Many women report experiencing physical, sexual, and emotional abuse in their relationships with partners. Given the importance of these experiences we would like to ask a few questions about them that may or may not apply to you. During this interview we will be asking about your experiences with different types of partners you might have (e.g. your main partner and any other partners) and we will be referring to the same people you answered questions about on the computer questionnaire.

Many women also report experiencing physical and sexual abuse outside of the relationships with their partners. In the second part of this interview, we will be asking you about any of these experiences you may have had in childhood/adolescence or in adulthood.

Sometimes discussing these topics can be difficult. It is important to keep in mind that everything you share is confidential and that you will not be asked to provide details of the experiences. If discussing these topics is distressing for you and you feel it would be helpful to talk further about these issues, after the interview your interviewer or another staff member will be available.

### A. PARTNER PHYSICAL ABUSE

1. Have you ever been in a sexual relationship with a man who beat you or got violent with you?  
   *If no, skip to Section B (Partner Physical Abuse in Response to Request for Safe Sex).*  
   *If yes, go to 1a:*

   1a. With how many different male partners did this happen to you?  
       (-77 = don’t know, -88 = refused to answer)

   1b. As a result of this (or these) incident(s), did you ever need or think you needed medical treatment?
### Form 50 v1.06 7/12/2004 Page 2

#### Participant #: ___ ___ ___ ___  
Visit Date: ___ ___ / ___ ___ / ___ ___ ___ ___

1c. Did you ever get medical treatment?
- No ☐ 0
- Yes ☐ 1
- Don’t know ☐ -7
- Refused ☐ -8

1d. How long ago were you with a man who beat you or got violent with you?
(Specify days, months, and/or years)
(-77 = don’t know, -88 = refused to answer)

2. Has your current main male partner ever beaten you or gotten violent with you?
*Answer questions for the same person you defined as your main partner on the computer questionnaire.*
*If yes, go to 2a:*

2a. How often has this happened with your current main male partner in the past three months?
- Daily ☐ 1
- At least once a week ☐ 2
- Several times a month but less than once a week ☐ 3
- Once a month ☐ 4
- Less than once a month ☐ 5
- Has not happened in the past 3 months ☐ 6
- Don’t know ☐ -7
- Refused ☐ -8

2b. As a result of this (or these) incident(s), did you ever need or think you needed medical treatment in the past three months?
- No ☐ 0
- Yes ☐ 1
- Don’t know ☐ -7
- Refused ☐ -8

2c. Did you get medical treatment in the past three months?
- No ☐ 0
- Yes ☐ 1
- Don’t know ☐ -7
- Refused ☐ -8

3. Have any other current male partner(s) ever beaten you or gotten violent with you?
*Answer questions for the same people you defined as other partners on the computer questionnaire.*
*If yes, go to 3a:*

- No ☐ 0
- Yes ☐ 1
- Don’t know ☐ -7
- Refused ☐ -8
3a. How often has this happened with any of your other current male partners in the past three months?

- Daily [ ]
- At least once a week [ ]
- Several times a month but less than once a week [ ]
- Once a month [ ]
- Less than once a month [ ]
- Has not happened in the past 3 months [ ]
- Don’t know [ ]
- Refused [ ]

3b. As a result of this (of these) incident(s), did you ever need or think you needed medical treatment in the past three months?

- No [ ]
- Yes [ ]
- Don’t know [ ]
- Refused [ ]

3c. Did you get medical treatment in the past three months?

- No [ ]
- Yes [ ]
- Don’t know [ ]
- Refused [ ]

B. PARTNER PHYSICAL ABUSE IN RESPONSE TO REQUEST FOR SAFE SEX

4. Have you ever been physically threatened or hit by any partner in response to asking him to engage in safer sex (that is, use of a male or female condom)?

If no, skip to Section C (Partner Sexual Coercion).
If yes, go to 4a:

4a. Has this happened with your main male partner in the past three months?

- No [ ]
- Yes [ ]
- Don’t know [ ]
- Refused [ ]

4b. Has this happened with any other male partner(s) you had sex with in the past three months?

- No [ ]
- Yes [ ]
- Don’t know [ ]
- Refused [ ]

C. PARTNER SEXUAL COERCION

5. Have you ever been with any male partner who you felt forced or coerced you into having sex with him when you didn’t want to?

If no, skip to Section D (Partner Emotional/Verbal Abuse).
If yes, go to 5a:

- No [ ]
- Yes [ ]
- Don’t know [ ]
- Refused [ ]
5a. With how many different male partners did this happen to you?  
(-77 = don’t know, -88 = refused to answer)  

5b. As a result of this (or these) incident(s), did you ever need or think you needed medical treatment?  

5c. Did you ever get medical treatment?  

5d. How long ago were you in a sexual relationship with a man who you felt forced or coerced you into having sex with him when you didn’t want to?  
(specify day, months, and/or years)  
(-77 = don’t know, -88 = refused to answer)  

6. Is this happening in the current relationship with your main male partner?  
(Answer questions for the same person you defined as your main male partner on the computer questionnaire)  
If yes, go to 6a:  

6a. How often has this happened with your main male partner in the past three months?  

6b. As a result of this (of these) incident(s), did you ever need or think you needed medical treatment in the past three months?  

6c. Did you get medical treatment in the past three months?
7. Is this happening with any other male partner(s) you are currently having sex with?  
   (Answer questions for the same people you defined as other male partners on the computer questionnaire)  
   If yes, go to 7a:  
   No □ 0  
   Yes □ 1  
   Don’t know □ -7  
   Refused □ -8  

7a. How often has this happened with any of your current other male partners in the past three months?  
   Daily □ 1  
   At least once a week □ 2  
   Several times a month but less than once a week □ 3  
   Once a month □ 4  
   Less than once a month □ 5  
   Has not happened in the past 3 months □ 6  
   Don’t know □ -7  
   Refused □ -8  

7b. As a result of this (of these) incident(s), did you ever need or think you needed medical treatment in the past three months?  
   No □ 0  
   Yes □ 1  
   Don’t know □ -7  
   Refused □ -8  

7c. Did you get medical treatment in the past three months?  
   No □ 0  
   Yes □ 1  
   Don’t know □ -7  
   Refused □ -8  

D. PARTNER EMOTIONAL/VERBAL ABUSE

8. Have you ever been with a male partner who was verbally or emotionally abusive—constantly putting you down, calling you names, yelling at you, threatening you, or humiliating you?  
   If no, skip to Section E (Childhood Physical Abuse)  
   If yes, go to 8a:  
   No □ 0  
   Yes □ 1  
   Don’t know □ -7  
   Refused □ -8  

8a. Is this happening in the current relationship with your main male partner?  
   (Answer questions for the same person you defined as your main male partner on the computer questionnaire)  
   If no, skip to Q9.  
   No □ 0  
   Yes □ 1  
   Don’t know □ -7  
   Refused □ -8
8b. How often did this happen with your main male partner in the past three months?

- Daily □ 1
- At least once a week □ 2
- Several times a month but less than once a week □ 3
- Once a month □ 4
- Less than once a month □ 5
- Has not happened in the past 3 months □ 6
- Don’t know □ -7
- Refused □ -8

9. Is this happening with any other current male partner(s) you are currently having sex with?

(Answer questions for the same people you defined as other current male partners on the computer questionnaire)

If yes, go to 9a:

- No □ 0
- Yes □ 1
- Don’t know □ -7
- Refused □ -8

9a. How often did this happen with your other current partners in the past three months?

- Daily □ 1
- At least once a week □ 2
- Several times a month but less than once a week □ 3
- Once a month □ 4
- Less than once a month □ 5
- Has not happened in the past 3 months □ 6
- Don’t know □ -7
- Refused □ -8

E. CHILDHOOD PHYSICAL ABUSE

10. As a child or adolescent (under age 18) were you ever beaten, physically assaulted or abused?

(Excluding any physical abuse that may have happened in context of sexual relationships)

If no, skip to Section F (Adult Physical Abuse)

If yes, go to 10a:

- No □ 0
- Yes □ 1
- Don’t know □ -7
- Refused □ -8

10a. How old were you the first time this happened?

(-77 = don’t know, -88 = refused to answer)
### 10b. Who did that to you?

(Check ‘1’ for Yes and ‘0’ for No for numbers 1 through 11 below OR check ‘1’ for 12 or 13)

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Man you knew who wasn’t a relative</td>
<td>0</td>
<td>1</td>
<td>41</td>
</tr>
<tr>
<td>2. Woman you knew who wasn’t a relative</td>
<td>0</td>
<td>1</td>
<td>42</td>
</tr>
<tr>
<td>3. Man stranger</td>
<td>0</td>
<td>1</td>
<td>43</td>
</tr>
<tr>
<td>4. Woman stranger</td>
<td>0</td>
<td>1</td>
<td>44</td>
</tr>
<tr>
<td>5. Multiple abusers/gang</td>
<td>0</td>
<td>1</td>
<td>45</td>
</tr>
<tr>
<td>6. Father/Step-father/Mom’s boyfriend</td>
<td>0</td>
<td>1</td>
<td>46</td>
</tr>
<tr>
<td>7. Mother/Step-mother</td>
<td>0</td>
<td>1</td>
<td>47</td>
</tr>
<tr>
<td>8. Brother</td>
<td>0</td>
<td>1</td>
<td>48</td>
</tr>
<tr>
<td>9. Sister</td>
<td>0</td>
<td>1</td>
<td>49</td>
</tr>
<tr>
<td>10. Other male relative</td>
<td>0</td>
<td>1</td>
<td>50</td>
</tr>
<tr>
<td>11. Other female relative</td>
<td>0</td>
<td>1</td>
<td>51</td>
</tr>
<tr>
<td>12. Don’t know</td>
<td>0</td>
<td>1</td>
<td>52</td>
</tr>
<tr>
<td>13. Refused</td>
<td>0</td>
<td>1</td>
<td>53</td>
</tr>
</tbody>
</table>

### 10c. How often did this happen?

- Once □ 1
- Rarely □ 2
- Occasionally □ 3
- Regularly □ 4
- Refused □ -8
10d. Have you ever talked to anyone about this (these) experience(s) before?

- No □ 0
- Yes □ 1
- Don’t know □ -7
- Refused □ -8

10e. As a result of this (of these) incident(s), did you ever need or think you needed medical treatment?

- No □ 0
- Yes □ 1
- Don’t know □ -7
- Refused □ -8

10f. Did you ever get medical treatment?

- No □ 0
- Yes □ 1
- Don’t know □ -7
- Refused □ -8

F. ADULT PHYSICAL ABUSE

11. As an adult (age 18 or older) were you ever beaten, physically assaulted or abused by someone outside of a sexual relationship?

If no, skip to Section G (Childhood Sexual Abuse)
If yes, go to 11a:

11a. Who did that to you?

(Check ‘1’ for Yes and ‘0’ for No for numbers 1 through 11 below OR check ‘1’ for 12 or 13)

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>□ 0</td>
<td>□ 1</td>
</tr>
<tr>
<td>2</td>
<td>□ 0</td>
<td>□ 1</td>
</tr>
<tr>
<td>3</td>
<td>□ 0</td>
<td>□ 1</td>
</tr>
<tr>
<td>4</td>
<td>□ 0</td>
<td>□ 1</td>
</tr>
<tr>
<td>5</td>
<td>□ 0</td>
<td>□ 1</td>
</tr>
<tr>
<td>6</td>
<td>□ 0</td>
<td>□ 1</td>
</tr>
<tr>
<td>7</td>
<td>□ 0</td>
<td>□ 1</td>
</tr>
<tr>
<td>8</td>
<td>□ 0</td>
<td>□ 1</td>
</tr>
<tr>
<td>9</td>
<td>□ 0</td>
<td>□ 1</td>
</tr>
</tbody>
</table>
11b. How often did this happen?

- Once
- Rarely
- Occasionally
- Regularly
- Refused

11c. As a result of this (of these) incident(s), did you ever need or think you needed medical treatment?

- No
- Yes
- Don’t know
- Refused

11d. Did you ever get medical treatment?

- No
- Yes
- Don’t know
- Refused

G. CHILDHOOD SEXUAL ABUSE

12. As a child or adolescent (under age 18) were you ever sexually assaulted or abused?

(Excluding any sexual abuse that may have happened in the context of a sexual relationship). By sexual abuse, we mean any sexual contact that was unwanted, uninvited, or against your will.

If no, skip to Section H (Adult Sexual Abuse)
If yes, go to 12a:

12a. How old were you the first time this happened?

(-77 = don’t know, -88 = refused to answer)

12b. Who did that to you?

(Check ‘1’ for Yes and ‘0’ for No for numbers 1 through 11 below OR check ‘1’ for 12 or 13)
<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Man stranger</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>4. Woman stranger</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>5. Multiple abusers/gang</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>6. Father/Step-father/Mom’s boyfriend</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>7. Mother/Step-mother</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>8. Brother</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>9. Sister</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>10. Other male relative</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>11. Other female relative</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>12. Don’t know</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>13. Refused</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

12c. How often did this happen?
   - Once
   - Rarely
   - Occasionally
   - Regularly
   - Refused

12d. Have you ever talked to anyone about this (these) experience(s) before?
   - No
   - Yes
   - Don’t know
   - Refused

12e. As a result of this (of these) incident(s), did you ever need or think you needed medical treatment?
   - No
   - Yes
   - Don’t know
   - Refused

12f. Did you ever get medical treatment?
   - No
   - Yes
   - Don’t know
   - Refused
H. ADULT SEXUAL ABUSE

13. As an adult (age 18 or older) were you ever sexually assaulted or abused by someone outside of a sexual relationship?
   If no, skip to end of questionnaire
   If yes, go to 13a:
   No 0 94
   Yes 1
   Don’t know -7
   Refused -8

13a. Who did that to you?

(Check ‘1’ for Yes and ‘0’ for No for numbers 1 through 11 below OR check ‘1’ for 12 or 13)

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Man you knew who wasn’t a relative</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>2. Woman you knew who wasn’t a relative</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>3. Man stranger</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>4. Woman stranger</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>5. Multiple abusers/gang</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>6. Father/Step-father/Mom’s boyfriend</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>7. Mother/Step-mother</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>8. Brother</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>9. Sister</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>10. Other male relative</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>11. Other female relative</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>12. Don’t know</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>13. Refused</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

13b. How often did this happen?

<table>
<thead>
<tr>
<th></th>
<th>Once</th>
<th>Rarely</th>
<th>Occasionally</th>
<th>Regularly</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>-8</td>
</tr>
</tbody>
</table>

Participant #: ___ ___ ___ ___
Visit Date: ___ ___ / ___ ___ / ___ ___ ___ ___
13c. As a result of this (of these) incident(s), did you ever need or think you needed medical treatment?

- No 0
- Yes 1
- Don’t know -7
- Refused -8

13d. Did you ever get medical treatment?

- No 0
- Yes 1
- Don’t know -7
- Refused -8
Many women report experiencing physical, sexual, and emotional abuse in their relationships with partners. Given the importance of these experiences we would like to ask a few questions about them that may or may not apply to you. During this interview we will be asking about your experiences in the past 3 months with different types of partners you might have (e.g. your main partner and any other partners) and we will be referring to the same people you answered questions about on the computer questionnaire.

Many women also report experiencing physical and sexual abuse outside of the relationships with their partners. In the second part of this interview, we will be asking you about any of these experiences you may have had in the past 3 months.

Sometimes discussing these topics can be difficult. It is important to keep in mind that everything you share is confidential and that you will not be asked to provide details of the experiences. If discussing these topics is distressing for you and you feel it would be helpful to talk further about these issues, after the interview your interviewer or another staff member will be available.

A. PARTNER PHYSICAL ABUSE

1. In the past 3 months has your current main male partner beaten you or gotten violent with you? (Answer questions for the same person you defined as your main partner on the computer questionnaire)
   (If YES, go to 1a. If NO, skip to 2.)

   No ☐ 0  
   Yes ☐ 1
   Don’t know ☐ -7
   Refused ☐ -8

1a. How often has this happened with your current main male partner in the past three months?

   Daily ☐ 1
   At least once a week ☐ 2
   Several times a month but less than once a week ☐ 3
   Once a month ☐ 4
   Less than once a month ☐ 5
   Don’t know ☐ -7
   Refused ☐ -8
1b. As a result of this (or these) incident(s), did you need or think you needed medical treatment in the past three months?

- No 0
- Yes 1
- Don’t know -7
- Refused -8

1c. Did you get medical treatment in the past three months?

- No 0
- Yes 1
- Don’t know -7
- Refused -8

2. In the past 3 months have any other current male partner(s) beaten you or gotten violent with you?

- No 0
- Yes 1
- Don’t know -7
- Refused -8

Answer questions for the same people you defined as other partners on the computer questionnaire.

If YES, go to 2a. If NO, skip to 3.

2a. How often has this happened with your other current male partners in the past three months?

- Daily 1
- At least once a week 2
- Several times a month but less than once a week 3
- Once a month 4
- Less than once a month 5
- Don’t know -7
- Refused -8

2b. As a result of this (of these) incident(s), did you need or think you needed medical treatment in the past three months?

- No 0
- Yes 1
- Don’t know -7
- Refused -8

2c. Did you get medical treatment in the past three months?

- No 0
- Yes 1
- Don’t know -7
- Refused -8

B. PARTNER PHYSICAL ABUSE IN RESPONSE TO REQUEST FOR SAFE SEX

3. In the past 3 months have you been physically threatened or hit by a partner in response to asking him to engage in safer sex (that is, use of a male or female condom)?

- No 0
- Yes 1
- Don’t know -7
- Refused -8

If NO, skip to Section C (Partner Sexual Coercion).

If YES, go to 3a:

3a. Has this happened with your current main male partner in the past three months?

- No 0
- Yes 1
- Don’t know -7
- Refused -8
C. PARTNER SEXUAL COERCION

4. In the past 3 months have you felt forced or coerced into having sex with your main male partner when you didn’t want to?

(Answer questions for the same person you defined as your main male partner on the computer questionnaire)

If YES, go to 4a. If NO, skip to 5.

4a. How often has this happened with your current main male partner in the past three months?

Daily ☐
At least once a week ☐
Several times a month but less than once a week ☐
Once a month ☐
Less than once a month ☐
Don’t know ☐
Refused ☐

4b. As a result of this (or these) incident(s), did you need or think you needed medical treatment in the past three months?

No ☐
Yes ☐
Don’t know ☐
Refused ☐

4c. Did you get medical treatment in the past three months?

No ☐
Yes ☐
Don’t know ☐
Refused ☐

5. In the past 3 months have you ever felt that any other male partner(s) you are currently having sex with has forced or coerced you into having sex with him or them when you didn’t want to?

(Answer questions for the same people you defined as other male partners on the computer questionnaire)

If YES, go to 5a. If NO, skip to 6.
5a. How often has this happened with any of your current other male partners in the past three months?

- Daily      1
- At least once a week  2
- Several times a month but less than once a week  3
- Once a month  4
- Less than once a month  5
- Don’t know  7
- Refused  8

5b. As a result of this (or these) incident(s), did you need or think you needed medical treatment in the past three months?

- No  0
- Yes  1
- Don’t know  7
- Refused  8

5c. Did you get medical treatment in the past three months?

- No  0
- Yes  1
- Don’t know  7
- Refused  8

D. PARTNER EMOTIONAL/VERBAL ABUSE

6. In the past 3 months have you been with a male partner who was verbally or emotionally abusive—constantly putting you down, calling you names, yelling at you, threatening you, or humiliating you?

If NO, skip to Section E (Adult Physical Abuse)
If YES, go to 6a:

6a. Is this happening in the current relationship with your main male partner?

(Answer questions for the same person you defined as your main male partner on the computer questionnaire)

If NO, skip to 7.

- No  0
- Yes  1
- Don’t know  7
- Refused  8

6b. How often did this happen with your main male partner in the past three months?

- Daily  1
- At least once a week  2
- Several times a month but less than once a week  3
- Once a month  4
- Less than once a month  5
- Don’t know  7
- Refused  8
7. In the past 3 months has this happened with any other current male partner(s) you are currently having sex with? (Answer questions for the same people you defined as other current male partners on the computer questionnaire)
   If YES, go to 7a. If NO, skip to 8.

   7a. How often did this happen with your other current partners in the past three months?

   Daily □ [1]
   At least once a week □ [2]
   Several times a month but less than once a week □ [3]
   Once a month □ [4]
   Less than once a month □ [5]
   Don’t know □ [-7]
   Refused □ [-8]

E. ADULT PHYSICAL ABUSE

8. In the past 3 months, were you physically assaulted or abused by someone outside of a sexual relationship?
   If NO, skip to Section F (Adult Sexual Abuse)
   If YES, go to 8a:

   8a. Who did that to you?

   (Check ‘1’ for Yes and ‘0’ for No for numbers 1 through 11 below OR Check ‘1’ for 12 or 13)

   |   | No | Yes |
---|---|---|---|
1. | Man you knew who wasn’t a relative | □ [0] | □ [1] |
2. | Woman you knew who wasn’t a relative | □ [0] | □ [1] |
3. | Man stranger | □ [0] | □ [1] |
4. | Woman stranger | □ [0] | □ [1] |
5. | Multiple abusers/gang | □ [0] | □ [1] |
6. | Father/Stepfather/Mom’s boyfriend | □ [0] | □ [1] |
7. | Mother/Stepmother | □ [0] | □ [1] |
8. | Brother | □ [0] | □ [1] |
9. | Sister | □ [0] | □ [1] |
**F. ADULT SEXUAL ABUSE**

9. In the past 3 months, were you sexually assaulted or abused by someone outside of a sexual relationship?
*If NO, end questionnaire.*
*If YES, go to 9a:*

9a. Who did that to you?

(Check ‘1’ for Yes and ‘0’ for No for numbers 1 through 13 below OR Check ‘1’ for 12 or 13)

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Man you knew who wasn’t a relative</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>2. Woman you knew who wasn’t a relative</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>3. Man stranger</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>4. Woman stranger</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

8b. How often did this happen within the past 3 months?

- Once
- Rarely
- Occasionally
- Regularly
- Refused

8c. As a result of this (of these) incident(s), did you ever need or think you needed medical treatment?

- No
- Yes
- Don’t know
- Refused

8d. Did you ever get medical treatment?

- No
- Yes
- Don’t know
- Refused
### 9b. How often did this happen within the past 3 months?

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Multiple abusers/gang</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>6. Father/Stepfather/Mom’s boyfriend</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>7. Mother/Stepmother</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>8. Brother</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>9. Sister</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>10. Other Male Relative</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>11. Other Female Relative</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>12. Don’t Know</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>13. Refused</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

#### 9c. As a result of this (of these) incident(s), did you ever need or think you needed medical treatment?

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Multiple abusers/gang</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>6. Father/Stepfather/Mom’s boyfriend</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>7. Mother/Stepmother</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>8. Brother</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>9. Sister</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>10. Other Male Relative</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>11. Other Female Relative</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>12. Don’t Know</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>13. Refused</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

#### 9d. Did you ever get medical treatment?

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Multiple abusers/gang</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>6. Father/Stepfather/Mom’s boyfriend</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>7. Mother/Stepmother</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>8. Brother</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>9. Sister</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>10. Other Male Relative</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>11. Other Female Relative</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>12. Don’t Know</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>13. Refused</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

---

**Participant #: ___ ___ ___ ___**

**Visit Date: ___ / ___ / ___ ___ ___ ___**

**Completed by (Staff #): ___ ___ ___ ___**

**Reviewed by (Staff #): ___ ___ ___ ___**

**Entered by (Staff #): ___ ___ ___ ___**