

UGANDA CHILD WELLNESS SURVEY - : 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):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
F2	I would like to start by asking you questions about yourself: How old are you?	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW/DECLINED.....	99
F3	EDUCATION: Have you ever attended school?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99
F4	Are you currently attending school?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99
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
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
F6B	What is your religion?	CATHOLIC..... PROTESTANT..... MUSLIM..... PENTECOSTAL..... SDA..... OTHER(SPECIFY)..... DON'T KNOW/DECLINED.....	1 2 3 4 5 88 99
F6C	What is your tribe?	MUGANDA..... MUNYANKOLE..... MUSOGA..... MUKIGA..... ATESO..... OTHER (SPECIFY)..... DON'T KNOW/DECLINED.....	1 2 3 4 5 88 99
F7	FRIENDSHIPS: How much do you talk to friends about important things: a lot, some, not too much, not at all?	A LOT..... A LITTLE..... NOT VERY MUCH..... NOT AT ALL..... DON'T KNOW/DECLINED.....	1 2 3 4 99
F8	How many close friends do you have right now?	NUMBER OF CLOSE FRIENDS: <input type="text"/> <input type="text"/> DON'T KNOW/DECLINED.....	99
F9	WORK: Did you engage in any work of at least one hour during the past week? As an employee, self-employed, volunteer or unpaid family worker?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99
F10	Where did you carry out your main work during the past week?	AT FAMILY DWELLING..... FORMAL OFFICE..... FACTORY/WORKSHOP..... FARM/GARDEN..... CONSTRUCTION SITE..... MINE/QUARRY..... SHOP/KIOSK..... RESTAURANT/HOTEL/CAFÉ, BAR..... DIFFERENT PLACES (MOBILE)..... FIXED, STREET OR MARKET STALL..... POND/LAKE/RIVER..... OTHER (SPECIFY).....	1 2 3 4 5 6 7 8 9 10 11 88

		DON'T KNOW/DECLINED.....	99	
F11	Did you receive money for this work?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	→ F13
F12	Who usually decides how the money you earn will be used?	I DECIDE..... MY HUSBAND DECIDES..... MY BOYFRIEND DECIDES..... MY PARENTS DECIDE..... SOMEONE ELSE DECIDES..... I DECIDE JOINTLY WITH SOMEONE..... DON'T KNOW/DECLINED.....	1 2 3 4 5 6 99	→ F17
F13	At any time during the past 12 months did you engage in any work?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	→ F15
F14	Where did you carry out your main work during the past 12 months?	AT FAMILY DWELLING..... FORMAL OFFICE..... FACTORY/WORKSHOP..... FARM/GARDEN..... CONSTRUCTION SITE..... MINE/QUARRY..... SHOP/KIOSK..... RESTAURANT/HOTEL/CAFÉ, BAR..... DIFFERENT PLACES (MOBILE)..... FIXED, STREET OR MARKET STALL..... POND/LAKE/RIVER..... OTHER (SPECIFY)..... DON'T KNOW/DECLINED.....	1 2 3 4 5 6 7 8 9 10 11 88 99	
F15	Did you receive money for this work?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	→ F17
F16	Who usually decides how the money you earn will be used?	I DECIDE..... MY HUSBAND DECIDES..... MY BOYFRIEND DECIDES..... MY PARENTS DECIDE..... SOMEONE ELSE DECIDES..... I DECIDE JOINTLY WITH SOMEONE..... DON'T KNOW/DECLINED.....	1 2 3 4 5 6 99	
F17	PARENTS: Now, I would like to ask you some questions about your biological parents, the parents who gave birth to you. Is your biological mother living with you?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	→ F22 → F22
F18	How old were you when you last lived with her?	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW/DECLINED.....	99	
F19	What was the main reason you stopped living with her?	MOTHER DIED..... I LEFT OR WAS SENT AWAY FOR WORK..... I LEFT OR WAS SENT AWAY FOR SCHOOL..... MOTHER REMARRIED..... I GOT MARRIED..... MOTHER GOT DIVORCED/SEPARATED..... I WAS ABANDONED..... OTHER (SPECIFY):..... DON'T KNOW/DECLINED.....	1 2 3 4 5 6 7 88 99	→ F21
F20	Is your biological mother still alive?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	→ F22 → F22
F21	How old were you when she 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 mother? Would you say very close, close, not close, or never had a relationship with her?	VERY CLOSE..... CLOSE..... NOT CLOSE..... NO RELATIONSHIP..... DON'T KNOW/DECLINED.....	1 2 3 4 99	

F23	Is your biological father living with you?	YES..... NO..... DON'T KNOW/DECLINED.....	1 → 2 99 →	F28 F28
F24	How old were you when you last lived with your father?	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW/DECLINED.....	99	
F25	What was the main reason you stopped living with him?	FATHER DIED..... I LEFT OR WAS SENT AWAY FOR WORK..... I LEFT OR WAS SENT AWAY FOR SCHOOL..... FATHER REMARRIED..... I GOT MARRIED..... FATHER GOT DIVORCED/SEPARATED..... I WAS ABANDONED..... OTHER (SPECIFY):..... DON'T KNOW/DECLINED.....	1 → 2 3 4 5 6 7 88 99	F27
F26	Is your biological father still alive?	YES..... NO..... DON'T KNOW/DECLINED.....	1 → 2 99 →	F28 F28
F27	How old were you when he died?	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW/DECLINED.....	99	
F28	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 him?	VERY CLOSE..... CLOSE..... NOT CLOSE..... NO RELATIONSHIP..... DON'T KNOW/DECLINED.....	1 2 3 4 99	
F29	MARRIAGE AND PARTNERSHIP: Have you ever been married?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99 →	F33
F30	How old were you when you first got married?	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW/DECLINED.....	99	
F31	What is your marital status now? Are you married, co-habiting, widowed, divorced, or separated?	MARRIED..... COHABITING..... WIDOWED..... DIVORCED..... SEPARATED..... DON'T KNOW/DECLINED.....	1 2 3 4 5 99	F37
F32	Are you currently living with your spouse?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	F37
F33	Have you ever lived together with someone as if you were married?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	F36
F34	How old were you when you first started living together?	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW/DECLINED.....	99	
F35	Are you currently living with that person now?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	F37
F36	Have you ever had a boyfriend or romantic partner?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	
F37	GENDER ATTITUDES: Do you believe, it is right for a man to hit or beat his wife: (Read categories below)			
	A) If she goes out without telling him		YES NO DK/DTA	
	B) If she does not take care of 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 burns the food		1 2 99	

		SEX WITH HIM			
		E. IF SHE BURNS THE FOOD	1	2	99
F37AA	What are other circumstances where you believe it is right for a man to hit or beat his wife?	(SPECIFY).....	1		
		NO OTHER CIRCUMSTANCES.....	2		
		DON'T KNOW/DECLINED.....	99		
F38	Do you believe: <i>(Read categories below)</i>				
	A) Men, not women, should decide when to have sex		YES	NO	DK/DTA
	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				
		A. MEN DECIDE WHEN TO HAVE SEX	1	2	99
		B. MEN NEED MORE SEX	1	2	99
		C. MEN NEED OTHER WOMEN	1	2	99
		D. WOMEN WHO CARRY CONDOMS HAVE SEX WITH A LOT OF MEN	1	2	99
		E. WOMEN SHOULD TOLERATE VIOLENCE	1	2	99
F39	Do you believe parents need to punch, kick or beat a child when he or she misbehaves?	YES.....			1
		NO.....			2
		DON'T KNOW/DECLINED.....			99
F40	SAFETY: How much do you trust people living in your community: 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
F41	How safe do you feel in your community? Very safe, somewhat safe, not safe at all.	VERY SAFE.....			1
		SOMEWHAT SAFE.....			2
		NOT SAFE AT ALL.....			3
		DON'T KNOW/DECLINED.....			99
F42	WITNESSING PHYSICAL VIOLENCE: The following questions are about witnessing physical violence by strangers or people you know well in your home or community. <i>For respondents 13-17: At any time in your life:</i> <i>For respondents 18-24: Before the age of 18:</i>				
F43	How many times did you see or hear your parent punched, kicked or beaten up by your other parent, or their boyfriend or girlfriend? Never, once, a few times or many times?	NEVER.....			1
		ONCE.....			2
		FEW.....			3
		MANY.....			4
		DON'T KNOW/DECLINED.....			99
					→ F45
					→ F45
	<i>For respondents 13-17 ONLY:</i>				
F44	Did this happen in the last 12 months?	YES.....			1
		NO.....			2
		DON'T KNOW/DECLINED.....			99
F45	How many times did you see or hear a parent punch, kick, or beat your brothers or sisters? Never, once, a few times, many times, or I have no brothers or sisters?	NEVER.....			1
		ONCE.....			2
		FEW.....			3
		MANY.....			4
		I HAVE NO BROTHERS OR SISTERS.....			5
		DON'T KNOW/DECLINED.....			99
					→ F47
					→ F47
					→ F47
	<i>For respondents 13-17 ONLY:</i>				
F46	Did this happen in the last 12 months?	YES.....			1
		NO.....			2
		DON'T KNOW / DECLINED.....			99
F47	<u>Outside</u> of your home and family environment, how many times did you see anyone get attacked? Never, once, a few times, or many times?	NEVER.....			1
		ONCE.....			2
		FEW.....			3
		MANY.....			4
		DON'T KNOW/DECLINED.....			99
					→ F49
					→ F49
	<i>For respondents 13-17 ONLY:</i>				

F110	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																									
F111	Was this person who did this to you this <u>first time</u> your current or previous boyfriend, romantic partner, husband?	BOYFRIEND/ROMANTIC PARTNER.... HUSBAND..... EX-BOYFRIEND/ROMANTIC PARTNER EX-HUSBAND..... DON'T KNOW/DECLINED.....	1 2 3 4 99																									
F112	Was the 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	→ F114																								
F113	Was this person more than 10 years older than you, 5-10 years older or less than 5 years older?	MORE THAN 10 YEARS OLDER..... 5-10 YEARS OLDER..... LESS THAN 5 YEARS OLDER..... DON'T KNOW/DECLINED.....	1 2 3 99																									
F114	The first time that this person [PGM WILL PROGRAM TEXT], did you receive any injuries?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	→ F116																								
F115	Did you experience?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK./DTA</th> </tr> </thead> <tbody> <tr> <td>A. CUTS, SCRATCHES, BRUISES</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>B. SPRAINS, DISLOCATIONS, BLISTERING</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>C. DEEP WOUNDS, BROKEN BONES, CHARRED SKIN</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>D. PERMANENT INJURY OR DISFIGUREMENT</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>E. MENTAL PROBLEMS</td> <td>1</td> <td>2</td> <td>99</td> </tr> </tbody> </table>				YES	NO	DK./DTA	A. CUTS, SCRATCHES, BRUISES	1	2	99	B. SPRAINS, DISLOCATIONS, BLISTERING	1	2	99	C. DEEP WOUNDS, BROKEN BONES, CHARRED SKIN	1	2	99	D. PERMANENT INJURY OR DISFIGUREMENT	1	2	99	E. MENTAL PROBLEMS	1	2	99
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F116	<p>PV2: PEER VIOLENCE</p> <p>The next questions are about people your own age not including a boyfriend, husband or romantic partner. These may include, people who you may or may not know such as siblings, schoolmates, neighbors or strangers. Remember, you can ask to skip any question that you do not want to answer.</p> <table border="1"> <thead> <tr> <th>Has a person <u>your own age ever</u>:</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> <tr> <td>B. strangled, suffocated, tried to drown you, or burned you intentionally?</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>C. used or threatened you with a knife, gun or other weapon?</td> <td>1</td> <td>2</td> <td>99</td> </tr> </tbody> </table>				Has a person <u>your own age ever</u> :	YES	NO	DK./DTA	A. punched, kicked, whipped, or beat you with an object?	1	2	99	B. strangled, suffocated, tried to drown you, or burned you intentionally?	1	2	99	C. used or threatened you with a knife, gun or other weapon?	1	2	99								
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<p>IF F116A =1 OR F116B=1 OR F116C=1 → F117 IF F116A=2/99 AND F116B=2/99 AND F116C=2/99 → F128 (PARENTS, ADULT CARETAKERS, ADULT RELATIVES)</p>																												
F117	PV2: Thinking about all these experiences, such as [PGM WILL PROGRAM TEXT] how many times has a person your own age ever done this to you: once, a few times, many times?	ONCE..... FEW..... MANY..... DON'T KNOW/DECLINED.....	1 2 3 99	→ F123 → F123																								
F118	PV2: MOST RECENT TIME Did this happen in the last 12 months?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99																									
F119	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																									
F120	The person of your own age who did this to you the last time, what was this person's relationship to you?																											
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	OTHER MALE (SPECIFY) _____ 77	OTHER FEMALE (SPECIFY) _____ 88																																		
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F121	This <u>last time</u> when a person of your own age [PGM WILL PROGRAM TEXT], did you receive any injuries?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	→ F124																																
F122	Did you experience? A) Cuts, scratches, bruises, aches, or swelling or other minor marks B) Sprains, dislocations, or blistering C) Deep wounds, broken bones, broken teeth, or charred skin D) Permanent injury or disfigurement E) Mental Problems	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK/DTA</th> </tr> </thead> <tbody> <tr> <td>A. CUTS, SCRATCHES, BRUISES</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>B. SPRAINS, DISLOCATIONS, BLISTERING</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>C. DEEP WOUNDS, BROKEN BONES, CHARRED SKIN</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>D. PERMANENT INJURY OR DISFIGUREMENT</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>E. MENTAL PROBLEMS</td> <td>1</td> <td>2</td> <td>99</td> </tr> </tbody> </table>				YES	NO	DK/DTA	A. CUTS, SCRATCHES, BRUISES	1	2	99	B. SPRAINS, DISLOCATIONS, BLISTERING	1	2	99	C. DEEP WOUNDS, BROKEN BONES, CHARRED SKIN	1	2	99	D. PERMANENT INJURY OR DISFIGUREMENT	1	2	99	E. MENTAL PROBLEMS	1	2	99								
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F123	PV2: FIRST TIME Did this happen in the last 12 months?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99																																	
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F125	The person of your own age who did this to you the first time, what was this person's relationship to you?	<table border="0"> <thead> <tr> <th colspan="2"><u>MALE</u></th> <th colspan="2"><u>FEMALE</u></th> </tr> </thead> <tbody> <tr> <td>BROTHER.....</td> <td>1</td> <td>SISTER.....</td> <td>6</td> </tr> <tr> <td>MALE COUSIN.....</td> <td>2</td> <td>FEMALE COUSIN.....</td> <td>7</td> </tr> <tr> <td>MALE FRIEND.....</td> <td>3</td> <td>FEMALE FRIEND.....</td> <td>8</td> </tr> <tr> <td>MALE CLASSMATE/SCHOOLMATE.....</td> <td>4</td> <td>FEMALE CLASSMATE/SCHOOLMATE.....</td> <td>9</td> </tr> <tr> <td>MALE NEIGHBOR.....</td> <td>5</td> <td>FEMALE NEIGHBOR.....</td> <td>10</td> </tr> <tr> <td>OTHER MALE (SPECIFY) _____</td> <td>77</td> <td>OTHER FEMALE (SPECIFY) _____</td> <td>88</td> </tr> <tr> <td colspan="4">DON'T KNOW/DECLINED..... 99</td> </tr> </tbody> </table>			<u>MALE</u>		<u>FEMALE</u>		BROTHER.....	1	SISTER.....	6	MALE COUSIN.....	2	FEMALE COUSIN.....	7	MALE FRIEND.....	3	FEMALE FRIEND.....	8	MALE CLASSMATE/SCHOOLMATE.....	4	FEMALE CLASSMATE/SCHOOLMATE.....	9	MALE NEIGHBOR.....	5	FEMALE NEIGHBOR.....	10	OTHER MALE (SPECIFY) _____	77	OTHER FEMALE (SPECIFY) _____	88	DON'T KNOW/DECLINED..... 99			
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F126	The first time when a person your own age [PGM WILL PROGRAM TEXT], did you receive any injuries?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	→ F128																																
F127	Did you experience? A) Cuts, scratches, bruises, aches, or swelling or other minor marks B) Sprains, dislocations, or blistering C) Deep wounds, broken bones, broken teeth, or charred skin D) Permanent injury or disfigurement E) Mental problems	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK/DTA</th> </tr> </thead> <tbody> <tr> <td>A. CUTS, SCRATCHES, BRUISES</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>B. SPRAINS, DISLOCATIONS, BLISTERING</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>C. DEEP WOUNDS, BROKEN BONES, CHARRED SKIN</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>D. PERMANENT INJURY OR DISFIGUREMENT</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>E. MENTAL PROBLEMS</td> <td>1</td> <td>2</td> <td>99</td> </tr> </tbody> </table>				YES	NO	DK/DTA	A. CUTS, SCRATCHES, BRUISES	1	2	99	B. SPRAINS, DISLOCATIONS, BLISTERING	1	2	99	C. DEEP WOUNDS, BROKEN BONES, CHARRED SKIN	1	2	99	D. PERMANENT INJURY OR DISFIGUREMENT	1	2	99	E. MENTAL PROBLEMS	1	2	99								
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F128	PV3: PARENTS, ADULT CAREGIVERS AND OTHER ADULT RELATIVES The next questions are about parents, adult caregivers, or other adult relatives. Remember, you can ask to skip any question that you do not want to answer. Has a parent, adult caregiver, or other adult relative ever: <table border="0"> <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> <tr> <td>B. strangled, suffocated, tried to drown you, or burned you intentionally?</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>C. used or threatened you with a knife, gun or other weapon?</td> <td>1</td> <td>2</td> <td>99</td> </tr> </tbody> </table>					YES	NO	DK/DTA	A. punched, kicked, whipped, or beat you with an object?	1	2	99	B. strangled, suffocated, tried to drown you, or burned you intentionally?	1	2	99	C. used or threatened you with a knife, gun or other weapon?	1	2	99																
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IF F128A =1 OR F128B=1 OR F128C=1 → F129 IF F128A=2/99 AND F128B=2/99 AND F128C=2/99 → F142 (ADULTS IN THE COMMUNITY)																																				
F129	PV3: Thinking of all these experiences, such as [PGM WILL PROGRAM TEXT] how many times has a parent, adult caregiver, or other adult relative ever done this to you: once, a few times, many times?	ONCE..... FEW..... MANY..... DON'T KNOW/DECLINED.....	1 2 3 99	→ F136 → F136																																

F130	PV3: MOST RECENT TIME Did this happen in the last 12 months?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99																								
F131	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																								
F132	The parent, adult caregiver or adult relative who did this to you the last time, what was this person's relationship to you?	<p style="text-align: center;"><u>MALE</u></p> FATHER..... 1 STEP FATHER..... 2 BROTHER..... 3 STEP BROTHER..... 4 UNCLE..... 5 GRANDFATHER..... 6 OTHER MALE RELATIVE/CAREGIVER (SPECIFY)..... 77 DON'T KNOW/DECLINED.....	<p style="text-align: center;"><u>FEMALE</u></p> MOTHER..... 7 STEP MOTHER..... 8 SISTER..... 9 STEP SISTER..... 10 AUNT..... 11 GRANDMOTHER..... 12 OTHER FEMALE RELATIVE/CAREGIVER (SPECIFY)..... 88 DON'T KNOW/DECLINED..... 99																								
F133	Did this parent, adult caregiver, or adult relative live within the same household as you when this last time occurred?	YES..... NO..... DON'T KNOW / DECLINED.....	1 2 99																								
F134	The <u>last time</u> your parent, adult caregiver or adult relative [PGM WILL PROGRAM TEXT], did you receive any injuries?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	F137																							
F135	Did you experience?	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK./DTA</th> </tr> </thead> <tbody> <tr> <td>A) Cuts, scratches, bruises, aches, or swelling or 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>B) 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>C) Deep wounds, broken bones, broken teeth, 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>D) 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> <tr> <td>E) Mental problems</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">99</td> </tr> </tbody> </table>		YES	NO	DK./DTA	A) Cuts, scratches, bruises, aches, or swelling or other minor marks	1	2	99	B) Sprains, dislocations, or blistering	1	2	99	C) Deep wounds, broken bones, broken teeth, or charred skin	1	2	99	D) Permanent injury or disfigurement	1	2	99	E) Mental problems	1	2	99	
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SKIP TO F137																											
F136	PV3: FIRST TIME Did this happen in the last 12 months?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99																								
F137	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																								
F138	The parent, adult caregiver or adult relative who did this to you the first time, what was this person's relationship to you?	<p style="text-align: center;"><u>MALE</u></p> FATHER..... 1 STEP FATHER..... 2 BROTHER..... 3 STEP BROTHER..... 4 UNCLE..... 5 GRANDFATHER..... 6 OTHER MALE RELATIVE/CAREGIVER (SPECIFY)..... 77 DON'T KNOW/DECLINED.....	<p style="text-align: center;"><u>FEMALE</u></p> MOTHER..... 7 STEP MOTHER..... 8 SISTER..... 9 STEP SISTER..... 10 AUNT..... 11 GRANDMOTHER..... 12 OTHER FEMALE RELATIVE/CAREGIVER (SPECIFY)..... 88 DON'T KNOW/DECLINED..... 99																								
F139	Did this parent, adult caregiver, or adult relative live within the same household as you when this first time occurred?	YES..... NO..... DON'T KNOW / DECLINED.....	1 2 99																								
F140	The first time that parent, adult caregiver, or adult relative [PGM WILL PROGRAM TEXT], did you receive any injuries?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	F142																							
F141	Did you experience?	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK./DTA</th> </tr> </thead> <tbody> <tr> <td>A) Cuts, scratches, bruises, aches, or swelling or 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>B) 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>C) Deep wounds, broken bones, broken teeth, 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> </tbody> </table>		YES	NO	DK./DTA	A) Cuts, scratches, bruises, aches, or swelling or other minor marks	1	2	99	B) Sprains, dislocations, or blistering	1	2	99	C) Deep wounds, broken bones, broken teeth, or charred skin	1	2	99									
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	D) Permanent injury or disfigurement E) Mental problems	D. PERMANENT INJURY OR DISFIGUREMENT	1	2	99	
		E. MENTAL PROBLEMS	1	2	99	
F142	PV4: ADULTS IN THE COMMUNITY					
	The next questions are about adults who are in your community. This includes adults such as teachers, police, employers, religious or community leaders, neighbors, or other adults you don't know. Remember, you can ask to skip any question that you do not want to answer.					
	Has one of these people ever:	YES	NO	DK/DTA		
	A. punched, kicked, whipped, or beat you with an object?	1	2	99		
	B. strangled, suffocated, tried to drown you, or burned you intentionally?	1	2	99		
	C. used or threatened you with a knife, gun or other weapon?	1	2	99		
	IF F142A =1 OR F142B=1 OR F142C=1 → F143 IF F142A=2/99 AND F142B=2/99 AND F142C=2/99 : CHECK THE FOLLOWING IF F100A/B/C=1 OR F116A/B/C=1 OR F128A/B/C=1 GO TO F154 (PV SERVICES) IF F100A/B/C=2/99AND F116A/B/C=2/99 AND F128A/B/C =2/99 GO TO F163 (TO ENTER PV PERPETRATION)					
F143	PV4: Thinking of all these experiences, such as [PGM WILL PROGRAM TEXT] how many times has an adult in your community ever done this to you: once, a few times, or many times?	ONCE..... FEW..... MANY..... DON'T KNOW/DECLINED.....	1 2 3 99			→F149 →F149
F144	PV4: MOST RECENT TIME Did this happen in the last 12 months?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99			
F145	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			
F146	The adult in the community who did this to you the last time, what was this person's relationship to you?					
	MALE			FEMALE		
	MALE TEACHER.....	1	FEMALE TEACHER.....	7		
	MALE POLICE/ SECURITY PERSON.....	2	FEMALE POLICE/ SECURITY PERSON.....	8		
	MALE EMPLOYER.....	3	FEMALE EMPLOYER.....	9		
	MALE COMMUNITY LEADER.....	4	FEMALE COMMUNITY LEADER.....	10		
	MALE RELIGIOUS LEADER.....	5	FEMALE RELIGIOUS LEADER.....	11		
	MALE NEIGHBOR.....	6	FEMALE NEIGHBOR.....	12		
	OTHER MALE (SPECIFY).....	77	OTHER FEMALE (SPECIFY).....	88		
	DON'T KNOW/DECLINED.....			99		
F147	This <u>last time</u> when an adult in your community [PGM WILL PROGRAM TEXT], did you receive any injuries?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99			→ F150
F148	Did you experience?		YES	NO	DK./DTA	
	A) Cuts, scratches, bruises, aches, or swelling or other minor marks	A. CUTS, SCRATCHES, BRUISES	1	2	99	
	B) Sprains, dislocations, or blistering	B. SPRAINS, DISLOCATIONS, BLISTERING	1	2	99	
	C) Deep wounds, broken bones, broken teeth, or charred skin	C. DEEP WOUNDS, BROKEN BONES, CHARRED SKIN	1	2	99	
	D) Permanent injury or disfigurement	D. PERMANENT INJURY OR DISFIGUREMENT	1	2	99	
	E) Mental Problems	E. MENTAL PROBLEMS	1	2	99	
	SKIP TO F150					
F149	PV4: FIRST TIME Did this happen in the last 12 months?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99			
F150	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			
F151	The adult in the community who did this to you the first time; what was this person's relationship to you?					
	MALE			FEMALE		
	MALE TEACHER.....	1	FEMALE TEACHER.....	7		

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	DON'T KNOW/DECLINED.....			99																								
F152	The first time when an adult in your community [PGM WILL PROGRAM TEXT], did you receive any injuries?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	F154																								
F153	Did you experience? A) Cuts, scratches, bruises, aches, or swelling or other minor marks B) Sprains, dislocations, or blistering C) Deep wounds, broken bones, broken teeth, or charred skin D) Permanent injury or disfigurement E) Mental problems	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK/DTA</th> </tr> </thead> <tbody> <tr> <td>A. CUTS, SCRATCHES, BRUISES</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>B. SPRAINS, DISLOCATIONS, BLISTERING</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>C. DEEP WOUNDS, BROKEN BONES, CHARRED SKIN</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>D. PERMANENT INJURY OR DISFIGUREMENT</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>E. MENTAL PROBLEMS</td> <td>1</td> <td>2</td> <td>99</td> </tr> </tbody> </table>				YES	NO	DK/DTA	A. CUTS, SCRATCHES, BRUISES	1	2	99	B. SPRAINS, DISLOCATIONS, BLISTERING	1	2	99	C. DEEP WOUNDS, BROKEN BONES, CHARRED SKIN	1	2	99	D. PERMANENT INJURY OR DISFIGUREMENT	1	2	99	E. MENTAL PROBLEMS	1	2	99
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E. MENTAL PROBLEMS	1	2	99																									
IF F3=2 OR 99 THEN GO TO F155																												
IF F3=1 THEN GO TO F154																												
F154	PV SERVICES Thinking about all these experiences with parents, other adults, romantic partners and people your own age that we just discussed, did you ever have to miss school because of what happened?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99																									
F155	Did you know a hospital/clinic, police station, The Child Helpline, social welfare or legal office to go for help?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	F160																								
F156	Did you try to seek help from any of these places for any of these experiences?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	F158																								
F157	What was the main reason you did not try to seek help from a hospital/clinic, police station, The Child Helpline, social welfare or legal office?	AFRAID OF GETTING IN TROUBLE..... EMBARRASSED FOR SELF/FAMILY..... COULD NOT AFFORD SERVICES..... DEPENDENT ON PERPETRATOR..... PERPETRATOR THREATENED ME..... DID NOT THINK IT WAS A PROBLEM..... FELT IT WAS MY FAULT..... AFRAID OF BEING ABANDONED..... DID NOT NEED/WANT SERVICES..... OTHER (SPECIFY):..... DON'T KNOW/DECLINED.....	1 2 3 4 5 6 7 8 9 88 99	F160																								
F158	Did you receive any services for any of these experiences from a hospital/clinic, police station, The Child Helpline, social welfare or legal office?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	F160																								

F159	A) Did you receive help from:	B) (If "Yes" to part A category, ask ...)How much did they help you: not at all, a little, some or a lot?					
	A) A doctor, nurse or other healthcare worker?	Yes No DK/DTA	→	Not at all	A little	Some	A lot
	B) Police or other security personnel?	Yes No DK/DTA	→	1	2	3	4
	C) A lawyer, judge/magistrate or other legal professional, other than police?	Yes No DK/DTA	→	1	2	3	4
	D) A social worker or counselor?	Yes No	→	1	2	3	4

		DK/DTA				
	E) The Child Helpline 116?	Yes → No DK/DTA	1	2	3	4
F160	Did you tell <u>anyone</u> about <u>any</u> of these experiences?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	→ F162		
F161	Who did you tell? (<i>Circle all mentioned</i>)	MOTHER..... A FATHER..... B SISTER..... C BROTHER..... D OTHER RELATIVE..... E HUSBAND..... F BOYFRIEND/ROMANTIC PARTNER..... G FRIEND..... H	NEIGHBOR..... I TRADITIONAL HEALER..... J NGO WORKER..... K TEACHER..... L EMPLOYER..... M COMMUNITY LEADER..... N RELIGIOUS LEADER..... O POLICE..... P HEALTHCARE WORKER..... Q OTHER (SPECIFY)..... X DON'T KNOW/DECLINED..... Z			
IF F25=2/99 (NEVER MARRIED/DK/DTA) AND F29=2/99 (NEVER LIVED W/ SOMEONE AS MARRIED) AND F32=2/99 (NEVER PARTNER) SKIP TO F201 IF F25=1 (EVER MARRIED) OR F29=1 (EVER LIVED W/ SOMEONE AS MARRIED) OR F32=1 (EVER PARTNER) SKIP TO F200						
F162	What was the <u>main reason</u> you did not tell anyone?	DID NOT KNOW WHERE TO GO..... AFRAID OF GETTING IN TROUBLE..... EMBARRASSED FOR SELF/FAMILY..... DEPENDENT ON PERPETRATOR..... PERPETRATOR THREATENED ME..... DID NOT THINK IT WAS A PROBLEM..... FELT IT WAS MY FAULT..... AFRAID OF BEING ABANDONED..... DID NOT NEED/WANT TO TELL ANYONE..... OTHER (<i>SPECIFY</i>):..... DON'T KNOW/DECLINED.....	1 2 3 4 5 6 7 8 9 88 99			
IF F29=2/99 (NEVER MARRIED/DK/DTA) AND F33=2/99 (NEVER LIVED W/ SOMEONE AS MARRIED) AND F36=2/99 (NEVER PARTNER) SKIP TO F201 IF F29=1 (EVER MARRIED) OR F33=1 (EVER LIVED W/ SOMEONE AS MARRIED) OR F36=1 (EVER PARTNER) SKIP TO F200						
F200	PV PERPETRATION					
	Have you ever done any of the following to a current or previous boyfriend, romantic partner/husband:	YES	NO	DK/DTA		
	A. punched, kicked, whipped, or beat them?	1	2	99		
	B. strangled, suffocated, tried to drown, or intentionally burn them?	1	2	99		
	C. used or threatened to use a knife, gun or other weapon against them?	1	2	99		
F201	Have you ever done any of the following to someone who is not a current or previous boyfriend, romantic partner/husband:	YES	NO	DK/DTA		
	A. punched, kicked, whipped, or beat them?	1	2	99		
	B. strangled, suffocated, tried to drown, or intentionally burn them?	1	2	99		
	C. used or threatened to use a knife, gun or other weapon against them?	1	2	99		

F300	EMOTIONAL VIOLENCE			
	The next questions ask about what a parent, adult caregiver or other adult relative may have said to you.			
	Has a parent, adult caregiver or other adult relative 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 said 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 → F310			
F301	EVI Thinking of all these experiences such as [PGM will program text] how many times did a parent, adult caregiver or other adult relative ever say these things: once, a few times, or many times?	ONCE..... FEW..... MANY..... DON'T KNOW/DECLINED.....	1 2 3 99	F306 F306
F302	EVI: MOST RECENT TIME Did this happen in the last 12 months?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	
F303	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	
F304	The parent, adult caregiver or other adult relative who did this to you the last time, what was the person's relationship to you?			
	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
F305	Did this parent, adult caregiver, or adult relative live within the same household as you when this last time occurred?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	
	SKIP TO F307			
F306	EVI: FIRST TIME Did this happen in the last 12 months?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	
F307	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	
F308	The parent, adult caregiver or adult relative who did this to you the first time, what was this person's relationship to you?			
	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
F309	Did this parent, adult caregiver, or adult relative live within the same household as you when this first time occurred?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	
F310	CIRCUMCISION In many communities, girls are introduced to womanhood by participating in some ceremonies and undergoing specific	YES.....	1	

	procedures. I want to discuss with you the circumcision of girls. Are you familiar with the practice of female circumcision?	NO..... DON'T KNOW/DECLINED.....	2 99	→ F400
F311	In this community, is female circumcision practiced?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	
F313	In communities where female circumcision exists, do you think this practice should be continued or stopped?	CONTINUED..... STOPPED..... DON'T KNOW/DECLINED.....	1 2 99	
F312	Are you circumcised?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	
F400	HIV/AIDS: The next questions are about HIV. Remember that everything you say will be confidential. You can ask to skip any question that you do not want to answer. Do you know what HIV is?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	
F401	Do you know any place where people could go for HIV testing?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	
F402	Have you ever been tested for HIV?	YES..... NO..... DON'T KNOW/DECLINED.....	1 → 2 99 →	F404 F407
F403	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	→ F407
F404	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	
F405	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	→ F407
F406	What was the result of that HIV test?	HIV POSITIVE..... HIV NEGATIVE..... DON'T KNOW/DECLINED.....	1 2 99	
F407	SEXUAL BEHAVIOR: The next questions are about sexual activity. By sex we mean vaginal, oral or anal sex. Have you ever had sex?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	→ F600
F408	How old were you when you had sex for the very <u>first time</u> ?	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW/DECLINED.....	99	
F409	The first time you had sex, was it because you wanted to or because you were forced to?	WANTED TO..... FORCED TO..... DON'T KNOW/DECLINED.....	1 → 2 99 →	F411 F411
F410	The first time you had sex, were you physically forced or were you pressured into having sex through harassment, threats or tricks?	PHYSICALLY FORCED..... PRESSURED..... DON'T KNOW/DECLINED.....	1 2 99	
F411	What was this person's relationship to you?			

	ROMANTIC PARTNER.....	1		
	SPOUSE.....	2		
	EX-ROMANTIC PARTNER.....	3		
	EX-SPOUSE.....	4		
	PARENT.....	5		
	STEP PARENT.....	6		
	SIBLING.....	7		
	AUNT/UNCLE.....	8		
	CLASSMATE/SCHOOLMATE.....	9		
	TEACHER.....	10		
	POLICE/ SECURITY PERSON.....	11		
	EMPLOYER.....	12		
	NEIGHBOR.....	13		
	COMMUNITY/ RELIGIOUS LEADER.....	14		
	FRIEND.....	15		
	STRANGER.....	16		
	OTHER PERSON (SPECIFY) _____	88		
	DON'T KNOW/DECLINED	99		
IF F411 =5 OR F411 = 6 → F414				
F412	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	→ F414
F413	Was this person more than 10 years older than you, 5-10 years older or less than 5 years older?	MORE THAN 10 YEARS OLDER..... 5-10 YEARS OLDER..... LESS THAN 5 YEARS OLDER..... DON'T KNOW/DECLINED.....	1 2 3 99	
F414	PREGNANCY: The next questions are about pregnancy. Have you ever been pregnant?	YES..... .. NO..... .. DON'T KNOW/DECLINED.....	1 2 99	→ F417
F415	How old were you the first time that you got pregnant?	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW/DECLINED.....	99	
F416	Have you ever had a pregnancy that did not end in a live birth, such as a miscarriage or stillbirth?	YES..... NO..... CURRENTLY PREGNANT..... DON'T KNOW/DECLINED.....	1 2 3 99	
F417	SEX HISTORY AND RISK TAKING: In your life, how many people have you ever had sex with?	NUMBER OF PERSONS <input type="text"/> <input type="text"/> <i>(INTERVIEWERS: 0 IS NOT AN ACCEPTABLE ANSWER FOR THIS QUESTION, IF RESPONDENT SAYS 0 THEN REFER BACK TO F400 AND CORRECT IF NECESSARY)</i> DON'T KNOW/DECLINED.....	99	
F418	Have you had sex in the past <u>12 months</u> ?	YES..... . NO..... . DON'T KNOW/DECLINED.....	1 2 99	→ F500
F419	Are you /your partner currently doing something or using any method to delay or avoid getting pregnant?	YES..... . NO..... . DON'T KNOW/DECLINED.....	1 2 99	→ F421
F420	Which method are you or your partner using? (Circle all mentioned)	FEMALE STERILIZATION..... MALE STERILIZATION..... IUD..... INJECTABLES..... IMPLANTS..... PILL..... MALE CONDOM.....	A B C D E F G	

		FEMALE CONDOM..... DIAPHRAGM..... FOAM/JELLY..... LAM..... RHYTHM METHOD/MOON BEADS..... WITHDRAWAL..... OTHER METHOD (SPECIFY)..... DON'T KNOW/DECLINED.....	H I J K L M X Z	
F421	How many people have you had sex with in the past <u>12 months</u> ?	NUMBER OF PERSONS <input type="text"/> <input type="text"/> DON'T KNOW/DECLINED.....	99	
F422	Think about the most recent person who you had sex with in the past 12 months. What was this person's relationship to you?	ROMANTIC PARTNER..... 1 SPOUSE..... 2 EX-ROMANTIC PARTNER..... 3 EX-SPOUSE..... 4 PARENT..... 5 STEP PARENT 6 SIBLING..... 7 AUNT/UNCLE..... 8 CLASSMATE/SCHOOLMATE..... 9 TEACHER..... 10 POLICE/ SECURITY PERSON..... 11 EMPLOYER..... 12 NEIGHBOR..... 13 COMMUNITY/ RELIGIOUS LEADER..... 14 FRIEND..... 15 STRANGER..... 16 OTHER PERSON (SPECIFY)..... 88 DON'T KNOW/DECLINED99		
IF F422 = 5 OR F431 = 6 → F425 ELSE GO TO F423				
F423	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	→ F425
F424	Was this person more than 10 years older than you, 5-10 years older or less than 5 years older?	MORE THAN 10 YEARS OLDER..... 5-10 YEARS OLDER..... LESS THAN 5 YEARS OLDER..... DON'T KNOW/DECLINED.....	1 2 3 99	
F425	Does this person live in this household?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	
F426	In the past 12 months when you had sex with this person, how often did you use a condom? Would you say always, sometimes, or never?	ALWAYS..... SOMETIMES..... NEVER..... DON'T KNOW/DECLINED.....	1 2 3 99	
F427	Does this person know your HIV status?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	
F428	What is the HIV status of this person?	I THINK HE/SHE IS POSITIVE..... THIS PERSON TOLD ME HE/SHE IS POSITIVE... POSITIVE, TESTED TOGETHER..... I THINK HE/SHE IS NEGATIVE..... THIS PERSON TOLD ME HE/SHE IS NEGATIVE... NEGATIVE, TESTED TOGETHER..... DON'T KNOW/DECLINED	1 2 3 4 5 6 99	
F429	In the last 12 months, have you had sex with this person because they provided you with material support or help in any other way? Material support means helping you to pay for things, or giving you gifts or things such as food, school fees or money.	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	

IF F421=1 SKIP TO F500 IF F421>1 CONTINUE TO F430			
F430	<p>Now think back to a second partner with whom you had sex in the past 12 months.</p> <p>What was this person's relationship to you?</p> <p>ROMANTIC PARTNER..... 1</p> <p>SPOUSE..... 2</p> <p>EX-ROMANTIC PARTNER..... 3</p> <p>EX-SPOUSE..... 4</p> <p>PARENT..... 5</p> <p>STEP PARENT..... 6</p> <p>SIBLING..... 7</p> <p>AUNT/UNCLE..... 8</p> <p>CLASSMATE/SCHOOLMATE..... 9</p> <p>TEACHER..... 10</p> <p>POLICE/ SECURITY PERSON..... 11</p> <p>EMPLOYER..... 12</p> <p>NEIGHBOR..... 13</p> <p>COMMUNITY/ RELIGIOUS LEADER..... 14</p> <p>FRIEND..... 15</p> <p>STRANGER..... 16</p> <p>OTHER PERSON (SPECIFY) _____ 88</p> <p style="text-align: right;">DON'T KNOW/DECLINED99</p>		
IF F430 = 5 OR F430 = 6 → F433 ELSE GO TO F431			
F431	Was this person older than you, younger than you, or about the same age?	OLDER..... 1 YOUNGER..... 2 ABOUT SAME AGE..... 3 DON'T KNOW/DECLINED..... 99	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 2 3 99 </div> → F433
F432	Was this person more than 10 years older than you, 5-10 years older or less than 5 years older?	MORE THAN 10 YEARS OLDER..... 1 5-10 YEARS OLDER..... 2 LESS THAN 5 YEARS OLDER..... 3 DON'T KNOW/DECLINED..... 99	
F433	Does this person live in this household?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	
F434	In the past 12 months when you had sex with this person, how often did you use a condom? Would you say always, sometimes, or never?	ALWAYS 1 SOMETIMES 2 NEVER 3 DON'T KNOW/DECLINED 99	
F435	Does this person know your HIV status?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	
F436	What is the HIV status of this person?	I THINK HE/SHE IS POSITIVE 1 THIS PERSON TOLD ME HE/SHE IS POSITIVE 2 POSITIVE, TESTED TOGETHER..... 3 POSITIVE, TESTED TOGETHER..... 4 I THINK HE/SHE IS NEGATIVE..... 5 THIS PERSON TOLD ME HE/SHE IS NEGATIVE..... 6 NEGATIVE, TESTED TOGETHER 99 DON'T KNOW/DECLINED.....	
F437	In the last 12 months, have you had sex with this person because they provided you with material support or help in any other way? Material support means helping you to pay for things, or giving you gifts or things such as food, school fees or money	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	
IF F421=2 SKIP TO F500 IF F421>2 CONTINUE TO F438			
F438	<p>Now think back to a third partner with whom you had sex in the past 12 months.</p> <p>What was this person's relationship to you?</p>		

	ROMANTIC PARTNER.....	1		
	SPOUSE.....	2		
	EX-ROMANTIC PARTNER.....	3		
	EX-SPOUSE.....	4		
	PARENT.....	5		
	STEP PARENT.....	6		
	SIBLING.....	7		
	AUNT/UNCLE.....	8		
	CLASSMATE/SCHOOLMATE.....	9		
	TEACHER.....	10		
	POLICE/ SECURITY PERSON.....	11		
	EMPLOYER.....	12		
	NEIGHBOR.....	13		
	COMMUNITY/ RELIGIOUS LEADER.....	14		
	FRIEND.....	15		
	STRANGER.....	16		
	OTHER (SPECIFY) _____	88		
	DON'T KNOW/DECLINED		99	
IF F438 = 5 OR F438 = 6 → F441 ELSE GO TO F439				
F43 9	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	→ F441
F440	Was this person more than 10 years older than you, 5-10 years older or less than 5 years older?	MORE THAN 10 YEARS OLDER..... 5-10 YEARS OLDER..... LESS THAN 5 YEARS OLDER..... DON'T KNOW/DECLINED.....	1 2 3 99	
F441	Does this person live in this household?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	
F442	In the past 12 months when you had sex with this person, how often did you use a condom? Would you say always, sometimes, or never?	ALWAYS..... SOMETIMES..... NEVER..... DON'T KNOW/DECLINED.....	1 2 3 99	
F443	Does this person know your HIV status?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	
F444	What is the HIV status of this person?	I THINK HE/SHE IS POSITIVE..... THIS PERSON TOLD ME HE/SHE IS POSITIVE..... POSITIVE, TESTED TOGETHER..... I THINK HE/SHE IS NEGATIVE..... THIS PERSON TOLD ME HE/SHE IS NEGATIVE..... NEGATIVE, TESTED TOGETHER..... DON'T KNOW/DECLINED.....	1 2 3 4 5 6 99	
F445	In the last 12 months, have you had sex with this person because they provided you with material support or help in any other way? Material support means helping you to pay for things, or giving you gifts or things such as food, school fees, or money.	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	
IF F429=1 OR F437=1 OR F445=1 then GO TO 500B IF F407=2 then GO TO F600				
F500	SEXUAL VIOLENCE/EXPLOITATION: MONEY, GOODS OR FAVORS EXCHANGED FOR SEX Have you ever had sex with someone because this person provided you with material support or help in any other way? Material support means helping you pay for things or giving you gifts or things such as food, school fees or money.	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	→ F600
F500 B	Other than the people we have already discussed, have you ever had sex with anyone else because this person provided you with material support or help in any other way? Material support means helping you pay for things or giving you gifts or things such as food, school fees or money.	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	

F501	Including all your experiences having sex with someone because they provided you with something, what material goods did they provide you with? <i>(Circle all mentioned)</i>	MONEY FOOD..... GOOD GRADES SCHOOL FEES EMPLOYMENT GIFTS/FAVORS TRANSPORT SHELTER/RENT PROTECTION OTHER <i>(SPECIFY)</i> DON'T KNOW/DECLINED	A B C D E F G H I X Z	F503
F502	When they gave you money, who did you give it to? <i>(Circle all mentioned)</i>	KEPT IT FOR SELF..... FAMILY..... BOYFRIEND/ROMANTIC PARTNER..... PIMP..... OTHER <i>(SPECIFY)</i> DON'T KNOW/DECLINED.....	A B C D X Z	
F503	Who were the people whom you had sex with because they provided you with material support? <i>(Circle all mentioned)</i>			
	FRIEND.....	A		
	TEACHER.....	B		
	COMMUNITY/ RELIGIOUS LEADER.....	C		
	EMPLOYER.....	D		
	ROMANTIC PARTNER.....	E		
	EX-ROMANTIC PARTNER.....	F		
	CLASSMATE/SCHOOLMATE.....	G		
	NEIGHBOR.....	H		
	POLICE/SECURITY PERSON.....	I		
	SOLDIER.....	J		
	TRUCK DRIVER.....	K		
	RELATIVE.....	L		
	TOURIST OR NON-NATIONAL.....	M		
	STRANGER.....	N		
	PERSON I MET ON THE INTERNET.....	O		
	HEALTHCARE WORKER.....	P		
	OTHER PERSON (SPECIFY).....	X		
	DON'T KNOW/DECLINED	Z		
F504	How old were you the first time someone gave you material support for sex?	YEARS OLD: <input type="text"/> <input type="text"/>		
		DON'T KNOW / DECLINED.....	99	
F505	Was the 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	F507
F506	Was this person more than 10 years older than you, 5-10 years older or less than 5 years older?	MORE THAN 10 YEARS OLDER..... 5-10 YEARS OLDER..... LESS THAN 5 YEARS OLDER..... DON'T KNOW/DECLINED.....	1 2 3 99	
F507	In the last <u>12 months</u> , how many times did you have sex with someone because they gave you material support?	NUMBER OF TIMES: <input type="text"/> <input type="text"/>		
		TOO MANY TO RECALL..... DON'T KNOW / DECLINED.....	66 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.				
F600	Has anyone ever touched you in a sexual way without you wanting to, but did not try and force you to have sex? Touching in a sexual way without permission includes fondling, pinching, grabbing, or touching you on or around your sexual body parts.	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	F700
F601	SVI: TOUCHING WITHOUT PERMISSION-LIFETIME			

	How many times in your life has this happened?	1..... WRITE NUMBER IF 2 TIMES OR MORE: <input type="text"/> <input type="text"/> TOO MANY TO RECALL..... DON'T KNOW/DECLINED.....	1 → F612 66 99 → F612
F602	SVIA: TOUCHING – MOST RECENT Now think about the <u>last time</u> this happened. Did this happen to you within the past 12 months?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99
F603	How old were you the <u>last time</u> this happened?	YEARS OLD: <input type="text"/> <input type="text"/> DON'TKNOW/DECLINED.....	99
F604	This <u>last time</u> , did more than one person touch you in a sexual way without you wanting to?	YES..... NO, ONE PERSON ONLY..... DON'T KNOW/DECLINED.....	1 2 99 → F607
F605	This <u>last time</u> , how many people touched you in a sexual way without you wanting to?	NUMBER OF PEOPLE: <input type="text"/> <input type="text"/> DON'T KNOW/DECLINED.....	99
F606	Of these people who touched you in a sexual way without you wanting to this <u>last time</u>, think of the person you know the best for the following questions:		
F607	What was this person's relationship to you? ROMANTIC PARTNER..... 1 SPOUSE..... 2 EX-ROMANTIC PARTNER..... 3 EX-SPOUSE..... 4 PARENT..... 5 STEP PARENT..... 6 SIBLING..... 7 AUNT/UNCLE..... 8 CLASSMATE/SCHOOLMATE..... 9 TEACHER..... 10 POLICE/ SECURITY PERSON..... 11 EMPLOYER..... 12 NEIGHBOR..... 13 COMMUNITY/ RELIGIOUS LEADER... 14 FRIEND..... 15 STRANGER..... 16 HEALTHCARE WORKER..... 17 OTHER (SPECIFY) _____ 88 DON'T KNOW/DECLINED 99		
IF F607 =5 OR F607=6 SKIP TO F610 ELSE GO TO F608			
F608	Was the person older than you, younger than you, or about the same age?	OLDER..... YOUNGER..... ABOUT SAME AGE..... DON'T KNOW/DECLINED.....	1 2 3 99 → F610
F609	Was this person more than 10 years older than you, 5-10 years older or less than 5 years older?	MORE THAN 10 YEARS OLDER..... 5-10 YEARS OLDER..... LESS THAN 5 YEARS OLDER..... DON'T KNOW/DECLINED.....	1 2 3 99
F610	Where were you when this happened to you?	MY HOME..... 1 PERPETRATOR'S HOME..... 2 SOMEONE ELSE'S HOME..... 3 ON A ROAD/STREET..... 4 MARKET/SHOP..... 5 SCHOOL..... 6 INSIDE A CAR/BUS..... 7 LAKE, RIVER, OTHER BODY OF	FIELD OR OTHER NATURAL AREA..... 9 BAR/RESTAURANT/DISCO/CLUB 10 WELL..... 11 POLICE STATION..... 12 HEALTH FACILITY..... 13 OTHER LOCATION (SPECIFY): ____ 88 DON'T 99

		WATER.....	8	KNOW/DECLINED.....	
F611	About what time of day did this happen?	MORNING (SUNRISE TO NOON).....	1	AFTERNOON (NOON TO SUNSET).....	2
		EVENING (SUNSET TO MIDNIGHT).....	3	LATE AT NIGHT (MIDNIGHT TO SUNRISE).....	4
		DON'T KNOW/DECLINED.....	99		
SKIP TO F613					
F612	SVIB: TOUCHING – FIRST TIME	YES.....	1	NO.....	2
	Did this happen to you within the past 12 months?	DON'T KNOW/DECLINED.....	99		
F613	How old were you the <u>first time anyone</u> touched you in a sexual way without you wanting to but did not try to force you to have sex?	YEARS OLD: <input type="text"/> <input type="text"/>			
		DON'T KNOW/DECLINED.....	99	→	F700
F614	This <u>first time</u> , did more than one person touch you in a sexual way without you wanting to?	YES.....	1	NO, ONE PERSON ONLY.....	2
		DON'T KNOW/DECLINED.....	99	→	F617
F615	This <u>first time</u> , how many people touched you in a sexual way without you wanting to?	NUMBER OF PEOPLE: <input type="text"/> <input type="text"/>			
		DON'T KNOW/DECLINED.....	99		
F616	Of these people who touched you in a sexual way without you wanting to this <u>first time</u>, think of the person you know the best for the following questions:				
F617	What was this person's relationship to you?				
	ROMANTIC PARTNER.....	1			
	SPOUSE.....	2			
	EX- ROMANTIC PARTNER.....	3			
	EX-SPOUSE.....	4			
	PARENT.....	5			
	STEP PARENT.....	6			
	SIBLING.....	7			
	AUNT/UNCLE.....	8			
	CLASSMATE/SCHOOLMATE.....	9			
	TEACHER.....	10			
	POLICE/ SECURITY PERSON.....	11			
	EMPLOYER.....	12			
	NEIGHBOR.....	13			
	COMMUNITY/ RELIGIOUS LEADER... ..	14			
	FRIEND.....	15			
	STRANGER.....	16			
	HEALTHCARE WORKER.....	17			
	OTHER PERSON (SPECIFY) _____	88			
	DON'T KNOW/DECLINED	99			
IF F617 =5 OR F617=6 SKIP TO F620					
F618	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
				→	620
F619	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
F620	Where were you when this happened to you?	MY HOME.....	1	FIELD OR OTHER NATURAL AREA	9
		PERPETRATOR'S HOME.....	2	BAR/RESTAURANT/DISCO/CLUB... ..	10
		SOMEONE ELSE'S HOME... ..	3	WELL.....	11
		ON A ROAD/STREET.....	4	POLICE STATION.....	12
		MARKET/SHOP.....	5	HEALTH FACILITY.....	13
		SCHOOL.....	6	OTHER LOCATION (SPECIFY): _____	88
		INSIDE A CAR/BUS.....	7	DON'T KNOW/DECLINED.....	99
		LAKE, RIVER, OTHER BODY OF WATER.....	8		
F621	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.....	9		

			9	
F700	These next questions ask you about sex, by sex I mean vaginal, oral or anal sex or the insertion of an object into your vagina or anus. Has anyone ever <u>tried</u> to make you have sex against your will but did not succeed? They might have tried to physically force you to have sex or they might have tried to <u>pressure</u> you have sex through harassment, threats and tricks.	YES..... 1 NO..... 2 DON'T KNOW/DECLINED... 99		
F800	Has anyone ever <u>physically forced</u> you to have sex and did succeed?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED. 99		
IF F410=1 AND F800=2 THEN: "EARLIER YOU TOLD ME THAT YOUR FIRST SEXUAL ENCOUNTER WAS PHYSICALLY FORCED, BUT WHEN I JUST ASKED YOU IF YOU EVER EXPERIENCED PHYSICALLY FORCED SEX YOU SAID NO. I NEED TO REVIEW THESE QUESTIONS WITH YOU TO MAKE SURE I UNDERSTAND YOUR ANSWERS CORRECTLY."				
F900	Has anyone ever <u>pressured</u> you to have sex, through harassment, threats or tricks and did succeed?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED . 99		
IF F410=2 AND F900=2 THEN: "EARLIER YOU TOLD ME THAT YOUR FIRST SEXUAL ENCOUNTER WAS PRESSURED SEX, BUT WHEN I JUST ASKED YOU IF YOU EVER EXPERIENCED PRESSURED SEX YOU SAID NO. I NEED TO REVIEW THESE QUESTIONS WITH YOU TO MAKE SURE I UNDERSTAND YOUR ANSWERS CORRECTLY."				
IF F700=1 MOVE TO F701 IF F700=2/99 AND F800=1 MOVE TO F801 IF F700=2/99 AND F800=2/99 AND F900=1 MOVE TO F901 IF F600-F900=1 MOVE TO F1000 (SV SERVICES) IF F600-F900=2/99 CHECK THE FOLLOWING: IF F29=2/99 (NEVER MARRIED/DK/DTA) AND F33=2/99 (NEVER LIVED W/ SOMEONE AS MARRIED) AND F36=2/99 (NEVER PARTNER) SKIP TO F1101 IF F29=1 (EVER MARRIED) OR F33=1 (EVER LIVED W/ SOMEONE AS MARRIED) OR F36=1 (EVER PARTNER) SKIP TO F1100				
F701	SV2: ATTEMPTED SEX- LIFETIME How many times in your life has anyone <u>tried</u> to make you have sex against your will but did not succeed? They might have tried to physically force you to have sex or they might have tried to pressure you have sex through harassment, threats and tricks.	1..... 1 → F712 WRITE NUMBER IF 2 TIMES OR MORE: <input type="text"/> <input type="text"/> TOO MANY TO RECALL..... 66 DON'T KNOW/DECLINED..... 99 → F712		
F702	SV2A: ATTEMPTED SEX – MOST RECENT Now think about the <u>last time</u> this happened. Did this happen to you within the past 12 months?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99		
F703	How old were you the <u>last time</u> this happened?	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW/DECLINED..... 99		
F704	This <u>last time</u> , did more than one person try to make you have sex against your will?	YES..... 1 NO, ONE PERSON ONLY..... 2 DON'T KNOW/DECLINED..... 99 → F707		
F705	This <u>last time</u> , how many people tried to make you have sex against your will?	NUMBER OF PEOPLE: <input type="text"/> <input type="text"/> DON'T KNOW/DECLINED..... 99		
F706	Of these people who attempted to have sex with you against your will this <u>last time</u>, think of the person you know the best for the following questions:			

F707	What was this person's relationship to you?			
	ROMANTIC PARTNER.....	1		
	SPOUSE.....	2		
	EX-ROMANTIC PARTNER.....	3		
	EX-SPOUSE.....	4		
	PARENT.....	5		
	STEP PARENT.....	6		
	SIBLING.....	7		
	AUNT/UNCLE.....	8		
	CLASSMATE/SCHOOLMATE.....	9		
	TEACHER.....	10		
	POLICE/ SECURITY PERSON.....	11		
	EMPLOYER.....	12		
	NEIGHBOR.....	13		
	COMMUNITY/ RELIGIOUS LEADER...	14		
	FRIEND.....	15		
	STRANGER.....	16		
	HEALTHCARE WORKER.....	17		
	OTHER (SPECIFY) _____	88		
	DON'T KNOW/DECLINED.....			99
IF F707 =5 OR F707=6 SKIP TO F710 ELSE GO TO F708				
F708	Was the person older than you, younger than you, or about the same age?	OLDER.....	1	F710
		YOUNGER.....	2	
		ABOUT SAME AGE.....	3	
		DON'T KNOW/DECLINED.....	99	
F709	Was this person more than 10 years older than you, 5-10 years older or less than 5 years older?	MORE THAN 10 YEARS OLDER.....	1	
		5-10 YEARS OLDER.....	2	
		LESS THAN 5 YEARS OLDER.....	3	
		DON'T KNOW/DECLINED.....	99	
F710	Where were you when this happened to you?	MY HOME.....	1	
		PERPETRATOR'S HOME.....	2	
		SOMEONE ELSE'S HOME.....	3	
		ON A ROAD/STREET.....	4	
		MARKET/SHOP.....	5	
		SCHOOL.....	6	
		INSIDE A CAR/BUS.....	7	
		LAKE, RIVER, OTHER BODY OF WATER.....	8	
		FIELD OR OTHER NATURAL AREA.....	9	
		BAR/RESTAURANT/DISCO/CLUB.....	10	
		WELL.....	11	
		POLICE STATION.....	12	
		HEALTH FACILITY.....	13	
		OTHER LOCATION (SPECIFY): _____	88	
		DON'T KNOW/DECLINED.....	99	
F711	About what time of day did this happen?	MORNING (SUNRISE TO NOON).....	1	
		AFTERNOON (NOON TO SUNSET).....	2	
		EVENING (SUNSET TO MIDNIGHT).....	3	
		LATE AT NIGHT (MIDNIGHT TO SUNRISE).....	4	
		DON'T KNOW/DECLINED.....	99	
SKIP TO F713				
F712	SV2B: ATTEMPTED SEX - FIRST TIME Did this happen to you within the past 12 months?	YES.....	1	
		NO.....	2	
		DON'T KNOW/DECLINED.....	99	
F713	How old were you the <u>first time</u> anyone tried to make you have sex against your will but did not succeed?	YEARS OLD:	<input type="text"/> <input type="text"/>	Section based on F800& F900
		DON'T KNOW/DECLINED.....	99	
F714	This <u>first time</u> , did more than one person try to make you have sex against your will?	YES.....	1	F717
		.NO, ONE PERSON ONLY.....	2	
		DON'T KNOW/DECLINED.....	99	
F715	This <u>first time</u> , how many people tried to make you have sex against your will?	NUMBER OF PEOPLE:	<input type="text"/> <input type="text"/>	
		DON'T KNOW/DECLINED.....	99	
F716	Of these people who attempted to have sex with you against your will this <u>first time</u>, think of the person you know the best for the following questions:			
F717	What was this person's relationship to you?			

	ROMANTIC PARTNER.....	1	
	SPOUSE.....	2	
	EX-ROMANTIC PARTNER.....	3	
	EX-SPOUSE.....	4	
	PARENT.....	5	
	STEP PARENT.....	6	
	SIBLING.....	7	
	AUNT/UNCLE.....	8	
	CLASSMATE/SCHOOLMATE.....	9	
	TEACHER.....	10	
	POLICE/ SECURITY PERSON.....	11	
	EMPLOYER.....	12	
	NEIGHBOR.....	13	
	COMMUNITY/ RELIGIOUS LEADER...	14	
	FRIEND.....	15	
	STRANGER.....	16	
	HEALTHCARE WORKER.....	17	
	OTHER (SPECIFY) _____	88	
	DON'T KNOW/DECLINED.....	99	
IF F717 =5 OR F717=6 SKIP TO F720 ELSE GO TO F718			
F718	Was the person older than you, younger than you, or about the same age?	OLDER..... YOUNGER..... ABOUT SAME AGE..... DON'T KNOW/DECLINED.....	1 2 3 99 → F720
F719	Was this person more than 10 years older than you, 5-10 years older or less than 5 years older?	MORE THAN 10 YEARS OLDER..... 5-10 YEARS OLDER..... LESS THAN 5 YEARS OLDER..... DON'T KNOW/DECLINED.....	1 2 3 99
F720	Where were you when this happened to you?	MY HOME..... PERPETRATOR'S HOME..... SOMEONE ELSE'S HOME..... ON A ROAD/STREET..... MARKET/SHOP..... SCHOOL..... INSIDE A CAR/BUS..... LAKE, RIVER, OTHER BODY OF WATER.....	1 2 3 4 5 6 7 8
		FIELD OR OTHER NATURAL AREA..... BAR/RESTAURANT/DISCO/CLUB..... WELL..... POLICE STATION..... HEALTH FACILITY..... OTHER LOCATION (SPECIFY): _____ DON'T KNOW/DECLINED.....	9 10 11 12 13 88 99
F721	About what time of day did this happen?	MORNING (SUNRISE TO NOON)..... AFTERNOON (NOON TO SUNSET)..... EVENING (SUNSET TO MIDNIGHT)..... LATE AT NIGHT (MIDNIGHT TO SUNRISE)..... DON'T KNOW/DECLINED.....	1 2 3 4 99
REFER TO F800 F900 FOR ROUTING TO NEXT SECTION IF F800=1 MOVE TO F801 IF F900=1 MOVE TO F901 ELSE MOVE TO F1000 (SV SERVICES)			
F801	SV3: PHYSICALLY FORCED SEX- LIFETIME How many times in your life have you been <u>physically forced</u> to have sex?	1..... WRITE NUMBER IF 2 TIMES OR MORE: <input type="text"/> <input type="text"/> TOO MANY TO RECALL..... DON'T KNOW/DECLINED.....	1 → F815 66 99 → F815
F802	SV3A: PHYSICALLY FORCED SEX – MOST RECENT Now think about the <u>last time</u> this happened. Did this happen to you within the past 12 months?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99
F803	How old were you the <u>last time</u> this happened?	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW/DECLINED.....	99
F804	This <u>last time</u> , did more than one person physically force you to have sex?	YES..... NO, ONE PERSON ONLY..... DON'T KNOW/DECLINED.....	1 2 99 → F807

F805	This <u>last time</u> , how many people physically forced you to have sex?		NUMBER OF PEOPLE: <input type="text"/> <input type="text"/>	
			DON'T KNOW/DECLINED..... 99	
F806	Of these people who physically forced you to have sex this last time, think of the person you know best for the following questions:			
F807	What was this person's relationship to you?			
	ROMANTIC PARTNER.....		1	
	SPOUSE.....		2	
	EX ROMANTIC PARTNER.....		3	
	EX-SPOUSE.....		4	
	PARENT.....		5	
	STEP PARENT.....		6	
	SIBLING.....		7	
	AUNT/UNCLE.....		8	
	CLASSMATE/SCHOOLMATE.....		9	
	TEACHER.....		10	
	POLICE/ SECURITY PERSON.....		11	
	EMPLOYER.....		12	
	NEIGHBOR.....		13	
	COMMUNITY/ RELIGIOUS LEADER...		14	
	FRIEND.....		15	
	STRANGER.....		16	
	HEALTHCARE WORKER.....		17	
	OTHER PERSON (SPECIFY) _____		88	
			DON'T KNOW/DECLINED.....	99
IF F807 =5 OR F807=6 SKIP TO F810 ELSE GO TO F808				
F808	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	→ F810
F809	Was this person more than 10 years older than you, 5-10 years older or less than 5 years older?		MORE THAN 10 YEARS OLDER..... 1 5-10 YEARS OLDER..... 2 LESS THAN 5 YEARS OLDER..... 3 DON'T KNOW/DECLINED..... 99	
F810	Did the person who did this to you this <u>last time</u> use a weapon such as a gun, knife or machete?		YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	
F811	Where were you when this happened to you?	MY HOME..... 1 PERPETRATOR'S HOME..... 2 SOMEONE ELSE'S HOME..... 3 ON A ROAD/STREET..... 4 MARKET/SHOP..... 5 SCHOOL..... 6 INSIDE A CAR/BUS..... 7 LAKE, RIVER, OTHER BODY OF WATER..... 8	FIELD OR OTHER NATURAL AREA..... 9 BAR/RESTAURANT/DISCO/CLUB..... 10 WELL..... 11 POLICE STATION..... 12 HEALTH FACILITY..... 13 OTHER LOCATION (SPECIFY): _____ 88 DON'T KNOW/DECLINED..... 99	
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	This <u>last 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		→ F816
IF F813=1 AND F414=2 THEN: "EARLIER YOU TOLD ME THAT YOU HAD NEVER BEEN PREGNANT, BUT YOU JUST TOLD ME THAT YOU THINK YOU GOT PREGNANT AS A RESULT OF BEING PHYSICALLY FORCED TO HAVE SEX. I NEED TO REVIEW THESE QUESTIONS WITH YOU TO MAKE SURE I UNDERSTAND YOUR ANSWERS CORRECTLY."				
F814	Did you deliver the baby?	YES..... 1 NO..... 2 CURRENTLY PREGNANT..... 3 DON'T KNOW/DECLINED..... 99		
SKIP TO F816				
F815	SV3B: PHYSICALLY FORCED SEX – FIRST TIME	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99		
	Did this happen to you within the past 12 months?			

F816	How old were you the <u>first time</u> anyone physically forced you to have sex?		YEARS OLD: <input type="text"/> <input type="text"/>		Section based on F900
			DON'T KNOW/DECLINED..... 99		
F817	This <u>first time</u> , did more than one person physically force you to have sex?		YES.....	1	F820
			NO, ONE PERSON ONLY.....	2	
			DON'T KNOW/DECLINED.....	99	
F818	This <u>first time</u> , how many people physically forced you to have sex?		NUMBER OF PEOPLE: <input type="text"/> <input type="text"/>		
			DON'T KNOW/DECLINED..... 99		
F819	Of these people who physically forced you to have sex the first time, think of the person you know best for the following questions:				
F820	What was this person's relationship to you?				
	ROMANTIC PARTNER.....		1		
	SPOUSE.....		2		
	EX ROMANTIC PARTNER.....		3		
	EX-SPOUSE.....		4		
	PARENT.....		5		
	STEP PARENT.....		6		
	SIBLING.....		7		
	AUNT/UNCLE.....		8		
	CLASSMATE/SCHOOLMATE.....		9		
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	COMMUNITY/ RELIGIOUS LEADER...		14		
	FRIEND.....		15		
	STRANGER.....		16		
	HEALTHCARE WORKER.....		17		
	OTHER (SPECIFY) _____		88		
	DON'T KNOW/DECLINE		99		
IF F820 =5 OR F820=6SKIP TO F823 ELSE GO TO F821					
F821	Was the person older than you, younger than you, or about the same age?		OLDER.....	1	F823
			YOUNGER.....	2	
			ABOUT SAME AGE.....	3	
			DON'T KNOW/DECLINE.....	99	
F822	Was this person more than 10 years older than you, 5-10 years older or less than 5 years older?		MORE THAN 10 YEARS OLDER.....	1	
			5-10 YEARS OLDER.....	2	
			LESS THAN 5 YEARS OLDER.....	3	
			DON'T KNOW/DECLINED.....	99	
F823	Did the person who did this to you the <u>first time</u> use a weapon such as a gun, knife or machete?		YES.....	1	
			NO.....	2	
			DON'T KNOW/DECLINED.....	99	
F824	Where were you when this happened to you?	MY HOME.....	1	FIELD OR OTHER NATURAL AREA.....	9
		PERPETRATOR'S HOME.....	2	BAR/RESTAURANT/DISCO/CLUB.....	10
		SOMEONE ELSE'S HOME.....	3	WELL.....	11
		ON A ROAD/STREET.....	4	POLICE STATION.....	12
		MARKET/SHOP.....	5	HEALTH FACILITY.....	13
		SCHOOL.....	6	OTHER LOCATION (SPECIFY):_____	88
		INSIDE A CAR/BUS.....	7	DON'T KNOW/DECLINED.....	99
		LAKE, RIVER, OTHER BODY OF WATER.....	8		
F825	About what time of day did this happen?		MORNING (SUNRISE TO NOON).....	1	
			AFTERNOON (NOON TO SUNSET).....	2	
			EVENING (SUNSET TO MIDNIGHT).....	3	
			LATE AT NIGHT (MIDNIGHT TO SUNRISE)...	4	
			DON'T KNOW/DECLINED.....	99	
F826	After this first experience, do you think that you got pregnant as a result of being physically forced to have sex?	YES.....	1	REFER TO F800	
		NO.....	2		
		DON'T KNOW/DECLINED.....	99		
IF F826=1 AND F414=2 THEN: "EARLIER YOU TOLD ME THAT YOU HAD NEVER BEEN PREGNANT, BUT YOU JUST TOLD ME THAT YOU THINK YOU GOT PREGNANT AS A RESULT OF BEING PHYSICALLY FORCED TO HAVE SEX. I NEED TO REVIEW THESE QUESTIONS WITH YOU TO MAKE SURE I UNDERSTAND YOUR ANSWERS CORRECTLY."					
F827	Did you deliver the baby?	YES.....	1		

		NO.....	2	
		CURRENTLY PREGNANT.....	3	
		DON'T KNOW/DECLINED.....	99	
REFER TO F900 FOR ROUTING TO NEXT SECTION				
IF F900=1 MOVE TO F901				
ELSE MOVE TO F1000 (SV SERVICES)				
F901	SV4: PRESSURED SEX- LIFETIME How many times in your life has someone <u>pressured</u> you to have sex through harassment, threats and tricks and did succeed?	1..... 1 → F914 WRITE NUMBER IF 2 TIMES OR MORE: <input type="text"/> <input type="text"/> TOO MANY TO RECALL..... 66 DON'T KNOW/DECLINED..... 99 → F914		
F902	SV4A:PRESSURED INTO SEX – MOST RECENT Now think about the <u>last time</u> this happened. Did this happen to you within the past 12 months?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99		
F903	SV4A:PRESSURED INTO SEX – MOST RECENT How old were you the <u>last time</u> this happened?	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW/DECLINED..... 99		
F904	This <u>last time</u> , did more than one person pressure you to have sex?	YES..... 1 NO, ONE PERSON ONLY..... 2 DON'T KNOW/DECLINED..... 99 → F907		
F905	This <u>last time</u> , how many people pressured you to have sex?	NUMBER OF PEOPLE: <input type="text"/> <input type="text"/> DON'T KNOW/DECLINED..... 99		
F906	Of the people who pressured you to have to have sex when you did not want to this <u>last time</u>, think of the person you know best for the following questions:			
F907	What was this person's relationship to you? ROMANTIC PARTNER..... 1 SPOUSE..... 2 EX ROMANTIC PARTNER..... 3 EX-SPOUSE..... 4 PARENT..... 5 STEP PARENT..... 6 SIBLING..... 7 AUNT/UNCLE..... 8 CLASSMATE/SCHOOLMATE..... 9 TEACHER..... 10 POLICE/ SECURITY PERSON..... 11 EMPLOYER..... 12 NEIGHBOR..... 13 COMMUNITY/ RELIGIOUS LEADER... 14 FRIEND..... 15 STRANGER..... 16 HEALTHCARE WORKER..... 17 OTHER (SPECIFY)..... 88 DON'T KNOW/DECLINED..... 99			
IF F907 =5 OR F907=6 SKIP TO F910				
ELSE GO TO F908				
F908	Was the person older than you, younger than you, or about the same age?	OLDER..... 1 YOUNGER..... 2 ABOUT SAME AGE..... 3 → F910 DON'T KNOW/DECLINED..... 99		
F909	Was this person more than 10 years older than you, 5-10 years older, or less than 5 years older?	MORE THAN 10 YEARS OLDER..... 1 5-10 YEARS OLDER..... 2 LESS THAN 5 YEARS OLDER..... 3 DON'T KNOW/DECLINED..... 99		

F910	Where were you when this happened to you?	MY HOME..... 1 PERPETRATOR'S HOME..... 2 SOMEONE ELSE'S HOME..... 3 ON A ROAD/STREET..... 4 MARKET/SHOP..... 5 SCHOOL..... 6 INSIDE A CAR/BUS..... 7 LAKE, RIVER, OTHER BODY OF WATER 8	FIELD OR OTHER NATURAL AREA..... 9 BAR/RESTAURANT/DISCO/CLUB..... 10 WELL..... 11 POLICE STATION..... 12 HEALTH FACILITY..... 13 OTHER LOCATION (SPECIFY): _____ 88 DON'T KNOW/DECLINED..... 99	
F911	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	
F912	After this last experience, do you think that you got pregnant as a result of being pressured to have sex?		YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	F915
IF F912=1 AND F414=2 THEN: "EARLIER YOU TOLD ME THAT YOU HAD NEVER BEEN PREGNANT, BUT YOU JUST TOLD ME THAT YOU THINK YOU GOT PREGNANT AS A RESULT OF BEING PRESSURED TO HAVE SEX. I NEED TO REVIEW THESE QUESTIONS WITH YOU TO MAKE SURE I UNDERSTAND YOUR ANSWERS CORRECTLY."				
F913	Did you deliver the baby?		YES..... 1 NO..... 2 CURRENTLY PREGNANT..... 3 DON'T KNOW/DECLINED..... 99	
SKIP TO F915				
F914	SV4B: PRESSURED INTO SEX – FIRST TIME Did this happen to you within the past 12 months?		YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	
F915	How old were you the <u>first time</u> anyone pressured you to have sex through harassment, threats and tricks and did succeed?		YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW/DECLINED..... 99	F1000
F916	This <u>first time</u> , did more than one person pressure you to have sex when you did not want to?		YES..... 1 NO, ONE PERSON ONLY..... 2 DON'T KNOW/DECLINED..... 99	F919
F917	This <u>first time</u> , how many people pressured you to have sex?		NUMBER OF PEOPLE : <input type="text"/> <input type="text"/> DON'T KNOW/DECLINED..... 99	
F918	Of these people who pressured you to have sex this first time, think of the person you know best for the following questions:			
F919	What was this person's relationship to you			
		ROMANTIC PARTNER..... 1 SPOUSE..... 2 EX ROMANTIC PARTNER..... 3 EX-SPOUSE..... 4 PARENT..... 5 STEP PARENT..... 6 SIBLING..... 7 AUNT/UNCLE..... 8 CLASSMATE/SCHOOLMATE..... 9 TEACHER..... 10 POLICE/ SECURITY PERSON..... 11 EMPLOYER..... 12 NEIGHBOR..... 13 COMMUNITY/ RELIGIOUS LEADER... 14 FRIEND..... 15 STRANGER..... 16 HEALTHCARE WORKER..... 17 OTHER (SPECIFY) _____ 88 DON'T KNOW/DECLINED..... 99		
IF F919 =5 OR F919=6 SKIP TO F922 ELSE GO TO F920				
F920	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	F922
F921	Was this person more than 10 years older than you, 5-10 years older or less than 5 years older?		MORE THAN 10 YEARS OLDER..... 1 5-10 YEARS OLDER..... 2 LESS THAN 5 YEARS OLDER..... 3 DON'T KNOW/DECLINED..... 99	

F922	Where were you when this happened to you?	MY HOME..... 1 PERPETRATOR'S HOME..... 2 SOMEONE ELSE'S HOME..... 3 ON A ROAD/STREET..... 4 MARKET/SHOP..... 5 SCHOOL..... 6 INSIDE A CAR/BUS..... 7 LAKE, RIVER, OTHER BODY OF WATER 8	FIELD OR OTHER NATURAL AREA..... 9 BAR/RESTAURANT/DISCO/CLUB..... 10 WELL..... 11 POLICE STATION..... 12 HEALTH FACILITY..... 13 OTHER LOCATION (SPECIFY): _____ 88 DON'T KNOW/DECLINED..... 99																																																			
F923	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																																																			
F924	After this first experience, do you think that you got pregnant as a result of being pressured to have sex?		YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	F1000																																																		
IF F924=1 AND F414=2 THEN: "EARLIER YOU TOLD ME THAT YOU HAD NEVER BEEN PREGNANT, BUT YOU JUST TOLD ME THAT YOU THINK YOU GOT PREGNANT AS A RESULT OF BEING PHYSICALLY FORCED TO HAVE SEX. I NEED TO REVIEW THESE QUESTIONS WITH YOU TO MAKE SURE I UNDERSTAND YOUR ANSWERS CORRECTLY."																																																						
F925	Did you deliver the baby?		YES..... 1 NO..... 2 CURRENTLY PREGNANT..... 3 DON'T KNOW/DECLINED..... 99																																																			
IF F3=1 THEN GO TO F1001 IF F3=2 OR 99 THEN GO TO F1002																																																						
F1001	SV SERVICES Thinking about all your unwanted sexual experiences, did you ever have to miss school because of what happened?		YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99																																																			
F1002	Thinking about all your unwanted sexual experiences, did you know of a hospital/clinic, police station, The Child Helpline, social welfare, or legal office to go for help?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99		F1007																																																		
F1003	Did you try to seek help from any of these places for any of these experiences?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99		F1005																																																		
F1004	What was the <u>main reason</u> you did not try to seek help from a hospital/clinic, police station, The Child Helpline, social welfare or legal office?	AFRAID OF GETTING IN TROUBLE..... 1 EMBARRASSED FOR SELF/FAMILY..... 2 COULD NOT AFFORD SERVICES 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 SERVICE TOO FAR/NOT AVAILABLE..... 10 OTHER (SPECIFY): _____ 88 DON'T KNOW/DECLINED..... 99		F1007																																																		
F1005	Did you receive services for any of these experiences from a hospital/clinic, police station, The Child Helpline, social welfare or legal office?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99		F1007																																																		
F1006	<p>A. Did you receive services from:</p> <table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK/DTA</th> </tr> </thead> <tbody> <tr> <td>A) A doctor, nurse or other healthcare worker?</td> <td>→</td> <td>→</td> <td>→</td> </tr> <tr> <td>B) Police or other security personnel?</td> <td>→</td> <td>→</td> <td>→</td> </tr> <tr> <td>C) A lawyer, judge, magistrate or other legal professional, other than police?</td> <td>→</td> <td>→</td> <td>→</td> </tr> <tr> <td>D) A social worker or counselor?</td> <td>→</td> <td>→</td> <td>→</td> </tr> </tbody> </table> <p>B. (If "Yes" to part A category, ask ...) How much did they help you: not at all, a little, some or a lot?</p> <table border="1"> <thead> <tr> <th></th> <th>Not at all</th> <th>A little</th> <th>Some</th> <th>A lot</th> <th>DK/DTA</th> </tr> </thead> <tbody> <tr> <td>A) A doctor, nurse or other healthcare worker?</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>DK/DTA</td> </tr> <tr> <td>B) Police or other security personnel?</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>DK/DTA</td> </tr> <tr> <td>C) A lawyer, judge, magistrate or other legal professional, other than police?</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>DK/DTA</td> </tr> <tr> <td>D) A social worker or counselor?</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>DK/DTA</td> </tr> </tbody> </table>					Yes	No	DK/DTA	A) A doctor, nurse or other healthcare worker?	→	→	→	B) Police or other security personnel?	→	→	→	C) A lawyer, judge, magistrate or other legal professional, other than police?	→	→	→	D) A social worker or counselor?	→	→	→		Not at all	A little	Some	A lot	DK/DTA	A) A doctor, nurse or other healthcare worker?	1	2	3	4	DK/DTA	B) Police or other security personnel?	1	2	3	4	DK/DTA	C) A lawyer, judge, magistrate or other legal professional, other than police?	1	2	3	4	DK/DTA	D) A social worker or counselor?	1	2	3	4	DK/DTA
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	E) The Child Helpline 116? (incl. phone/internet/website)	Yes No DK/DTA	→	1	2	3	4	DK/DTA
F1007	Did you tell <u>anyone</u> about <u>any</u> of these experiences?	YES..... NO..... DON'T KNOW/DECLINED.....		1 2 99				→ F1009
F1008	Who did you tell? (<i>Circle all mentioned</i>)	MOTHER..... A FATHER..... B SISTER..... C BROTHER..... D OTHER RELATIVE..... E HUSBAND..... F BOYFRIEND/ROMANTIC PARTNER..... G FRIEND..... H		NEIGHBOR..... I TRADITIONAL HEALER..... J NGO WORKER..... K TEACHER..... L EMPLOYER..... M COMMUNITY LEADER..... N RELIGIOUS LEADER..... O HEALTH WORKER..... P POLICE..... Q OTHER (SPECIFY)..... X				Z
F1009	What was the <u>main reason</u> you did not tell anyone?	DID NOT KNOW WHERE TO GO..... AFRAID OF GETTING IN TROUBLE..... EMBARRASSED FOR SELF/FAMILY..... DEPENDENT ON PERPETRATOR..... PERPETRATOR THREATENED ME..... DID NOT THINK IT WAS A PROBLEM..... FELT IT WAS MY FAULT..... AFRAID OF BEING ABANDONED..... DID NOT NEED/WANT TO TELL ANYONE.. OTHER (<i>SPECIFY</i>):..... DON'T KNOW/DECLINED.....		1 2 3 4 5 6 7 8 9 88 99				
IF F29=2/99 (NEVER MARRIED/DK/DTA) AND F33=2/99 (NEVER LIVED W/ SOMEONE AS MARRIED) AND F36=2/99 (NEVER PARTNER) SKIP TO F1101 IF F29=1 (EVER MARRIED) OR F33=1 (EVER LIVED W/ SOMEONE AS MARRIED) OR F36=1 (EVER PARTNER) SKIP TO F1100								
F1100	SV PERPETRATION Have you ever done any of the following:		YES	NO	DK/DTA			
	Forced a current or previous boyfriend, romantic partner, or husband at the time to have sex with you when they did not want to?		1	2	99			
F1101	Forced someone who was not your current or previous boyfriend, romantic partner, or husband at the time to have sex with you when they did not want to?		YES	NO	DK/DTA			
			1	2	99			
F1200	SUBSTANCE ABUSE: Have you ever drank alcohol?	YES..... NO..... DON'T KNOW / DECLINED.....				1 2 99		→ F1202
F1201	In the past 30 days, 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		
F1202	During the past 30 days, did you smoke cigarettes or chew tobacco daily, occasionally, or not at all?	DAILY..... OCCASIONALLY..... NOT AT ALL..... DON'T KNOW / DECLINED.....				1 2 3 99		
F1203	In the past 30 days, have you used drugs such as marijuana, pills, ecstasy/E, cocaine, "brown sugar"/heroin, Kubba, Khat, or sniffed any chemical such as petrol or glue?	YES..... NO..... DON'T KNOW / DECLINED.....				1 2 99		
F1204	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? (<i>Read categories below</i>) A) Nervous? B) Hopeless?							
			ALL 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?	C: RESTLESS	1	2	3	4	5	99
	D) So sad that nothing could cheer you up?	D: SO SAD THAT NOTHING COULD CHEER YOU UP	1	2	3	4	5	99
	E) That everything was an effort?	E: THAT EVERYTHING WAS AN EFFORT	1	2	3	4	5	99
	F) Worthless?	F: WORTHLESS	1	2	3	4	5	99
F1205	Have you ever intentionally hurt yourself in any way?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99					
F1206	Have you ever thought about killing yourself?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99					F1208
F1207	Have you ever tried to kill yourself?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99					
F1208	STI: Have you ever heard about infections that can be transmitted through sexual contact?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99					
F1209	Have you ever been diagnosed with a sexually transmitted infection?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99					
F1210	Have you ever had a genital sore or ulcer?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99					
F1300	RESPONSES TO SENSITIVE QUESTIONS Thank you for taking the time to answer these questions. I would like to ask you about your opinion of this survey and the questions that I asked you. Do you feel that the time you took to answer these questions was worthwhile for you?	YES, WORTHWHILE..... NO, NOT WORTHWHILE..... DON'T KNOW/DECLINED.....	1 2 99					
F1301	At any point during the interview, were you afraid that someone might hear your answers and hurt or embarrass you in any way because of what they heard?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99					
F1302	Did any of the questions I asked you make you feel upset because of a past experience?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99					
F1303	Did you find it upsetting or stressful to answer any of these questions?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99					F1305
F1304	Why did you find it upsetting or stressful to answer these questions? _____ _____ _____							
F1305	I have asked you about many difficult things. How has talking about these things made you feel? _____ _____ _____							
F1306	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)						

HIV REFERRAL CHECKLIST:

DID THE RESPONDENT TELL YOU ABOUT AN HIV POSITIVE STATUS TO YOU AT ANY POINT DURING THE INTERVIEW?

- YES
- NO

RESPONSE PLAN CHECKLIST:

DID RESPONDENT TELL YOU ABOUT/DISCLOSE ANY VIOLENCE IN THE PAST 12 MONTHS?

- YES
- NO

DID THE RESPONDENT SHOW ANY SIGNS OF BEING UPSET AT ANY POINT DURING THE INTERVIEW, E.G. BEING TEARFUL, ANGRY, SAD, SHAKING BODY, DIFFICULTY IN BREATHING ETC.?

- YES
- NO

(IF UNDER AGE 18) DID THE RESPONDENT TRADE SEX FOR MONEY OR GOODS IN THE PAST 12 MONTHS?

- YES
- NO

DID THE RESPONDENT TELL YOU THAT SHE IS IN IMMEDIATE DANGER

- YES
- NO

DID THE RESPONDENT TELL YOU ABOUT FEELING UNSAFE IN CURRENT LIVING SITUATION

- YES
- NO

DID THE RESPONDENT ASK FOR HELP WITH CURRENT OR PAST EXPERIENCES OF VIOLENCE AT ANY POINT DURING INTERVIEW?

- YES
- NO

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

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

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

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

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

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

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

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

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

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

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

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

There are also other services in this area that offer support and our social workers could talk about them with you and what they provide, and help put you in

touch with these organizations if you wish.

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

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

- YES (*CONTINUE TO SERVICE REFERRAL FORM; OR CONTACT SOCIAL WORKER FROM RESPONSE TEAM IF RELEVANT*)
 NO

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

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

INTERVIEWER QC INITIALS:

TEAM LEAD QC INITIALS:

QUALITY CONTROL COMMENTS AND OBSERVATIONS	
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:	