

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:Males Age 13-24 Years

	HEAD OF HOUSEHOLD QUESTIONNAIRE COMPLETED FOR THIS HOUSEHOLD: YES <input type="checkbox"/> NO <input type="checkbox"/>							
M1	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> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
M2	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			
M3	EDUCATION: Have you ever attended school?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	<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> <td style="font-size: 10px;">→</td> </tr> </table>			→	M8	
		→						
M4	Are you currently attending school?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	<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> <td style="font-size: 10px;">→</td> </tr> </table>			→	M6	
		→						
M5	What is the highest level of schooling you have completed?	LESS THAN PRIMARY..... 1 PRIMARY..... 2 SECONDARY..... 3 HIGHER THAN SECONDARY..... 4 DON'T KNOW/DECLINED..... 99	<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> <td style="font-size: 10px;">→</td> </tr> </table>			→	M8	
		→						
M6	What is your current level of school?	LESS THAN PRIMARY..... 1 PRIMARY..... 2 SECONDARY..... 3 HIGHER THAN SECONDARY..... 4 DON'T KNOW/DECLINED..... 99						
M7	How much do you feel connected or close to other students? A lot, A little, Not very much, Not at all?	A LOT..... 1 A LITTLE..... 2 NOT VERY MUCH..... 3 NOT AT ALL..... 4 DON'T KNOW/DECLINED..... 99						
M8	FRIENDSHIPS: How much do you talk to friends about important things?	A LOT..... 1 A LITTLE..... 2 NOT VERY MUCH..... 3 NOT AT ALL..... 4 DON'T KNOW/DECLINED..... 99						
M9	WORK: Have you ever worked for money or any other form of payment?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	<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> <td style="font-size: 10px;">→</td> </tr> </table>			→	M11	
		→						
M10	Do you currently work?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99						
M11	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..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	<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> <td style="font-size: 10px;">→</td> </tr> </table>			→	M16	
		→						
M12	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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M13	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	M15 M15 M15
M14	Is your biological mother still alive?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	M16 M16
M15	How old were you when she died?	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW/DECLINED..... 99	
M16	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	
M17	Is your biological father living with you?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	M22 M22
M18	How old were you when you last lived with your father?	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW/DECLINED..... 99	
M19	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	M21 M21 M21 M21 M21 M21 M21 M21
M20	Is your biological father still alive?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	M22 M22
M21	How old were you when he died?	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW/DECLINED..... 99	
M22	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..... 1 CLOSE..... 2 NOT CLOSE..... 3 NO RELATIONSHIP..... 4 DON'T KNOW/DECLINED..... 99	
M23	MARRIAGE AND PARTNERSHIP: Have you ever been married?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	M27 M27
M24	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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M25	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	→ M31																								
M26	Are you currently living with your spouse?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	→ M31																								
M27	[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	→ M30																								
M28	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.....																									
M29	Are you currently living with that person now?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	→ M31																								
M30	Have you ever had a girlfriend or romantic partner?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99																									
M31	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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M32	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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M33	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																									
M34	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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M108	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																									
M109	Was this partner who did this to you this <u>first time</u> your girlfriend, romantic partner, wife?	GIRLFRIEND/ROMANTIC PARTNER.... WIFE..... DON'T KNOW/DECLINED.....	1 2 99																									
M110	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	→ M112																								
M111	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																									
M112	Did this happen in the last 12 months?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99																									
M113	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) 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. 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. PERMANENT INJURY OR DISFIGUREMENT	1	2	99
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M114	PVIB: How many times have you been punched, kicked, whipped, or beat with an object by a romantic partner /wife: once, a few times, many times?	ONCE..... FEW..... MANY..... DON'T KNOW/DECLINED.....	1 2 3 99	→ M121 → M121																								
M115	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																									
M116	Was this partner who did this to you the <u>last time</u> your girlfriend, romantic partner, wife?	GIRLFRIEND/ROMANTIC PARTNER... WIFE..... DON'T KNOW/DECLINED.....	1 2 99																									
M117	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	→ M119																								
M118	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																									
M119	Did this happen in the last 12 months?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99																									

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M120	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) 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. 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. PERMANENT INJURY OR DISFIGUREMENT	1	2	99	
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M123	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			→ M125								
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M124	Would you say this partner was more than 10 years older than you, 5-10 years older or less than 5 years older?	<table border="1"> <tbody> <tr><td>MORE THAN 10 YEARS OLDER.....</td><td>1</td><td></td><td></td></tr> <tr><td>5-10 YEARS OLDER.....</td><td>2</td><td></td><td></td></tr> <tr><td>LESS THAN 5 YEARS OLDER.....</td><td>3</td><td></td><td></td></tr> <tr><td>DON'T KNOW/DECLINED.....</td><td>99</td><td></td><td></td></tr> </tbody> </table>	MORE THAN 10 YEARS OLDER.....	1			5-10 YEARS OLDER.....	2			LESS THAN 5 YEARS OLDER.....	3			DON'T KNOW/DECLINED.....	99											
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M125	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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M126	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) 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. 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. PERMANENT INJURY OR DISFIGUREMENT	1	2	99	
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E. PERMANENT INJURY OR DISFIGUREMENT	1	2	99																								
M127	PVIC: How many times has a romantic partner/wife choked, smothered, tried to drown you, or burned or scalded you intentionally: 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			→ M134 → M134								
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M128	PVIC: 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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M129	Was this partner who did this to you this <u>last time</u> your girlfriend, romantic partner, wife?	<table border="1"> <tbody> <tr><td>GIRLFRIEND/ROMANTIC PARTNER...</td><td>1</td><td></td><td></td></tr> <tr><td>WIFE.....</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>	GIRLFRIEND/ROMANTIC PARTNER...	1			WIFE.....	2			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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M130	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	→ M132
M131	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	
M132	Did this happen in the last 12 months?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	
M133	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) Permanent injury or disfigurement		YES NO DK./DTA 1 2 99 1 2 99 1 2 99 1 2 99 1 2 99	
M134	PVIC: 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	
M135	Was this partner who did this to you the <u>first time</u> your girlfriend, romantic partner, wife?	GIRLFRIEND/ROMANTIC PARTNER..... WIFE..... DON'T KNOW/DECLINED.....	1 2 99	
M136	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	→ M138
M137	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	
M138	Did this happen in the last 12 months?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	
M139	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) Permanent injury or disfigurement		YES NO DK./DTA 1 2 99 1 2 99 1 2 99 1 2 99 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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M140	PVID: How many times has a romantic partner/wife used or threatened to use a knife or other weapon against you: once, a few times, many times?	ONCE..... FEW..... MANY..... DON'T KNOW/DECLINED.....	1 2 3 99	→ M147 → M147
M141	PVID: 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	
M142	Was this partner who did this to you this <u>last time</u> your girlfriend, romantic partner, wife?	GIRLFRIEND/ROMANTIC PARTNER.... WIFE..... DON'T KNOW/DECLINED.....	1 2 99	
M143	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	→ M145
M144	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	
M145	Did this happen in the last 12 months?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	
M146	As a result of this <u>last time</u> when a partner 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) Permanent injury or disfigurement		YES NO DK /DTA 1 2 99 1 2 99 1 2 99 1 2 99 1 2 99	
M147	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	
M148	Was this partner who did this to you the <u>first time</u> your girlfriend, romantic partner, wife?	GIRLFRIEND/ROMANTIC PARTNER.... WIFE..... DON'T KNOW/DECLINED.....	1 2 99	
M149	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	→ M151
M150	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	
M151	Did this happen in the last 12 months?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	
M152	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 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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	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) Permanent injury or disfigurement	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. PERMANENT INJURY OR DISFIGUREMENT	1	2	99															
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			1	2	99															
M153	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. Has a parent or other adult relative ever: <table style="margin-left: 40px;"> <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. 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> </tbody> </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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	IF M153A=1 AND M153B=2/99 AND M153C =2/99 → M154 IF M153A=2/99 AND M153B=1 AND M153C =2/99 → M165 IF M153A=2/99 AND M153B=2/99 AND M153C =1 → M176 IF M153A & M153B & M153C =2/99 → M187	FOR COMBINATIONS OF (A-C)=1 → ROUTE THROUGH APPROPRIATE SECTIONS IN SEQUENCE																		
M154	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	→ M160	→ M160												

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

No	Questions and Filters	Coding Categories	Skip
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M155	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	
M156	What was your relationship to the parent or adult relative who did this to you the <u>last 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.....	FEMALE MOTHER..... 6 STEP MOTHER..... 7 SISTER..... 8 STEP SISTER..... 9 AUNT..... 10 OTHER FEMALE RELATIVE/CAREGIVER (SPECIFY)..... 88 DON'T KNOW/DECLINED..... 99		
M157	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	
M158	Did this happen in the last 12 months?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	
M159	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? 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) Permanent injury or disfigurement	YES NO DK /DTA 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. PERMANENT INJURY OR DISFIGUREMENT	1 2 99 1 2 99 1 2 99 1 2 99 1 2 99	
M160	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	
M161	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.....	FEMALE MOTHER..... 6 STEP MOTHER..... 7 SISTER..... 8 STEP SISTER..... 9 AUNT..... 10 OTHER FEMALE RELATIVE/CAREGIVER (SPECIFY)..... 88 DON'T KNOW/DECLINED..... 99		
M162	Did this parent or adult relative live within the same household as you when this first event occurred?	YES..... NO..... DON'T KNOW / DECLINED.....	1 2 99	
M163	Did this happen in the last 12 months?	YES..... NO..... DON'T KNOW/DECLINED.....	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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M164	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) 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. 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. PERMANENT INJURY OR DISFIGUREMENT	1	2	99	
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M165	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>→ M171</td> </tr> <tr> <td>FEW.....</td> <td>2</td> <td></td> </tr> <tr> <td>MANY.....</td> <td>3</td> <td></td> </tr> <tr> <td>DON'T KNOW/DECLINED.....</td> <td>99</td> <td>→ M171</td> </tr> </tbody> </table>	ONCE.....	1	→ M171	FEW.....	2		MANY.....	3		DON'T KNOW/DECLINED.....	99	→ M171													
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M166	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> <td></td> </tr> <tr> <td>6 TO 11 YEARS.....</td> <td>2</td> <td></td> </tr> <tr> <td>12 TO 17 YEARS.....</td> <td>3</td> <td></td> </tr> <tr> <td>18 OR OLDER.....</td> <td>4</td> <td></td> </tr> <tr> <td>DON'T KNOW/DECLINED.....</td> <td>99</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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M167	What was your relationship to the parent or adult relative who did this to you this <u>last 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..... FEMALE MOTHER..... 6 STEP MOTHER..... 7 SISTER..... 8 STEP SISTER..... 9 AUNT..... 10 OTHER FEMALE RELATIVE/CAREGIVER (SPECIFY)..... 88 DON'T KNOW/DECLINED..... 99																										
M168	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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NO.....	2																										
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M169	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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M170	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) 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. 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. PERMANENT INJURY OR DISFIGUREMENT	1	2	99	
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M171	PV2B: 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> </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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No	Questions and Filters	Coding Categories	Skip
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No	Questions and Filters	Coding Categories	Skip
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M172	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..... 99	<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																								
M173	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																									
M174	Did this happen in the last 12 months?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99																									
M175	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?	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) 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. 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. PERMANENT INJURY OR DISFIGUREMENT	1	2	99
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E. PERMANENT INJURY OR DISFIGUREMENT	1	2	99																								
M176	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	M182 M182																								
M177	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																									
M178	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..... 99	<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																								
M179	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																									
M180	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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M181	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) 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. 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. PERMANENT INJURY OR DISFIGUREMENT	1	2	99	
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M182	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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M183	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	FEMALE MOTHER..... 6 STEP MOTHER..... 7 SISTER..... 8 STEP SISTER..... 9 AUNT..... 10 OTHER FEMALE RELATIVE/CAREGIVER (SPECIFY)..... 88 DON'T KNOW/DECLINED..... 99																									
M184	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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M185	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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M186	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) 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. 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. PERMANENT INJURY OR DISFIGUREMENT	1	2	99	
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M187	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? B. choked, smothered, tried to drown you, or burned you intentionally?	<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> <tr> <td>B. choked, smothered, tried to drown you, or burned you intentionally?</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. choked, smothered, tried to drown you, or burned you intentionally?	1	2	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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	C. used or threatened you with a knife or other weapon?	1 2 99																									
	IF M187A=1 AND M187B=2/99 AND M187C =2/99 → M188 IF M187A=2/99 AND M187B=1 AND M187C =2/99 → M201 IF M187A=2/99 AND M187B=2/99 AND M187C =1 → M214 IF M187A AND M187B AND M187C =2/99 →M300	FOR COMBINATIONS OF (A-C)=1 → ROUTE THROUGH APPROPRIATE SECTIONS IN SEQUENCE IF M187A=1 OR M187B=1 OR M187C=1 ROUTE TO PV SERVICES M227 FOLLOWING SECTIONS																									
M188	PV3A: How many times have you been punched , kicked, whipped, or beat with an object by someone in your [<i>insert culturally appropriate term for COMMUNITY</i>]: once, a few times, or many times?	ONCE..... 1 FEW..... 2 MANY..... 3 DON'T KNOW/DECLINED..... 99	→ M195 → M195																								
M189	PV3A: 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																									
M190	What was your relationship to the person who did this to you this <u>last time</u> ? <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">MALE</p> 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 </div> <div style="width: 45%;"> <p style="text-align: center;">FEMALE</p> 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 </div> </div> <p style="text-align: center;">DON'T KNOW/DECLINED..... 99</p>																										
M191	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	→ M193																								
M192	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																									
M193	Did this happen in the last 12 months?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99																									
M194	As a result of this <u>last time</u> when someone in your [<i>insert culturally appropriate term for COMMUNITY</i>] 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) Permanent injury or disfigurement	<table border="1" style="width: 100%; border-collapse: collapse;"> <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. 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. PERMANENT INJURY OR DISFIGUREMENT	1	2	99	
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M195	PV3A: FIRST TIME 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																									

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

No	Questions and Filters	Coding Categories	Skip
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		18 OR OLDER.....	4	
		DON'T KNOW / DECLINED.....	99	
M196	What was your relationship to the person who did this to you the <u>first 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	
M197	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	M199
M198	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	
M199	Did this happen in the last 12 months?	YES.....	1	
		NO.....	2	
		DON'T KNOW/DECLINED.....	99	
M200	As a result of the <u>first time</u> when someone in your <i>[insert culturally appropriate term for COMMUNITY]</i> punched, kicked, whipped, or beat you with an object, did you experience?			
			YES	NO
				DK /DTA
	A) Fear or anxiety		1	2
	B) Cuts, scratches, bruises, aches, redness or swelling or other minor marks		1	2
	C) Sprains, dislocations, or blistering		1	2
	D) Deep wounds, broken bones, broken teeth, or blackened or charred skin		1	2
	E) Permanent injury or disfigurement		1	2
				99
M201	PV3B: How many times has someone in your <i>[insert culturally appropriate term for COMMUNITY]</i> choked, smothered, tried to drown, burned or scalded you intentionally: once, a few times, or many times?	ONCE.....	1	M208
		FEW.....	2	
		MANY.....	3	
		DON'T KNOW/DECLINED.....	99	M208
M202	PV3B: MOST RECENT TIME How old were you this <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	
M203	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		
	FEMALE			
	FEMALE TEACHER.....		9	
	FEMALE POLICE.....		10	
	FEMALE EMPLOYER.....		11	
	FEMALE COMMUNITY LEADER.....		12	
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IDENTIFICATION	ID-A	ID-B	ID-C	ID-D	EA	HOUSEHOLD	INTERVIEWER #

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	OTHER MALE (SPECIFY)_____ 77	OTHER FEMALE (SPECIFY)_____ 88																																										
	DON'T KNOW/DECLINED.....			99																																								
M204	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		M206																																								
M205	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																																										
M206	Did this happen in the last 12 months?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99																																										
M207	As a result of this last time when someone in your [insert culturally appropriate term for COMMUNITY] choked, smothered, tried to drown, burned or scalded you intentionally, did you experience?		YES NO DK /DTA																																									
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	E) Permanent injury or disfigurement		1 2 99																																									
M208	PV3B: FIRST TIME How old were you the first time this happened?	0 TO 5 YEARS..... 1 6 TO 11 YEARS..... 2 12 TO 17 YEARS..... 3 18 OR OLDER..... 4 DON'T KNOW/DECLINED..... 99																																										
M209	What was your relationship to the person who did this to you the first time?	<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>MALE TEACHER.....</td> <td>1</td> <td>FEMALE TEACHER.....</td> <td>9</td> </tr> <tr> <td>MALE POLICE.....</td> <td>2</td> <td>FEMALE POLICE.....</td> <td>10</td> </tr> <tr> <td>MALE EMPLOYER.....</td> <td>3</td> <td>FEMALE EMPLOYER.....</td> <td>11</td> </tr> <tr> <td>MALE COMMUNITY LEADER.....</td> <td>4</td> <td>FEMALE COMMUNITY LEADER.....</td> <td>12</td> </tr> <tr> <td>MALE RELIGIOUS LEADER.....</td> <td>5</td> <td>FEMALE RELIGIOUS LEADER.....</td> <td>13</td> </tr> <tr> <td>MALE FRIEND.....</td> <td>6</td> <td>FEMALE FRIEND.....</td> <td>14</td> </tr> <tr> <td>MALE CLASSMATE/SCHOOLMATE.....</td> <td>7</td> <td>FEMALE CLASSMATE/SCHOOLMATE.....</td> <td>15</td> </tr> <tr> <td>MALE NEIGHBOR.....</td> <td>8</td> <td>FEMALE NEIGHBOR.....</td> <td>16</td> </tr> <tr> <td>OTHER MALE (SPECIFY)_____</td> <td>77</td> <td>OTHER FEMALE (SPECIFY)_____</td> <td>88</td> </tr> </table>	MALE		FEMALE		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		
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	DON'T KNOW/DECLINED.....			99																																								
M210	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		M212																																								
M211	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																																										
M212	Did this happen in the last 12 months?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99																																										
M213	As a result of the first time when someone in your [insert culturally appropriate term for COMMUNITY] choked, smothered, tried to drown, burned or scalded you intentionally, did you experience?		YES NO DK /DTA																																									
	A) FEAR OR ANXIETY		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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	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) Permanent injury or disfigurement	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. PERMANENT INJURY OR DISFIGUREMENT	1 1 1 1	2 2 2 2	99 99 99 99
M214	PV3C: How many times has someone in your [insert culturally appropriate term for COMMUNITY] 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	→	M221 M221
M215	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		
M216	What was your relationship to the person who did this to you this <u>last time</u> ? MALE MALE TEACHER..... MALE POLICE..... MALE EMPLOYER..... MALE COMMUNITY LEADER..... MALE RELIGIOUS LEADER..... MALE FRIEND..... MALE CLASSMATE/SCHOOLMATE..... MALE NEIGHBOR..... OTHER MALE (SPECIFY)..... DON'T KNOW/DECLINED.....	FEMALE FEMALE TEACHER..... FEMALE POLICE..... FEMALE EMPLOYER..... FEMALE COMMUNITY LEADER..... FEMALE RELIGIOUS LEADER..... FEMALE FRIEND..... FEMALE CLASSMATE/SCHOOLMATE..... FEMALE NEIGHBOR..... OTHER FEMALE (SPECIFY)..... 99	1 2 3 4 5 6 7 8 77	9 10 11 12 13 14 15 16 88	
M217	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	→	M219
M218	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		
M219	Did this happen in the last 12 months?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99		
M220	As a result of this <u>last time</u> when someone in your [insert culturally appropriate term for COMMUNITY] 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) Permanent injury or disfigurement	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. PERMANENT INJURY OR DISFIGUREMENT	1 1 1 1 1	NO 2 2 2 2	DK /DTA 99 99 99 99
M221	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.....	1 2 3		

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

No	Questions and Filters	Coding Categories	Skip
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		18 OR OLDER.....	4	
		DON'T KNOW/DECLINED.....	99	
M222	What was your relationship to the person who did this to you the <u>first time</u> ?			
	MALE	FEMALE		
	MALE TEACHER.....	FEMALE TEACHER.....	1	9
	MALE POLICE.....	FEMALE POLICE.....	2	10
	MALE EMPLOYER.....	FEMALE EMPLOYER.....	3	11
	MALE COMMUNITY LEADER.....	FEMALE COMMUNITY LEADER.....	4	12
	MALE RELIGIOUS LEADER.....	FEMALE RELIGIOUS LEADER.....	5	13
	MALE FRIEND.....	FEMALE FRIEND.....	6	14
	MALE CLASSMATE/SCHOOLMATE.....	FEMALE CLASSMATE/SCHOOLMATE.....	7	15
	MALE NEIGHBOR.....	FEMALE NEIGHBOR.....	8	16
	OTHER MALE (SPECIFY).....	OTHER FEMALE (SPECIFY).....	77	88
	DON'T KNOW/DECLINED.....			99
M223	Was this person older than you, younger than you, or about the same age?	OLDER.....	1	M225
		YOUNGER.....	2	
		ABOUT SAME AGE.....	3	
		DON'T KNOW/DECLINED.....	99	
M224	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	
M225	Did this happen in the last 12 months?	YES.....	1	
		NO.....	2	
		DON'T KNOW/DECLINED.....	99	

M226	As a result of the <u>first 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?		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) Permanent injury or disfigurement	F. PERMANENT INJURY OR DISFIGUREMENT	1	2	99

M227	PV SERVICES Thinking about all your experiences with physical violence, have you ever sought help for any of these experiences?	YES.....	1	M229
		NO.....	2	
		DON'T KNOW/DECLINED.....	99	
M228	From whom have you sought help? Anyone else? RECORD ALL MENTIONED	OWN FAMILY	A	M300
		WIFE' S/PARTNER' S FAMILY.....	B	
		CURRENT/FORMER WIFE/PARTNER.....	C	
		CURRENT/FORMER GIRLFRIEND.....	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	

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

No	Questions and Filters	Coding Categories	Skip
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M229	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	
M230	Have you ever told anyone about these experiences?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	→ M300
M231	Who did you speak to regarding any physical violence experiences that happened? (<i>Record all mentioned</i>)	OWN FAMILY A WIFE' S/PARTNER' S FAMILY..... B CURRENT/FORMER WIFE/ PARTNER..... C CURRENT/FORMER GIRLFRIEND..... 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	

M300	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 M300A =1 OR M300B=1 OR M300C =1 → M301 IF M300A=2/99 AND M300B=2/99 AND M300C =2/99 → M400			
M301	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	1 → M305 99 → M305	
M302	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		

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

No	Questions and Filters	Coding Categories	Skip
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M303	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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M304	Did this happen in the last 12 months?	<table border="0"> <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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NO.....	2																																		
DON'T KNOW/DECLINED.....	99																																		
M305	<i>EVI: FIRST TIME</i> How old were you the <u>first time</u> this happened?	<table border="0"> <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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M306	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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M307	Did this happen in the last 12 months?	<table border="0"> <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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No	Questions and Filters	Coding Categories	Skip
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M400	<p>SEXUAL BEHAVIOR: The next questions are about sexual activity.</p> <p>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?</p> <p>This includes someone penetrating your anus with their penis, hands, fingers, mouth, or any other objects, or penetrating your mouth with their penis. It can also include someone forcing your penis into their mouth, vagina or anus.</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW/DECLINED..... 99</p>	→ M500
M401	How old were you when you had sexual intercourse for the very <u>first time</u> ?	<p>YEARS OLD: <input type="text"/> <input type="text"/></p> <p>DON'T KNOW/DECLINED..... 99</p>	
M402	The first time you had sexual intercourse, was it because you wanted to or because you were made to have it without your permission?	<p>WANTED TO..... 1</p> <p>MADE TO..... 2</p> <p>DON'T KNOW/DECLINED..... 99</p>	
M403	<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 girlfriend, romantic partner, or wife, 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><i>(INTERVIEWERS: 0 IS NOT AN ACCEPTABLE ANSWER FOR THIS QUESTION, IF RESPONDENT SAYS 0 THEN REFER BACK TO M400 AND CORRECT IF NECESSARY)</i></p> <p>DON'T KNOW/DECLINED..... 99</p>	
M404	Have you had sexual intercourse in the past <u>12 months</u> ?	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW/DECLINED..... 99</p>	→ M500
M405	How many partners have you had sexual intercourse with in the past <u>12 months</u> ?	<p>NUMBER OF PARTNERS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW/DECLINED..... 99</p>	

INTERVIEWER: CONTINUE DOWN THE COLUMN, ASKING ALL THE QUESTIONS FOR PARTNER 1 BEFORE CONTINUING TO PARTNER 2 AND PARTNER 3.

M406	I am going to ask you some questions about your sexual partners in the last 12 months.	PARTNER 1 MOST RECENT	PARTNER 2 SECOND MOST RECENT	PARTNER 3 THIRD MOST RECENT
		What is/was your relationship to the <u>most recent</u> person with whom you had sexual intercourse?	<p>Now think back to the partner you had sexual intercourse with before the partner we just talked about.</p> <p>What is/was your relationship to the person with whom you had sexual intercourse?</p>	<p>Now think back to the partner you had sexual intercourse with before the partner we just talked about.</p> <p>What is/was your relationship to the person with whom you had sexual intercourse?</p>

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

No	Questions and Filters	Coding Categories			Skip
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		WIFE..... 1 LIVE-IN PARTNER..... 2 GIRLFRIEND 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 DK/DTA..... 99	1	WIFE..... 1 LIVE-IN PARTNER..... 2 GIRLFRIEND 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 DK/DTA..... 99	1	WIFE..... 1 LIVE-IN PARTNER..... 2 GIRLFRIEND 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 DK/DTA..... 99	1
M407	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 DK/DTA..... 99	1	ALWAYS..... 1 SOMETIMES..... 2 NEVER..... 3 DK/DTA..... 99	1	ALWAYS..... 1 SOMETIMES..... 2 NEVER..... 3 DK/DTA..... 99	1
	INTERVIEWER: CHECK NUMBER OF PARTNERS REPORTED IN M405	IF M405=1 → M500 IF M405>1 → M406 PARTNER 2		IF M405=2 → M500 IF M405>2 → M406 PARTNER 3		GO TO M500	

M500	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				→ M600
M501	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				
M502	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				→ M504
M503	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				
M504	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				
M505	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>)					

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	MALE		FEMALE	
	MALE FRIEND OR ACQUAINTANCE.....	A	FEMALE FRIEND OR ACQUAINTANCE.....	M
	MALE TEACHER.....	B	FEMALE TEACHER.....	N
	MALE COMMUNITY LEADER.....	C	FEMALE COMMUNITY LEADER.....	O
	MALE RELIGIOUS LEADER.....	D	FEMALE RELIGIOUS LEADER.....	P
	MALE EMPLOYER.....	E	FEMALE EMPLOYER.....	Q
	MALE CLASSMATE/SCHOOLMATE.....	F	FEMALE CLASSMATE/SCHOOLMATE.....	R
	MALE NEIGHBOR.....	G	FEMALE NEIGHBOR.....	S
	MALE POLICE.....	H	FEMALE POLICE.....	T
	MALE SOLDIER.....	I	FEMALE SOLDIER.....	U
	MALE TRUCK DRIVER.....	J	FEMALE TRUCK DRIVER.....	V
	MALE TOURIST OR NON-NATIONAL.....	K	FEMALE TOURIST OR NON-NATIONAL.....	W
	MALE I DON'T KNOW/STRANGER.....	L	FEMALE I DON'T KNOW/STRANGER.....	AA
	OTHER MALE (SPECIFY).....	X	OTHER FEMALE (SPECIFY).....	Y
	DON'T KNOW/DECLINED			Z

M600	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 M600A=1 AND M600B=2/99 AND M600C =2/99 → M601 IF M600A=2/99 AND M600B=1 AND M600C =2/99 → M602 IF M600A=2/99 AND M600B=2/99 AND M600C =1 → M603 IF M600A=2/99 & M600B=2/99 & M600C=2/99 → M700	FOR COMBINATIONS OF (A-C)=1 ROUTE THROUGH APPROPRIATE SECTIONS IN SEQUENCE
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M601	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 → M601C FEW..... 2 MANY..... 3 DK/DTA.. 99 → M602 .	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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M602	How many times has someone forced you to watch sex photos or sex videos against your will?	A) ONCE..... 1 → M602C FEW..... 2 MANY..... 3 DK/DTA.. 99 → M603 .	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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M603	How many times has someone forced you to be in a sex photo or video against your	A) ONCE..... 1 → M603C FEW..... 2 MANY..... 3	B) How old were you when this <u>first</u> happened: 0-5, 6-11, 12-17, 18 or older? 0-5, 6-11, 12-17, 18 or older?	C) How old were you: <u>ONCE</u> : when this happened? <u>FEW OR MANY</u> : the <u>most recent time</u> this happened?	D) Did this happen in the last 12 months?
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No	Questions and Filters	Coding Categories	Skip
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	will: once, a few times or many times?	DK/DTA.. 99 → M700	0 TO 5 YEARS.. 1 6 TO 11 YEARS.. 2 12 TO 17 YEARS 3 18 OR OLDER.. 4 DK/DTA..... 99	0 TO 5 YEARS..... 1 6 TO 11 YEARS..... 2 12 TO 17 YEARS..... 3 18 OR OLDER..... 4 DK/DTA..... 99	YES..... 1 NO..... 2 DK/DTA..... 99	
	SEXUAL VIOLENCE: SEXUAL ABUSE					
	Boys and men 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.					
M700	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		
M800	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		
M900	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		
M1000	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 M700=1 MOVE TO M701 IF M800=1 MOVE TO M801 IF M900=1 MOVE TO M901 IF M1000=1 MOVE TO M1001 IF M700-M1000=1 MOVE TO SVCS M1100 IF M700=2/99 AND M800=2/99 AND M900=2/99 AND M1000=2/99 MOVE TO M1200 PERPETRATION		FOR COMBINATIONS OF (M700 – M1000)=1 ROUTE THROUGH APPROPRIATE SECTIONS IN SEQUENCE			
M701	SVI: TOUCHING WITHOUT PERMISSION- LIFETIME 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> 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?			1..... 1 → M714 WRITE NUMBER IF 2 TIMES OR MORE: <input type="text"/> <input type="text"/> → M702 DON'T KNOW/DECLINED..... 99 → M714		
M702	SVIA: TOUCHING – MOST RECENT 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>		YEARS OLD: <input type="text"/> <input type="text"/>			

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		DON'T KNOW/DECLINED.....	99	
M703	How old were you the <u>most recent time</u> this happened? This <u>most recent time</u> , did more than one person touch you in a sexual way without your permission?	YES..... NO, ONE PERSON ONLY..... DON'T KNOW/DECLINED.....	1 2 99	M706
M704	This <u>most recent 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	
M705	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:			
M706	What was your relationship to the person who did this to you? This could be a girlfriend, wife, 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 WEARING MASK/IT WAS DARK/COULDN'T SEE.....88 DON'T KNOW/DECLINED99			
M707	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	M709
M708	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	
M709	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..... 8 LAKE, RIVER, OTHER BODY OF WATER... 10 FIELD OR OTHER NATURAL AREA..... 88 BAR/RESTAURANT/DISCO/CLUB..... 99 ... OTHER LOCATION (SPECIFY):..... DON'T KNOW/DECLINED.....	M712
M710	Was anyone else at home at the time?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99	M712
M711	Who else was at home at the time (<i>circle all mentioned</i>)?	PARENT..... SIBLING..... OTHER RELATIVE.....	A B C	

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		FRIEND..... D OTHER (SPECIFY)..... X DON'T KNOW/DECLINED..... Z																																																																																					
M712	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																																																																																					
M713	Did this happen to you within the past 12 months?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99																																																																																					
M714	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 →																																																																																					
M715	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 →	M718																																																																																				
M716	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																																																																																					
M717	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:																																																																																						
M718	What was your relationship to the person who did this to you? This could be a girlfriend, wife, 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">WEARING MASK/IT WAS DARK/COULDN'T SEE.....88</td></tr> <tr><td colspan="4">DON'T KNOW/DECLINED99</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/DECLINED99				
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DON'T KNOW/DECLINED99																																																																																							
M719	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 →	M721																																																																																				
M720	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																																																																																					

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M721	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	M724 →
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No	Questions and Filters	Coding Categories	Skip
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M722	Was anyone else at home at the time?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	M724
M723	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	
M724	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	
M725	Did this happen to you within the past 12 months?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	
	REFER TO M800 M900 M1000 FOR ROUTING TO NEXT SECTION	IF M800=1 MOVE TO M801 IF M900=1 MOVE TO M901 IF M1000=1 MOVE TO M1001 IF M800 AND M900 AND M1000 =2/99 MOVE TO M1100 SV SVCS	
M801	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..... WRITE NUMBER IF <input type="text"/> <input type="text"/> → 2 TIMES OR MORE: DON'T KNOW/DECLINED..... 99	M814 M802 M814
M802	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	
M803	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	M806
M804	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	
M805	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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M806	What was your relationship to the person who did this to you? This could be a girlfriend, wife, 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		
M807	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	M809	
M808	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		
M809	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	M812
M810	Was anyone else at home at the time?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	M812	
M811	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		
M812	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		
M813	Did this happen to you within the past 12 months?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99		
M814	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: <input type="text"/> <input type="text"/> 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?																																																																																						
M815	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	M818																																																																																				
M816	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																																																																																					
M817	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:																																																																																						
M818	What was your relationship to the person who did this to you? This could be a girlfriend, wife, 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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M819	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	M821																																																																																				
M820	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																																																																																					
M821	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...</td><td>8</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	M824																																																												
MY HOME.....	1	INSIDE A CAR/BUS.....	7																																																																																				
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M822	Was anyone else at home at the time?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	M824																																																																																				
M823	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	
M824	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	
M825	Did this happen to you within the past 12 months?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	
	REFER TO M900 M1000 FOR ROUTING TO NEXT SECTION	IF M900=1 MOVE TO M901 IF M1000=1 MOVE TO M1001 IF M900 AND M1000 =2/99 MOVE TO M1100	
M901	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 → M915 WRITE NUMBER IF 2 TIMES OR MORE: <input type="text"/> <input type="text"/> → M902 DON'T KNOW/DECLINED..... 99 → M915	
M902	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	
M903	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 → M906	
M904	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	
M905	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:		
M906	What was your relationship to the person who did this to you? This could be a girlfriend, wife, 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				
		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				
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		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							
M907	Was the person older than you, younger than you, or about the same age?	OLDER.....	1	YOUNGER.....	2	ABOUT SAME AGE.....	3	M909	
		DON'T KNOW/DECLINED.....	99						
M908	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						
M909	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		
M910	Where were you when this happened to you?	MY HOME.....	1	INSIDE A CAR/BUS.....	7	PERPETRATOR'S HOME.....	2	M913	
		SOMEONE ELSE'S HOME.....	3	LAKE, RIVER, OTHER BODY OF WATER...	8	ON A ROAD/STREET.....	4		
		MARKET/SHOP.....	5	FIELD OR OTHER NATURAL AREA.....	9	SCHOOL.....	6		
				BAR/RESTAURANT/DISCO/CLUB.....	10				
				OTHER LOCATION (SPECIFY):.....	88				
				DON'T KNOW/DECLINED.....	99				
M911	Was anyone else at home at the time?	YES.....	1	NO.....	2	DON'T KNOW/DECLINED.....	99	M913	
M912	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		
M913	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				
M914	Did this most recent experience of being physically forced to have sex of any kind happen to you within the past 12 months?	YES.....	1	NO.....	2	DON'T KNOW/DECLINED.....	99		
M915	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.	YEARS OLD: <input type="text"/>							

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?	DON'T KNOW/DECLINE..... 99	
M916	This <u>first 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/DECLINE..... 99	→ M919
F917	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	

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

No	Questions and Filters	Coding Categories	Skip
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M918	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:			
M919	What was your relationship to the person who did this to you? This could be a girlfriend, wife, parent or other relative, neighbor, teacher, police, other security personnel, or anyone else.			
	MALE		FEMALE	
	BOYFRIEND/ROMANTIC PARTNER.....	1	GIRLFRIEND/ROMANTIC PARTNER.....	19
	HUSBAND.....	2	WIFE.....	20
	FATHER.....	3	MOTHER.....	21
	STEP FATHER.....	4	STEP MOTHER.....	22
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	OTHER RELATIVE (SPECIFY).....	8	OTHER RELATIVE (SPECIFY).....	26
	MALE TEACHER.....	9	FEMALE TEACHER.....	27
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	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/DECLINE		99	
M920	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	
M921	Was the person older than you, younger than you, or about the same age?	OLDER.....	1	→ M923
		YOUNGER.....	2	
		ABOUT SAME AGE.....	3	
		DON'T KNOW/DECLINE.....	99	
M922	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	
M923	Where were you when this happened to you?	MY HOME.....	1	→ M926
		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	
M924	Was anyone else at home at the time?	YES.....	1	→ M926
		NO.....	2	
		DON'T KNOW/DECLINED.....	99	
M925	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	
M926	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	
M927	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	

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	REFER TO M1000 FOR ROUTING TO NEXT SECTION	IF M1000=1 MOVE TO M1001 IF M1000 =2/99 MOVE TO SVCS M1100																																																																													
M1001	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 → M1014 WRITE NUMBER IF 2 TIMES OR MORE: <input type="text"/> <input type="text"/> → M1002 DON'T KNOW/DECLINED..... 99 → M1014																																																																													
M1002	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																																																																													
M1003	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 → M1006																																																																													
M1004	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																																																																													
M1005	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:																																																																														
M1006	What was your relationship to the person who did this to you? This could be a girlfriend, wife, 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> </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	
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M1007	Was the person older than you, younger than you, or about the same age?	OLDER..... 1 YOUNGER..... 2 ABOUT SAME AGE..... 3 → M1009 DON'T KNOW/DECLINED..... 99																																																																													
M1008	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																																																																													

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M1009	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	M1012 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	M1012																																																																				
M1010	Was anyone else at home at the time?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99		M1012																																																																				
M1011	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																																																																						
M1012	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																																																																						
M1013	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																																																																						
M1014	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		M1100																																																																				
M1015	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		M1018																																																																				
M1016	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																																																																						
M1017	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:																																																																							
M1018	What was your relationship to the person who did this to you? This could be a girlfriend, wife, 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> </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		
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M1019	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	M1021	
M1020	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		
M1021	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	M1024
M1022	Was anyone else at home at the time?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	M1024	
M1023	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		
M1024	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		
M1025	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		
M1100	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	M1102	
M1101	From whom have you sought help? Anyone else? RECORD ALL MENTIONED	OWN FAMILY A WIFE'S/PARTNER'S FAMILY..... B CURRENT/FORMER WIFE/ PARTNER..... C CURRENT/FORMER GIRLFRIEND..... 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	M1200	
M1102	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		

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		DID NOT NEED/WANT SERVICES.....	9	
		OTHER (SPECIFY):.....	10	
		DON'T KNOW/DECLINED.....	99	
M1103	Have you ever told anyone about these experiences?	YES.....	1	→ M1200
		NO.....	2	
		DON'T KNOW/DECLINED.....	99	
M1104	Who did you speak to regarding any of these sexual experiences that happened without your permission? (Record all mentioned)	OWN FAMILY	A	
		WIFE'S/PARTNER'S FAMILY	B	
		CURRENT/FORMER WIFE/ PARTNER.....	C	
		CURRENT/FORMER GIRLFRIEND.....	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	
M1200	PERPETRATION Have you slapped or pushed a current or previous partner/wife: never, once, a few times, many times? By <u>partner</u> I mean a girlfriend, romantic partner, fiancé, live-in partner, or wife.	NEVER.....	1	
		ONCE.....	2	
		FEW.....	3	
		MANY.....	4	
		DON'T KNOW/DECLINED.....	99	
M1201	Have you punched, kicked, whipped, or beat with an object a current or previous partner/wife: never, once, a few times, many times?	NEVER.....	1	
		ONCE.....	2	
		FEW.....	3	
		MANY.....	4	
		DON'T KNOW/DECLINED.....	99	
M1202	Have you choked, smothered, tried to drown, or intentionally burned or scalded a current or previous partner/wife: never, once, a few times, many times?	NEVER.....	1	
		ONCE.....	2	
		FEW.....	3	
		MANY.....	4	
		DON'T KNOW/DECLINED.....	99	
M1203	Have you used or threatened to use a knife or other weapon against a current or previous partner/wife: never, once, a few times, many times?	NEVER.....	1	
		ONCE.....	2	
		FEW.....	3	
		MANY.....	4	
		DON'T KNOW/DECLINED.....	99	
M1204	Have you forced a current or previous partner/wife 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	
M1205	Have you ever had sexual intercourse with someone who is not your wife or partner?	YES.....	1	→ M1300
		NO.....	2	
		DON'T KNOW/DECLINED.....	99	
M1206	Did you force them or did they force you?	I FORCED THEM.....	1	
		THEY FORCED ME.....	2	
		NEITHER.....	3	
		DON'T KNOW/DECLINED.....	99	
M1300	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	
M1301	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	

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M1302	During the past <u>30 days</u> , did you smoke cigarettes daily, occasionally, or not at all?	DAILY..... OCCASIONALLY..... NOT AT ALL..... DON'T KNOW / DECLINED.....	1 2 3 99	
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M1303	<p>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)</p> <p>A) Nervous? B) Hopeless? C) Restless? D) So depressed that nothing could cheer you up? E) That everything was an effort? F) Worthless?</p>	<table border="1"> <thead> <tr> <th></th> <th>ALL THE TIME</th> <th>MOST OF THE TIME</th> <th>SOME OF THE TIME</th> <th>A LITTLE OF THE TIME</th> <th>NONE OF THE TIME</th> <th>DK/DTA</th> </tr> </thead> <tbody> <tr> <td>A: NERVOUS</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>99</td> </tr> <tr> <td>B: HOPELESS</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>99</td> </tr> <tr> <td>C: RESTLESS</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>99</td> </tr> <tr> <td>D: SO DEPRESSED THAT NOTHING COULD CHEER YOU UP</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>99</td> </tr> <tr> <td>E: THAT EVERYTHING WAS AN EFFORT</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>99</td> </tr> <tr> <td>F: WORTHLESS</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>99</td> </tr> </tbody> </table>		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	1	2	3	4	5	99	D: SO DEPRESSED THAT NOTHING COULD CHEER YOU UP	1	2	3	4	5	99	E: THAT EVERYTHING WAS AN EFFORT	1	2	3	4	5	99	F: WORTHLESS	1	2	3	4	5	99		
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F: WORTHLESS	1	2	3	4	5	99																																															

M1304	Have you ever intentionally hurt yourself in any way?	YES..... NO..... DON'T KNOW / DECLINED.....	1 2 99	
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M1305	Have you ever thought about killing yourself?	YES..... NO..... DON'T KNOW / DECLINED.....	1 2 99	→ M1307
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M1306	Have you ever tried to kill yourself	YES..... NO..... DON'T KNOW / DECLINED.....	1 2 99	
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M1307	<p>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.</p> <p>Do you know what HIV/AIDS is?</p>	YES..... NO..... DON'T KNOW / DECLINED.....	1 2 99	
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M1308	Do you know any place where people could go for HIV testing?	YES..... NO..... DON'T KNOW / DECLINED.....	1 2 99	
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M1309	Have you ever been tested for HIV?	YES..... NO..... DON'T KNOW / DECLINED.....	1 2 99	→ M1311 → M1313
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M1310	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 WIFE/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	→ M1313
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M1311	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	
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No	Questions and Filters	Coding Categories	Skip
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M1312	This <u>most recent time</u> you were tested for HIV, did you get the results of your test?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	
M1313	Sometimes boys and men experience an abnormal discharge from their penis. Have you ever had an abnormal discharge from your penis?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	
M1314	Sometimes men have a sore or ulcer near their penis. Have you ever had a sore or ulcer near your penis?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	
M1400	RESPONSES TO SENSITIVE QUESTIONS Do you feel that the time you took to answer these questions was worthwhile for you?	YES, WORTHWHILE..... 1 NO, NOT WORTHWHILE..... 2 DON'T KNOW/DECLINED..... 99	
M1401	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	
M1402	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	
M1403	Did you find it upsetting or stressful to answer any of these questions?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	M1406
M1404	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..... Z	
M1405	Why did you find it upsetting or stressful to answer these questions? _____ _____ _____ _____ _____ _____ _____ _____ _____ _____		
M1406	I have asked you about many difficult things. How has talking about these things made you feel? _____ _____ _____ _____ _____ _____ _____ _____ _____ _____		

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M1407	<p>We have now finished the interview. Do you have any comments, or is there anything else you would like to add?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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RECORD THE TIME THE INTERVIEW ENDED:	TIME: (00:00)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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RESPONSE PLAN CHECKLIST:

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

- 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

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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

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:	