHT TO SUNRISE): 4</td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW/DECLINED: 9</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>$F_{700}$</th>
<th>These next questions ask you about sex, by sex I mean vaginal, oral or anal sex or the insertion of an object into your vagina or anus.</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES: 1</td>
<td>HAS ANYONE EVER TRIED TO MAKE YOU HAVE SEX AGAINST YOUR WILL BUT DID NOT SUCCEED?</td>
</tr>
<tr>
<td>NO: 2</td>
<td>HAS ANYONE EVER TRIED TO PHYSICALLY FORCE YOU TO HAVE SEX OR THEY MIGHT HAVE TRIED TO PRESSURE YOU TO HAVE SEX THROUGH HARASSMENT, THREATS AND TRICKS.</td>
</tr>
<tr>
<td>DON’T KNOW/DECLINED: 99</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>$F_{800}$</th>
<th>HAS ANYONE EVER PHYSICALLY FORCED YOU TO HAVE SEX AND DID SUCCEED?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES: 1</td>
<td></td>
</tr>
<tr>
<td>NO: 2</td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW/DECLINED: 99</td>
<td></td>
</tr>
</tbody>
</table>

IF $F_{410}=1$ AND $F_{800}=2$ THEN: “EARLIER YOU TOLD ME THAT YOUR FIRST SEXUAL ENCOUNTER WAS PHYSICALLY FORCED, BUT WHEN I JUST ASKED YOU IF YOU EVER EXPERIENCED PHYSICALLY FORCED SEX YOU SAID NO. I NEED TO REVIEW THESE QUESTIONS WITH YOU TO MAKE SURE I UNDERSTAND YOUR ANSWERS CORRECTLY.”

<table>
<thead>
<tr>
<th>$F_{900}$</th>
<th>HAS ANYONE EVER PRESSURED YOU TO HAVE SEX, THROUGH HARASSMENT, THREAT OR TRICK AND DID SUCCEED?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES: 1</td>
<td></td>
</tr>
<tr>
<td>NO: 2</td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW/DECLINED: 99</td>
<td></td>
</tr>
</tbody>
</table>

IF $F_{410}=2$ AND $F_{900}=2$ THEN: “EARLIER YOU TOLD ME THAT YOUR FIRST SEXUAL ENCOUNTER WAS PRESSURED SEX, BUT WHEN I JUST ASKED YOU IF YOU EVER EXPERIENCED PRESSURED SEX YOU SAID NO. I NEED TO REVIEW THESE QUESTIONS WITH YOU TO MAKE SURE I UNDERSTAND YOUR ANSWERS CORRECTLY.”

IF $F_{700}=1$ MOVE TO $F_{701}$
IF $F_{700}=2/99$ AND $F_{800}=1$ MOVE TO $F_{801}$
IF $F_{700}=2/99$ AND $F_{800}=2/99$ AND $F_{900}=1$ MOVE TO $F_{901}$
IF $F_{600}-F_{900}=1$ MOVE TO $F_{1000}$ (SV SERVICES)
IF $F_{600}-F_{900}=2/99$ CHECK THE FOLLOWING: IF $F_{29}=2/99$ (NEVER MARRIED/DK/DTA) AND $F_{33}=2/99$ (NEVER LIVED W/ SOMEONE AS MARRIED) AND $F_{36}=2/99$
<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>F701 SV2: ATTEMPTED SEX - LIFETIME</td>
<td>How many times in your life has anyone tried to make you have sex against your will but did not succeed? They might have tried to physically force you to have sex or they might have tried to pressure you have sex through harassment, threats and tricks.</td>
</tr>
<tr>
<td></td>
<td>1............................</td>
</tr>
<tr>
<td></td>
<td>WRITE NUMBER IF 2 TIMES OR MORE:</td>
</tr>
<tr>
<td></td>
<td>TOO MANY TO RECALL..............................</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW/DECLINED..............................</td>
</tr>
<tr>
<td>F702 SV2A: ATTEMPTED SEX – MOST RECENT</td>
<td>Now think about the last time this happened. Did this happen to you within the past 12 months?</td>
</tr>
<tr>
<td></td>
<td>YES..............................</td>
</tr>
<tr>
<td></td>
<td>NO..............................</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW/DECLINED..............................</td>
</tr>
<tr>
<td>F703</td>
<td>How old were you the last time this happened?</td>
</tr>
<tr>
<td></td>
<td>YEARS OLD:</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW/DECLINED..............................</td>
</tr>
<tr>
<td>F704</td>
<td>This last time, did more than one person try to make you have sex against your will?</td>
</tr>
<tr>
<td></td>
<td>YES..............................</td>
</tr>
<tr>
<td></td>
<td>NO, ONE PERSON ONLY..............................</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW/DECLINED..............................</td>
</tr>
<tr>
<td>F705</td>
<td>This last time, how many people tried to make you have sex against your will?</td>
</tr>
<tr>
<td></td>
<td>NUMBER OF PEOPLE:</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW/DECLINED..............................</td>
</tr>
<tr>
<td>F706</td>
<td>Of these people who attempted to have sex with you against your will this last time, think of the person you know the best for the following questions:</td>
</tr>
<tr>
<td>Question</td>
<td>Options</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>What was this person’s relationship to you?</td>
<td>ROMANTIC PARTNER…………………</td>
</tr>
<tr>
<td></td>
<td>SPOUSE……………………………</td>
</tr>
<tr>
<td></td>
<td>EX-ROMANTIC PARTNER…………….</td>
</tr>
<tr>
<td></td>
<td>EX-SPOUSE………………………</td>
</tr>
<tr>
<td></td>
<td>PARENT…………………………………………………</td>
</tr>
<tr>
<td></td>
<td>STEP PARENT………………………………………</td>
</tr>
<tr>
<td></td>
<td>SIBLING………………………………………………………………………</td>
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<td>AUNT/UNCLE…………………………………………………………………</td>
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<tr>
<td></td>
<td>CLASSMATE/SCHOOLMATE………………………………………………………</td>
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<tr>
<td></td>
<td>TEACHER…………………………………………………………………….</td>
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<td></td>
<td>POLICE/ SECURITY PERSON……………….</td>
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<td></td>
<td>EMPLOYER………………………………………………………………….</td>
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<td>NEIGHBOR…………………………………………………………………</td>
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<td></td>
<td>COMMUNITY/ RELIGIOUS LEADER…………………………………………………</td>
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<td></td>
<td>FRIEND……………………………………………………………………</td>
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<td></td>
<td>STRANGER…………………………………………………………………</td>
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<td></td>
<td>HEALTHCARE WORKER…………………………………………………………</td>
</tr>
<tr>
<td></td>
<td>OTHER (SPECIFY) ______________________________________________________</td>
</tr>
</tbody>
</table>

IF F707 =5 OR F707=6 SKIP TO F710 ELSE GO TO F708

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was the person older than you, younger than you, or about the same age?</td>
<td>OLDER..........................................................................................</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>YOUNGER....................................................................................</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>ABOUT SAME AGE........................................................................</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>DON’T KNOW/DECLINED..................................................................</td>
<td>99</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was this person more than 10 years older than you, 5-10 years older or less than 5 years older?</td>
<td>MORE THAN 10 YEARS OLDER.........................................................</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>5-10 YEARS OLDER........................................................................</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>LESS THAN 5 YEARS OLDER................................................................</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>DON’T KNOW/DECLINED..................................................................</td>
<td>99</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where were you when this happened to you?</td>
<td>MY HOME…………………………………………………………………….</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>PERPETRATOR’S HOME…………………………………………………………</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>SOMEONE ELSE’S HOME………………………………………………………...</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>ON A ROAD/STREET……………………………………………………………</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>MARKET/SHOP……………………………………………………………….</td>
<td>5</td>
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<tr>
<td></td>
<td>SCHOOL……………………………………………………………………….</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>INSIDE A CAR/BUS……………………………………………………………</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>LAKE, RIVER, OTHER BODY OF WATER………………………………………...</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>FIELD OR OTHER NATURAL AREA……………………………………………</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>BAR/RESTAURANT/DISCO/CLUB………………………………………………...</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>WELL………………………………………………………………………….</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>POLICE STATION……………………………………………………………...</td>
<td>12</td>
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<tr>
<td></td>
<td>HEALTH FACILITY……………………………………………………………...</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>OTHER LOCATION (SPECIFY):__________________________________________</td>
<td>88</td>
</tr>
<tr>
<td></td>
<td>DON’T KNOW/DECLINED..................................................................</td>
<td>99</td>
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<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Code</th>
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</thead>
<tbody>
<tr>
<td>About what time of day did this happen?</td>
<td>MORNING (SUNRISE TO NOON).................................................................</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>AFTERNOON (NOON TO SUNSET).................................................................</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>EVENING (SUNSET TO MIDNIGHT)....................................................</td>
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</tr>
<tr>
<td></td>
<td>LATE AT NIGHT (MIDNIGHT TO SUNRISE).............................................</td>
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</tr>
<tr>
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<td>DON’T KNOW/DECLINED..................................................................</td>
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<tr>
<th>Question</th>
<th>Options</th>
<th>Code</th>
</tr>
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<tbody>
<tr>
<td>SV2B: ATTEMPTED SEX - FIRST TIME</td>
<td>YES............................................................................................</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>NO..........................................................................................</td>
<td>2</td>
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<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>How old were you the first time anyone tried to make you have sex against your will but did not succeed?</td>
<td>YES............................................................................................</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>NO..........................................................................................</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>DON’T KNOW/DECLINED..................................................................</td>
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<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>This first time, did more than one person try to make you have sex against your will?</td>
<td>YES............................................................................................</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>NO, ONE PERSON ONLY..................................................................</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>DON’T KNOW/DECLINED..................................................................</td>
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<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>This first time, how many people tried to make you have sex against your will?</td>
<td>YES............................................................................................</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>NO, ONE PERSON ONLY..................................................................</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>DON’T KNOW/DECLINED..................................................................</td>
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<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of these people who attempted to have sex with you against your will this first time, think of the person you know the best for the following questions:</td>
<td>YES............................................................................................</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>NO..........................................................................................</td>
<td>2</td>
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<td>DON’T KNOW/DECLINED..................................................................</td>
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<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Code</th>
</tr>
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<tbody>
<tr>
<td>What was this person’s relationship to you?</td>
<td>ROMANTIC PARTNER…………………</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>SPOUSE……………………………</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>EX-ROMANTIC PARTNER…………….</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>EX-SPOUSE………………………</td>
<td>4</td>
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<tr>
<td></td>
<td>PARENT…………………………………………………</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>STEP PARENT………………………………………</td>
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<td>SIBLING………………………………………………………………………</td>
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<td>AUNT/UNCLE…………………………………………………………………</td>
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<td>CLASSMATE/SCHOOLMATE………………………………………………………</td>
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<td></td>
<td>TEACHER…………………………………………………………………….</td>
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<tr>
<td></td>
<td>POLICE/ SECURITY PERSON……………….</td>
<td>11</td>
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<td></td>
<td>EMPLOYER………………………………………………………………….</td>
<td>12</td>
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<tr>
<td></td>
<td>NEIGHBOR…………………………………………………………………</td>
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</tr>
<tr>
<td></td>
<td>COMMUNITY/ RELIGIOUS LEADER…………………………………………………</td>
<td>14</td>
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<tr>
<td></td>
<td>FRIEND……………………………………………………………………</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>STRANGER…………………………………………………………………</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>HEALTHCARE WORKER…………………………………………………………</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>OTHER (SPECIFY) ______________________________________________________</td>
<td>88</td>
</tr>
</tbody>
</table>
ROMANTIC PARTNER…………… 1
SPOUSE……………………… 2
EX-ROMANTIC PARTNER…… 3
EX-SPOUSE…………………… 4
PARENT………………………… 5
STEP PARENT…………………… 6
SIBLING………………………… 7
AUNT/UNCLE…………………… 8
CLASSMATE/SCHOOLMATE….. 9
TEACHER………………………… 10
POLICE/ SECURITY PERSON…… 11
EMPLOYER……………………… 12
NEIGHBOR……………………… 13
COMMUNITY/ RELIGIOUS LEADER… 14
FRIEND…………………………… 15
STRANGER……………………… 16
HEALTHCARE WORKER………… 17
OTHER (SPECIFY) ___________________ 88

DON’T KNOW/DECLINED........................................... 99

IF F717 =5 OR F717=6 SKIP TO F720
ELSE GO TO F718

F718 Was the person older than you, younger than you, or about the same age? OLDER…………………………… 1
YOUNGER…………………………… 2
ABOUT SAME AGE…………………… 3
DON’T KNOW/DECLINED……………… 99

F719 Was this person more than 10 years older than you, 5-10 years older or less than 5 years older? MORE THAN 10 YEARS OLDER………… 1
5-10 YEARS OLDER, 10-5 YEARS OLDER………… 2
LESS THAN 5 YEARS OLDER……… 3
DON’T KNOW/DECLINED……………… 99

F720 Where were you when this happened to you? MY HOME…………………………… 1
PERPETRATOR’S HOME…………… 2
SOMEONE ELSE’S HOME………… 3
ON A ROAD/STREET……………… 4
MARKET/SHOP………………… 5
SCHOOL…………………………… 6
INSIDE A CAR/BUS……………… 7
LAKE, RIVER, OTHER BODY OF WATER ……………………… 8
FIELD OR OTHER NATURAL AREA……… 9
BAR/RESTAURANT/DISCO/CLUB……… 10
WELL…………………………………… 11
POLICE STATION……………………… 12
HEALTH FACILITY……………………… 13
OTHER LOCATION (SPECIFY):__________ 88
DON’T KNOW/DECLINED……………… 99

F721 About what time of day did this happen? MORNING (SUNRISE TO NOON)…………………… 1
AFTERNOON (NOON TO SUNSET)……………… 2
EVENING (SUNSET TO MIDNIGHT)……………… 3
LATE AT NIGHT (MIDNIGHT TO SUNRISE)……… 4
DON’T KNOW/DECLINED……………… 99

REFER TO F800 F900 FOR ROUTING TO NEXT SECTION
IF F800=1 MOVE TO F801
IF F900=1 MOVE TO F901
ELSE MOVE TO F1000 (SV SERVICES)

F801 SV3: PHYSICALLY FORCED SEX- LIFETIME
How many times in your life have you been physically forced to have sex? 1………………………………………………………….1
WRITE NUMBER IF 2 TIMES OR MORE:________________________
TOO MANY TO RECALL………………………….66
DON’T KNOW/DECLINED……………………………99

F802 SV3A: PHYSICALLY FORCED SEX – MOST RECENT
Now think about the last time this happened.
Yes………………………………………………………… 1
No………………………………………………………… 2
DON’T KNOW/DECLINED……………………………99

F803 How old were you the last time this happened? YEARS OLD: ____________
DON’T KNOW/DECLINED……………………………99

F804 This last time, did more than one person physically force you to have sex? YES………………………………………………………… 1
NO, ONE PERSON ONLY…………………………… 2
**F805**

This last time, how many people physically forced you to have sex?

<table>
<thead>
<tr>
<th>NUMBER OF PEOPLE:</th>
<th>DON’T KNOW/DECLINED</th>
<th>99</th>
</tr>
</thead>
</table>

**F806**

Of these people who physically forced you to have sex this last time, think of the person you know best for the following questions:

**F807**

What was this person’s relationship to you?

<table>
<thead>
<tr>
<th>RELATIONSHIP</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROMANTIC PARTNER</td>
<td>1</td>
</tr>
<tr>
<td>SPOUSE</td>
<td>2</td>
</tr>
<tr>
<td>EX ROMANTIC PARTNER</td>
<td>3</td>
</tr>
<tr>
<td>EX-SPOUSE</td>
<td>4</td>
</tr>
<tr>
<td>PARENT</td>
<td>5</td>
</tr>
<tr>
<td>STEP PARENT</td>
<td>6</td>
</tr>
<tr>
<td>SIBLING</td>
<td>7</td>
</tr>
<tr>
<td>AUNT/UNCLE</td>
<td>8</td>
</tr>
<tr>
<td>CLASSMATE/SCHOOLMATE</td>
<td>9</td>
</tr>
<tr>
<td>TEACHER</td>
<td>10</td>
</tr>
<tr>
<td>POLICE/ SECURITY PERSON</td>
<td>11</td>
</tr>
<tr>
<td>EMPLOYER</td>
<td>12</td>
</tr>
<tr>
<td>NEIGHBOR</td>
<td>13</td>
</tr>
<tr>
<td>COMMUNITY/ RELIGIOUS LEADER</td>
<td>14</td>
</tr>
<tr>
<td>FRIEND</td>
<td>15</td>
</tr>
<tr>
<td>STRANGER</td>
<td>16</td>
</tr>
<tr>
<td>HEALTHCARE WORKER</td>
<td>17</td>
</tr>
<tr>
<td>OTHER PERSON (SPECIFY)</td>
<td>88</td>
</tr>
<tr>
<td>DON’T KNOW/DECLINED</td>
<td>99</td>
</tr>
</tbody>
</table>

**F808**

Was the person older than you, younger than you, or about the same age?

<table>
<thead>
<tr>
<th>RELATIONSHIP</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>OLDER</td>
<td>1</td>
</tr>
<tr>
<td>YOUNGER</td>
<td>2</td>
</tr>
<tr>
<td>ABOUT SAME AGE</td>
<td>3</td>
</tr>
<tr>
<td>DON’T KNOW/DECLINED</td>
<td>99</td>
</tr>
</tbody>
</table>

**F809**

Was this person more than 10 years older than you, 5-10 years older or less than 5 years older?

<table>
<thead>
<tr>
<th>RELATIONSHIP</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>MORE THAN 10 YEARS OLDER</td>
<td>1</td>
</tr>
<tr>
<td>5-10 YEARS OLDER</td>
<td>2</td>
</tr>
<tr>
<td>LESS THAN 5 YEARS OLDER</td>
<td>3</td>
</tr>
<tr>
<td>DON’T KNOW/DECLINED</td>
<td>99</td>
</tr>
</tbody>
</table>

**F810**

Did the person who did this to you this last time use a weapon such as a gun, knife or machete?

<table>
<thead>
<tr>
<th>RELATIONSHIP</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>DON’T KNOW/DECLINED</td>
<td>99</td>
</tr>
</tbody>
</table>

**F811**

Where were you when this happened to you?

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>MY HOME</td>
<td>1</td>
</tr>
<tr>
<td>PERPETRATOR’S HOME</td>
<td>2</td>
</tr>
<tr>
<td>SOMEONE ELSE’S HOME</td>
<td>3</td>
</tr>
<tr>
<td>ON A ROAD/STREET</td>
<td>4</td>
</tr>
<tr>
<td>MARKET/SHOP</td>
<td>5</td>
</tr>
<tr>
<td>SCHOOL</td>
<td>6</td>
</tr>
<tr>
<td>INSIDE A CAR/ BUS</td>
<td>7</td>
</tr>
<tr>
<td>LAKE, RIVER, OTHER BODY OF WATER</td>
<td>8</td>
</tr>
<tr>
<td>FIELD OR OTHER NATURAL AREA</td>
<td>9</td>
</tr>
<tr>
<td>BAR/RESTAURANT/DISCO/CLUB</td>
<td>10</td>
</tr>
<tr>
<td>WELL</td>
<td>11</td>
</tr>
<tr>
<td>POLICE STATION</td>
<td>12</td>
</tr>
<tr>
<td>HEALTH FACILITY</td>
<td>13</td>
</tr>
<tr>
<td>OTHER LOCATION (SPECIFY)</td>
<td>88</td>
</tr>
<tr>
<td>DON’T KNOW/DECLINED</td>
<td>99</td>
</tr>
</tbody>
</table>

**F812**

About what time of day did this happen?

<table>
<thead>
<tr>
<th>TIME OF DAY</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>MORNING (SUNRISE TO NOON)</td>
<td>1</td>
</tr>
<tr>
<td>AFTERNOON (NOON TO SUNSET)</td>
<td>2</td>
</tr>
<tr>
<td>EVENING (SUNSET TO MIDNIGHT)</td>
<td>3</td>
</tr>
<tr>
<td>LATE AT NIGHT (MIDNIGHT TO SUNRISE)</td>
<td>4</td>
</tr>
<tr>
<td>DON’T KNOW/DECLINED</td>
<td>99</td>
</tr>
</tbody>
</table>

**F813**

This last time, do you think that you got pregnant as a result of being physically forced to have sex?

<table>
<thead>
<tr>
<th>RELATIONSHIP</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>DON’T KNOW/DECLINED</td>
<td>99</td>
</tr>
</tbody>
</table>

**F814**

Did you deliver the baby?

<table>
<thead>
<tr>
<th>RELATIONSHIP</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>CURRENTLY PREGNANT</td>
<td>3</td>
</tr>
<tr>
<td>DON’T KNOW/DECLINED</td>
<td>99</td>
</tr>
</tbody>
</table>

**F815**

**SV3B: PHYSICALLY FORCED SEX – FIRST TIME**

<table>
<thead>
<tr>
<th>RELATIONSHIP</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>Question</td>
<td>Response Options</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------------------------</td>
<td>---------------------------------------</td>
</tr>
</tbody>
</table>
| Did this happen to you within the past 12 months?                                                 | NO............................................ 2  
|                                                                                                   | DON’T KNOW/DECLINED.................... 99 |
| F816 How old were you the first time anyone physically forced you to have sex?                    | YEARS OLD:                            | Section based on F900   |
|                                                                                                   | DON’T KNOW/DECLINED.................... 99 |
| F817 This first time, did more than one person physically force you to have sex?                   | YES....................................... 1  
|                                                                                                   | NO, ONE PERSON ONLY.......................... 2  
|                                                                                                   | DON’T KNOW/DECLINED.................... 99 |
| F818 This first time, how many people physically forced you to have sex?                          | NUMBER OF PEOPLE:                      |                         |
|                                                                                                   | DON’T KNOW/DECLINED.................... 99 |
| F819 Of these people who physically forced you to have sex the first time, think of the person you know best for the following questions: |                         |                         |
| F820 What was this person’s relationship to you?                                                   | ROMANTIC PARTNER……………….. 1  
|                                                                                                   | SPOUSE…………………………………… 2  
|                                                                                                   | EX ROMANTIC PARTNER……………… 3  
|                                                                                                   | EX-SPOUSE…………………………….. 4  
|                                                                                                   | PARENT…………………………………… 5  
|                                                                                                   | STEP PARENT………………………….. 6  
|                                                                                                   | SIBLING……………………………….. 7  
|                                                                                                   | AUNT/UNCLE…………………………… 8  
|                                                                                                   | CLASSMATE/SCHOOLMATE……………….. 9  
|                                                                                                   | TEACHER………………………………… 10 |
|                                                                                                   | POLICE/ SECURITY PERSON……………….. 11 |
|                                                                                                   | EMPLOYER……………………………… 12 |
|                                                                                                   | NEIGHBOR……………………………… 13 |
|                                                                                                   | COMMUNITY/ RELIGIOUS LEADER…………… 14 |
|                                                                                                   | FRIEND…………………………………. 15 |
|                                                                                                   | STRANGER…………………………….. 16 |
|                                                                                                   | HEALTHCARE WORKER…………………… 17 |
|                                                                                                   | OTHER (SPECIFY)……………………… 88 |
|                                                                                                   | DON’T KNOW/DECLINE........................ 99 |
| IF F820 = 5 OR F820=6 SKIP TO F823                                                               |                         |                         |
| ELSE GO TO F821                                                                                |                         |                         |
| F821 Was the person older than you, younger than you, or about the same age?                     | OLDER………………………………….. 1  
|                                                                                                   | YOUNGER………………………………… 2  
|                                                                                                   | ABOUT SAME AGE………………………… 3  
|                                                                                                   | DON’T KNOW/DECLINE........................ 99 |
| F822 Was this person more than 10 years older than you, 5-10 years older or less than 5 years older? | MORE THAN 10 YEARS OLDER…………….. 1  
|                                                                                                   | 5-10 YEARS OLDER……………………… 2  
|                                                                                                   | LESS THAN 5 YEARS OLDER……………… 3  
|                                                                                                   | DON’T KNOW/DECLINED........................ 99 |
| F823 Did the person who did this to you the first time use a weapon such as a gun, knife or machete? | YES...................................... 1  
|                                                                                                   | NO………………………………………… 2  
|                                                                                                   | DON’T KNOW/DECLINED........................ 99 |
| F824 Where were you when this happened to you?                                                    | MY HOME………………………………. 1  
|                                                                                                   | PERPETRATOR’S HOME…………………… 2  
|                                                                                                   | SOMEONE ELSE’S HOME………………….. 3  
|                                                                                                   | ON A ROAD/STREET…………………….. 4  
|                                                                                                   | MARKET/SHOP………………………… 5  
|                                                                                                   | SCHOOL………………………………… 6  
|                                                                                                   | INSIDE A CAR/BUS……………………… 7  
|                                                                                                   | LAKE, RIVER, OTHER BODY OF WATER…….. 8  
|                                                                                                   | FIELD OR OTHER NATURAL AREA………….. 9  
|                                                                                                   | BAR/RESTAURANT/DISCO/CLUB…………….. 10 |
|                                                                                                   | WELL…………………………………….. 11 |
|                                                                                                   | POLICE STATION………………………… 12 |
|                                                                                                   | HEALTH FACILITY………………………. 13 |
|                                                                                                   | OTHER LOCATION (SPECIFY):……………… 88 |
|                                                                                                   | DON’T KNOW/DECLINED........................ 99 |
| F825 About what time of day did this happen?                                                       | MORNING (SUNRISE TO NOON)……………… 1  
|                                                                                                   | AFTERNOON (NOON TO SUNSET)……………. 2  
|                                                                                                   | EVENING (SUNSET TO MIDNIGHT)…………. 3  
|                                                                                                   | LATE AT NIGHT (MIDNIGHT TO SUNRISE)….. 4  
|                                                                                                   | DON’T KNOW/DECLINED........................ 99 |
| F826 After this first experience, do you think that you got pregnant as a result of being physically forced to have sex? | YES...................................... 1  
|                                                                                                   | NO………………………………………… 2  
|                                                                                                   | DON’T KNOW/DECLINED........................ 99 |
| IF F826=1 AND F414=2 THEN: *EARLIER YOU TOLD ME THAT YOU HAD NEVER BEEN PREGNANT, BUT YOU JUST TOLD ME THAT |                         |                         |
YOU THINK YOU GOT PREGNANT AS A RESULT OF BEING PHYSICALLY FORCED TO HAVE SEX. I NEED TO REVIEW THESE QUESTIONS WITH YOU TO MAKE SURE I UNDERSTAND YOUR ANSWERS CORRECTLY.

F827 Did you deliver the baby?  
YES.......................................................... 1
NO............................................................ 2
CURRENTLY PREGNANT.................................. 3
DON’T KNOW/DECLINED.......................... 99

REFER TO F900 FOR ROUTING TO NEXT SECTION
IF F900=1 MOVE TO F901
ELSE MOVE TO F1000 (SV SERVICES)

F901 SV4: PRESSURED SEX- LIFETIME
How many times in your life has someone pressured you to have sex through harassment, threats and tricks and did succeed?

WRITE NUMBER IF 2 TIMES OR MORE:  
TWO MANY TO RECALL........................ 66
DON’T KNOW/DECLINED..................... 99

F902 SV4A: PRESSURED INTO SEX – MOST RECENT
Now think about the last time this happened.

Did this happen to you within the past 12 months?

YEARS OLD:  
DON’T KNOW/DECLINED..................... 99

F903 SV4A: PRESSURED INTO SEX – MOST RECENT
How old were you the last time this happened?

DON’T KNOW/DECLINED..................... 99

F904 This last time, did more than one person pressure you to have sex?

DON’T KNOW/DECLINED..................... 99

F905 This last time, how many people pressured you to have sex?

DON’T KNOW/DECLINED..................... 99

F906 Of the people who pressured you to have to have sex when you did not want to this last time, think of the person you know best for the following questions:

F907 What was this person’s relationship to you?

ROMANTIC PARTNER......................... 1
SPOUSE.............................................. 2
EX ROMANTIC PARTNER..................... 3
EX-SPOUSE....................................... 4
PARENT............................................ 5
STEP PARENT................................. 6
SIBLING........................................... 7
AUNT/UNCLE................................. 8
CLASSMATE/SCHOOLMATE............... 9
TEACHER........................................ 10
POLICE/ SECURITY PERSON............... 11
EMPLOYER..................................... 12
NEIGHBOR................................…… 13
COMMUNITY/ RELIGIOUS LEADER... 14
FRIEND............................................ 15
STRANGER..............................………… 16
HEALTHCARE WORKER.................... 17
OTHER (SPECIFY) ___________........... 88
DON’T KNOW/DECLINED...................... 99

IF F907 =5 OR F907=6 SKIP TO F910
ELSE GO TO F908

F908 Was the person older than you, younger than you, or about the same age?
OLDER................................................. 1
YOUNGER........................................... 2
ABOUT SAME AGE............................. 3
DON’T KNOW/DECLINED.................. 99

F909 Was this person more than 10 years older than you, 5-10 years older, or less than 5 years older?
MORE THAN 10 YEARS OLDER.............. 1
5-10 YEARS OLDER.......................... 2
less than 5 years older..............................
<table>
<thead>
<tr>
<th>F910</th>
<th>Where were you when this happened to you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>F911</td>
<td>About what time of day did this happen?</td>
</tr>
<tr>
<td>F912</td>
<td>After this last experience, do you think that you got pregnant as a result of being pressured to have sex?</td>
</tr>
<tr>
<td>F913</td>
<td>Did you deliver the baby?</td>
</tr>
<tr>
<td>F914</td>
<td>SV4B: Pressured Into Sex – First Time</td>
</tr>
<tr>
<td>F915</td>
<td>SV4B: Pressured Into Sex – First Time</td>
</tr>
<tr>
<td>F916</td>
<td>This first time, did more than one person pressure you to have sex when you did not want to?</td>
</tr>
<tr>
<td>F917</td>
<td>This first time, how many people pressured you to have sex?</td>
</tr>
<tr>
<td>F918</td>
<td>Of these people who pressured you to have sex this first time, think of the person you know best for the following questions:</td>
</tr>
<tr>
<td>F919</td>
<td>What was this person’s relationship to you</td>
</tr>
</tbody>
</table>

**SV4B: Pressured Into Sex – First Time**

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did this happen to you within the past 12 months?</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Don’t Know/Declined</td>
<td>99</td>
</tr>
</tbody>
</table>

**Of these people who pressured you to have sex this first time, think of the person you know best for the following questions:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>What was this person’s relationship to you</td>
<td>ROMANTIC PARTNER</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>SPOUSE</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>EX-ROMANTIC PARTNER</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>EX-SPouse</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>PARENT</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>STEP PARENT</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>SIBLING</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>AUNT/UNCLE</td>
<td>8</td>
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<tr>
<td></td>
<td>CLASSMATE/SCHOOLMATE</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>TEACHER</td>
<td>10</td>
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<td>POLICE/ SECURITY PERSON</td>
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<td>EMPLOYER</td>
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<td>NEIGHBOR</td>
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<td></td>
<td>COMMUNITY/ RELIGIOUS LEADER</td>
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<td>FRIEND</td>
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<td></td>
<td>STRANGER</td>
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<tr>
<td></td>
<td>HEALTHCARE WORKER</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>OTHER (SPECIFY)</td>
<td>88</td>
</tr>
</tbody>
</table>

**IF F919 = 5 OR F919=6 SKIP TO F922 ELSE GO TO F920**

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was the person older than you, younger than you, or about the same age?</td>
<td>Older</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Younger</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>About Same Age</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Don’t Know/Declined</td>
<td>99</td>
</tr>
</tbody>
</table>
### F921
Was this person more than 10 years older than you, 5-10 years older or less than 5 years older?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>MORE THAN 10 YEARS OLDER</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5-10 YEARS OLDER</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>LESS THAN 5 YEARS OLDER</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>DON'T KNOW/DECLINED</td>
<td>1</td>
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</table>

### F922
Where were you when this happened to you?

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<tbody>
<tr>
<td>FIELD OR OTHER NATURAL AREA</td>
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<td>6</td>
<td>7</td>
</tr>
<tr>
<td>BAR/RESTAURANT/DISCO/CLUB</td>
<td>1</td>
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<tr>
<td>WELL</td>
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<td>OTHER LOCATION (SPECIFY)</td>
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<tr>
<td>DON'T KNOW/DECLINED</td>
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</table>

### F923
About what time of day did this happen?

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<tbody>
<tr>
<td>MORNING (SUNRISE TO NOON)</td>
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<tr>
<td>AFTERNOON (NOON TO SUNSET)</td>
<td>1</td>
<td>2</td>
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<tr>
<td>EVENING (SUNSET TO MIDNIGHT)</td>
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<tr>
<td>LATE AT NIGHT (MIDNIGHT-SUNRISE)</td>
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<tr>
<td>DON'T KNOW/DECLINED</td>
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</table>

### F924
After this first experience, do you think that you got pregnant as a result of being pressured to have sex?

<table>
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<tr>
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<tbody>
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<tr>
<td>DON'T KNOW/DECLINED</td>
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</tbody>
</table>

### IF F924=1 AND F414=2 THEN: “EARLIER YOU TOLD ME THAT YOU HAD NEVER BEEN PREGNANT, BUT YOU JUST TOLD ME THAT YOU THINK YOU GOT PREGNANT AS A RESULT OF BEING PHYSICALLY FORCED TO HAVE SEX. I NEED TO REVIEW THESE QUESTIONS WITH YOU TO MAKE SURE I UNDERSTAND YOUR ANSWERS CORRECTLY.”

### F925
Did you deliver the baby?

<table>
<thead>
<tr>
<th>1</th>
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<tr>
<td>YES</td>
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<td>2</td>
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<td>CURRENTLY PREGNANT</td>
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<tr>
<td>DON'T KNOW/DECLINED</td>
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</tbody>
</table>

### IF F3=1 THEN GO TO F1001
### IF F3=2 OR 99 THEN GO TO F1002

### F1001
**SV SERVICES**
Thinking about all your unwanted sexual experiences, did you ever have to miss school because of what happened?

<table>
<thead>
<tr>
<th>1</th>
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<th>3</th>
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<tbody>
<tr>
<td>YES</td>
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</tr>
<tr>
<td>DON'T KNOW/DECLINED</td>
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</tbody>
</table>

### F1002
Thinking about all your unwanted sexual experiences, did you know of a hospital/clinic, police station, The Child Helpline, social welfare, or legal office to go for help?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
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<th>6</th>
<th>7</th>
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<tbody>
<tr>
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<tr>
<td>DON'T KNOW/DECLINED</td>
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</tbody>
</table>

### F1003
Did you try to seek help from any of these places for any of these experiences?

<table>
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<tbody>
<tr>
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<td>2</td>
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<td>8</td>
</tr>
<tr>
<td>DON'T KNOW/DECLINED</td>
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</tbody>
</table>

### F1004
What was the main reason you did not try to seek help from a hospital/clinic, police station, The Child Helpline, social welfare or legal office?

<table>
<thead>
<tr>
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<tbody>
<tr>
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<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>EMBARRASSED FOR SELF/FAMILY</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
<td>6</td>
<td>7</td>
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<td>9</td>
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<tr>
<td>COULD NOT AFFORD SERVICES</td>
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<td>3</td>
<td>4</td>
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<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>DEPENDENT ON PERPETRATOR</td>
<td>1</td>
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<td>3</td>
<td>4</td>
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<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>PERPETRATOR THREATENED ME</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
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<tr>
<td>DID NOT THINK IT WAS A PROBLEM</td>
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<tr>
<td>FELT IT WAS MY FAULT</td>
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<tr>
<td>AFRAID OF BEING ABANDONED</td>
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<tr>
<td>DID NOT NEED/WANT SERVICES</td>
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<tr>
<td>SERVICE TOO FAR/NOT AVAILABLE</td>
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<td>9</td>
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<tr>
<td>OTHER (SPECIFY)</td>
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<tr>
<td>DON'T KNOW/DECLINED</td>
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</table>

### F1005
Did you receive services for any of these experiences from a hospital/clinic, police station, The Child Helpline, social welfare or legal office?

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<tbody>
<tr>
<td>YES</td>
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<tr>
<td>DON'T KNOW/DECLINED</td>
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### F1006
A. Did you receive services from:

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<tbody>
<tr>
<td>NOT AT ALL</td>
<td>A LITTLE</td>
<td>SOME</td>
<td>A LOT</td>
</tr>
<tr>
<td>DK/DTA</td>
<td>DK/DTA</td>
<td>DK/DTA</td>
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</table>

#### A) A doctor, nurse or other healthcare worker?

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</thead>
<tbody>
<tr>
<td>YES</td>
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<td>2</td>
<td>3</td>
</tr>
<tr>
<td>NO</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>DK/DTA</td>
<td>DK/DTA</td>
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#### B) Police or other security personnel?

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<tbody>
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<tr>
<td>NO</td>
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<tr>
<td>DK/DTA</td>
<td>DK/DTA</td>
<td>DK/DTA</td>
<td>DK/DTA</td>
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#### C) A lawyer, judge, magistrate or other legal professional, other than police?

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<tr>
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<td>3</td>
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<tr>
<td>DK/DTA</td>
<td>DK/DTA</td>
<td>DK/DTA</td>
<td>DK/DTA</td>
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</table>

### (If “Yes” to part A category, ask ...) How much did they help you: not at all, a little, some or a lot?

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<th>1</th>
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</tr>
</thead>
<tbody>
<tr>
<td>NOT AT ALL</td>
<td>A LITTLE</td>
<td>SOME</td>
<td>A LOT</td>
</tr>
<tr>
<td>DK/DTA</td>
<td>DK/DTA</td>
<td>DK/DTA</td>
<td>DK/DTA</td>
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</thead>
<tbody>
<tr>
<td>A) DOCTOR, NURSE OR OTHER HEALTHCARE WORKER</td>
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<td>3</td>
</tr>
<tr>
<td>B) POLICE OR OTHER SECURITY PERSONNEL</td>
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<td>2</td>
<td>3</td>
</tr>
<tr>
<td>C) LAWYER, JUDGE, MAGISTRATE OR OTHER LEGAL PROFESSIONAL, OTHER THAN POLICE</td>
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<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
### Questionnaire Content

#### F1007: Did you tell anyone about any of these experiences?
- YES
- NO
- DON'T KNOW / DECLINED

#### F1008: Who did you tell? (Circle all mentioned)
- MOTHER
- FATHER
- SISTER
- BROTHER
- OTHER RELATIVE
- HUSBAND
- BOYFRIEND / ROMANTIC PARTNER
- FRIEND
- NEIGHBOR
- TRADITIONAL HEALER
- NGO WORKER
- TEACHER
- COMMUNITY LEADER
- RELIGIOUS LEADER
- HEALTH WORKER
- POLICE
- POLITICAL LEADER
- HEALTH WORKER
- RELIGIOUS LEADER
- COMMUNITY LEADER
- EMPLOYER
- TEACHER
- NGO WORKER
- RELIGIOUS LEADER
- COMMUNITY LEADER

#### F1009: What was the main reason you did not tell anyone?
- DID NOT KNOW WHERE TO GO
- AFRAID OF GETTING IN TROUBLE
- EMBARRASSED FOR SELF/FAMILY
- DEPENDENT ON PERPETRATOR
- PERPETRATOR THREATENED ME
- DID NOT THINK IT WAS A PROBLEM
- FELT IT WAS MY FAULT
- AFRAID OF BEING ABANDONED
- DID NOT NEED/WANT TO TELL ANYONE
- OTHER (SPECIFY)

#### F1100: SV PERPETRATION
- Forced a current or previous boyfriend, romantic partner, or husband at the time to have sex with you when they did not want to?

#### F1101: SV PERPETRATION
- Forced someone who was not your current or previous boyfriend, romantic partner, or husband at the time to have sex with you when they did not want to?

#### F1200: SUBSTANCE ABUSE:
- Have you ever drank alcohol?
- YES
- NO
- DON'T KNOW / DECLINED

#### F1201: In the past 30 days, on how many days did you drink alcohol to the point that you became drunk?
- NUMBER OF DAYS

#### F1202: During the past 30 days, did you smoke cigarettes or chew tobacco daily, occasionally, or not at all?
- DAILY
- OCCASIONALLY
- NOT AT ALL
- DON'T KNOW / DECLINED

#### F1203: In the past 30 days, have you used drugs such as marijuana, pills, ecstasy/E, cocaine, “brown sugar”/heroine, Kuba, Khat, or sniffed any chemical such as petrol or glue?
- YES
- NO
- DON'T KNOW / DECLINED
**MENTAL HEALTH:**

During the past 30 days, how often did you feel the following ways: all the time, most of the time, some of the time, a little of the time, or none of the time? *(Read categories below)*

- A) Nervous?
- B) Hopeless?
- C) Restless?
- D) So sad that nothing could cheer you up?
- E) That everything was an effort?
- F) Worthless?

<table>
<thead>
<tr>
<th>Question</th>
<th>All the Time</th>
<th>Most of the Time</th>
<th>Some of the Time</th>
<th>A Little of the Time</th>
<th>None of the Time</th>
<th>DK/DTA</th>
</tr>
</thead>
<tbody>
<tr>
<td>A) Nervous</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>99</td>
</tr>
<tr>
<td>B) Hopeless</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>99</td>
</tr>
<tr>
<td>C) Restless</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>99</td>
</tr>
<tr>
<td>D) So sad that nothing could cheer you up</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>99</td>
</tr>
<tr>
<td>E) That everything was an effort</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>99</td>
</tr>
<tr>
<td>F) Worthless</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>99</td>
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**RESPONSES TO SENSITIVE QUESTIONS**

Thank you for taking the time to answer these questions. I would like to ask you about your opinion of this survey and the questions that I asked you.

Do you feel that the time you took to answer these questions was worthwhile for you?

- YES, WORTHWHILE .......................................................... 1
- NO, NOT WORTHWHILE .................................................... 2
- DON'T KNOW/DECLINED .............................................. 99

At any point during the interview, were you afraid that someone might hear your answers and hurt or embarrass you in any way because of what they heard?

- YES .............................................................................. 1
- NO .............................................................................. 2
- DON'T KNOW/DECLINED .............................................. 99

Did any of the questions I asked you make you feel upset because of a past experience?

- YES .............................................................................. 1
- NO .............................................................................. 2
- DON'T KNOW/DECLINED .............................................. 99

Did you find it upsetting or stressful to answer any of these questions?

- YES .............................................................................. 1
- NO .............................................................................. 2
- DON'T KNOW/DECLINED .............................................. 99

**THANK YOU FOR YOUR PARTICIPATION**

*Your answers are anonymous. Any information you give will be treated confidentially.*

**RECORD THE TIME THE INTERVIEW ENDED:**

TIME: [ ] [ ] [ ]
HIV REFERRAL CHECKLIST:
DID THE RESPONDENT TELL YOU ABOUT AN HIV POSITIVE STATUS TO YOU AT ANY POINT DURING THE INTERVIEW?
☐ YES
☐ NO

RESPONSE PLAN CHECKLIST:
DID RESPONDENT TELL YOU ABOUT/DISCLOSE ANY VIOLENCE IN THE PAST 12 MONTHS?
☐ YES
☐ NO

DID THE RESPONDENT SHOW ANY SIGNS OF BEING UPSET AT ANY POINT DURING THE INTERVIEW, E.G. BEING TEARFUL, ANGRY, SAD, SHAKING BODY, DIFFICULTY IN BREATHING ETC.?
☐ YES
☐ NO

(IF UNDER AGE 18) DID THE RESPONDENT TRADE SEX FOR MONEY OR GOODS IN THE PAST 12 MONTHS?
☐ YES
☐ NO

DID THE RESPONDENT TELL YOU THAT SHE IS IN IMMEDIATE DANGER
☐ YES
☐ NO

DID THE RESPONDENT TELL YOU ABOUT FEELING UNSAFE IN CURRENT LIVING SITUATION
☐ YES
☐ NO

DID THE RESPONDENT ASK FOR HELP WITH CURRENT OR PAST EXPERIENCES OF VIOLENCE AT ANY POINT DURING INTERVIEW?
☐ YES
☐ NO

IF NO WAS SELECTED FOR ALL OF THE ABOVE AND THE RESPONDENT DID NOT DISCLOSE ANY VIOLENCE, CONTINUE TO FINISH OPTION 1.

IF YES WAS SELECTED FOR ANY OF THE ABOVE, CONTINUE TO FINISH OPTION 2.

FINISH OPTION 1: RESPONDENT DID NOT MEET ANY RESPONSE PLAN CRITERIA

I would like to thank you very much for helping me. I appreciate the time that you have taken. I realize that these questions may have been difficult for you to answer, but it is only by listening to children and young people like you that we can really understand about the health and life experiences of children and young people in Uganda.

Sometimes the questions I have asked might remind you of times when you, or people you know, have experienced difficulties in life and you may think that you would like to talk to someone about this. This might be now or at any time in the future. I have a list of organizations here that provide various types of services that may be of interest to you. Please contact them if you need help or wish to find out more information about what they offer. You can contact them whenever you would like to.

Do you have any questions you would like to ask me?

FINISH OPTION 2: RESPONDENT MET ONE OR MORE RESPONSE PLAN CRITERIA

I would like to thank you very much for helping me. I appreciate the time that you have taken. I realize that these questions may have been difficult for you to answer, but it is only by listening to children and young people like you that we can really understand about the health and experiences of children and young people in Uganda.

From what you have told me, I understand that you have experienced some very difficult times in your life. No one has the right to treat someone else in that way and you also have the right to receive protection and support when you need it. You are not alone.

As part of the research we are doing, we care about the welfare of the people we interview and are committed to making sure that support and help is offered and provided.

There may be a time when you may like to talk to someone about your experiences. This might be now or at any time in the future. I have a list of organizations here that provide various types of services that may be of interest to you, as they provide support, legal advice and listening and social work services to people like you who may have experienced different kinds of violence. Please contact them if you want to talk about your experiences, need help or wish to find out more information about what they offer. You can contact them whenever you feel ready, either soon or later on.

I also understand that it may be very difficult to ask for help when you need it. If you would like me to I can help put you in contact with a social worker who is specially trained to listen and support people with problems similar to the ones you have told me about, so if you would like to meet one of our social workers in a private place, which can easily be arranged. Sometimes having someone listen to your thoughts and feelings can be very helpful to relieve stress and help you decide what you need to do.
There are also other services in this area that offer support and our social workers could talk about them with you and what they provide, and help put you in touch with these organizations if you wish.

If I put you in touch with a social worker, I will only share with that person the information you want to share. As I explained at the beginning, your answers are confidential.

Do you think that you would like to talk to one of our social workers/arrange for a social worker from a local NGO to speak with you?

☐ YES (CONTINUE TO SERVICE REFERRAL FORM; OR CONTACT SOCIAL WORKER FROM RESPONSE TEAM IF RELEVANT)

☐ NO

It is fine that you do not want to speak with a social worker now. However, if you change your mind at any time in the future, please contact any of the services provided in the list if you would like to talk over your situation with someone. You can go whenever you feel ready, either soon or later on.

Do you have any questions you would like to ask me?

INTERVIEWER QC INITIALS:    TEAM LEAD QC INITIALS:    

QUALITY CONTROL COMMENTS AND OBSERVATIONS

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<thead>
<tr>
<th>INTERVIEWER COMMENTS ABOUT SPECIFIC QUESTIONS:</th>
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<tr>
<td>(Please list question numbers and describe the specific issue)</td>
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<tr>
<th>INTERVIEWER GENERAL COMMENTS:</th>
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<tbody>
<tr>
<td>(Respondent demeanor, comprehension issues, privacy issues, community issues, etc.)</td>
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| FIELD SUPERVISOR COMMENTS: |  |

| DATA SUPERVISOR COMMENTS: |  |