

IDENTIFICATION	ID-A	ID-B		ID-C		ID-D		EA		HOUSEHOLD			INTERVIEWER #	

No	Questions and Filters	Coding Categories	Skip
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VIOLENCE AGAINST CHILDREN SURVEY - CAMBODIA: Females Age 13-24 Years

	HEAD OF HOUSEHOLD QUESTIONNAIRE COMPLETED FOR THIS HOUSEHOLD: YES <input type="checkbox"/> NO <input type="checkbox"/>							
F1	RECORD THE TIME THE INTERVIEW BEGAN (00:00):	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
F2	I would like to start by asking you questions about yourself: How old are you?	YEARS OLD: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			DON'T KNOW/DECLINED..... 99			
F3	EDUCATION: Have you ever attended school?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	→ F8				
F4	Are you currently attending school?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	→ F6 → F8				
F5	What is the highest level of schooling you have completed?	LESS THAN PRIMARY..... PRIMARY..... SECONDARY..... HIGHER THAN SECONDARY..... DON'T KNOW/DECLINED.....	1 2 3 4 99	→ F8				
F6	What is your current level of school?	LESS THAN PRIMARY..... PRIMARY..... SECONDARY..... HIGHER THAN SECONDARY..... DON'T KNOW/DECLINED.....	1 2 3 4 99					
F7	How much do you feel connected or close to other students? A lot, A little, Not very much, Not at all?	A LOT..... A LITTLE..... NOT VERY MUCH..... NOT AT ALL..... DON'T KNOW/DECLINED.....	1 2 3 4 99					
F8	FRIENDSHIPS: How much do you talk to friends about important things?	A LOT..... A LITTLE..... NOT VERY MUCH..... NOT AT ALL..... DON'T KNOW/DECLINED.....	1 2 3 4 99					
F9	WORK: Have you ever worked for money or any other form of payment?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	→ F11				
F10	Do you currently work?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99					
F11	PARENTS: Now, I would like to ask you some questions about your biological parents, your natural parents who gave birth to you. Is your biological mother living with you?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	→ F16 → F16				
F12	How old were you when you last lived with her?	YEARS OLD: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			DON'T KNOW/DECLINED..... 99			

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F13	What was the main reason you stopped living with her?	MOTHER DIED..... 1 I LEFT OR WAS SENT AWAY FOR WORK..... 2 I LEFT OR WAS SENT AWAY FOR SCHOOL..... 3 MOTHER REMARRIED..... 4 I GOT MARRIED..... 5 MOTHER GOT DIVORCED/SEPARATED..... 6 I WAS ABANDONED..... 7 OTHER (SPECIFY):..... 88 DON'T KNOW/DECLINED..... 99	F15 F15 F16
F14	Is your biological mother still alive?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	F16 F16
F15	How old were you when she died?	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW/DECLINED..... 99	
F16	How close do you/did you feel to your biological mother? Would you say very close, close, not close, or never had a relationship with her?	VERY CLOSE..... 1 CLOSE..... 2 NOT CLOSE..... 3 NO RELATIONSHIP..... 4 DON'T KNOW/DECLINED..... 99	
F17	Is your biological father living with you?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	F22 F22
F18	How old were you when you last lived with your father?	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW/DECLINED..... 99	
F19	What was the main reason you stopped living with him?	FATHER DIED..... 1 I LEFT OR WAS SENT AWAY FOR WORK..... 2 I LEFT OR WAS SENT AWAY FOR SCHOOL..... 3 FATHER REMARRIED..... 4 I GOT MARRIED..... 5 FATHER GOT DIVORCED/SEPERATED..... 6 I WAS ABANDONED..... 7 OTHER (SPECIFY):..... 88 DON'T KNOW/DECLINED..... 99	F21 F21
F20	Is your biological father still alive?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	F22 F22
F21	How old were you when he died?	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW/DECLINED..... 99	
F22	How close do you/did you feel to your biological father? Would you say very close, close, not close, or never had a relationship with her?	VERY CLOSE..... 1 CLOSE..... 2 NOT CLOSE..... 3 NO RELATIONSHIP..... 4 DON'T KNOW/DECLINED..... 99	
F23	MARRIAGE AND PARTNERSHIP: Have you ever been married?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	F27 F27
F24	How old were you when you first got married?	YEARS OLD: <input type="text"/> <input type="text"/>	

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		DON'T KNOW/DECLINED.....	99
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F25	What is your marital status now? Are you married, widowed, divorced, or separated?	MARRIED 1 WIDOWED 2 DIVORCED 3 SEPARATED 4 DON'T KNOW/DECLINED..... 99	→ F31
F26	Are you currently living with your spouse?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	→ F31
F27	[Other than your spouse,] Have you ever lived together with someone as if you were married?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	→ F30
F28	How old were you when you first started living together with someone as if married?	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW/DECLINED.....	
F29	Are you currently living with that person now?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	→ F31
F30	Have you ever had a boyfriend or romantic partner?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	

F31	GENDER ATTITUDES: Do you believe, it is right for a man to hit or beat his wife: <i>(Read categories below)</i> A) If she goes out without telling him B) If she ignores the children C) If she argues with him D) If she refuses to have sex with him E) If she makes bad food	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK/DTA</th> </tr> </thead> <tbody> <tr> <td>A. IF SHE GOES OUT WITHOUT TELLING HIM</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>B. IF SHE IGNORES THE CHILDREN</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>C. IF SHE ARGUES WITH HIM</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>D. IF SHE REFUSES TO HAVE SEX WITH HIM</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>E. IF SHE MAKES BAD FOOD</td> <td>1</td> <td>2</td> <td>99</td> </tr> </tbody> </table>		YES	NO	DK/DTA	A. IF SHE GOES OUT WITHOUT TELLING HIM	1	2	99	B. IF SHE IGNORES THE CHILDREN	1	2	99	C. IF SHE ARGUES WITH HIM	1	2	99	D. IF SHE REFUSES TO HAVE SEX WITH HIM	1	2	99	E. IF SHE MAKES BAD FOOD	1	2	99	
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F32	Do you believe: <i>(Read categories below)</i> A) Men should decide when to have sex B) Men need more sex than women C) Men need to have sex with other women, even if they have good relationships with their wives D) Women who carry condoms have sex with a lot of men E) A woman should tolerate violence to keep her family together	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK/DTA</th> </tr> </thead> <tbody> <tr> <td>A. MEN SHOULD DECIDE WHEN TO HAVE SEX</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>B. MEN NEED MORE SEX THAN WOMEN</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>C. MEN NEED TO HAVE SEX WITH OTHER WOMEN</td> <td>1</td> <td>2</td> <td>99</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> </tr> <tr> <td>E. A WOMAN SHOULD TOLERATE VIOLENCE TO KEEP HER FAMILY TOGETHER</td> <td>1</td> <td>2</td> <td>99</td> </tr> </tbody> </table>		YES	NO	DK/DTA	A. MEN SHOULD DECIDE WHEN TO HAVE SEX	1	2	99	B. MEN NEED MORE SEX THAN WOMEN	1	2	99	C. MEN NEED TO HAVE SEX WITH OTHER WOMEN	1	2	99	D. WOMEN WHO CARRY CONDOMS HAVE SEX WITH A LOT OF MEN	1	2	99	E. A WOMAN SHOULD TOLERATE VIOLENCE TO KEEP HER FAMILY TOGETHER	1	2	99	
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F33	SAFETY: How much do you trust people living in your <i>[insert culturally appropriate term for COMMUNITY]</i> a lot, some, not too much, not at all?	A LOT..... 1 SOME..... 2 NOT TOO MUCH..... 3 NOT AT ALL..... 4 DON'T KNOW/DECLINED..... 99	
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F34	How safe do you feel in your [<i>insert culturally appropriate term for COMMUNITY</i>]? Very safe, somewhat safe, not safe at all.	VERY SAFE..... 1 SOMEWHAT SAFE..... 2 NOT SAFE AT ALL..... 3 DON'T KNOW/DECLINED..... 99	
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		F. PERMANENT INJURY OR DISFIGUREMENT	1	2	99	
F108	PVIA: FIRST TIME How old were you the <u>first time</u> this happened?	0 TO 5 YEARS..... 6 TO 11 YEARS..... 12 TO 17 YEARS..... 18 OR OLDER..... DON'T KNOW/DECLINED.....	1 2 3 4 99			
F109	Was this partner who did this to you this <u>first time</u> your boyfriend, romantic partner, husband?	BOYFRIEND/ROMANTIC PARTNER... HUSBAND..... DON'T KNOW/DECLINED.....	1 2 99			
F110	Was the partner older than you, younger than you, or about the same age?	OLDER..... YOUNGER..... ABOUT SAME AGE..... DON'T KNOW/DECLINED.....	1 2 3 99		→ F112	
F111	Would you say this partner was more than 10 years older than you, 5-10 years older or less than 5 years older?	MORE THAN 10 YEARS OLDER..... 5-10 YEARS OLDER..... LESS THAN 5 YEARS OLDER..... DON'T KNOW/DECLINED.....	1 2 3 99			
F112	Did this happen in the last 12 months?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99			
F113	As a result of this <u>first time</u> when your partner slapped/pushed you, did you experience? A) Fear/Anxiety B) Cuts, scratches, bruises, aches, redness or swelling or other minor marks C) Sprains, dislocations, or blistering D) Deep wounds, broken bones, broken teeth, or blackened or charred skin E) A miscarriage F) Permanent injury or disfigurement			YES	NO	DK./DTA
		A.. FEAR / ANXIETY	1	2	99	
		B. CUTS, SCRATCHES, BRUISES, ACHES, REDNESS, SWELLING, OTHER MINOR MARKS	1	2	99	
		C. SPRAINS, DISLOCATIONS, OR BLISTERING	1	2	99	
		D. DEEP WOUNDS, BROKEN BONES, BROKEN THEETH, OR BLACKENED OR CHARRED SKIN	1	2	99	
		E. A MISCARRIAGE	1	2	99	
		F. PERMANENT INJURY OR DISFIGUREMENT	1	2	99	
F114	PVIB: How many times have you been punched, kicked, whipped, or beat with an object by a romantic partner /husband: once, a few times, many times?	ONCE..... FEW..... MANY..... DON'T KNOW/DECLINED.....	1 2 3 99		→ F121 → F121	
F115	PVIB: MOST RECENT TIME How old were you the <u>last time</u> this happened?	0 TO 5 YEARS..... 6 TO 11 YEARS..... 12 TO 17 YEARS..... 18 OR OLDER..... DON'T KNOW/DECLINED.....	1 2 3 4 99			
F116	Was this partner who did this to you the <u>last time</u> your boyfriend, romantic partner, husband?	BOYFRIEND/ROMANTIC PARTNER..... HUSBAND..... DON'T KNOW/DECLINED.....	1 2 99			
F117	Was this partner older than you, younger than you, or about the same age?	OLDER..... YOUNGER..... ABOUT SAME AGE..... DON'T KNOW/DECLINED.....	1 2 3 99		→ F119	
F118	Would you say this partner was more than 10 years older than you, 5-10 years older or less than 5 years older?	MORE THAN 10 YEARS OLDER..... 5-10 YEARS OLDER..... LESS THAN 5 YEARS OLDER..... DON'T KNOW/DECLINED.....	1 2 3 99			

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F119	Did this happen in the last 12 months?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	
F120	As a result of the <u>last time</u> when your partner punched, kicked, whipped, or beat you, did you experience? A) Fear/Anxiety B) Cuts, scratches, bruises, aches, redness or swelling or other minor marks C) Sprains, dislocations, or blistering D) Deep wounds, broken bones, broken teeth, or blackened or charred skin E) A miscarriage Permanent injury or disfigurement	YES NO DK./DTA A.. FEAR / ANXIETY B. CUTS, SCRATCHES, BRUISES, ACHES, REDNESS, SWELLING, OTHER MINOR MARKS C. SPRAINS, DISLOCATIONS, OR BLISTERING D. DEEP WOUNDS, BROKEN BONES, BROKEN THEETH, OR BLACKENED OR CHARRED SKIN E. A MISCARRIAGE F. PERMANENT INJURY OR DISFIGUREMENT	1 2 99 1 2 99 1 2 99 1 2 99 1 2 99 1 2 99	
F121	PVIB: FIRST TIME How old were you the <u>first time</u> this happened?	0 TO 5 YEARS..... 6 TO 11 YEARS..... 12 TO 17 YEARS..... 18 OR OLDER..... DON'T KNOW/DECLINED.....	1 2 3 4 99	
F122	Was this partner who did this to you this <u>first time</u> your boyfriend, romantic partner, husband?	BOYFRIEND/ROMANTIC PARTNER.... HUSBAND..... DON'T KNOW/DECLINED.....	1 2 99	
F123	Was the partner older than you, younger than you, or about the same age?	OLDER..... YOUNGER..... ABOUT SAME AGE..... DON'T KNOW/DECLINED.....	1 2 3 99	→ F125
F124	Would you say this partner was more than 10 years older than you, 5-10 years older or less than 5 years older?	MORE THAN 10 YEARS OLDER..... 5-10 YEARS OLDER..... LESS THAN 5 YEARS OLDER..... DON'T KNOW/DECLINED.....	1 2 3 99	
F125	Did this happen in the last 12 months?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	
F126	As a result of this <u>first time</u> when your partner punched, kicked, whipped, or beat you, did you experience? A) Fear/Anxiety B) Cuts, scratches, bruises, aches, redness or swelling or other minor marks C) Sprains, dislocations, or blistering D) Deep wounds, broken bones, broken teeth, or blackened or charred skin E) A miscarriage F) Permanent injury or disfigurement	YES NO DK./DTA A.. FEAR / ANXIETY B. CUTS, SCRATCHES, BRUISES, ACHES, REDNESS, SWELLING, OTHER MINOR MARKS C. SPRAINS, DISLOCATIONS, OR BLISTERING D. DEEP WOUNDS, BROKEN BONES, BROKEN THEETH, OR BLACKENED OR CHARRED SKIN E. A MISCARRIAGE F. PERMANENT INJURY OR DISFIGUREMENT	1 2 99 1 2 99 1 2 99 1 2 99 1 2 99 1 2 99	
F127	PVIC: How many times has a romantic partner/husband choked, smothered, tried to drown you, or burned or scalded you intentionally: once, a few times, many times?	ONCE..... FEW..... MANY..... DON'T KNOW/DECLINED.....	1 2 3 99	→ F134 → F134

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F128	PVIC: MOST RECENT TIME How old were you the <u>last time</u> this happened?	0 TO 5 YEARS..... 6 TO 11 YEARS..... 12 TO 17 YEARS..... 18 OR OLDER..... DON'T KNOW/DECLINED.....	1 2 3 4 99	
F129	Was this partner who did this to you this <u>last time</u> your boyfriend, romantic partner, husband?	BOYFRIEND/ROMANTIC PARTNER..... HUSBAND..... DON'T KNOW/DECLINED.....	1 2 99	
F130	Was this partner older than you, younger than you, or about the same age?	OLDER..... YOUNGER..... ABOUT SAME AGE..... DON'T KNOW/DECLINED.....	1 2 3 99	→ F132
F131	Would you say this partner was more than 10 years older than you, 5-10 years older or less than 5 years older?	MORE THAN 10 YEARS OLDER..... 5-10 YEARS OLDER..... LESS THAN 5 YEARS OLDER..... DON'T KNOW/DECLINED.....	1 2 3 99	
F132	Did this happen in the last 12 months?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	

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F133	As a result of this <u>last time</u> when your partner choked, smothered, tried to drown you, burned or scalded you intentionally, did you experience? A) Fear/Anxiety B) Cuts, scratches, bruises, aches, redness or swelling or other minor marks C) Sprains, dislocations, or blistering D) Deep wounds, broken bones, broken teeth, or blackened or charred skin E) A miscarriage F) Permanent injury or disfigurement	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK./DTA</th> </tr> </thead> <tbody> <tr> <td>A.. FEAR / ANXIETY</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>B. CUTS, SCRATCHES, BRUISES, ACHES, REDNESS, SWELLING, OTHER MINOR MARKS</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>C. SPRAINS, DISLOCATIONS, OR BLISTERING</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>D. DEEP WOUNDS, BROKEN BONES, BROKEN THEETH, OR BLACKENED OR CHARRED SKIN</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>E. A MISCARRIAGE</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>F. PERMANENT INJURY OR DISFIGUREMENT</td> <td>1</td> <td>2</td> <td>99</td> </tr> </tbody> </table>		YES	NO	DK./DTA	A.. FEAR / ANXIETY	1	2	99	B. CUTS, SCRATCHES, BRUISES, ACHES, REDNESS, SWELLING, OTHER MINOR MARKS	1	2	99	C. SPRAINS, DISLOCATIONS, OR BLISTERING	1	2	99	D. DEEP WOUNDS, BROKEN BONES, BROKEN THEETH, OR BLACKENED OR CHARRED SKIN	1	2	99	E. A MISCARRIAGE	1	2	99	F. PERMANENT INJURY OR DISFIGUREMENT	1	2	99	
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F135	Was this partner who did this to you the <u>first time</u> your boyfriend, romantic partner, husband?	<table border="1"> <tbody> <tr> <td>BOYFRIEND/ROMANTIC PARTNER.....</td> <td>1</td> <td></td> <td></td> </tr> <tr> <td>HUSBAND.....</td> <td>2</td> <td></td> <td></td> </tr> <tr> <td>DON'T KNOW/DECLINED.....</td> <td>99</td> <td></td> <td></td> </tr> </tbody> </table>	BOYFRIEND/ROMANTIC PARTNER.....	1			HUSBAND.....	2			DON'T KNOW/DECLINED.....	99																			
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F136	Was the partner older than you, younger than you, or about the same age?	<table border="1"> <tbody> <tr> <td>OLDER.....</td> <td>1</td> <td></td> <td></td> </tr> <tr> <td>YOUNGER.....</td> <td>2</td> <td></td> <td></td> </tr> <tr> <td>ABOUT SAME AGE.....</td> <td>3</td> <td></td> <td></td> </tr> <tr> <td>DON'T KNOW/DECLINED.....</td> <td>99</td> <td></td> <td></td> </tr> </tbody> </table>	OLDER.....	1			YOUNGER.....	2			ABOUT SAME AGE.....	3			DON'T KNOW/DECLINED.....	99			→ F138												
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F138	Did this happen in the last 12 months?	<table border="1"> <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> </tr> </tbody> </table>	YES.....	1			NO.....	2			DON'T KNOW/DECLINED.....	99																			
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F139	As a result of the <u>first time</u> when your partner choked, smothered, tried to drown, burned or scaled you intentionally, did you experience? A) Fear/Anxiety B) Cuts, scratches, bruises, aches, redness or swelling or other minor marks C) Sprains, dislocations, or blistering D) Deep wounds, broken bones, broken teeth, or blackened or charred skin E) A miscarriage F) Permanent injury or disfigurement	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK./DTA</th> </tr> </thead> <tbody> <tr> <td>A.. FEAR / ANXIETY</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>B. CUTS, SCRATCHES, BRUISES, ACHES, REDNESS, SWELLING, OTHER MINOR MARKS</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>C. SPRAINS, DISLOCATIONS, OR BLISTERING</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>D. DEEP WOUNDS, BROKEN BONES, BROKEN THEETH, OR BLACKENED OR CHARRED SKIN</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>E. A MISCARRIAGE</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>F. PERMANENT INJURY OR DISFIGUREMENT</td> <td>1</td> <td>2</td> <td>99</td> </tr> </tbody> </table>		YES	NO	DK./DTA	A.. FEAR / ANXIETY	1	2	99	B. CUTS, SCRATCHES, BRUISES, ACHES, REDNESS, SWELLING, OTHER MINOR MARKS	1	2	99	C. SPRAINS, DISLOCATIONS, OR BLISTERING	1	2	99	D. DEEP WOUNDS, BROKEN BONES, BROKEN THEETH, OR BLACKENED OR CHARRED SKIN	1	2	99	E. A MISCARRIAGE	1	2	99	F. PERMANENT INJURY OR DISFIGUREMENT	1	2	99	
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F. PERMANENT INJURY OR DISFIGUREMENT	1	2	99																												
F140	PVID: How many times has a romantic partner/husband used or threatened to use a knife or other weapon against you: once, a few times, many times?	<table border="1"> <tbody> <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> </tbody> </table>	ONCE.....	1			FEW.....	2			MANY.....	3			DON'T KNOW/DECLINED.....	99			→ F147 → F147												
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F141	PVID: MOST RECENT TIME How old were you the <u>last time</u> this happened?	<table border="1"> <tbody> <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> </tbody> </table>	0 TO 5 YEARS.....	1			6 TO 11 YEARS.....	2			12 TO 17 YEARS.....	3			18 OR OLDER.....	4			DON'T KNOW/DECLINED.....	99											
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IDENTIFICATION	ID-A	ID-B		ID-C		ID-D		EA		HOUSEHOLD			INTERVIEWER #	

No	Questions and Filters	Coding Categories	Skip
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F142	Was this partner who did this to you this <u>last time</u> your boyfriend, romantic partner, husband?	BOYFRIEND/ROMANTIC PARTNER... HUSBAND..... DON'T KNOW/DECLINED.....	1 2 99	
F143	Was this partner older than you, younger than you, or about the same age?	OLDER..... YOUNGER..... ABOUT SAME AGE..... DON'T KNOW/DECLINED.....	1 2 3 99	→ F145
F144	Would you say this partner was more than 10 years older than you, 5-10 years older or less than 5 years older?	MORE THAN 10 YEARS OLDER..... 5-10 YEARS OLDER..... LESS THAN 5 YEARS OLDER..... DON'T KNOW/DECLINED.....	1 2 3 99	

F145	Did this happen in the last 12 months?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	
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F146	As a result of this <u>last time</u> when a partner used or threatened to use a weapon against you, did you experience?	YES NO DK /DTA		
	A) Fear or anxiety	1	2	99
	B) Cuts, scratches, bruises, aches, redness or swelling or other minor marks	1	2	99
	C) Sprains, dislocations, or blistering	1	2	99
	D) Deep wounds, broken bones, broken teeth, or blackened or charred skin	1	2	99
	E) A miscarriage	1	2	99
	F) Permanent injury or disfigurement	1	2	99

F147	PVID: FIRST TIME How old were you the <u>first time</u> this happened?	0 TO 5 YEARS..... 6 TO 11 YEARS..... 12 TO 17 YEARS..... 18 OR OLDER..... DON'T KNOW/DECLINED.....	1 2 3 4 99	
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F148	Was this partner who did this to you the <u>first time</u> your boyfriend, romantic partner, husband?	BOYFRIEND/ROMANTIC PARTNER... HUSBAND..... DON'T KNOW/DECLINED.....	1 2 99	
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F149	Was the partner older than you, younger than you, or about the same age?	OLDER..... YOUNGER..... ABOUT SAME AGE..... DON'T KNOW/DECLINED.....	1 2 3 99	→ F151
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F150	Would you say this partner was more than 10 years older than you, 5-10 years older or less than 5 years older?	MORE THAN 10 YEARS OLDER..... 5-10 YEARS OLDER..... LESS THAN 5 YEARS OLDER..... DON'T KNOW/DECLINED.....	1 2 3 99	
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F151	Did this happen in the last 12 months?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	
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F152	As a result of this <u>first time</u> when a partner used or threatened to use a weapon against you, did you experience?	YES NO DK /DTA		
	A) Fear or anxiety	1	2	99
	B) Cuts, scratches, bruises, aches, redness or swelling or other minor marks	1	2	99
	C) Sprains, dislocations, or blistering	1	2	99
	D) Deep wounds, broken bones, broken teeth, or blackened or charred skin	1	2	99
	E) A miscarriage	1	2	99
	F) Permanent injury or disfigurement	1	2	99

IDENTIFICATION	ID-A	ID-B		ID-C		ID-D		EA		HOUSEHOLD			INTERVIEWER #	

No	Questions and Filters	Coding Categories	Skip
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		BLACKENED OR CHARRED SKIN																		
		E. A MISCARRIAGE	1	2	99															
		F. PERMANENT INJURY OR DISFIGUREMENT	1	2	99															
F153	<p>PV2: PARENTS AND OTHER ADULT RELATIVES The next questions are about parents or other adult relatives. Remember, you can ask to skip any question that you do not want to answer.</p> <p>Has a parent or other adult relative ever:</p> <table> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK/DTA</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. choked, smothered, 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 or other weapon?</td> <td>1</td> <td>2</td> <td>99</td> </tr> </table>		YES	NO	DK/DTA	A. punched, kicked, whipped, or beat you with an object?	1	2	99	B. choked, smothered, tried to drown you, or burned you intentionally?	1	2	99	C. used or threatened you with a knife or other weapon?	1	2	99			
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	<p>IF F153A=1 AND F153B=2/99 AND F153C =2/99 → F154 IF F153A=2/99 AND F153B=1 AND F153C =2/99 → F165 IF F153A=2/99 AND F153B=2/99 AND F153C =1 → F176 IF F153A & F153B & F153C =2/99 → F187</p>	<p>FOR COMBINATIONS OF (A-C)=1 → ROUTE THROUGH APPROPRIATE SECTIONS IN SEQUENCE</p>																		

IDENTIFICATION	ID-A		ID-B		ID-C		ID-D		EA		HOUSEHOLD		INTERVIEWER #	

No	Questions and Filters	Coding Categories	Skip
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F154	PV2A: How many times has a parent or other adult relative punched, kicked, whipped, or beat you with an object: once, a few times, many times?	ONCE..... FEW..... MANY..... DON'T KNOW/DECLINED.....	1 2 3 99	→ F160 → F160
F155	PV2A: MOST RECENT TIME How old were you the <u>last time</u> this happened?	0 TO 5 YEARS..... 6 TO 11 YEARS..... 12 TO 17 YEARS..... 18 OR OLDER..... DON'T KNOW/DECLINED.....	1 2 3 4 99	
F156	What was your relationship to the parent or adult relative who did this to you this <u>last time</u> ?	<p style="text-align: center;">MALE</p> FATHER..... 1 STEP FATHER..... 2 BROTHER..... 3 STEP BROTHER..... 4 UNCLE..... 5 OTHER MALE RELATIVE/CAREGIVER (SPECIFY)..... 77 DON'T KNOW/DECLINED.....	<p style="text-align: center;">FEMALE</p> MOTHER..... 6 STEP MOTHER..... 7 SISTER..... 8 STEP SISTER..... 9 AUNT..... 10 OTHER FEMALE RELATIVE/CAREGIVER (SPECIFY)..... 88 DON'T KNOW/DECLINED..... 99	
F157	Did this parent or adult relative live within the same household as you when this last event occurred?	YES..... NO..... DON'T KNOW / DECLINED.....	1 2 99	
F158	Did this happen in the last 12 months?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	
F159	As a result of this <u>last time</u> when a parent or adult relative punched, kicked, whipped, or beat you with an object, did you experience?	<p style="text-align: right;">YES NO DK /DTA</p> A. FEAR OR ANXIETY B. CUTS, SCRATCHES, BRUISES, ACHES, REDNESS, SWELLING, OTHER MINOR MARKS C. SPRAINS, DISLOCATIONS, OR BLISTERING D. DEEP WOUNDS, BROKEN BONES, BROKEN THEETH, OR BLACKENED OR CHARRED SKIN E. A MISCARRIAGE F. PERMANENT INJURY OR DISFIGUREMENT	1 2 99 1 2 99 1 2 99 1 2 99 1 2 99 1 2 99	
F160	PV2A: FIRST TIME How old were you the <u>first time</u> this happened?	0 TO 5 YEARS..... 6 TO 11 YEARS..... 12 TO 17 YEARS..... 18 OR OLDER..... DON'T KNOW/DECLINED.....	1 2 3 4 99	
F161	What was your relationship to the parent or adult relative who did this to you the <u>first time</u> ?	<p style="text-align: center;">MALE</p> FATHER..... 1 STEP FATHER..... 2 BROTHER..... 3 STEP BROTHER..... 4 UNCLE..... 5 OTHER MALE RELATIVE/CAREGIVER (SPECIFY)..... 77 DON'T KNOW/DECLINED.....	<p style="text-align: center;">FEMALE</p> MOTHER..... 6 STEP MOTHER..... 7 SISTER..... 8 STEP SISTER..... 9 AUNT..... 10 OTHER FEMALE RELATIVE/CAREGIVER (SPECIFY)..... 88 DON'T KNOW/DECLINED..... 99	
F162	Did this parent or adult relative live within the same household as you when this first event occurred?	YES..... NO.....	1 2	

IDENTIFICATION	ID-A	ID-B			ID-C			ID-D			EA			HOUSEHOLD			INTERVIEWER #

No	Questions and Filters	Coding Categories	Skip
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		DON'T KNOW / DECLINED.....	99	
F163	Did this happen in the last 12 months?	YES.....	1	
		NO.....	2	
		DON'T KNOW/DECLINED.....	99	

IDENTIFICATION	ID-A		ID-B		ID-C		ID-D		EA		HOUSEHOLD		INTERVIEWER #	

No	Questions and Filters	Coding Categories	Skip
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F164	As a result of this <u>first time</u> when a parent or adult relative punched, kicked, whipped, or beat you with an object, did you experience? A) Fear or anxiety B) Cuts, scratches, bruises, aches, redness or swelling or other minor marks C) Sprains, dislocations, or blistering D) Deep wounds, broken bones, broken teeth, or blackened or charred skin E) A miscarriage F) Permanent injury or disfigurement	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK /DTA</th> </tr> </thead> <tbody> <tr> <td>A. FEAR OR ANXIETY</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>B. CUTS, SCRATCHES, BRUISES, ACHES, REDNESS, SWELLING, OTHER MINOR MARKS</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>C. SPRAINS, DISLOCATIONS, OR BLISTERING</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>D. DEEP WOUNDS, BROKEN BONES, BROKEN THEETH, OR BLACKENED OR CHARRED SKIN</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>E. A MISCARRIAGE</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>F. PERMANENT INJURY OR DISFIGUREMENT</td> <td>1</td> <td>2</td> <td>99</td> </tr> </tbody> </table>		YES	NO	DK /DTA	A. FEAR OR ANXIETY	1	2	99	B. CUTS, SCRATCHES, BRUISES, ACHES, REDNESS, SWELLING, OTHER MINOR MARKS	1	2	99	C. SPRAINS, DISLOCATIONS, OR BLISTERING	1	2	99	D. DEEP WOUNDS, BROKEN BONES, BROKEN THEETH, OR BLACKENED OR CHARRED SKIN	1	2	99	E. A MISCARRIAGE	1	2	99	F. PERMANENT INJURY OR DISFIGUREMENT	1	2	99				
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F165	PV2B: How many times has as a parent or any adult relative choked, smothered, tried to drown you, burned or scalded you intentionally: once, a few times, many times?	<table border="1"> <tbody> <tr> <td>ONCE.....</td> <td>1</td> <td rowspan="2">→ F171</td> </tr> <tr> <td>FEW.....</td> <td>2</td> </tr> <tr> <td>MANY.....</td> <td>3</td> <td></td> </tr> <tr> <td>DON'T KNOW/DECLINED.....</td> <td>99</td> <td>→ F171</td> </tr> </tbody> </table>	ONCE.....	1	→ F171	FEW.....	2	MANY.....	3		DON'T KNOW/DECLINED.....	99	→ F171																					
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F166	PV2B: MOST RECENT TIME How old were you the <u>last time</u> this happened?	<table border="1"> <tbody> <tr> <td>0 TO 5 YEARS.....</td> <td>1</td> </tr> <tr> <td>6 TO 11 YEARS.....</td> <td>2</td> </tr> <tr> <td>12 TO 17 YEARS.....</td> <td>3</td> </tr> <tr> <td>18 OR OLDER.....</td> <td>4</td> </tr> <tr> <td>DON'T KNOW/DECLINED.....</td> <td>99</td> </tr> </tbody> </table>	0 TO 5 YEARS.....	1	6 TO 11 YEARS.....	2	12 TO 17 YEARS.....	3	18 OR OLDER.....	4	DON'T KNOW/DECLINED.....	99																						
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F167	What was your relationship to the parent or adult relative who did this to you this <u>last time</u> ? <table border="0"> <tr> <td colspan="2" style="text-align: center;">MALE</td> <td colspan="2" style="text-align: center;">FEMALE</td> </tr> <tr> <td>FATHER.....</td> <td>1</td> <td>MOTHER.....</td> <td>6</td> </tr> <tr> <td>STEP FATHER.....</td> <td>2</td> <td>STEP MOTHER.....</td> <td>7</td> </tr> <tr> <td>BROTHER.....</td> <td>3</td> <td>SISTER.....</td> <td>8</td> </tr> <tr> <td>STEP BROTHER.....</td> <td>4</td> <td>STEP SISTER.....</td> <td>9</td> </tr> <tr> <td>UNCLE.....</td> <td>5</td> <td>AUNT.....</td> <td>10</td> </tr> <tr> <td>OTHER MALE RELATIVE/CAREGIVER (SPECIFY).....</td> <td>77</td> <td>OTHER FEMALE RELATIVE/CAREGIVER (SPECIFY).....</td> <td>88</td> </tr> <tr> <td colspan="2">DON'T KNOW/DECLINED.....</td> <td colspan="2">99</td> </tr> </table>	MALE		FEMALE		FATHER.....	1	MOTHER.....	6	STEP FATHER.....	2	STEP MOTHER.....	7	BROTHER.....	3	SISTER.....	8	STEP BROTHER.....	4	STEP SISTER.....	9	UNCLE.....	5	AUNT.....	10	OTHER MALE RELATIVE/CAREGIVER (SPECIFY).....	77	OTHER FEMALE RELATIVE/CAREGIVER (SPECIFY).....	88	DON'T KNOW/DECLINED.....		99		
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DON'T KNOW/DECLINED.....		99																																
F168	Did this parent or adult relative live within the same household as you when this most recent event occurred?	<table border="1"> <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>	YES.....	1	NO.....	2	DON'T KNOW / DECLINED.....	99																										
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F169	Did this happen in the last 12 months?	<table border="1"> <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>	YES.....	1	NO.....	2	DON'T KNOW/DECLINED.....	99																										
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F170	As a result of this <u>last time</u> when a parent or adult relative choked, smothered, tried to drown, burned or scalded you intentionally, did you experience? A) Fear or anxiety B) Cuts, scratches, bruises, aches, redness or swelling or other minor marks C) Sprains, dislocations, or blistering D) Deep wounds, broken bones, broken teeth, or blackened or charred skin E) A miscarriage F) Permanent injury or disfigurement	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK /DTA</th> </tr> </thead> <tbody> <tr> <td>A. FEAR OR ANXIETY</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>B. CUTS, SCRATCHES, BRUISES, ACHES, REDNESS, SWELLING, OTHER MINOR MARKS</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>C. SPRAINS, DISLOCATIONS, OR BLISTERING</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>D. DEEP WOUNDS, BROKEN BONES, BROKEN THEETH, OR BLACKENED OR CHARRED SKIN</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>E. A MISCARRIAGE</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>F. PERMANENT INJURY OR DISFIGUREMENT</td> <td>1</td> <td>2</td> <td>99</td> </tr> </tbody> </table>		YES	NO	DK /DTA	A. FEAR OR ANXIETY	1	2	99	B. CUTS, SCRATCHES, BRUISES, ACHES, REDNESS, SWELLING, OTHER MINOR MARKS	1	2	99	C. SPRAINS, DISLOCATIONS, OR BLISTERING	1	2	99	D. DEEP WOUNDS, BROKEN BONES, BROKEN THEETH, OR BLACKENED OR CHARRED SKIN	1	2	99	E. A MISCARRIAGE	1	2	99	F. PERMANENT INJURY OR DISFIGUREMENT	1	2	99				
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No	Questions and Filters	Coding Categories	Skip
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		18 OR OLDER.....	4	
		DON'T KNOW/DECLINED.....	99	

IDENTIFICATION	ID-A		ID-B		ID-C		ID-D		EA		HOUSEHOLD		INTERVIEWER #	

No	Questions and Filters	Coding Categories	Skip
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F172	What was your relationship to the parent or adult relative who did this to you the <u>first time</u> ?	<table border="0"> <tr> <td style="text-align: center;"><u>MALE</u></td> <td></td> <td style="text-align: center;"><u>FEMALE</u></td> <td></td> </tr> <tr> <td>FATHER.....</td> <td style="text-align: center;">1</td> <td>MOTHER.....</td> <td style="text-align: center;">6</td> </tr> <tr> <td>STEP FATHER.....</td> <td style="text-align: center;">2</td> <td>STEP MOTHER.....</td> <td style="text-align: center;">7</td> </tr> <tr> <td>BROTHER.....</td> <td style="text-align: center;">3</td> <td>SISTER.....</td> <td style="text-align: center;">8</td> </tr> <tr> <td>STEP BROTHER.....</td> <td style="text-align: center;">4</td> <td>STEP SISTER.....</td> <td style="text-align: center;">9</td> </tr> <tr> <td>UNCLE.....</td> <td style="text-align: center;">5</td> <td>AUNT.....</td> <td style="text-align: center;">10</td> </tr> <tr> <td>OTHER MALE RELATIVE/CAREGIVER (SPECIFY).....</td> <td style="text-align: center;">77</td> <td>OTHER FEMALE RELATIVE/CAREGIVER (SPECIFY).....</td> <td style="text-align: center;">88</td> </tr> <tr> <td colspan="2" style="text-align: center;">DON'T KNOW/DECLINED.....</td> <td colspan="2" style="text-align: center;">99</td> </tr> </table>	<u>MALE</u>		<u>FEMALE</u>		FATHER.....	1	MOTHER.....	6	STEP FATHER.....	2	STEP MOTHER.....	7	BROTHER.....	3	SISTER.....	8	STEP BROTHER.....	4	STEP SISTER.....	9	UNCLE.....	5	AUNT.....	10	OTHER MALE RELATIVE/CAREGIVER (SPECIFY).....	77	OTHER FEMALE RELATIVE/CAREGIVER (SPECIFY).....	88	DON'T KNOW/DECLINED.....		99			
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F173	Did this parent or adult relative live within the same household as you when this first event occurred?	YES..... 1 NO..... 2 DON'T KNOW / DECLINED..... 99																																		
F174	Did this happen in the last 12 months?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99																																		
F175	As a result of the <u>first time</u> when a parent or adult relative choked, smothered, tried to drown, or burned or scalded you intentionally, did you experience?	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> <td style="text-align: center;">DK /DTA</td> </tr> <tr> <td>A. FEAR OR ANXIETY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">99</td> </tr> <tr> <td>B. CUTS, SCRATCHES, BRUISES, ACHES, REDNESS, SWELLING, OTHER MINOR MARKS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">99</td> </tr> <tr> <td>C. SPRAINS, DISLOCATIONS, OR BLISTERING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">99</td> </tr> <tr> <td>D. DEEP WOUNDS, BROKEN BONES, BROKEN THEETH, OR BLACKENED OR CHARRED SKIN</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">99</td> </tr> <tr> <td>E. A MISCARRIAGE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">99</td> </tr> <tr> <td>F. PERMANENT INJURY OR DISFIGUREMENT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">99</td> </tr> </table>		YES	NO	DK /DTA	A. FEAR OR ANXIETY	1	2	99	B. CUTS, SCRATCHES, BRUISES, ACHES, REDNESS, SWELLING, OTHER MINOR MARKS	1	2	99	C. SPRAINS, DISLOCATIONS, OR BLISTERING	1	2	99	D. DEEP WOUNDS, BROKEN BONES, BROKEN THEETH, OR BLACKENED OR CHARRED SKIN	1	2	99	E. A MISCARRIAGE	1	2	99	F. PERMANENT INJURY OR DISFIGUREMENT	1	2	99						
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F176	PV2C: How many times has a parent or other adult relative used or threatened to use a knife or other weapon against you: once, a few times, many times?	ONCE..... 1 FEW..... 2 MANY..... 3 DON'T KNOW/DECLINED..... 99	→ F182 → F182																																	
F177	PV2C: MOST RECENT TIME How old were you the <u>last time</u> 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																																		
F178	What was your relationship to the parent or adult relative who did this to you this <u>last time</u> ?	<table border="0"> <tr> <td style="text-align: center;"><u>MALE</u></td> <td></td> <td style="text-align: center;"><u>FEMALE</u></td> <td></td> </tr> <tr> <td>FATHER.....</td> <td style="text-align: center;">1</td> <td>MOTHER.....</td> <td style="text-align: center;">6</td> </tr> <tr> <td>STEP FATHER.....</td> <td style="text-align: center;">2</td> <td>STEP MOTHER.....</td> <td style="text-align: center;">7</td> </tr> <tr> <td>BROTHER.....</td> <td style="text-align: center;">3</td> <td>SISTER.....</td> <td style="text-align: center;">8</td> </tr> <tr> <td>STEP BROTHER.....</td> <td style="text-align: center;">4</td> <td>STEP SISTER.....</td> <td style="text-align: center;">9</td> </tr> <tr> <td>UNCLE.....</td> <td style="text-align: center;">5</td> <td>AUNT.....</td> <td style="text-align: center;">10</td> </tr> <tr> <td>OTHER MALE RELATIVE/CAREGIVER (SPECIFY).....</td> <td style="text-align: center;">77</td> <td>OTHER FEMALE RELATIVE/CAREGIVER (SPECIFY).....</td> <td style="text-align: center;">88</td> </tr> <tr> <td colspan="2" style="text-align: center;">DON'T KNOW/DECLINED.....</td> <td colspan="2" style="text-align: center;">99</td> </tr> </table>	<u>MALE</u>		<u>FEMALE</u>		FATHER.....	1	MOTHER.....	6	STEP FATHER.....	2	STEP MOTHER.....	7	BROTHER.....	3	SISTER.....	8	STEP BROTHER.....	4	STEP SISTER.....	9	UNCLE.....	5	AUNT.....	10	OTHER MALE RELATIVE/CAREGIVER (SPECIFY).....	77	OTHER FEMALE RELATIVE/CAREGIVER (SPECIFY).....	88	DON'T KNOW/DECLINED.....		99			
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DON'T KNOW/DECLINED.....		99																																		
F179	Did this parent or adult relative live within the same household as you when this most recent event occurred?	YES..... 1 NO..... 2 DON'T KNOW / DECLINED..... 99																																		
F180	Did this happen in the last 12 months?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99																																		

IDENTIFICATION	ID-A		ID-B		ID-C		ID-D		EA		HOUSEHOLD		INTERVIEWER #	

No	Questions and Filters	Coding Categories	Skip
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F181	As a result of this <u>last time</u> when a parent or adult relative used or threatened to use a weapon against you, did you experience? A) Fear or anxiety B) Cuts, scratches, bruises, aches, redness or swelling or other minor marks C) Sprains, dislocations, or blistering D) Deep wounds, broken bones, broken teeth, or blackened or charred skin E) A miscarriage F) Permanent injury or disfigurement	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK /DTA</th> </tr> </thead> <tbody> <tr> <td>A. FEAR OR ANXIETY</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>B. CUTS, SCRATCHES, BRUISES, ACHES, REDNESS, SWELLING, OTHER MINOR MARKS</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>C. SPRAINS, DISLOCATIONS, OR BLISTERING</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>D. DEEP WOUNDS, BROKEN BONES, BROKEN THEETH, OR BLACKENED OR CHARRED SKIN</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>E. A MISCARRIAGE</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>F. PERMANENT INJURY OR DISFIGUREMENT</td> <td>1</td> <td>2</td> <td>99</td> </tr> </tbody> </table>		YES	NO	DK /DTA	A. FEAR OR ANXIETY	1	2	99	B. CUTS, SCRATCHES, BRUISES, ACHES, REDNESS, SWELLING, OTHER MINOR MARKS	1	2	99	C. SPRAINS, DISLOCATIONS, OR BLISTERING	1	2	99	D. DEEP WOUNDS, BROKEN BONES, BROKEN THEETH, OR BLACKENED OR CHARRED SKIN	1	2	99	E. A MISCARRIAGE	1	2	99	F. PERMANENT INJURY OR DISFIGUREMENT	1	2	99	
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F182	PV2C: FIRST TIME How old were you the <u>first time</u> this happened?	<table border="1"> <tbody> <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> </tbody> </table>	0 TO 5 YEARS.....	1			6 TO 11 YEARS.....	2			12 TO 17 YEARS.....	3			18 OR OLDER.....	4			DON'T KNOW/DECLINED.....	99											
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F183	What was your relationship to the parent or adult relative who did this to you the <u>first time</u> ? MALE FATHER..... 1 STEP FATHER..... 2 BROTHER..... 3 STEP BROTHER..... 4 UNCLE..... 5 OTHER MALE RELATIVE/CAREGIVER (SPECIFY)..... 77 DON'T KNOW/DECLINED..... 99	<table border="1"> <tbody> <tr> <td>FEMALE MOTHER..... 6 STEP MOTHER..... 7 SISTER..... 8 STEP SISTER..... 9 AUNT..... 10 OTHER FEMALE RELATIVE/CAREGIVER (SPECIFY)..... 88 DON'T KNOW/DECLINED..... 99</td> </tr> </tbody> </table>	FEMALE MOTHER..... 6 STEP MOTHER..... 7 SISTER..... 8 STEP SISTER..... 9 AUNT..... 10 OTHER FEMALE RELATIVE/CAREGIVER (SPECIFY)..... 88 DON'T KNOW/DECLINED..... 99																												
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F184	Did this relative live within the same household as you when this first event occurred?	<table border="1"> <tbody> <tr> <td>YES.....</td> <td>1</td> <td></td> </tr> <tr> <td>NO.....</td> <td>2</td> <td></td> </tr> <tr> <td>DON'T KNOW / DECLINED.....</td> <td>99</td> <td></td> </tr> </tbody> </table>	YES.....	1		NO.....	2		DON'T KNOW / DECLINED.....	99																					
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F185	Did this happen in the last 12 months?	<table border="1"> <tbody> <tr> <td>YES.....</td> <td>1</td> <td></td> </tr> <tr> <td>NO.....</td> <td>2</td> <td></td> </tr> <tr> <td>DON'T KNOW/DECLINED.....</td> <td>99</td> <td></td> </tr> </tbody> </table>	YES.....	1		NO.....	2		DON'T KNOW/DECLINED.....	99																					
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F186	As a result of the <u>first time</u> when a parent or adult relative used or threatened to use a weapon against you, did you experience? A) Fear or anxiety B) Cuts, scratches, bruises, aches, redness or swelling or other minor marks C) Sprains, dislocations, or blistering D) Deep wounds, broken bones, broken teeth, or blackened or charred skin E) A miscarriage F) Permanent injury or disfigurement	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK /DTA</th> </tr> </thead> <tbody> <tr> <td>A. FEAR OR ANXIETY</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>B. CUTS, SCRATCHES, BRUISES, ACHES, REDNESS, SWELLING, OTHER MINOR MARKS</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>C. SPRAINS, DISLOCATIONS, OR BLISTERING</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>D. DEEP WOUNDS, BROKEN BONES, BROKEN THEETH, OR BLACKENED OR CHARRED SKIN</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>E. A MISCARRIAGE</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>F. PERMANENT INJURY OR DISFIGUREMENT</td> <td>1</td> <td>2</td> <td>99</td> </tr> </tbody> </table>		YES	NO	DK /DTA	A. FEAR OR ANXIETY	1	2	99	B. CUTS, SCRATCHES, BRUISES, ACHES, REDNESS, SWELLING, OTHER MINOR MARKS	1	2	99	C. SPRAINS, DISLOCATIONS, OR BLISTERING	1	2	99	D. DEEP WOUNDS, BROKEN BONES, BROKEN THEETH, OR BLACKENED OR CHARRED SKIN	1	2	99	E. A MISCARRIAGE	1	2	99	F. PERMANENT INJURY OR DISFIGUREMENT	1	2	99	
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F187	PV3: PEOPLE LIVING IN THE COMMUNITY The next questions are about other people who are in your [<i>insert culturally appropriate term for COMMUNITY</i>]. This includes such people as teachers, police, religious or community leaders, friends, classmates or even strangers. Has one of these people ever: A. punched, kicked, whipped, or beat you with an object?	<table border="1"> <thead> <tr> <th></th> <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> <td>99</td> </tr> </tbody> </table>		YES	NO	DK/DTA	A. punched, kicked, whipped, or beat you with an object?	1	2	99																					
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No	Questions and Filters	Coding Categories	Skip
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	B. choked, smothered, tried to drown you, or burned you intentionally?	1	2	99				
	C. used or threatened you with a knife or other weapon?	1	2	99				
	IF F187A=1 AND F187B=2/99 AND F187C =2/99 → F188 IF F187A=2/99 AND F187B=1 AND F187C =2/99 → F201 IF F187A=2/99 AND F187B=2/99 AND F187C =1 → F214 IF F187A AND F187B AND F187C =2/99 → F300	FOR COMBINATIONS OF (A-C)=1 → ROUTE THROUGH APPROPRIATE SECTIONS IN SEQUENCE						
		IF F187A=1 OR F187B=1 OR F187C=1 ROUTE TO PV SERVICES F227 FOLLOWING SECTIONS						
F188	PV3A: How many times have you been punched, kicked, whipped, or beat with an object by someone in your [insert culturally appropriate term for COMMUNITY]: once, a few times, or many times?	ONCE.....	FEW.....	MANY.....	DON'T KNOW/DECLINED.....	1 2 3 99	→ F195 → F195	
F189	PV3A: MOST RECENT TIME How old were you the <u>last time</u> this happened?	0 TO 5 YEARS.....	6 TO 11 YEARS.....	12 TO 17 YEARS.....	18 OR OLDER.....	DON'T KNOW/DECLINED.....	1 2 3 4 99	
F190	What was your relationship to the person who did this to you this <u>last time</u> ? MALE MALE TEACHER..... 1 MALE POLICE..... 2 MALE EMPLOYER..... 3 MALE COMMUNITY LEADER..... 4 MALE RELIGIOUS LEADER..... 5 MALE FRIEND..... 6 MALE CLASSMATE/SCHOOLMATE..... 7 MALE NEIGHBOR..... 8 OTHER MALE (SPECIFY)..... 77 FEMALE FEMALE TEACHER..... 9 FEMALE POLICE..... 10 FEMALE EMPLOYER..... 11 FEMALE COMMUNITY LEADER..... 12 FEMALE RELIGIOUS LEADER..... 13 FEMALE FRIEND..... 14 FEMALE CLASSMATE/SCHOOLMATE..... 15 FEMALE NEIGHBOR..... 16 OTHER FEMALE (SPECIFY)..... 88 DON'T KNOW/DECLINED..... 99							
F191	Was this person older than you, younger than you, or about the same age?	OLDER.....	YOUNGER.....	ABOUT SAME AGE.....	DON'T KNOW/DECLINED.....	1 2 3 99	→ F193	
F192	Would you say this person was more than 10 years older than you, 5-10 years older or less than 5 years older?	MORE THAN 10 YEARS OLDER.....	5-10 YEARS OLDER.....	LESS THAN 5 YEARS OLDER.....	DON'T KNOW/DECLINED.....	1 2 3 99		
F193	Did this happen in the last 12 months?	YES.....	NO.....	DON'T KNOW/DECLINED.....		1 2 99		
F194	As a result of this <u>last time</u> when someone in your [insert culturally appropriate term for COMMUNITY] punched, kicked, whipped, or beat you with an object, did you experience? A) Fear or anxiety B) Cuts, scratches, bruises, aches, redness or swelling or other minor marks C) Sprains, dislocations, or blistering D) Deep wounds, broken bones, broken teeth, or blackened or charred skin E) A miscarriage F) Permanent injury or disfigurement					YES	NO	DK /DTA
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	F. PERMANENT INJURY OR DISFIGUREMENT	1	2	99				
F195	PV3A: FIRST TIME 0 TO 5 YEARS..... 6 TO 11 YEARS.....			1 2				

IDENTIFICATION	ID-A	ID-B			ID-C			ID-D			EA			HOUSEHOLD			INTERVIEWER #

No	Questions and Filters	Coding Categories	Skip
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	How old were you the <u>first time</u> this happened?	12 TO 17 YEARS..... 18 OR OLDER..... DON'T KNOW / DECLINED.....	3 4 99	
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IDENTIFICATION	ID-A	ID-B		ID-C		ID-D		EA		HOUSEHOLD			INTERVIEWER #

No	Questions and Filters	Coding Categories	Skip
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	DON'T KNOW/DECLINED.....		99				
F204	Was this person older than you, younger than you, or about the same age?	OLDER..... YOUNGER..... ABOUT SAME AGE..... DON'T KNOW/DECLINED.....	<table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>99</td></tr> </table> → F206	1	2	3	99
1							
2							
3							
99							

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No	Questions and Filters	Coding Categories	Skip
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F205	Would you say this person was more than 10 years older than you, 5-10 years older or less than 5 years older?	MORE THAN 10 YEARS OLDER..... 5-10 YEARS OLDER..... LESS THAN 5 YEARS OLDER..... DON'T KNOW/DECLINED.....	1 2 3 99																																													
F206	Did this happen in the last 12 months?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99																																													
F207	As a result of this <u>last time</u> when someone in your [<i>insert culturally appropriate term for COMMUNITY</i>] choked, smothered, tried to drown, burned or scalded you intentionally, did you experience? A) Fear or anxiety B) Cuts, scratches, bruises, aches, redness or swelling or other minor marks C) Sprains, dislocations, or blistering D) Deep wounds, broken bones, broken teeth, or blackened or charred skin E) A miscarriage F) Permanent injury or disfigurement	YES NO DK /DTA																																														
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F208	PV3B: FIRST TIME How old were you the <u>first time</u> this happened?	0 TO 5 YEARS..... 6 TO 11 YEARS..... 12 TO 17 YEARS..... 18 OR OLDER..... DON'T KNOW/DECLINED.....	1 2 3 4 99																																													
F209	What was your relationship to the person who did this to you the <u>first time</u> ?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;"><u>MALE</u></th> <th colspan="2" style="text-align: center;"><u>FEMALE</u></th> </tr> </thead> <tbody> <tr> <td>MALE TEACHER.....</td> <td style="text-align: right;">1</td> <td>FEMALE TEACHER.....</td> <td style="text-align: right;">9</td> </tr> <tr> <td>MALE POLICE.....</td> <td style="text-align: right;">2</td> <td>FEMALE POLICE.....</td> <td style="text-align: right;">10</td> </tr> <tr> <td>MALE EMPLOYER.....</td> <td style="text-align: right;">3</td> <td>FEMALE EMPLOYER.....</td> <td style="text-align: right;">11</td> </tr> <tr> <td>MALE COMMUNITY LEADER.....</td> <td style="text-align: right;">4</td> <td>FEMALE COMMUNITY LEADER.....</td> <td style="text-align: right;">12</td> </tr> <tr> <td>MALE RELIGIOUS LEADER.....</td> <td style="text-align: right;">5</td> <td>FEMALE RELIGIOUS LEADER.....</td> <td style="text-align: right;">13</td> </tr> <tr> <td>MALE FRIEND.....</td> <td style="text-align: right;">6</td> <td>FEMALE FRIEND.....</td> <td style="text-align: right;">14</td> </tr> <tr> <td>MALE CLASSMATE/SCHOOLMATE.....</td> <td style="text-align: right;">7</td> <td>FEMALE CLASSMATE/SCHOOLMATE.....</td> <td style="text-align: right;">15</td> </tr> <tr> <td>MALE NEIGHBOR.....</td> <td style="text-align: right;">8</td> <td>FEMALE NEIGHBOR.....</td> <td style="text-align: right;">16</td> </tr> <tr> <td>OTHER MALE (SPECIFY).....</td> <td style="text-align: right;">77</td> <td>OTHER FEMALE (SPECIFY).....</td> <td style="text-align: right;">88</td> </tr> <tr> <td colspan="2" style="text-align: center;">DON'T KNOW/DECLINED.....</td> <td colspan="2" style="text-align: center;">99</td> </tr> </tbody> </table>			<u>MALE</u>		<u>FEMALE</u>		MALE TEACHER.....	1	FEMALE TEACHER.....	9	MALE POLICE.....	2	FEMALE POLICE.....	10	MALE EMPLOYER.....	3	FEMALE EMPLOYER.....	11	MALE COMMUNITY LEADER.....	4	FEMALE COMMUNITY LEADER.....	12	MALE RELIGIOUS LEADER.....	5	FEMALE RELIGIOUS LEADER.....	13	MALE FRIEND.....	6	FEMALE FRIEND.....	14	MALE CLASSMATE/SCHOOLMATE.....	7	FEMALE CLASSMATE/SCHOOLMATE.....	15	MALE NEIGHBOR.....	8	FEMALE NEIGHBOR.....	16	OTHER MALE (SPECIFY).....	77	OTHER FEMALE (SPECIFY).....	88	DON'T KNOW/DECLINED.....		99	
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F210	Was this person older than you, younger than you, or about the same age?	OLDER..... YOUNGER..... ABOUT SAME AGE..... DON'T KNOW/DECLINED.....	1 2 3 99	→ F212																																												
F211	Would you say this person was more than 10 years older than you, 5-10 years older or less than 5 years older?	MORE THAN 10 YEARS OLDER..... 5-10 YEARS OLDER..... LESS THAN 5 YEARS OLDER..... DON'T KNOW/DECLINED.....	1 2 3 99																																													
F212	Did this happen in the last 12 months?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99																																													
F213	As a result of the <u>first time</u> when someone in your [<i>insert culturally appropriate term for COMMUNITY</i>] choked, smothered, tried to drown, burned or scalded you intentionally, did you experience? A) Fear or anxiety B) Cuts, scratches, bruises, aches, redness or swelling or other minor marks C) Sprains, dislocations, or blistering	YES NO DK /DTA																																														
		A. FEAR OR ANXIETY	1	2																																												
		B. CUTS, SCRATCHES, BRUISES, ACHES, REDNESS, SWELLING, OTHER MINOR MARKS	1	2																																												
		C. SPRAINS, DISLOCATIONS, OR BLISTERING	1	2																																												

IDENTIFICATION	ID-A		ID-B		ID-C		ID-D		EA		HOUSEHOLD		INTERVIEWER #	

No	Questions and Filters	Coding Categories	Skip
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	D) Deep wounds, broken bones, broken teeth, or blackened or charred skin E) A miscarriage F) Permanent injury or disfigurement	D. DEEP WOUNDS, BROKEN BONES, BROKEN THEETH, OR BLACKENED OR CHARRED SKIN E. A MISCARRIAGE F. PERMANENT INJURY OR DISFIGUREMENT	1 1 1	2 2 2	99 99 99
F214	PV3C: How many times has someone in your <i>[insert culturally appropriate term for COMMUNITY]</i> used or threatened to use a knife or other weapon against you: once, a few times, or many times?	ONCE..... FEW..... MANY..... DON'T KNOW/DECLINED.....	1 2 3 99	→ → → →	F221 F221
F215	PV3C: MOST RECENT TIME How old were you the <u>last time</u> this happened?	0 TO 5 YEARS..... 6 TO 11 YEARS..... 12 TO 17 YEARS..... 18 OR OLDER..... DON'T KNOW/DECLINED.....	1 2 3 4 99		
F216	What was your relationship to the person who did this to you this <u>last time</u> ? MALE MALE TEACHER..... 1 MALE POLICE..... 2 MALE EMPLOYER..... 3 MALE COMMUNITY LEADER..... 4 MALE RELIGIOUS LEADER..... 5 MALE FRIEND..... 6 MALE CLASSMATE/SCHOOLMATE..... 7 MALE NEIGHBOR..... 8 OTHER MALE (SPECIFY)..... 77 DON'T KNOW/DECLINED.....	FEMALE FEMALE TEACHER..... 9 FEMALE POLICE..... 10 FEMALE EMPLOYER..... 11 FEMALE COMMUNITY LEADER..... 12 FEMALE RELIGIOUS LEADER..... 13 FEMALE FRIEND..... 14 FEMALE CLASSMATE/SCHOOLMATE..... 15 FEMALE NEIGHBOR..... 16 OTHER FEMALE (SPECIFY)..... 88 DON'T KNOW/DECLINED.....			99
F217	Was this person older than you, younger than you, or about the same age?	OLDER..... YOUNGER..... ABOUT SAME AGE..... DON'T KNOW/DECLINED.....	1 2 3 99	→	F219
F218	Would you say this person was more than 10 years older than you, 5-10 years older or less than 5 years older?	MORE THAN 10 YEARS OLDER..... 5-10 YEARS OLDER..... LESS THAN 5 YEARS OLDER..... DON'T KNOW/DECLINED.....	1 2 3 99		
F219	Did this happen in the last 12 months?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99		
F220	As a result of this <u>last time</u> when someone in your <i>[insert culturally appropriate term for COMMUNITY]</i> used or threatened to use a weapon against you, did you experience? A) Fear or anxiety B) Cuts, scratches, bruises, aches, redness or swelling or other minor marks C) Sprains, dislocations, or blistering D) Deep wounds, broken bones, broken teeth, or blackened or charred skin E) A miscarriage F) Permanent injury or disfigurement	YES A. FEAR OR ANXIETY B. CUTS, SCRATCHES, BRUISES, ACHES, REDNESS, SWELLING, OTHER MINOR MARKS C. SPRAINS, DISLOCATIONS, OR BLISTERING D. DEEP WOUNDS, BROKEN BONES, BROKEN THEETH, OR BLACKENED OR CHARRED SKIN E. A MISCARRIAGE F. PERMANENT INJURY OR DISFIGUREMENT	NO 1 1 1 1 1 1	DK /DTA 2 2 2 2 2 2	99 99 99 99 99 99
F221	PV3C: FIRST TIME How old were you the <u>first time</u> this happened?	0 TO 5 YEARS..... 6 TO 11 YEARS..... 12 TO 17 YEARS..... 18 OR OLDER..... DON'T KNOW/DECLINED.....	1 2 3 4 99		
F222	What was your relationship to the person who did this to you the <u>first time</u> ?				

IDENTIFICATION	ID-A		ID-B		ID-C		ID-D		EA		HOUSEHOLD		INTERVIEWER #	

No	Questions and Filters	Coding Categories	Skip
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<u>MALE</u>		<u>FEMALE</u>	
MALE TEACHER.....	1	FEMALE TEACHER.....	9
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OTHER MALE (SPECIFY).....	77	OTHER FEMALE (SPECIFY).....	88
DON'T KNOW/DECLINED.....		99	

F223	Was this person older than you, younger than you, or about the same age?	OLDER..... YOUNGER..... ABOUT SAME AGE..... DON'T KNOW/DECLINED.....	1 2 3 99	F225
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F224	Would you say this person was more than 10 years older than you, 5-10 years older or less than 5 years older?	MORE THAN 10 YEARS OLDER..... 5-10 YEARS OLDER..... LESS THAN 5 YEARS OLDER..... DON'T KNOW/DECLINED.....	1 2 3 99	
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F225	Did this happen in the last 12 months?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	
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F226	As a result of the <u>first time</u> when someone in your [insert culturally appropriate term for COMMUNITY] used or threatened to use a weapon against you, did you experience?		YES	NO	DK /DTA
	A) Fear or anxiety	A. FEAR OR ANXIETY	1	2	99
	B) Cuts, scratches, bruises, aches, redness or swelling or other minor marks	B. CUTS, SCRATCHES, BRUISES, ACHES, REDNESS, SWELLING, OTHER MINOR MARKS	1	2	99
	C) Sprains, dislocations, or blistering	C. SPRAINS, DISLOCATIONS, OR BLISTERING	1	2	99
	D) Deep wounds, broken bones, broken teeth, or blackened or charred skin	D. DEEP WOUNDS, BROKEN BONES, BROKEN THEETH, OR BLACKENED OR CHARRED SKIN	1	2	99
	E) A miscarriage	E. A MISCARRIAGE	1	2	99
	F) Permanent injury or disfigurement	F. PERMANENT INJURY OR DISFIGUREMENT	1	2	99

F227	PV SERVICES Thinking about all your experiences with physical violence, have you ever sought help for any of these experiences?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	F229
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F228	From whom have you sought help? Anyone else? RECORD ALL MENTIONED	OWN FAMILY HUSBAND'S/PARTNER'S FAMILY..... CURRENT/FORMER HUSBAND/PARTNER..... CURRENT/FORMER BOYFRIEND..... FRIEND..... NEIGHBOR..... RELIGIOUS LEADER..... DOCTOR/MEDICAL PERSONNEL..... POLICE..... LAWYER..... SOCIAL SERVICE ORGANIZATION..... OTHER (SPECIFY):..... DON'T KNOW/DECLINED.....	A B C D E F G H I J K X Z	F300
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No	Questions and Filters	Coding Categories	Skip
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F229	What was the <u>main reason</u> you did not seek help?	DID NOT KNOW WHERE TO GO..... 1 AFRAID OF CAUSING MORE VIOLENCE OR GETTING IN TROUBLE 2 EMBARRASSED FOR SELF OR MY FAMILY..... 3 FELT ASHAMED..... 4 AFRAID OF BEING MOCKED..... 5 WAS OR FELT THREATENED..... 6 FELT IT WAS MY FAULT..... 7 DID NOT WANT ABUSER TO GET IN TROUBLE..... 8 DEPENDENT ON PERPETRATOR..... 9 TOO FAR TO SERVICES..... 10 AFRAID OF BEING ABANDONED..... 11 DID NOT THINK IT WAS A PROBLEM..... 12 COULD NOT AFFORD TRANSPORT..... 13 COULD NOT AFFORD SERVICE FEES..... 14 DID NOT NEED/WANT SERVICES..... 15 NO ONE TO HELP ME..... 16 FELT IT WAS USELESS..... 17 OTHER (SPECIFY):..... 88 DON'T KNOW/DECLINED..... 99	
F230	Have you ever told anyone about these experiences?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	→ F300
F231	Who did you speak to regarding any physical violence experiences that happened? (<i>Record all mentioned</i>)	OWN FAMILY A HUSBAND'S/PARTNER'S FAMILY..... B CURRENT/FORMER HUSBAND/PARTNER..... C CURRENT/FORMER BOYFRIEND..... D FRIEND..... E NEIGHBOR..... F RELIGIOUS LEADER..... G DOCTOR/MEDICAL PERSONNEL..... H POLICE..... I LAWYER..... J SOCIAL SERVICE ORGANIZATION..... K OTHER (SPECIFY):..... X DON'T KNOW/DECLINED..... Z	

F300	EMOTIONAL VIOLENCE			
	The next questions ask about what a parent or caregiver may have said to you			
	Has a parent or someone like a parent ever:			
		YES	NO	DK/DTA
	A. told you that you were not loved, or did not deserve to be loved?	1	2	99
	B. said they wished you had never been born or were dead?	1	2	99
	C. ever ridiculed you or put you down (for example say that you were stupid or useless)?	1	2	99
	IF F300A =1 OR F300B=1 OR F300C =1 → F301 IF F300A=2/99 AND F300B=2/99 AND F300C =2/99 → F400			
F301	EVI How many times has/did a parent or someone like a parent ever said or done these things: once, a few times, or many times?	ONCE..... 1 FEW..... 2 MANY..... 3 DON'T KNOW/DECLINED..... 99	→ F305 → F305	
F302	EVI: MOST RECENT TIME How old were you the <u>most recent time</u> 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		

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No	Questions and Filters	Coding Categories	Skip
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F303	What was your relationship to this person who did this to you this <u>most recent time</u> ?	<table border="0"> <thead> <tr> <th colspan="2"><u>MALE</u></th> <th colspan="2"><u>FEMALE</u></th> </tr> </thead> <tbody> <tr> <td>FATHER.....</td> <td>1</td> <td>MOTHER.....</td> <td>6</td> </tr> <tr> <td>STEP FATHER.....</td> <td>2</td> <td>STEP MOTHER.....</td> <td>7</td> </tr> <tr> <td>BROTHER.....</td> <td>3</td> <td>SISTER.....</td> <td>8</td> </tr> <tr> <td>STEP BROTHER.....</td> <td>4</td> <td>STEP SISTER.....</td> <td>9</td> </tr> <tr> <td>UNCLE.....</td> <td>5</td> <td>AUNT.....</td> <td>10</td> </tr> <tr> <td>OTHER MALE RELATIVE/CAREGIVER (SPECIFY).....</td> <td>77</td> <td>OTHER FEMALE RELATIVE/CAREGIVER (SPECIFY).....</td> <td>88</td> </tr> <tr> <td colspan="2">DON'T KNOW/DECLINED.....</td> <td colspan="2">99</td> </tr> </tbody> </table>	<u>MALE</u>		<u>FEMALE</u>		FATHER.....	1	MOTHER.....	6	STEP FATHER.....	2	STEP MOTHER.....	7	BROTHER.....	3	SISTER.....	8	STEP BROTHER.....	4	STEP SISTER.....	9	UNCLE.....	5	AUNT.....	10	OTHER MALE RELATIVE/CAREGIVER (SPECIFY).....	77	OTHER FEMALE RELATIVE/CAREGIVER (SPECIFY).....	88	DON'T KNOW/DECLINED.....		99		
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F304	Did this happen in the last 12 months?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99																																	
F305	<i>EVI: FIRST TIME</i> How old were you the <u>first time</u> 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																																	
F306	What was your relationship to this person who did this to you the <u>first time</u> ?	<table border="0"> <thead> <tr> <th colspan="2"><u>MALE</u></th> <th colspan="2"><u>FEMALE</u></th> </tr> </thead> <tbody> <tr> <td>FATHER.....</td> <td>1</td> <td>MOTHER.....</td> <td>6</td> </tr> <tr> <td>STEP FATHER.....</td> <td>2</td> <td>STEP MOTHER.....</td> <td>7</td> </tr> <tr> <td>BROTHER.....</td> <td>3</td> <td>SISTER.....</td> <td>8</td> </tr> <tr> <td>STEP BROTHER.....</td> <td>4</td> <td>STEP SISTER.....</td> <td>9</td> </tr> <tr> <td>UNCLE.....</td> <td>5</td> <td>AUNT.....</td> <td>10</td> </tr> <tr> <td>OTHER MALE RELATIVE/CAREGIVER (SPECIFY).....</td> <td>77</td> <td>OTHER FEMALE RELATIVE/CAREGIVER (SPECIFY).....</td> <td>88</td> </tr> <tr> <td colspan="2">DON'T KNOW/DECLINED.....</td> <td colspan="2">99</td> </tr> </tbody> </table>	<u>MALE</u>		<u>FEMALE</u>		FATHER.....	1	MOTHER.....	6	STEP FATHER.....	2	STEP MOTHER.....	7	BROTHER.....	3	SISTER.....	8	STEP BROTHER.....	4	STEP SISTER.....	9	UNCLE.....	5	AUNT.....	10	OTHER MALE RELATIVE/CAREGIVER (SPECIFY).....	77	OTHER FEMALE RELATIVE/CAREGIVER (SPECIFY).....	88	DON'T KNOW/DECLINED.....		99		
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F307	Did this happen in the last 12 months?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99																																	
F400	SEXUAL BEHAVIOR: The next questions are about sexual activity. Have you ever had sexual intercourse whether this was something you wanted to do at the time or something you did not want to do? This includes someone penetrating your vagina or anus with their penis, hands, fingers, mouth or any other objects or penetrating your mouth with their penis.	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	F500																																
F401	How old were you when you had sexual intercourse for the very <u>first time</u> ?	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW/DECLINED..... 99																																	
F402	The first time you had sexual intercourse, was it because you wanted to or because you were made to have it without your permission?	WANTED TO..... 1 MADE TO..... 2 DON'T KNOW/DECLINED..... 99																																	

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No	Questions and Filters	Coding Categories	Skip
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F403	<p>PREGNANCY: The next questions are about pregnancy.</p> <p>Have you ever been pregnant?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW/DECLINED..... 99</p>	→ F406
F404	<p>How old were you the first time that you got pregnant?</p>	<p>YEARS OLD: <input type="text"/> <input type="text"/></p> <p>DON'T KNOW/DECLINED..... 99</p>	
F405	<p>Have you ever had a pregnancy that did not end in a live birth?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW/DECLINED..... 99</p>	
F406	<p>SEX HISTORY AND RISK TAKING: For these next questions, a sexual partner is any person with whom you have had sexual intercourse. A sexual partner could be a boyfriend, romantic partner, or husband, or someone you met just that day.</p> <p>In your life, how many sexual partners have you ever had?</p>	<p>NUMBER OF PARTNERS: <input type="text"/> <input type="text"/></p> <p><u>(INTERVIEWERS: 0 IS NOT AN ACCEPTABLE ANSWER FOR THIS QUESTION. IF RESPONDENT SAYS 0 THEN REFER BACK TO F400 AND CORRECT IF NECESSARY)</u></p> <p>DON'T KNOW/DECLINED..... 99</p>	
F407	<p>Have you had sexual intercourse in the past <u>12 months</u>?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW/DECLINED..... 99</p>	→ F500
F408	<p>How many partners have you had sexual intercourse with in the past <u>12 months</u>?</p>	<p>NUMBER OF PARTNERS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW/DECLINED..... 99</p>	

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<i>INTERVIEWER: CONTINUE DOWN THE COLUMN, ASKING ALL THE QUESTIONS FOR PARTNER 1 BEFORE CONTINUING TO PARTNER 2 AND PARTNER 3.</i>				
F409	I am going to ask you some questions about your sexual partners in the last 12 months.	PARTNER 1 MOST RECENT What is/was your relationship to the <u>most recent</u> person with whom you had sexual intercourse? HUSBAND..... 1 LIVE-IN PARTNER..... 2 BOYFRIEND NOT LIVING WITH YOU..... 3 SOMEONE YOU PAID FOR SEX..... 4 SOMEONE WHO PAID YOU FOR SEX..... 5 CASUAL ACQUAINTANCE..... 6 FRIEND..... 7 OTHER(SPECIFY)_____ 88 _____ 88 DK/DTA..... 99	PARTNER 2 SECOND MOST RECENT Now think back to the partner you had sexual intercourse with before the partner we just talked about. What is/was your relationship to the person with whom you had sexual intercourse? HUSBAND..... 1 LIVE-IN PARTNER..... 2 BOYFRIEND NOT LIVING WITH YOU..... 3 SOMEONE YOU PAID FOR SEX..... 4 SOMEONE WHO PAID YOU FOR SEX..... 5 CASUAL ACQUAINTANCE..... 6 FRIEND..... 7 OTHER(SPECIFY)_____ 88 _____ 88 DK/DTA..... 99	PARTNER 3 THIRD MOST RECENT Now think back to the partner you had sexual intercourse with before the partner we just talked about. What is/was your relationship to the person with whom you had sexual intercourse? HUSBAND..... 1 LIVE-IN PARTNER..... 2 BOYFRIEND NOT LIVING WITH YOU..... 3 SOMEONE YOU PAID FOR SEX..... 4 SOMEONE WHO PAID YOU FOR SEX..... 5 CASUAL ACQUAINTANCE..... 6 FRIEND..... 7 OTHER(SPECIFY)_____ 88 _____ 88 DK/DTA..... 99
F410	In the past 12 months, how often did you or this partner use a condom during sexual intercourse? Would you say always, sometimes, or never?	ALWAYS..... 1 SOMETIMES..... 2 NEVER..... 3 DON'T KNOW / DECLINED..... 99	ALWAYS..... 1 SOMETIMES..... 2 NEVER..... 3 DON'T KNOW / DECLINED..... 99	ALWAYS..... 1 SOMETIMES..... 2 NEVER..... 3 DON'T KNOW / DECLINED..... 99
	INTERVIEWER: CHECK NUMBER OF PARTNERS REPORTED IN F408	IF F408=1 → F500 IF F408>1 → F409 PARTNER 2	IF F408=2 → F500 IF F408>2 → F409 PARTNER 3	GO TO F500

F500	SEXUAL VIOLENCE : MONEY, GOODS OR FAVORS EXCHANGED FOR SEX/EXPLOITATION I'd like to ask you about some experiences you may have had with sex. Remember that everything you say will be confidential, and you can skip any questions that you don't feel comfortable answering. Has anyone ever given you money, food, gifts, or any favors to have sexual intercourse or perform any other sexual acts with them?	YES..... 1 NO..... 2 DON'T KNOW / DECLINED..... 99	→ F600
F501	How old were you when you were first given money, food, gifts, or any favors to have sexual intercourse or perform any other sexual acts?	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW / DECLINED..... 99	

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F502	Was this person older than you, younger than you, or about the same age?	OLDER..... YOUNGER..... ABOUT SAME AGE..... DON'T KNOW/DECLINED.....	1 2 3 99	→ F504
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F503	Would you say this person was more than 10 years older than you, 5-10 years older or less than 5 years older?	MORE THAN 10 YEARS OLDER..... 5-10 YEARS OLDER..... LESS THAN 5 YEARS OLDER..... DON'T KNOW/DECLINED.....	1 2 3 99	
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F504	In the last <u>12 months</u> , how many sexual partners gave you money, food, gifts, or any favors to have sexual intercourse or perform any other sexual acts with them?	NUMBER OF PARTNERS: <input type="text"/> <input type="text"/> DON'T KNOW / DECLINED.....	99	
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F505	Now think back to all experiences when you were given money, food, gifts, or any favors to have sexual intercourse or perform any other sexual acts with someone. What was your relationship to the people who did this to you? (<i>Circle all mentioned</i>) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">MALE</p> <p>MALE FRIEND OR ACQUAINTANCE..... A</p> <p>MALE TEACHER..... B</p> <p>MALE COMMUNITY LEADER..... C</p> <p>MALE RELIGIOUS LEADER..... D</p> <p>MALE EMPLOYER..... E</p> <p>MALE CLASSMATE/SCHOOLMATE..... F</p> <p>MALE NEIGHBOR..... G</p> <p>MALE POLICE..... H</p> <p>MALE SOLDIER..... I</p> <p>MALE TRUCK DRIVER..... J</p> <p>MALE TOURIST OR NON-NATIONAL..... K</p> <p>MALE I DON'T KNOW/STRANGER..... L</p> <p>OTHER MALE (SPECIFY)..... X</p> </div> <div style="width: 45%;"> <p style="text-align: center;">FEMALE</p> <p>FEMALE FRIEND OR ACQUAINTANCE..... M</p> <p>FEMALE TEACHER..... N</p> <p>FEMALE COMMUNITY LEADER..... O</p> <p>FEMALE RELIGIOUS LEADER..... P</p> <p>FEMALE EMPLOYER..... Q</p> <p>FEMALE CLASSMATE/SCHOOLMATE..... R</p> <p>FEMALE NEIGHBOR..... S</p> <p>FEMALE POLICE..... T</p> <p>FEMALE SOLDIER..... U</p> <p>FEMALE TRUCK DRIVER..... V</p> <p>FEMALE TOURIST OR NON-NATIONAL..... W</p> <p>FEMALE I DON'T KNOW/STRANGER..... AA</p> <p>OTHER FEMALE (SPECIFY)..... Y</p> </div> </div> <p style="text-align: center;">DON'T KNOW/DECLINED Z</p>			
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F600	SEXUAL VIOLENCE : NON-CONTACT SEXUAL VIOLENCE/EXPLOITATION			
	Has anyone ever:	YES	NO	DK/DTA
	A. Made you upset by speaking to you in a sexual way or writing sexual things about you?	1	2	99
	B. Forced you to watch sex photos or sex videos against your will?	1	2	99
	C. Forced you to be in a sex photo or video against your will?	1	2	99

	IF F600A=1 AND F600B=2/99 AND F600C =2/99 → F601 IF F600A=2/99 AND F600B=1 AND F600C =2/99 → F602 IF F600A=2/99 AND F600B=2/99 AND F600C =1 → F603 IF F600A=2/99 & F600B=2/99 & F600C=2/99 → F700	FOR COMBINATIONS OF (A-C)=1 ROUTE THROUGH APPROPRIATE SECTIONS IN SEQUENCE
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F601	How many times has someone made you upset by speaking to you in a sexual way or writing sexual things about you: once, a few times or many times? A) ONCE..... 1 → F601C FEW..... 2 MANY..... 3 DK/DTA... 99 → F602	B) How old were you when this <u>first</u> happened: 0-5, 6-11, 12-17, 18 or older? 0 TO 5 YEARS..... 1 6 TO 11 YEARS.... 2 12 TO 17 YEARS.. 3 18 OR OLDER..... 4 DK/DTA..... 99	C) How old were you: <u>ONCE</u> : when this happened? <u>FEW OR MANY</u> : the <u>most recent time</u> this happened? 0 TO 5 YEARS..... 1 6 TO 11 YEARS..... 2 12 TO 17 YEARS..... 3 18 OR OLDER..... 4 DK/DTA..... 99	D) Did this happen in the last 12 months? YES..... 1 NO..... 2 DK/DTA..... 99
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IDENTIFICATION	ID-A		ID-B		ID-C		ID-D		EA		HOUSEHOLD		INTERVIEWER #	

No	Questions and Filters	Coding Categories	Skip
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F602	How many times has someone forced you to watch sex photos or sex videos against your will?	A) ONCE..... 1 → F602C FEW..... 2 → F603 MANY..... 3 DK/DTA... 99 →	B) How old were you when this <u>first</u> happened: 0-5, 6-11, 12-17, 18 or older? 0 TO 5 YEARS..... 1 6 TO 11 YEARS.... 2 12 TO 17 YEARS.. 3 18 OR OLDER..... 4 DK/DTA..... 99	C) How old were you: <u>ONCE</u> : when this happened? <u>FEW OR MANY</u> : the <u>most recent time</u> this happened? 0 TO 5 YEARS..... 1 6 TO 11 YEARS..... 2 12 TO 17 YEARS..... 3 18 OR OLDER..... 4 DK/DTA..... 99	D) Did this happen in the last 12 months? YES..... 1 NO..... 2 DK/DTA..... 99
F603	How many times has someone forced you to be in a sex photo or video against your will: once, a few times or many times?	A) ONCE..... 1 → F603C FEW..... 2 MANY..... 3 DK/DTA... 99 → F700	B) How old were you when this <u>first</u> happened: 0-5, 6-11, 12-17, 18 or older? 0 TO 5 YEARS..... 1 6 TO 11 YEARS.... 2 12 TO 17 YEARS.. 3 18 OR OLDER..... 4 DK/DTA..... 99	C) How old were you: <u>ONCE</u> : when this happened? <u>FEW OR MANY</u> : the <u>most recent time</u> this happened? 0 TO 5 YEARS..... 1 6 TO 11 YEARS..... 2 12 TO 17 YEARS..... 3 18 OR OLDER..... 4 DK/DTA..... 99	D) Did this happen in the last 12 months? YES..... 1 NO..... 2 DK/DTA..... 99

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.			
F700	Has anyone, male or female, ever touched you in a sexual way without your permission, but did not try and force you to have sex of any kind? Touching without permission includes being fondled, pinched, grabbed, or touched without your permission.	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	
F800	Has anyone ever <u>tried</u> to make you have sexual intercourse of any kind without your permission, but did not succeed?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	
F900	Has anyone ever <u>physically forced you</u> to have sexual intercourse of any kind regardless of whether you did or did not fight back? By physical force , we mean things like being pinned or held down or use of violence like pulling your hair, pushing, shoving, punching, using or threatening to use a weapon, or threatening to physically harm you or a loved one. Please include experiences when you may or may not have fought back	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	
F1000	Has anyone ever <u>pressured</u> you in a nonphysical way, to have sexual intercourse of any kind when you did not want to and sex happened? When someone pressures you into sex, it could involve things like threats, harassment, luring you, or tricking you into having sex. Please do not tell me about incidences that you may have already told me about when I asked you about physically forced sex that you have ever experienced.	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	
IF F700=1 MOVE TO F701 IF F800=1 MOVE TO F801 IF F900=1 MOVE TO F901 IF F1000=1 MOVE TO F1001 IF F700-F1000=1 MOVE TO SVCS F1100 IF F700=2/99 AND F800=2/99 AND F900=2/99 AND F1000=2/99 MOVE TO F1200 PERPETRATION		FOR COMBINATIONS OF (F700 – F1000)=1 ROUTE THROUGH APPROPRIATE SECTIONS IN SEQUENCE	

IDENTIFICATION	ID-A		ID-B		ID-C		ID-D		EA		HOUSEHOLD			INTERVIEWER #	

No	Questions and Filters	Coding Categories	Skip
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F701	<p>SVI: TOUCHING WITHOUT PERMISSION- LIFETIME</p> <p>These questions ask you about a time when anyone, male or female, touched you in a sexual way without your permission, but <u>the person did not try and force you to have sex.</u></p> <p>How many times in your life has anyone touched you in a sexual way without your permission, but did not try and force you to have sex of any kind?</p>	<p>1..... 1 → F714</p> <p>WRITE NUMBER IF 2 TIMES OR MORE: <input type="text"/> <input type="text"/> → F702</p> <p>DON'T KNOW/DECLINED..... 99 → F714</p>																																																																													
F702	<p>SVIA: TOUCHING – MOST RECENT</p> <p>Now think about the <u>most recent time</u> anyone touched you in a sexual way without your permission <u>but did not try to force you to have sex.</u></p> <p>How old were you the <u>most recent time</u> this happened?</p>	<p>YEARS OLD: <input type="text"/> <input type="text"/></p> <p>DON'T KNOW/DECLINED..... 99</p>																																																																													
F703	<p>This <u>most recent time</u>, did more than one person touch you in a sexual way without your permission?</p>	<p>YES..... 1</p> <p>NO, ONE PERSON ONLY..... 2</p> <p>DON'T KNOW/DECLINED..... 99 → F706</p>																																																																													
F704	<p>This <u>most recent time</u>, how many people touched you in a sexual way without your permission?</p>	<p>NUMBER OF PEOPLE: <input type="text"/> <input type="text"/></p> <p>DON'T KNOW/DECLINED..... 99</p>																																																																													
F705	<p>Of these people who touched you in a sexual way without your permission this <u>most recent time</u>, think of the person you know the best for the following questions:</p>																																																																														
F706	<p>What was your relationship to the person who did this to you? This could be a boyfriend, husband, parent or other relative, neighbor, teacher, police, other security personnel, or anyone else.</p> <table border="0"> <thead> <tr> <th colspan="2">MALE</th> <th colspan="2">FEMALE</th> </tr> </thead> <tbody> <tr> <td>BOYFRIEND/ROMANTIC PARTNER.....</td> <td>1</td> <td>GIRLFRIEND/ROMANTIC PARTNER.....</td> <td>19</td> </tr> <tr> <td>HUSBAND.....</td> <td>2</td> <td>WIFE.....</td> <td>20</td> </tr> <tr> <td>FATHER.....</td> <td>3</td> <td>MOTHER.....</td> <td>21</td> </tr> <tr> <td>STEP FATHER.....</td> <td>4</td> <td>STEP MOTHER.....</td> <td>22</td> </tr> <tr> <td>BROTHER.....</td> <td>5</td> <td>SISTER.....</td> <td>23</td> </tr> <tr> <td>STEP BROTHER.....</td> <td>6</td> <td>STEP SISTER.....</td> <td>24</td> </tr> <tr> <td>UNCLE.....</td> <td>7</td> <td>AUNT.....</td> <td>25</td> </tr> <tr> <td>OTHER RELATIVE (SPECIFY).....</td> <td>8</td> <td>OTHER RELATIVE (SPECIFY).....</td> <td>26</td> </tr> <tr> <td>MALE TEACHER.....</td> <td>9</td> <td>FEMALE TEACHER.....</td> <td>27</td> </tr> <tr> <td>MALE POLICE.....</td> <td>10</td> <td>FEMALE POLICE.....</td> <td>28</td> </tr> <tr> <td>MALE SECURITY PERSON.....</td> <td>11</td> <td>FEMALE SECURITY PERSON.....</td> <td>29</td> </tr> <tr> <td>MALE EMPLOYER.....</td> <td>12</td> <td>FEMALE EMPLOYER.....</td> <td>30</td> </tr> <tr> <td>MALE IN MY NEIGHBORHOOD.....</td> <td>13</td> <td>FEMALE IN MY NEIGHBORHOOD.....</td> <td>31</td> </tr> <tr> <td>MALE COMMUNITY LEADER.....</td> <td>14</td> <td>FEMALE COMMUNITY LEADER.....</td> <td>32</td> </tr> <tr> <td>MALE RELIGIOUS LEADER.....</td> <td>15</td> <td>FEMALE RELIGIOUS LEADER.....</td> <td>33</td> </tr> <tr> <td>MALE FRIEND.....</td> <td>16</td> <td>FEMALE FRIEND.....</td> <td>34</td> </tr> <tr> <td>MALE STRANGER.....</td> <td>17</td> <td>FEMALE STRANGER.....</td> <td>35</td> </tr> <tr> <td>OTHER MALE (SPECIFY).....</td> <td>18</td> <td>OTHER FEMALE (SPECIFY).....</td> <td>36</td> </tr> </tbody> </table> <p>WEARING MASK/IT WAS DARK/COULDN'T SEE..... 88</p> <p>DON'T KNOW/DECLINED99</p>			MALE		FEMALE		BOYFRIEND/ROMANTIC PARTNER.....	1	GIRLFRIEND/ROMANTIC PARTNER.....	19	HUSBAND.....	2	WIFE.....	20	FATHER.....	3	MOTHER.....	21	STEP FATHER.....	4	STEP MOTHER.....	22	BROTHER.....	5	SISTER.....	23	STEP BROTHER.....	6	STEP SISTER.....	24	UNCLE.....	7	AUNT.....	25	OTHER RELATIVE (SPECIFY).....	8	OTHER RELATIVE (SPECIFY).....	26	MALE TEACHER.....	9	FEMALE TEACHER.....	27	MALE POLICE.....	10	FEMALE POLICE.....	28	MALE SECURITY PERSON.....	11	FEMALE SECURITY PERSON.....	29	MALE EMPLOYER.....	12	FEMALE EMPLOYER.....	30	MALE IN MY NEIGHBORHOOD.....	13	FEMALE IN MY NEIGHBORHOOD.....	31	MALE COMMUNITY LEADER.....	14	FEMALE COMMUNITY LEADER.....	32	MALE RELIGIOUS LEADER.....	15	FEMALE RELIGIOUS LEADER.....	33	MALE FRIEND.....	16	FEMALE FRIEND.....	34	MALE STRANGER.....	17	FEMALE STRANGER.....	35	OTHER MALE (SPECIFY).....	18	OTHER FEMALE (SPECIFY).....	36
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F707	<p>Was the person older than you, younger than you, or about the same age?</p>	<p>OLDER..... 1</p> <p>YOUNGER..... 2</p> <p>ABOUT SAME AGE..... 3 → F709</p> <p>DON'T KNOW/DECLINED..... 99</p>																																																																													
F708	<p>Would you say this person was more than 10 years older than you, 5-10 years older or less than 5 years older?</p>	<p>MORE THAN 10 YEARS OLDER..... 1</p> <p>5-10 YEARS OLDER..... 2</p> <p>LESS THAN 5 YEARS OLDER..... 3</p> <p>DON'T KNOW/DECLINED..... 99</p>																																																																													

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No	Questions and Filters	Coding Categories	Skip
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F709	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	1 2 3 4 5 6	INSIDE A CAR/BUS..... 7 LAKE, RIVER, OTHER BODY OF WATER... 8 FIELD OR OTHER NATURAL AREA..... 9 BAR/RESTAURANT/DISCO/CLUB..... 10 OTHER LOCATION (SPECIFY):..... 88 DON'T KNOW/DECLINED..... 99	7 8 9 10 88 99	F712
F710	Was anyone else at home at the time?			YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	1 2 99	F712
F711	Who else was at home at the time (<i>circle all mentioned</i>)?			PARENT..... A SIBLING..... B OTHER RELATIVE..... C FRIEND..... D OTHER (SPECIFY)..... X DON'T KNOW/DECLINED..... Z	A B C D X Z	
F712	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	1 2 3 4 99	
F713	Did this happen to you within the past 12 months?			YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	1 2 99	
F714	SVIB: TOUCHING – FIRST TIME Now think about the <u>first time</u> anyone touched you in a sexual way without your permission <u>but did not try to force you to have sex of any kind</u> . How old were you the <u>first time</u> this happened?			YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW/DECLINED..... 99	99	
F715	This <u>first time</u> , did more than one person touch you in a sexual way without your permission?			YES..... 1 NO, ONE PERSON ONLY..... 2 DON'T KNOW/DECLINED..... 99	1 2 99	F718
F716	This <u>first time</u> , how many people touched you in a sexual way without your permission?			NUMBER OF PEOPLE: <input type="text"/> <input type="text"/> DON'T KNOW/DECLINED..... 99	99	
F717	Of these people who touched you in a sexual way without your permission this <u>first time</u>, think of the person you know the best for the following questions:					
F718	What was your relationship to the person who did this to you? This could be a boyfriend, husband, parent or other relative, neighbor, teacher, police, other security personnel, or anyone else.	MALE BOYFRIEND/ROMANTIC PARTNER..... 1 HUSBAND..... 2 FATHER..... 3 STEP FATHER..... 4 BROTHER..... 5 STEP BROTHER..... 6 UNCLE..... 7 OTHER RELATIVE (SPECIFY)..... 8 MALE TEACHER..... 9 MALE POLICE..... 10 MALE SECURITY PERSON..... 11 MALE EMPLOYER..... 12 MALE IN MY NEIGHBORHOOD..... 13 MALE COMMUNITY LEADER..... 14 MALE RELIGIOUS LEADER..... 15 MALE FRIEND..... 16 MALE STRANGER..... 17 OTHER MALE (SPECIFY)..... 18		FEMALE GIRLFRIEND/ROMANTIC PARTNER..... 19 WIFE..... 20 MOTHER..... 21 STEP MOTHER..... 22 SISTER..... 23 STEP SISTER..... 24 AUNT..... 25 OTHER RELATIVE (SPECIFY)..... 26 FEMALE TEACHER..... 27 FEMALE POLICE..... 28 FEMALE SECURITY PERSON..... 29 FEMALE EMPLOYER..... 30 FEMALE IN MY NEIGHBORHOOD..... 31 FEMALE COMMUNITY LEADER..... 32 FEMALE RELIGIOUS LEADER..... 33 FEMALE FRIEND..... 34 FEMALE STRANGER..... 35 OTHER FEMALE (SPECIFY)..... 36	19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36	

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No	Questions and Filters	Coding Categories	Skip
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	WEARING MASK/IT WAS DARK/COULDN'T SEE.....88 DON'T KNOW/DECLINED99			
F719	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		F721
F720	Would you say this person was 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		
F721	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 OTHER LOCATION (SPECIFY):..... 88 DON'T KNOW/DECLINED..... 99	F724
F722	Was anyone else at home at the time?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99		F724
F723	Who else was at home at the time (<i>circle all mentioned</i>)?	PARENT..... A SIBLING..... B OTHER RELATIVE..... C FRIEND..... D OTHER (SPECIFY)..... X DON'T KNOW/DECLINED..... Z		
F724	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		
F725	Did this happen to you within the past 12 months?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99		
	REFER TO F800 F900 F1000 FOR ROUTING TO NEXT SECTION	IF F800=1 MOVE TO F801 IF F900=1 MOVE TO F901 IF F1000=1 MOVE TO F1001 IF F800 AND F900 AND F1000 =2/99 MOVE TO F1100		
F801	SV2: ATTEMPTED SEX- LIFETIME How many times in your life has anyone <u>tried</u> to make you have sexual intercourse of any kind without your permission, but did not succeed?	1..... 1 WRITE NUMBER IF <input type="text"/> <input type="text"/> 2 TIMES OR MORE: 99 DON'T KNOW/DECLINED.....		F814 F802 F814
F802	SV2A: ATTEMPTED SEX – MOST RECENT Now think about the <u>most recent time</u> anyone tried to make you have sexual intercourse of any kind without your permission, but did not succeed. How old were you the <u>most recent time</u> this ever happened?	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW/DECLINED..... 99		
F803	This <u>most recent time</u> , did more than one person try to make you have sexual intercourse of any kind without your permission?	YES..... 1 NO, ONE PERSON ONLY..... 2 DON'T KNOW/DECLINED..... 99		F806
F804	This <u>most recent time</u> , how many people tried to make you have sexual intercourse of any kind without your permission?	NUMBER OF PEOPLE: <input type="text"/> <input type="text"/> DON'T KNOW/DECLINED..... 99		

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No	Questions and Filters	Coding Categories	Skip
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F805	Of these people who attempted to have sex with you without your permission this <u>most recent time</u> , think of the person you know the best for the following questions:
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IDENTIFICATION	ID-A		ID-B		ID-C		ID-D		EA		HOUSEHOLD			INTERVIEWER #	

No	Questions and Filters	Coding Categories	Skip
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F806	What was your relationship to the person who did this to you? This could be a boyfriend, husband, parent or other relative, neighbor, teacher, police, other security personnel, or anyone else.	<p style="text-align: center;">MALE</p> BOYFRIEND/ROMANTIC PARTNER..... 1 HUSBAND..... 2 FATHER..... 3 STEP FATHER..... 4 BROTHER..... 5 STEP BROTHER..... 6 UNCLE..... 7 OTHER RELATIVE (SPECIFY)..... 8 MALE TEACHER..... 9 MALE POLICE..... 10 MALE SECURITY PERSON..... 11 MALE EMPLOYER..... 12 MALE IN MY NEIGHBORHOOD..... 13 MALE COMMUNITY LEADER..... 14 MALE RELIGIOUS LEADER..... 15 MALE FRIEND..... 16 MALE STRANGER..... 17 OTHER MALE (SPECIFY)..... 18	<p style="text-align: center;">FEMALE</p> GIRLFRIEND/ROMANTIC PARTNER..... 19 WIFE..... 20 MOTHER..... 21 STEP MOTHER..... 22 SISTER..... 23 STEP SISTER..... 24 AUNT..... 25 OTHER RELATIVE (SPECIFY)..... 26 FEMALE TEACHER..... 27 FEMALE POLICE..... 28 FEMALE SECURITY PERSON..... 29 FEMALE EMPLOYER..... 30 FEMALE IN MY NEIGHBORHOOD..... 31 FEMALE COMMUNITY LEADER..... 32 FEMALE RELIGIOUS LEADER..... 33 FEMALE FRIEND..... 34 FEMALE STRANGER..... 35 OTHER FEMALE (SPECIFY)..... 36		
		WEARING MASK/IT WAS DARK/COULDN'T SEE..... 88 DON'T KNOW/DECLINED..... 99			
F807	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	F809		
F808	Would you say this person was 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			
F809	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 OTHER LOCATION (SPECIFY):..... 88 DON'T KNOW/DECLINED..... 99	F812	
F810	Was anyone else at home at the time?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	F812		
F811	Who else was at home at the time (circle all mentioned)?	PARENT..... A SIBLING..... B OTHER RELATIVE..... C FRIEND..... D OTHER (SPECIFY)..... X DON'T KNOW/DECLINED..... Z			
F812	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			
F813	Did this happen to you within the past 12 months?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99			
F814	SV2B: ATTEMPTED SEX - FIRST TIME Now think about the <u>first time</u> anyone tried to make you have sexual intercourse of any kind without your permission, but did not succeed.	YEARS OLD: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW/DECLINED..... 99			

IDENTIFICATION	ID-A		ID-B		ID-C		ID-D		EA		HOUSEHOLD		INTERVIEWER #	

No	Questions and Filters	Coding Categories	Skip
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	How old were you the <u>first time</u> this happened?																																																																																						
F815	This <u>first time</u> , did more than one person try to make you have sexual intercourse of any kind without your permission?	YES..... 1 NO, ONE PERSON ONLY..... 2 DON'T KNOW/DECLINED..... 99	F818																																																																																				
F816	This <u>first time</u> , how many people tried to make you have sexual intercourse of any kind without your permission?	NUMBER OF PEOPLE: <input type="text"/> <input type="text"/> DON'T KNOW/DECLINED..... 99																																																																																					
F817	Of these people who attempted to have sex with you without your permission this <u>first time</u>, think of the person you know the best for the following questions:																																																																																						
F818	What was your relationship to the person who did this to you? This could be a boyfriend, husband, parent or other relative, neighbor, teacher, police, other security personnel, or anyone else.	<table border="0"> <tr> <td colspan="2" style="text-align: center;">MALE</td> <td colspan="2" style="text-align: center;">FEMALE</td> </tr> <tr> <td>BOYFRIEND/ROMANTIC PARTNER.....</td> <td>1</td> <td>GIRLFRIEND/ROMANTIC PARTNER.....</td> <td>19</td> </tr> <tr> <td>HUSBAND.....</td> <td>2</td> <td>WIFE.....</td> <td>20</td> </tr> <tr> <td>FATHER.....</td> <td>3</td> <td>MOTHER.....</td> <td>21</td> </tr> <tr> <td>STEP FATHER.....</td> <td>4</td> <td>STEP MOTHER.....</td> <td>22</td> </tr> <tr> <td>BROTHER.....</td> <td>5</td> <td>SISTER.....</td> <td>23</td> </tr> <tr> <td>STEP BROTHER.....</td> <td>6</td> <td>STEP SISTER.....</td> <td>24</td> </tr> <tr> <td>UNCLE.....</td> <td>7</td> <td>AUNT.....</td> <td>25</td> </tr> <tr> <td>OTHER RELATIVE (SPECIFY).....</td> <td>8</td> <td>OTHER RELATIVE (SPECIFY).....</td> <td>26</td> </tr> <tr> <td>MALE TEACHER.....</td> <td>9</td> <td>FEMALE TEACHER.....</td> <td>27</td> </tr> <tr> <td>MALE POLICE.....</td> <td>10</td> <td>FEMALE POLICE.....</td> <td>28</td> </tr> <tr> <td>MALE SECURITY PERSON.....</td> <td>11</td> <td>FEMALE SECURITY PERSON.....</td> <td>29</td> </tr> <tr> <td>MALE EMPLOYER.....</td> <td>12</td> <td>FEMALE EMPLOYER.....</td> <td>30</td> </tr> <tr> <td>MALE IN MY NEIGHBORHOOD.....</td> <td>13</td> <td>FEMALE IN MY NEIGHBORHOOD.....</td> <td>31</td> </tr> <tr> <td>MALE COMMUNITY LEADER.....</td> <td>14</td> <td>FEMALE COMMUNITY LEADER.....</td> <td>32</td> </tr> <tr> <td>MALE RELIGIOUS LEADER.....</td> <td>15</td> <td>FEMALE RELIGIOUS LEADER.....</td> <td>33</td> </tr> <tr> <td>MALE FRIEND.....</td> <td>16</td> <td>FEMALE FRIEND.....</td> <td>34</td> </tr> <tr> <td>MALE STRANGER.....</td> <td>17</td> <td>FEMALE STRANGER.....</td> <td>35</td> </tr> <tr> <td>OTHER MALE (SPECIFY).....</td> <td>18</td> <td>OTHER FEMALE (SPECIFY).....</td> <td>36</td> </tr> <tr> <td colspan="2" style="text-align: center;">WEARING MASK/IT WAS DARK/COULDN'T SEE.....</td> <td colspan="2" style="text-align: center;">88</td> </tr> <tr> <td colspan="2" style="text-align: center;">DON'T KNOW/DECLINED.....</td> <td colspan="2" style="text-align: center;">99</td> </tr> </table>	MALE		FEMALE		BOYFRIEND/ROMANTIC PARTNER.....	1	GIRLFRIEND/ROMANTIC PARTNER.....	19	HUSBAND.....	2	WIFE.....	20	FATHER.....	3	MOTHER.....	21	STEP FATHER.....	4	STEP MOTHER.....	22	BROTHER.....	5	SISTER.....	23	STEP BROTHER.....	6	STEP SISTER.....	24	UNCLE.....	7	AUNT.....	25	OTHER RELATIVE (SPECIFY).....	8	OTHER RELATIVE (SPECIFY).....	26	MALE TEACHER.....	9	FEMALE TEACHER.....	27	MALE POLICE.....	10	FEMALE POLICE.....	28	MALE SECURITY PERSON.....	11	FEMALE SECURITY PERSON.....	29	MALE EMPLOYER.....	12	FEMALE EMPLOYER.....	30	MALE IN MY NEIGHBORHOOD.....	13	FEMALE IN MY NEIGHBORHOOD.....	31	MALE COMMUNITY LEADER.....	14	FEMALE COMMUNITY LEADER.....	32	MALE RELIGIOUS LEADER.....	15	FEMALE RELIGIOUS LEADER.....	33	MALE FRIEND.....	16	FEMALE FRIEND.....	34	MALE STRANGER.....	17	FEMALE STRANGER.....	35	OTHER MALE (SPECIFY).....	18	OTHER FEMALE (SPECIFY).....	36	WEARING MASK/IT WAS DARK/COULDN'T SEE.....		88		DON'T KNOW/DECLINED.....		99		
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F819	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	F821																																																																																				
F820	Would you say this person was 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																																																																																					
F821	Where were you when this happened to you?	<table border="0"> <tr> <td>MY HOME.....</td> <td>1</td> <td>INSIDE A CAR/BUS.....</td> <td>7</td> </tr> <tr> <td>PERPETRATOR'S HOME.....</td> <td>2</td> <td>LAKE, RIVER, OTHER BODY OF WATER... 8</td> <td></td> </tr> <tr> <td>SOMEONE ELSE'S HOME.....</td> <td>3</td> <td>FIELD OR OTHER NATURAL AREA.....</td> <td>9</td> </tr> <tr> <td>ON A ROAD/STREET.....</td> <td>4</td> <td>BAR/RESTAURANT/DISCO/CLUB.....</td> <td>10</td> </tr> <tr> <td>MARKET/SHOP.....</td> <td>5</td> <td>OTHER LOCATION (SPECIFY):.....</td> <td>88</td> </tr> <tr> <td>SCHOOL.....</td> <td>6</td> <td>DON'T KNOW/DECLINED.....</td> <td>99</td> </tr> </table>	MY HOME.....	1	INSIDE A CAR/BUS.....	7	PERPETRATOR'S HOME.....	2	LAKE, RIVER, OTHER BODY OF WATER... 8		SOMEONE ELSE'S HOME.....	3	FIELD OR OTHER NATURAL AREA.....	9	ON A ROAD/STREET.....	4	BAR/RESTAURANT/DISCO/CLUB.....	10	MARKET/SHOP.....	5	OTHER LOCATION (SPECIFY):.....	88	SCHOOL.....	6	DON'T KNOW/DECLINED.....	99	F824																																																												
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F822	Was anyone else at home at the time?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	F824																																																																																				
F823	Who else was at home at the time (<i>circle all mentioned</i>)?	PARENT..... A SIBLING..... B OTHER RELATIVE..... C FRIEND..... D																																																																																					

IDENTIFICATION	ID-A	ID-B	ID-C	ID-D	EA	HOUSEHOLD	INTERVIEWER #

No	Questions and Filters	Coding Categories	Skip
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		OTHER (SPECIFY)..... X DON'T KNOW/DECLINED..... Z	
F824	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	
F825	Did this happen to you within the past 12 months?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	
	REFER TO F900 F1000 FOR ROUTING TO NEXT SECTION	IF F900=1 MOVE TO F901 IF F1000=1 MOVE TO F1001 IF F900 AND F1000 =2/99 MOVE TO F1100	
F901	SV3: PHYSICALLY FORCED SEX- LIFETIME How many times in your life have you been <u>physically forced</u> to have sexual intercourse of any kind regardless of whether you did or did not fight back? By physical force , we mean things like being pinned or held down or use of violence like pulling your hair, pushing, shoving, punching, using or threatening to use a weapon, or threatening to physically harm you or a loved one. Please include experiences when you may or may not have fought back.	1..... 1 → F917 WRITE NUMBER IF <input type="text"/> <input type="text"/> → F902 2 TIMES OR MORE: DON'T KNOW/DECLINED..... 99 → F917	
F902	SV3A: PHYSICALLY FORCED SEX – MOST RECENT Now think about the <u>most recent time</u> anyone physically forced you to have sexual intercourse of any kind without your permission. How old were you the <u>most recent time</u> this ever happened?	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW/DECLINED..... 99	
F903	This <u>most recent time</u> , did more than one person physically force you to have sexual intercourse of any kind without your permission?	YES..... 1 NO, ONE PERSON ONLY..... 2 DON'T KNOW/DECLINED..... 99 → F906	
F904	This <u>most recent time</u> , how many people physically forced you to have sexual intercourse of any kind without your permission?	NUMBER OF PEOPLE: <input type="text"/> <input type="text"/> DON'T KNOW/DECLINED..... 99	
F905	Of these people who physically forced you to have sex of any kind without your permission this most recent time, think of the person you know best for the following questions:		
F906	What was your relationship to the person who did this to you? This could be a boyfriend, husband, parent or other relative, neighbor, teacher, police, other security personnel, or anyone else.		

IDENTIFICATION	ID-A		ID-B		ID-C		ID-D		EA		HOUSEHOLD		INTERVIEWER #	

No	Questions and Filters	Coding Categories	Skip
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		<u>MALE</u>		<u>FEMALE</u>					
		BOYFRIEND/ROMANTIC PARTNER.....	1	GIRLFRIEND/ROMANTIC PARTNER.....	19				
		HUSBAND.....	2	WIFE.....	20				
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		OTHER RELATIVE (SPECIFY).....	8	OTHER RELATIVE (SPECIFY).....	26				
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		WEARING MASK/IT WAS DARK/COULDN'T SEE.....88							
		DON'T KNOW/DECLINED.....99							
F907	Was the person older than you, younger than you, or about the same age?	OLDER.....	1	YOUNGER.....	2	ABOUT SAME AGE.....	3	F909	
		DON'T KNOW/DECLINED.....	99						
F908	Would you say this person was 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						
F909	Did the person who did this to you this <u>most recent time</u> use a weapon such as a gun, knife or machete?	YES.....	1	NO.....	2	DON'T KNOW/DECLINED.....	99		
F910	Where were you when this happened to you?	MY HOME.....	1	INSIDE A CAR/BUS.....	7	LAKE, RIVER, OTHER BODY OF WATER...	8	F913	
		PERPETRATOR'S HOME.....	2	FIELD OR OTHER NATURAL AREA.....	9	BAR/RESTAURANT/DISCO/CLUB.....	10		
		SOMEONE ELSE'S HOME.....	3	OTHER LOCATION (SPECIFY):.....	88	DON'T KNOW/DECLINED.....	99		
		ON A ROAD/STREET.....	4						
		MARKET/SHOP.....	5						
		SCHOOL.....	6						
F911	Was anyone else at home at the time?	YES.....	1	NO.....	2	DON'T KNOW/DECLINED.....	99	F913	
F912	Who else was at home at the time (<i>circle all mentioned</i>)?	PARENT.....	A	SIBLING.....	B	OTHER RELATIVE.....	C		
		FRIEND.....	D	OTHER (SPECIFY).....	X	DON'T KNOW/DECLINED.....	Z		
F913	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				
F914	This <u>most recent time</u> , 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	F916	
F915	Did you deliver the baby?	YES.....	1	NO.....	2	CURRENTLY PREGNANT.....	3		

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		DON'T KNOW/DECLINED.....	99	
F916	Did this most recent experience of being physically forced to have sex of any kind happen to you within the past 12 months?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	
F917	SV3B: PHYSICALLY FORCED SEX – FIRST TIME Now think about the <u>first time</u> anyone physically forced you to have sexual intercourse of any kind without your permission. How old were you the <u>first time</u> this happened?	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW/DECLINE.....	99	
F918	This <u>first time</u> , did more than one person physically force you to have sexual intercourse of any kind without your permission?	YES..... NO, ONE PERSON ONLY..... DON'T KNOW/DECLINE.....	1 2 99	→ F921
F919	This <u>first time</u> , how many people physically forced you to have sexual intercourse of any kind without your permission?	NUMBER OF PEOPLE: <input type="text"/> <input type="text"/> DON'T KNOW/DECLINE.....	99	
F920	Of these people who physically forced you to have sex of any kind without your permission the <u>first time</u>, think of the person you know best for the following questions:			
F921	What was your relationship to the person who did this to you? This could be a boyfriend, husband, parent or other relative, neighbor, teacher, police, other security personnel, or anyone else.	<p style="text-align: center;">MALE</p> BOYFRIEND/ROMANTIC PARTNER..... 1 HUSBAND..... 2 FATHER..... 3 STEP FATHER..... 4 BROTHER..... 5 STEP BROTHER..... 6 UNCLE..... 7 OTHER RELATIVE (SPECIFY)..... 8 MALE TEACHER..... 9 MALE POLICE..... 10 MALE SECURITY PERSON..... 11 MALE EMPLOYER..... 12 MALE IN MY NEIGHBORHOOD..... 13 MALE COMMUNITY LEADER..... 14 MALE RELIGIOUS LEADER..... 15 MALE FRIEND..... 16 MALE STRANGER..... 17 OTHER MALE (SPECIFY)..... 18	<p style="text-align: center;">FEMALE</p> GIRLFRIEND/ROMANTIC PARTNER..... 19 WIFE..... 20 MOTHER..... 21 STEP MOTHER..... 22 SISTER..... 23 STEP SISTER..... 24 AUNT..... 25 OTHER RELATIVE (SPECIFY)..... 26 FEMALE TEACHER..... 27 FEMALE POLICE..... 28 FEMALE SECURITY PERSON..... 29 FEMALE EMPLOYER..... 30 FEMALE IN MY NEIGHBORHOOD..... 31 FEMALE COMMUNITY LEADER..... 32 FEMALE RELIGIOUS LEADER..... 33 FEMALE FRIEND..... 34 FEMALE STRANGER..... 35 OTHER FEMALE (SPECIFY)..... 36	
		WEARING MASK/IT WAS DARK/COULDN'T SEE.....	88	
		DON'T KNOW/DECLINE	99	
F922	Did the person who did this to you the <u>first time</u> use a weapon such as a gun, knife or machete?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	
F923	Was the person older than you, younger than you, or about the same age?	OLDER..... YOUNGER..... ABOUT SAME AGE..... DON'T KNOW/DECLINE.....	1 2 3 99	→ F925
F924	Would you say this person was more than 10 years older than you, 5-10 years older or less than 5 years older?	MORE THAN 10 YEARS OLDER..... 5-10 YEARS OLDER..... LESS THAN 5 YEARS OLDER..... DON'T KNOW/DECLINED.....	1 2 3 99	

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No	Questions and Filters	Coding Categories	Skip
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F925	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 OTHER LOCATION (SPECIFY):..... 88 DON'T KNOW/DECLINED..... 99	F928
F926	Was anyone else at home at the time?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99		F928
F927	Who else was at home at the time (<i>circle all mentioned</i>)?	PARENT..... A SIBLING..... B OTHER RELATIVE..... C FRIEND..... D OTHER (SPECIFY)..... X DON'T KNOW/DECLINED..... Z		
F928	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		
F929	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		F931
F930	Did you deliver the baby?	YES..... 1 NO..... 2 CURRENTLY PREGNANT..... 3 DON'T KNOW/DECLINED..... 99		
F931	Did this first experience when someone physically forced you to have sexual intercourse of any kind happen to you within the past 12 months?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99		
	REFER TO F1000 FOR ROUTING TO NEXT SECTION	IF F1000=1 MOVE TO F1001 IF F1000 =2/99 MOVE TO F1100		
F1001	SV4: PRESSURED SEX- LIFETIME How many times in your life has someone <u>pressured</u> you in a nonphysical way, to have sexual intercourse of any kind when you did not want to and sex happened?	1..... 1	WRITE NUMBER IF <input type="text"/> <input type="text"/> 2 TIMES OR MORE:	F1016 F1002 F1016
F1002	SV4A:PRESSURED INTO SEX – MOST RECENT Now think about the <u>most recent time</u> anyone pressured you, in a nonphysical way, to have sexual intercourse of any kind when you did not want to, and sex happened. How old were you the <u>most recent time</u> this ever happened?	YEARS OLD: <input type="text"/> <input type="text"/>	DON'T KNOW/DECLINED..... 99	
F1003	This <u>most recent time</u> , did more than one person pressure you, in a nonphysical way, to have sexual intercourse of any kind when you did not want to?	YES..... 1 NO, ONE PERSON ONLY..... 2 DON'T KNOW/DECLINED..... 99		F1006
F1004	This <u>most recent time</u> , how many people pressured you in a nonphysical way to have sexual intercourse of any kind, when you did not want to?	NUMBER OF PEOPLE: <input type="text"/> <input type="text"/>	DON'T KNOW/DECLINED..... 99	
F1005	Of the people who pressured you in a nonphysical way to have sexual intercourse of any kind when you did not want to this <u>most recent time</u>, think of the person you know the best for the following questions:			

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No	Questions and Filters	Coding Categories	Skip
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F1006	What was your relationship to the person who did this to you? This could be a boyfriend, husband, parent or other relative, neighbor, teacher, police, other security personnel, or anyone else.	<p style="text-align: center;">MALE</p> BOYFRIEND/ROMANTIC PARTNER..... 1 HUSBAND..... 2 FATHER..... 3 STEP FATHER..... 4 BROTHER..... 5 STEP BROTHER..... 6 UNCLE..... 7 OTHER RELATIVE (SPECIFY)..... 8 MALE TEACHER..... 9 MALE POLICE..... 10 MALE SECURITY PERSON..... 11 MALE EMPLOYER..... 12 MALE IN MY NEIGHBORHOOD..... 13 MALE COMMUNITY LEADER..... 14 MALE RELIGIOUS LEADER..... 15 MALE FRIEND..... 16 MALE STRANGER..... 17 OTHER MALE (SPECIFY)..... 18	<p style="text-align: center;">FEMALE</p> GIRLFRIEND/ROMANTIC PARTNER..... 19 WIFE..... 20 MOTHER..... 21 STEP MOTHER..... 22 SISTER..... 23 STEP SISTER..... 24 AUNT..... 25 OTHER RELATIVE (SPECIFY)..... 26 FEMALE TEACHER..... 27 FEMALE POLICE..... 28 FEMALE SECURITY PERSON..... 29 FEMALE EMPLOYER..... 30 FEMALE IN MY NEIGHBORHOOD..... 31 FEMALE COMMUNITY LEADER..... 32 FEMALE RELIGIOUS LEADER..... 33 FEMALE FRIEND..... 34 FEMALE STRANGER..... 35 OTHER FEMALE (SPECIFY)..... 36	
		WEARING MASK/IT WAS DARK/COULDN'T SEE.....88 DON'T KNOW/DECLINED.....99		
F1007	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	F1009	
F1008	Would you say this person was 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		
F1009	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 OTHER LOCATION (SPECIFY):..... 88 DON'T KNOW/DECLINED.....99	F1012
F1010	Was anyone else at home at the time?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED.....99	F1012	
F1011	Who else was at home at the time (circle all mentioned)?	PARENT..... A SIBLING..... B OTHER RELATIVE..... C FRIEND..... D OTHER (SPECIFY)..... X DON'T KNOW/DECLINED..... Z		
F1012	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		
F1013	After this most recent experience, do you think that you got pregnant as a result?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED.....99	F1015	
F1014	Did you deliver the baby?	YES..... 1 NO..... 2 CURRENTLY PREGNANT..... 3 DON'T KNOW/DECLINED.....99		

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F1015	Did this most recent experience of being pressured in a nonphysical way to have sex of any kind happen to you within the past 12 months?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99																																																																																					
F1016	SV4B: PRESSURED INTO SEX – FIRST TIME Now think about the <u>first time</u> anyone pressured you, in a nonphysical way, to have sex of any kind when you did not want to, and sex happened. How old were you the <u>first time</u> this happened?	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW/DECLINED..... 99	F1100																																																																																				
F1017	This <u>first time</u> , did more than one person pressure you, in a nonphysical way, to have sex of any kind when you did not want to?	YES..... 1 NO, ONE PERSON ONLY..... 2 DON'T KNOW/DECLINED..... 99	F1020																																																																																				
F1018	This <u>first time</u> , how many people pressured you in a nonphysical way to have sex of any kind, when you did not want to?	NUMBER OF PEOPLE : <input type="text"/> <input type="text"/> DON'T KNOW/DECLINED..... 99																																																																																					
F1019	Of these people who pressured you in a nonphysical way to have sex of any kind without your permission this <u>first time</u>, think of the person you know the best for the following questions:																																																																																						
F1020	What was your relationship to the person who did this to you? This could be a boyfriend, husband, parent or other relative, neighbor, teacher, police, other security personnel, or anyone else.	<table border="0"> <thead> <tr> <th colspan="2"><u>MALE</u></th> <th colspan="2"><u>FEMALE</u></th> </tr> </thead> <tbody> <tr><td>BOYFRIEND/ROMANTIC PARTNER.....</td><td>1</td><td>GIRLFRIEND/ROMANTIC PARTNER.....</td><td>19</td></tr> <tr><td>HUSBAND.....</td><td>2</td><td>WIFE.....</td><td>20</td></tr> <tr><td>FATHER.....</td><td>3</td><td>MOTHER.....</td><td>21</td></tr> <tr><td>STEP FATHER.....</td><td>4</td><td>STEP MOTHER.....</td><td>22</td></tr> <tr><td>BROTHER.....</td><td>5</td><td>SISTER.....</td><td>23</td></tr> <tr><td>STEP BROTHER.....</td><td>6</td><td>STEP SISTER.....</td><td>24</td></tr> <tr><td>UNCLE.....</td><td>7</td><td>AUNT.....</td><td>25</td></tr> <tr><td>OTHER RELATIVE (SPECIFY).....</td><td>8</td><td>OTHER RELATIVE (SPECIFY).....</td><td>26</td></tr> <tr><td>MALE TEACHER.....</td><td>9</td><td>FEMALE TEACHER.....</td><td>27</td></tr> <tr><td>MALE POLICE.....</td><td>10</td><td>FEMALE POLICE.....</td><td>28</td></tr> <tr><td>MALE SECURITY PERSON.....</td><td>11</td><td>FEMALE SECURITY PERSON.....</td><td>29</td></tr> <tr><td>MALE EMPLOYER.....</td><td>12</td><td>FEMALE EMPLOYER.....</td><td>30</td></tr> <tr><td>MALE IN MY NEIGHBORHOOD.....</td><td>13</td><td>FEMALE IN MY NEIGHBORHOOD.....</td><td>31</td></tr> <tr><td>MALE COMMUNITY LEADER.....</td><td>14</td><td>FEMALE COMMUNITY LEADER.....</td><td>32</td></tr> <tr><td>MALE RELIGIOUS LEADER.....</td><td>15</td><td>FEMALE RELIGIOUS LEADER.....</td><td>33</td></tr> <tr><td>MALE FRIEND.....</td><td>16</td><td>FEMALE FRIEND.....</td><td>34</td></tr> <tr><td>MALE STRANGER.....</td><td>17</td><td>FEMALE STRANGER.....</td><td>35</td></tr> <tr><td>OTHER MALE (SPECIFY).....</td><td>18</td><td>OTHER FEMALE (SPECIFY).....</td><td>36</td></tr> <tr><td colspan="4" style="text-align: center;">WEARING MASK/IT WAS DARK/COULDN'T SEE..... 88</td></tr> <tr><td colspan="4" style="text-align: center;">DON'T KNOW/DECLINED..... 99</td></tr> </tbody> </table>	<u>MALE</u>		<u>FEMALE</u>		BOYFRIEND/ROMANTIC PARTNER.....	1	GIRLFRIEND/ROMANTIC PARTNER.....	19	HUSBAND.....	2	WIFE.....	20	FATHER.....	3	MOTHER.....	21	STEP FATHER.....	4	STEP MOTHER.....	22	BROTHER.....	5	SISTER.....	23	STEP BROTHER.....	6	STEP SISTER.....	24	UNCLE.....	7	AUNT.....	25	OTHER RELATIVE (SPECIFY).....	8	OTHER RELATIVE (SPECIFY).....	26	MALE TEACHER.....	9	FEMALE TEACHER.....	27	MALE POLICE.....	10	FEMALE POLICE.....	28	MALE SECURITY PERSON.....	11	FEMALE SECURITY PERSON.....	29	MALE EMPLOYER.....	12	FEMALE EMPLOYER.....	30	MALE IN MY NEIGHBORHOOD.....	13	FEMALE IN MY NEIGHBORHOOD.....	31	MALE COMMUNITY LEADER.....	14	FEMALE COMMUNITY LEADER.....	32	MALE RELIGIOUS LEADER.....	15	FEMALE RELIGIOUS LEADER.....	33	MALE FRIEND.....	16	FEMALE FRIEND.....	34	MALE STRANGER.....	17	FEMALE STRANGER.....	35	OTHER MALE (SPECIFY).....	18	OTHER FEMALE (SPECIFY).....	36	WEARING MASK/IT WAS DARK/COULDN'T SEE..... 88				DON'T KNOW/DECLINED..... 99				
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F1021	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	F1023																																																																																				
F1022	Would you say this person was 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																																																																																					
F1023	Where were you when this happened to you?	<table border="0"> <tbody> <tr><td>MY HOME.....</td><td>1</td><td>INSIDE A CAR/BUS.....</td><td>7</td></tr> <tr><td>PERPETRATOR'S HOME.....</td><td>2</td><td>LAKE, RIVER, OTHER BODY OF WATER... 8</td><td></td></tr> <tr><td>SOMEONE ELSE'S HOME.....</td><td>3</td><td>FIELD OR OTHER NATURAL AREA.....</td><td>9</td></tr> <tr><td>ON A ROAD/STREET.....</td><td>4</td><td>BAR/RESTAURANT/DISCO/CLUB.....</td><td>10</td></tr> <tr><td>MARKET/SHOP.....</td><td>5</td><td>OTHER LOCATION (SPECIFY):.....</td><td>88</td></tr> <tr><td>SCHOOL.....</td><td>6</td><td>DON'T KNOW/DECLINED.....</td><td>99</td></tr> </tbody> </table>	MY HOME.....	1	INSIDE A CAR/BUS.....	7	PERPETRATOR'S HOME.....	2	LAKE, RIVER, OTHER BODY OF WATER... 8		SOMEONE ELSE'S HOME.....	3	FIELD OR OTHER NATURAL AREA.....	9	ON A ROAD/STREET.....	4	BAR/RESTAURANT/DISCO/CLUB.....	10	MARKET/SHOP.....	5	OTHER LOCATION (SPECIFY):.....	88	SCHOOL.....	6	DON'T KNOW/DECLINED.....	99	F1026																																																												
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F1024	Was anyone else at home at the time?	YES..... 1 NO..... 2																																																																																					

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F1025	Who else was at home at the time (<i>circle all mentioned</i>)?	DON'T KNOW/DECLINED..... 99 PARENT..... A SIBLING..... B OTHER RELATIVE..... C FRIEND..... D OTHER (SPECIFY)..... X DON'T KNOW/DECLINED..... Z	F1026
F1026	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-SUNRISE)..... 4 DON'T KNOW/DECLINED..... 99	
F1027	After this most recent experience, do you think that you got pregnant as a result?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	F1029
F1028	Did you deliver the baby?	YES..... 1 NO..... 2 CURRENTLY PREGNANT..... 3 DON'T KNOW/DECLINED..... 99	
F1029	Did this first experience of being pressured in a nonphysical way to have sex of any kind happen to you within the past 12 months?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	
F1100	SV SERVICES Thinking about all of the sexual experiences that happened without your permission, have you ever sought help for these experiences?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	F1102
F1101	From whom have you sought help? Anyone else? RECORD ALL MENTIONED	OWN FAMILY A HUSBAND'S/PARTNER'S FAMILY..... B CURRENT/FORMER HUSBAND/PARTNER..... C CURRENT/FORMER BOYFRIEND..... D FRIEND..... E NEIGHBOR..... F RELIGIOUS LEADER..... G DOCTOR/MEDICAL PERSONNEL..... H POLICE..... I LAWYER..... J SOCIAL SERVICE ORGANIZATION..... K OTHER (SPECIFY):..... X DON'T KNOW/DECLINED..... Z	F1200
F1102	What was the <u>main reason</u> you did not seek help?	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 SERVICES..... 9 OTHER (SPECIFY):..... 10 DON'T KNOW/DECLINED..... 99	
F1103	Have you ever told anyone about these experiences?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	F1200
F1104	Who did you speak to regarding any of these sexual experiences that happened without your permission? (<i>Record all mentioned</i>)	OWN FAMILY A HUSBAND'S/PARTNER'S FAMILY..... B CURRENT/FORMER HUSBAND/ PARTNER..... C CURRENT/FORMER BOYFRIEND..... D FRIEND..... E NEIGHBOR..... F RELIGIOUS LEADER..... G DOCTOR/MEDICAL PERSONNEL..... H	

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		POLICE..... I LAWYER..... J SOCIAL SERVICE ORGANIZATION..... K OTHER (SPECIFY):..... X DON'T KNOW/DECLINED..... Z	
F1200	PERPETRATION Have you slapped or pushed a current or previous partner/husband: never, once, a few times, many times? By <u>partner</u> I mean a boyfriend, romantic partner, fiancé, live-in partner, or husband.	NEVER..... 1 ONCE..... 2 FEW..... 3 MANY..... 4 DON'T KNOW/DECLINED..... 99	
F1201	Have you punched, kicked, whipped, or beat with an object a current or previous partner/husband: never, once, a few times, many times?	NEVER..... 1 ONCE..... 2 FEW..... 3 MANY..... 4 DON'T KNOW/DECLINED..... 99	
F1202	Have you choked, smothered, tried to drown, or intentionally burned or scalded a current or previous partner/husband: never, once, a few times, many times?	NEVER..... 1 ONCE..... 2 FEW..... 3 MANY..... 4 DON'T KNOW/DECLINED..... 99	
F1203	Have you used or threatened to use a knife or other weapon against a current or previous partner/husband: never, once, a few times, many times?	NEVER..... 1 ONCE..... 2 FEW..... 3 MANY..... 4 DON'T KNOW/DECLINED..... 99	
F1204	Have you forced a current or previous partner/husband to have sexual intercourse or perform any other sex acts with you when they did not want to: never, once, a few times, many times?	NEVER..... 1 ONCE..... 2 FEW..... 3 MANY..... 4 DON'T KNOW/DECLINED..... 99	
F1205	Have you ever had sexual intercourse with someone who is not your husband or partner?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	▶ F1300
F1206	Did you force them or did they force you?	I FORCED THEM..... 1 THEY FORCED ME..... 2 NEITHER..... 3 DON'T KNOW/DECLINED..... 99	
F1300	SUBSTANCE ABUSE: In the past <u>30 days</u> , have you used drugs such as marijuana, pills, ecstasy, yama or sniffed any chemical such as petrol or glue?	YES..... 1 NO..... 2 DON'T KNOW / DECLINED..... 99	
F1301	In the past <u>30 days</u> , on <u>how many days</u> did you drink alcohol to the point that you became drunk?	NUMBER OF DAYS: <input type="text"/> <input type="text"/> DON'T KNOW / DECLINED..... 99	
F1302	During the past <u>30 days</u> , did you smoke cigarettes daily, occasionally, or not at all?	DAILY..... 1 OCCASIONALLY..... 2 NOT AT ALL..... 3 DON'T KNOW / DECLINED..... 99	

F1303	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?							
			ALL OF THE TIME	MOST OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME	DK/DTA
		A: NERVOUS	1	2	3	4	5	99
		B: HOPELESS	1	2	3	4	5	99
		C: RESTLESS	1	2	3	4	5	99

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	B) Hopeless? C) Restless? D) So depressed that nothing could cheer you up? E) That everything was an effort? F) Worthless?	D: SO DEPRESSED THAT NOTHING COULD CHEER YOU UP E: THAT EVERYTHING WAS AN EFFORT F: WORTHLESS	1 2 3 4 5 99 1 2 3 4 5 99 1 2 3 4 5 99	
F1304	Have you ever intentionally hurt yourself in any way?	YES..... NO..... DON'T KNOW / DECLINED.....	1 2 99	
F1305	Have you ever thought about killing yourself?	YES..... NO..... DON'T KNOW / DECLINED.....	1 2 99	→ F1307
F1306	Have you ever tried to kill yourself	YES..... NO..... DON'T KNOW / DECLINED.....	1 2 99	
F1307	HIV/AIDS - STIs: The next few questions ask you to think about HIV/AIDS. Remember that everything you say will be confidential, and you can skip any questions that you don't feel comfortable answering. Do you know what HIV/AIDS is?	YES..... NO..... DON'T KNOW / DECLINED.....	1 2 99	
F1308	Do you know any place where people could go for HIV testing?	YES..... NO..... DON'T KNOW / DECLINED.....	1 2 99	
F1309	Have you ever been tested for HIV?	YES..... NO..... DON'T KNOW / DECLINED.....	1 2 99	→ F1311 → F1313
F1310	What is the <u>main reason</u> you have never been tested?	NO KNOWLEDGE ABOUT HIV TEST..... DON'T KNOW WHERE TO GET HIV TEST..... TEST COSTS TOO MUCH..... TRANSPORT TO TEST SITE IS TOO MUCH..... TEST SITE TOO FAR AWAY..... AFRAID HUSBAND/PARTNER WILL KNOW ABOUT TEST/TEST RESULTS..... AFRAID OTHERS WILL KNOW ABOUT TEST/TEST RESULTS..... DON'T NEED TEST/LOW RISK..... DON'T WANT TO KNOW IF I HAVE HIV..... CAN'T GET TREATMENT IF I HAVE HIV..... OTHER(SPECIFY)..... DON'T KNOW / DECLINED.....	1 2 3 4 5 6 7 8 9 10 88 99	→ F1313
F1311	When was the <u>most recent time</u> you were tested for HIV: less than 12 months ago, 1-2 years ago, or more than 2 years ago?	LESS THAN 12 MONTHS AGO..... 1-2 YEARS AGO..... MORE THAN 2 YEARS AGO..... DON'T KNOW/DECLINED.....	1 2 3 99	
F1312	This <u>most recent time</u> you were tested for HIV, did you get the results of your test?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	
F1313	Sometimes girls and women experience an abnormal vaginal discharge. Have you ever had a bad-smelling or unusual discharge from your vagina?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	
F1314	Sometimes girls and women have a genital sore or ulcer. Have you ever had a genital sore or ulcer?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	
F1400	RESPONSES TO SENSITIVE QUESTIONS Do you feel that the time you took to answer these questions was worthwhile for you?			

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		YES, WORTHWHILE..... 1 NO, NOT WORTHWHILE..... 2 DON'T KNOW/DECLINED..... 99	
F1401	At any point during the interview, were you afraid that someone might hear your answers and hurt you in any way because of what they heard?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	
F1402	Did my asking you any of these questions about violence make you feel upset because the violence reminded you of a past experience?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	
F1403	Did you find it upsetting or stressful to answer any of these questions?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	F1406
F1404	Which questions did you find upsetting or stressful to answer? The questions on physical violence, emotional violence, sexual violence, or other questions? <i>(Record all mentioned)</i>	PHYSICAL VIOLENCE..... A EMOTIONAL VIOLENCE..... B SEXUAL VIOLENCE..... C OTHER (SPECIFY)..... D DON'T KNOW/DECLINED..... 9Z	
F1405	Why did you find it upsetting or stressful to answer these questions? _____ _____ _____ _____ _____ _____ _____ _____ _____		
F1406	I have asked you about many difficult things. How has talking about these things made you feel? _____ _____ _____ _____ _____ _____ _____ _____ _____		
F1407	We have now finished the interview. Do you have any comments, or is there anything else you would like to add? _____ _____ _____ _____ _____ _____ _____ _____ _____		
RECORD THE TIME THE INTERVIEW ENDED:		TIME: (00:00)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

RESPONSE PLAN CHECKLIST:
DID RESPONDENT TELL YOU ABOUT/DISCLOSE ANY VIOLENCE IN THE PAST?

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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

DID THE RESPONDENT TELL YOU ABOUT FEELING UNSAFE IN CURRENT LIVING SITUATION OR ASKS 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 Cambodia.

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 that we can really understand about the health and experiences of children and young people in Cambodia.

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, that 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

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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?

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INTERVIEWER QC INITIALS:

TEAM LEAD QC INITIALS:

QUALITY CONTROL COMMENTS AND OBSERVATIONS	
INTERVIEWER COMMENTS ABOUT SPECIFIC QUESTIONS: (Please list question numbers and describe the specific issue)	
INTERVIEWER GENERAL COMMENTS: (Respondent demeanor, comprehension issues, privacy issues, community issues, etc)	
FIELD SUPERVISOR COMMENTS:	
DATA SUPERVISOR COMMENTS:	