

B3. Please tell me who this person or these persons were (or are). (I don't need their names, I just need to know their relationship to you.)

**[CIRCLE "1" FOR ALL PERSON(S) MENTIONED AND ASK "i", "ii", AND "iii".
CIRCLE "2" (NO) FOR THOSE NOT MENTIONED]**

(PROBE: Anyone else?)

<u>RELATIONSHIP</u>	<u>MENTIONED</u>		i. How old were you when this first happened? (PROBE: What is the youngest you remember?)	ii. Has it stopped?		iii. How old were you when it stopped?
	<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>	
a. MOTHER/STEPMOTHER/FOSTER	1	2 (b)	____ YRS.	1	2 (b)	____ YRS.
b. FATHER	1	2 (c)	____ YRS.	1	2 (c)	____ YRS.
c. STEP/FOSTER FATHER	1	2 (d)	____ YRS.	1	2 (d)	____ YRS.
d. SIBLING/STEP/FOSTER	1	2 (e)	____ YRS.	1	2 (e)	____ YRS.
e. MOTHER'S BOYFRIEND/PARTNER	1	2 (f)	____ YRS.	1	2 (f)	____ YRS.
f. OTHER RELATIVE _____ (SPECIFY)	1	2 (g)	____ YRS.	1	2 (g)	____ YRS.
g. INTIMATE PARTNER/ SPOUSE/BOYFRIEND/ GIRLFRIEND	1	2 (h)	____ YRS.	1	2 (h)	____ YRS.
h. FRIEND	1	2 (i)	____ YRS.	1	2 (i)	____ YRS.
i. ACQUAINTANCE	1	2 (j)	____ YRS.	1	2 (j)	____ YRS.
j. STRANGER	1	2 (k)	____ YRS.	1	2 (k)	____ YRS.
k. OTHER _____ (SPECIFY)	1	2 (C1)	____ YRS.	1	2 (l)	____ YRS.
l. OTHER _____ (SPECIFY)	1	2 (C1)	____ YRS.	1	2 (m)	____ YRS.
m. OTHER _____ (SPECIFY)	1	2 (C1)	____ YRS.	1	2 (C1)	____ YRS.

REFER PARTICIPANT TO COUNSELOR

SECTION C: EVER DOMESTIC VIOLENCE

Has a current or previous partner ever: [ASK C1-C7] FOR EACH "YES" ASK "a"	<u>YES</u>	<u>NO</u>	a. HAND PARTICIPANT RESPONSE CARD 18. When was the most recent time your partner (C1 - C7)? Was it: 1 = Within the past week 2 = More than a week ago, but within the past month 3 = More than 1 month ago, but within the past 6 months 4 = More than 6 months ago, but within the past year 5 = More than a year ago					
			1	2 (C2)	1	2	3	4
C1. threatened to hurt you or kill you?	1	2 (C2)	1	2	3	4	5	5
C2. prevented you from leaving or entering your house?	1	2 (C3)	1	2	3	4	5	5
C3. prevented you from seeing friends?	1	2 (C4)	1	2	3	4	5	5
C4. prevented you from making phone calls?	1	2 (C5)	1	2	3	4	5	5
C5. prevented you from getting or keeping a job?	1	2 (C6)	1	2	3	4	5	5
C6. prevented you from continuing your education?	1	2 (C7)	1	2	3	4	5	5
C7. prevented you from seeking medical attention?	1	2 (C8)	1	2	3	4	5	5

REFER PARTICIPANT TO COUNSELOR

C8. Have you ever talked with your current or previous partner about using a condom or other barrier method (such as dental dams)?

YES..... 1
 NO 2 (C10)
 DECLINED <-7> (C10)

C9. Has your current or previous partner ever threatened you when you talked about using a condom or other barrier method (such as dental dams)?

YES..... 1
 NO 2
 DECLINED <-7>

C10. Have you ever been afraid that your current or previous partner would threaten you or hurt you if you asked him/her to use a condom or other barrier method (such as dental dams)?

YES..... 1
 NO 2
 DECLINED <-7>

SECTION D: EVER SEXUAL ABUSE

INTRODUCTION: At times we may be in difficult situations or things may happen to us that we cannot control, like sexual abuse or physical harm. We realize recalling such experiences can be difficult, so if you need to have some time during these next few sections, just let me know and we will take a break for a few minutes.

D1. At any time in your life, has anyone ever pressured or forced you to have sexual contact? By sexual contact I mean them touching your sexual parts, you touching their sexual parts, or sexual intercourse.

YES 1
 NO 2 (D5)
 DON'T KNOW <-8> (D5)
 DECLINED <-7> (D5)

D2. I need to ask you who the person or persons were who pressured or forced you to have sexual contact. (I don't need their names, I just need their relationship to you.)
(PAUSE OR STOP UNTIL THE PARTICIPANT SEEMS READY TO BEGIN.)
 Okay. Are you ready to begin?

YES, PARTICIPANT WILL PROCEED 1
 NO, PARTICIPANT DECLINED 2 (D4)

D3. Please tell me who this person or these persons were (or are). (I don't need their names, I just need to know their relationship to you.)
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CIRCLE "2" (NO) FOR THOSE NOT MENTIONED]
(PROBE: Anyone else?)

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	<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>	
a. MOTHER/STEPMOTHER/FOSTER	1	2 (b)	____ YRS.	1	2 (b)	____ YRS.
b. FATHER	1	2 (c)	____ YRS.	1	2 (c)	____ YRS.
c. STEP/FOSTER FATHER	1	2 (d)	____ YRS.	1	2 (d)	____ YRS.
d. SIBLING/STEP/FOSTER	1	2 (e)	____ YRS.	1	2 (e)	____ YRS.
e. MOTHER'S BOYFRIEND/PARTNER	1	2 (f)	____ YRS.	1	2 (f)	____ YRS.
f. OTHER RELATIVE _____ (SPECIFY)	1	2 (g)	____ YRS.	1	2 (g)	____ YRS.
g. INTIMATE PARTNER/ SPOUSE/BOYFRIEND/ GIRLFRIEND	1	2 (h)	____ YRS.	1	2 (h)	____ YRS.

