

## SV Screener

### **Introduction**

The next questions ask about unwanted sexual situations that you may have experienced in the past 12 months or in your lifetime. Your answers will be used to help determine how often these things happen to women.

Some of the language used in this survey is explicit and may be uncomfortable to you, but it is important that the questions are asked in this way so that you are clear about what is meant.

Unwanted sexual experiences can occur in all different types of situations. These situations may involve strangers, but they also may involve someone you know well, such as a romantic partner, friend, acquaintance, teacher, coworker, supervisor, or family member. Please keep this in mind when answering these questions.

Most of the questions just require you to say 'yes' or 'no' to answer, and you may be asked for a month or year as a response. As I told you before, the information you are providing will be kept private. Also remember that you can skip questions that you don't want to answer and you can stop at anytime.

If at any time you do not feel physically or emotionally safe, you can just say "goodbye". I will understand and I will not call you back.

## PART ONE:

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**Questions about your lifetime and the last 12 months**


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The first questions ask you to recall any incidents that have happened against your will. For incidents that happened in the last 12 months, I will ask you to count how many separate incidents happened and to list the month when they occurred. The questions begin with the most serious types of incidents and then move to less serious incidents.

**SV1. Has a male ever used force or threats of force to make you have vaginal sex against your will? By vaginal sex, it means putting his penis in your vagina against your will.**

- Yes** → Continue to SV1A
- No** → Skip to question SV2
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**SV1A. Has this happened at any time since [MONTH/YEAR]?**

- Yes** → Continue to question SV1B
- No** → Skip to question SV1D

**SV1B. Since [MONTH/YEAR], how many times did this happen to you?**

- Once** → Skip to question SV1C
- Two or more** \_\_\_ \_\_\_ (enter number) → Skip to question SV1C
- DON'T KNOW** → Continue
- REFUSED** → Continue

**SV1B1. Do you remember if it was...**

- 2-4 times?
- 5-9 times?
- 10-14 times?
- 15 or more times?



**SV1C. In what month and year did (this incident/these incidents/(IF SV1B>4 or SV1B1>=5 TIMES: the four most recent incidents)) happen? (INTERVIEWER: FILL IN MONTH AND YEAR FOR EACH TIME THIS HAPPENED IN PAST 12 MONTHS; IF THIS HAPPENED MORE THAN ONCE IN A MONTH, REPEAT THE MONTH/YEAR FOR EACH TIME IT HAPPENED)**

- a.   /   (MONTH/YEAR)  DON'T KNOW
- b.   /   (MONTH/YEAR)  DON'T KNOW
- c.   /   (MONTH/YEAR)  DON'T KNOW
- d.   /   (MONTH/YEAR)  DON'T KNOW

**PROGRAMMER NOTE #1: IF SV1B=once and “DON'T KNOW” IS MARKED IN SV1C, OR IF SV1B=two or more AND ONLY ONE “DON'T KNOW” IS MARKED IN SV1C, CONTINUE. ELSE SKIP TO PROGRAMMER NOTE #2.**

**SV1C\_1 You indicated you are not sure of the month and year. Can you confirm that this incident took place since [MONTH/YEAR]?**

- Yes → Skip to SV2
- No → Skip to Programmer Note #3

**PROGRAMMER NOTE #2: IF SV1B=two or more and “DON'T KNOW” TO MORE THAN ONE IN SV1C, CONTINUE. ELSE SKIP TO NEXT PROGRAMMER NOTE.**

**SV1C\_2 You indicated you are not sure of the month and year for [count number of DK's in SV1C] incidents. Can you confirm how many of these incidents – if any - took place before [MONTH/YEAR]?**

**(ENTER NUMBER) → CONTINUE**

**PROGRAMMER NOTE #3: If month/year is greater than 12 months ago in SV1Ca-d or SV1C\_1=No or SV1C\_2>0, delete response and reduce SV1B by appropriate amount. If SV1B was once, and it gets reduced to zero, change SV1A to no, delete all data in B and C follow-ups, and CONTINUE TO SV1D. ELSE SKIP TO SV2.**

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**SV1D. About how old were you when this happened (the first time)?**

- \_\_\_ \_\_\_ age first time occurred → Skip to question SV2
- Don't Know → Continue to SV1E.

**SV1E. [If "don't know"]:** Do you recall if you were ...

- 11 years old or younger?
- Between 12 and 17 years old?
- Between 18 and 24 years old?
- Between 25 and 34 years old?
- 35 or older?

**SV2. Has anyone, male or female, ever used force or threats of force to make you have oral sex against your will? By oral sex, it means that someone penetrated your vagina or anus with their mouth or tongue, or you were forced to use your mouth or tongue on someone else's genitals or anus against your will.**

- Yes** → Continue to SV2A
  - No** → Skip to question SV3
- 

**SV2A. Has this happened at any time since [MONTH/YEAR]?**

- Yes** → Continue to question SV2B
- No** → Skip to question SV2F

**SV2B. Since [MONTH/YEAR], how many times did this happen to you?**

- Once** → Skip to question SV2C
- Two or more** \_\_\_ \_\_\_ (enter number) → Skip to question SV2C
- DON'T KNOW** → Continue
- REFUSED** → Continue

SV2B1. Do you remember if it was...

- 2-4 times?
- 5-9 times?
- 10-14 times?
- 15 or more times?

**SV2C. In what month and year did (this incident/these incidents/(IF SV2B>4 or SV2B1>=5 TIMES: the four most recent incidents)) happen? (FILL IN MONTH AND YEAR FOR EACH TIME THIS HAPPENED IN PAST 12 MONTHS; IF THIS HAPPENED MORE THAN ONCE IN A PARTICULAR MONTH, REPEAT THE MONTH/YEAR FOR EACH TIME IT HAPPENED)**

- a.   /   (MONTH/YEAR)  DON'T KNOW
- b.   /   (MONTH/YEAR)  DON'T KNOW
- c.   /   (MONTH/YEAR)  DON'T KNOW
- d.   /   (MONTH/YEAR)  DON'T KNOW

**PROGRAMMER NOTE #1: IF SV2B=once and “DON'T KNOW” IS MARKED IN SV2C, OR IF SV2B=two or more AND ONLY ONE “DON'T KNOW” IS MARKED IN SV2C, CONTINUE. ELSE SKIP TO PROGRAMMER NOTE #2.**

**SV2C\_1 You indicated you are not sure of the month and year. Can you confirm that this incident took place since [MONTH/YEAR]?**

- Yes** → Skip to Programmer Note #4
- No** → Skip to Programmer Note #3

**PROGRAMMER NOTE #2: IF SV2B=two or more and “DON'T KNOW” TO MORE THAN ONE IN SV2C, CONTINUE. ELSE SKIP TO NEXT PROGRAMMER NOTE.**

**SV2C\_2 You indicated you are not sure of the month and year for [count number of DK's in SV2C] incidents. Can you confirm how many of these incidents – if any - took place before [MONTH/YEAR]?**

**(ENTER NUMBER) → CONTINUE**

**PROGRAMMER NOTE #3:** If month/year is greater than 12 months ago in SV2Ca-d or SV2C\_1=No or SV2C\_2>0, delete response and reduce SV2B by appropriate amount. If SV2B was once, and it gets reduced to zero, change SV2A to no, delete all data in B and C follow-ups, and SKIP TO SV2F. ELSE CONTINUE TO PROGRAMMER NOTE #4.

**PROGRAMMER NOTE#4 :** If any of the months listed in SV2C match a month listed in SV1C, if any are marked as DK and an incident has been reported in a previous question, *Continue*. Otherwise, go to SV3.

For each month that matches, if month is only listed once in SV2C, GO TO SV2D1. If month is listed twice in SV2C, GO TO SV2D2. If month is listed three or more times in SV2C, GO TO SV2D3.

If one of the months is marked as “don’t know”, go to SV2D1. If two of the months are marked as “Don’t Know”, go to SV2D2. If three or more of the months are listed as “Don’t Know”, go to SV2D3.

Repeat this instruction for each month that matches with SV1C.

**SV2D1. Is this part of the other incident(s) you already reported in (MONTH/YEAR)?**

- Yes, happened at the same time as the other incident(s) already discussed → Skip to question SV3
- No, separate incidents → Skip to question SV3

**SV2D2. Are either of these part of the other incident(s) you already reported in (MONTH/YEAR)?**

- Yes, one is part of the other incident → Skip to question SV3
- Yes, both are part of the other incidents → Skip to question SV3
- No, separate incidents → Skip to question SV3

**SV2D3. Are any of these part of the other incident(s) you already reported in (MONTH/YEAR)?**

- Yes
- No, separate incidents → Skip to question SV3



**SV2E3. How many of these are part of an incident that you already reported?**

\_\_\_ \_\_\_ (enter number) → Skip to question SV3

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**SV2F. About how old were you when this happened (the first time)?**

\_\_\_ \_\_\_ age first time occurred → Skip to question SV3

**Don't Know** → Continue to SV2G.

**SV2G. [If "don't know"]:** Do you recall if you were ...

11 years old or younger?

Between 12 and 17 years old?

Between 18 and 24 years old?

Between 25 and 34 years old?

35 or older?

**SV3. Has a male ever used force or threats of force to make you have anal sex against your will? By anal sex, it means that a man or boy put his penis in your anus against your will.**

- Yes** → Continue to SV3A
  - No** → Skip to question SV4
- 

**SV3A. Has this happened at any time since [MONTH/YEAR]?**

- Yes** → Continue to question SV3B
- No** → Skip to question SV3F

**SV3B. Since [MONTH/YEAR], how many times did this happen to you?**

- Once** → Skip to question SV3C
- Two or more** \_\_\_ \_\_\_ (enter number) → Skip to question SV3C
- DON'T KNOW** → Continue
- REFUSED** → Continue

SV3B1. Do you remember if it was...

- 2-4 times?
- 5-9 times?
- 10-14 times?
- 15 or more times?

**SV3C. In what month and year did (this incident/these incidents/(IF SV3B>4 or SV3B1>=5 TIMES: the four most recent incidents)) happen? (FILL IN MONTH AND YEAR FOR EACH TIME THIS HAPPENED IN PAST 12 MONTHS; IF THIS HAPPENED MORE THAN ONCE IN A PARTICULAR MONTH, REPEAT THE MONTH/YEAR FOR EACH TIME IT HAPPENED)**

- a.   /   (MONTH/YEAR)  DON'T KNOW
- b.   /   (MONTH/YEAR)  DON'T KNOW
- c.   /   (MONTH/YEAR)  DON'T KNOW
- d.   /   (MONTH/YEAR)  DON'T KNOW

**PROGRAMMER NOTE #1: IF SV3B=once and “DON'T KNOW” IS MARKED IN SV3C, OR IF SV3B=two or more AND ONLY ONE “DON'T KNOW” IS MARKED IN SV3C, CONTINUE. ELSE SKIP TO PROGRAMMER NOTE #2.**

**SV3C\_1 You indicated you are not sure of the month and year. Can you confirm that this incident took place since [MONTH/YEAR]?**

- Yes** → Skip to Programmer Note #4
- No** → Skip to Programmer Note #3

**PROGRAMMER NOTE #2: IF SV3B=two or more and “DON'T KNOW” TO MORE THAN ONE IN SV3C, CONTINUE. ELSE SKIP TO NEXT PROGRAMMER NOTE.**

**SV3C\_2 You indicated you are not sure of the month and year for [count number of DK's in SV3C] incidents. Can you confirm how many of these incidents – if any - took place before [MONTH/YEAR]?**

**(ENTER NUMBER) → CONTINUE**

**PROGRAMMER NOTE #3:** If month/year is greater than 12 months ago in SV3Ca-d or SV3C\_1=No or SV3C\_2>0, delete response and reduce SV3B by appropriate amount. If SV3B was once, and it gets reduced to zero, change SV3A to no, delete all data in B and C follow-ups, and SKIP TO SV3F. ELSE CONTINUE TO PROGRAMMER NOTE #4.

**PROGRAMMER NOTE#4 :** If any of the months listed in SV3C match a month listed in SV1C OR SV2C,  
if any are marked as DK and an incident has been reported in a previous question,  
*Continue.* Otherwise, go to SV4.

For each month that matches, if month is only listed once in SV3C, GO TO SV3D1. If month is listed twice in SV3C, GO TO SV3D2. If month is listed three or more times in SV3C, GO TO SV3D3.

If one of the months is marked as “don’t know”, go to SV3D1. If two of the months are marked as “Don’t Know”, go to SV3D2. If three or more of the months are listed as “Don’t Know”, go to SV3D3.

Repeat this instruction for each month that matches with SV1C or SV2C.

**SV3D1. Is this part of the other incident(s) you already reported in (MONTH/YEAR)?**

- Yes, happened at the same time as the other incident(s) already discussed → Skip to question SV4
- No, separate incidents → Skip to question SV4

**SV3D2. Are either of these part of the other incident(s) you already reported in (MONTH/YEAR)?**

- Yes, one is part of the other incident → Skip to question SV4
- Yes, both are part of the other incidents → Skip to question SV4
- No, separate incidents → Skip to question SV4

**SV3D3. Are any of these part of the other incident(s) you already reported in (MONTH/YEAR)?**

- Yes**
- No, separate incidents** → Skip to question SV4

**SV3E3. How many of these are part of an incident that you already reported?**

\_\_\_ \_\_\_ (enter number) → Skip to question SV4

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**SV3F. About how old were you when this happened (the first time)?**

- \_\_\_ \_\_\_ **age first time occurred** → Skip to question SV4
- Don't Know** → Continue to SV3G

**SV3G. [If “don't know”]: Do you recall if you were ...**

- 11 years old or younger?**
- Between 12 and 17 years old?**
- Between 18 and 24 years old?**
- Between 25 and 34 years old?**
- 35 or older?**

**SV4. Has a male or female ever used force or threats of force to put fingers or a foreign object in your vagina or anus against your will?**

- Yes** → Continue to SV4A
  - No** → Skip to question SV5
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**SV4A. Has this happened at any time since [MONTH/YEAR]?**

- Yes** → Continue to question SV4B
- No** → Skip to question SV4F

**SV4B. Since [MONTH/YEAR], how many times did this happen to you?**

- Once** → Skip to question SV4C
- Two or more** \_\_\_ \_\_\_ (enter number) → Skip to question SV4C
- DON'T KNOW** → Continue
- REFUSED** → Continue

SV4B1. Do you remember if it was...

- 2-4 times?
- 5-9 times?
- 10-14 times?
- 15 or more times?

**SV4C. In what month and year did (this incident/these incidents/(IF SV4B>4 or SV4B1>=5 TIMES: the four most recent incidents)) happen? (FILL IN MONTH AND YEAR FOR EACH TIME THIS HAPPENED IN PAST 12 MONTHS; IF THIS HAPPENED MORE THAN ONCE IN A PARTICULAR MONTH, REPEAT THE MONTH/YEAR FOR EACH TIME IT HAPPENED)**

a.   /   (MONTH/YEAR)  DON'T KNOW

b.   /   (MONTH/YEAR)  DON'T KNOW

c.   /   (MONTH/YEAR)  DON'T KNOW

d.   /   (MONTH/YEAR)  DON'T KNOW

**PROGRAMMER NOTE #1: IF SV4B=once and “DON'T KNOW” IS MARKED IN SV4C, OR IF SV4B=two or more AND ONLY ONE “DON'T KNOW” IS MARKED IN SV4C, CONTINUE. ELSE SKIP TO PROGRAMMER NOTE #2.**

**SV4C\_1 You indicated you are not sure of the month and year. Can you confirm that this incident took place since [MONTH/YEAR]?**

Yes → Skip to Programmer Note #4

No → Skip to Programmer Note #3

**PROGRAMMER NOTE #2: IF SV4B=two or more and “DON'T KNOW” TO MORE THAN ONE IN SV4C, CONTINUE. ELSE SKIP TO NEXT PROGRAMMER NOTE.**

**SV4C\_2 You indicated you are not sure of the month and year for [count number of DK's in SV4C] incidents. Can you confirm how many of these incidents – if any - took place before [MONTH/YEAR]?**

**(ENTER NUMBER) → CONTINUE**

**PROGRAMMER NOTE #3:** If month/year is greater than 12 months ago in SV4Ca-d or SV4C\_1=No or SV4C\_2>0, delete response and reduce SV4B by appropriate amount. If SV4B was once, and it gets reduced to zero, change SV4A to no, delete all data in B and C follow-ups, and SKIP TO SV4F. ELSE CONTINUE TO PROGRAMMER NOTE #4.

**PROGRAMMER NOTE#4 :** If any of the months listed in SV4C match a month listed in SV1C , SV2C, OR SV3C,if any are marked as DK and an incident has been reported in a previous question, *Continue*. Otherwise, go to SV5.

For each month that matches, if month is only listed once in SV4C, GO TO SV4D1. If month is listed twice in SV4C, GO TO SV4D2. If month is listed three or more times in SV4C, GO TO SV4D3.

If one of the months is marked as “don’t know”, go to SV4D1. If two of the months are marked as “Don’t Know”, go to SV4D2. If three or more of the months are listed as “Don’t Know”, go to SV4D3.

Repeat this instruction for each month that matches with SV1C, SV2C, or SV3C.

**SV4D1. Is this part of the other incident(s) you already reported in (MONTH/YEAR)?**

- Yes, happened at the same time as the other incident(s) already discussed → Skip to question SV5
- No, separate incidents → Skip to question SV5

**SV4D2. Are either of these part of the other incident(s) you already reported in (MONTH/YEAR)?**

- Yes, one is part of the other incident → Skip to question SV5
- Yes, both are part of the other incidents → Skip to question SV5
- No, separate incidents → Skip to question SV5

**SV4D3. Are any of these part of the other incident(s) you already reported in (MONTH/YEAR)?**

- Yes
- No, separate incidents → Skip to question SV5



**SV4E3. How many of these are part of an incident that you already reported?**

\_\_\_ \_\_\_ (enter number) → Skip to question SV5

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**SV4F. About how old were you when this happened (the first time)?**

\_\_\_ \_\_\_ age first time occurred → Skip to question SV5

Don't Know → Continue to SV4G.

**SV4G. [If "don't know"]:** Do you recall if you were ...

11 years old or younger?

Between 12 and 17 years old?

Between 18 and 24 years old?

Between 25 and 34 years old?

35 or older?

**When answering these next questions, please consider all the types of sex acts that you have been asked about so far; including vaginal sex, oral sex, anal sex, or putting fingers or a foreign object in your vagina or anus.**

**These questions will now focus on other types of unwanted sexual experiences that may not have involved force, but that were against your will.**

**SV5. (Other than the incidents you have already mentioned), has anyone ever made you have any type of sex when you were unable to consent because you were too drunk, high or passed out?**

**Yes** → Continue to SV5A

**No** → Skip to SV6

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**SV5A. Has this happened at any time since [MONTH/YEAR]?**

**Yes** → Continue to question SV5B

**No** → Skip to question SV5F

**SV5B. Since [MONTH/YEAR], how many times did this happen to you?**

**Once** → Skip to question SV5C

**Two or more** \_\_\_ \_\_\_ (enter number) → Skip to question SV5C

**DON'T KNOW** → Continue

**REFUSED** → Continue

SV5B1. Do you remember if it was...

2-4 times?

5-9 times?

10-14 times?

15 or more times?



**SV5C. In what month and year did (this incident/these incidents/(IF SV5B>4 or SV5B1>=5 TIMES: the four most recent incidents)) happen? (FILL IN MONTH AND YEAR FOR EACH TIME THIS HAPPENED IN PAST 12 MONTHS; IF THIS HAPPENED MORE THAN ONCE IN A PARTICULAR MONTH, REPEAT THE MONTH/YEAR FOR EACH TIME IT HAPPENED)**

a.   /   (MONTH/YEAR)  DON'T KNOW

b.   /   (MONTH/YEAR)  DON'T KNOW

c.   /   (MONTH/YEAR)  DON'T KNOW

d.   /   (MONTH/YEAR)  DON'T KNOW

**PROGRAMMER NOTE #1: IF SV5B=once and “DON'T KNOW” IS MARKED IN SV5C, OR IF SV5B=two or more AND ONLY ONE “DON'T KNOW” IS MARKED IN SV5C, CONTINUE. ELSE SKIP TO PROGRAMMER NOTE #2.**

**SV5C\_1 You indicated you are not sure of the month and year. Can you confirm that this incident took place since [MONTH/YEAR]?**

Yes → Skip to Programmer Note #4

No → Skip to Programmer Note #3

**PROGRAMMER NOTE #2: IF SV5B=two or more and “DON'T KNOW” TO MORE THAN ONE IN SV5C, CONTINUE. ELSE SKIP TO NEXT PROGRAMMER NOTE.**

**SV5C\_2 You indicated you are not sure of the month and year for [count number of DK's in SV5C] incidents. Can you confirm how many of these incidents – if any - took place before [MONTH/YEAR]?**

**(ENTER NUMBER) → CONTINUE**

**PROGRAMMER NOTE #3:** If month/year is greater than 12 months ago in SV5Ca-d or SV5C\_1=No or SV5C\_2>0, delete response and reduce SV5B by appropriate amount. If SV5B was once, and it gets reduced to zero, change SV5A to no, delete all data in B and C follow-ups, and SKIP TO SV5F. ELSE CONTINUE TO PROGRAMMER NOTE #4.

**PROGRAMMER NOTE#4 :** If any of the months listed in SV5C match a month listed in SV1C , SV2C, SV3C, or SV4C, if any are marked as DK and an incident has been reported in a previous question, *Continue*. Otherwise, go to SV6.

For each month that matches, if month is only listed once in SV5C, GO TO SV5D1. If month is listed twice in SV5C, GO TO SV5D2. If month is listed three or more times in SV5C, GO TO SV5D3.

If one of the months is marked as “don’t know”, go to SV5D1. If two of the months are marked as “Don’t Know”, go to SV5D2. If three or more of the months are listed as “Don’t Know”, go to SV5D3.

Repeat this instruction for each month that matches with SV1C, SV2C, SV3C, or SV4C.

**SV5D1. Is this part of the other incident(s) you already reported in (MONTH/YEAR)?**

- Yes, happened at the same time as the other incident(s) already discussed → Skip to question SV6
- No, separate incidents → Skip to question SV6

**SV5D2. Are either of these part of the other incident(s) you already reported in (MONTH/YEAR)?**

- Yes, one is part of the other incident → Skip to question SV6
- Yes, both are part of the other incidents → Skip to question SV6
- No, separate incidents → Skip to question SV6

**SV5D3. Are any of these part of the other incident(s) you already reported in (MONTH/YEAR)?**

- Yes

**No, separate incidents** → Skip to question SV6

**SV5E3. How many of these are part of an incident that you already reported?**

\_\_\_ \_\_\_ (enter number) → Skip to question SV6

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**SV5F. About how old were you when this happened (the first time)?**

\_\_\_ \_\_\_ age first time occurred → Skip to question SV6

**Don't Know** → Continue to SV5G.

**SV5G. [If "don't know"]:** Do you recall if you were ...

**11 years old or younger?**

**Between 12 and 17 years old?**

**Between 18 and 24 years old?**

**Between 25 and 34 years old?**

**35 or older?**

**SV6. (Other than the incidents you have already mentioned,) has anyone ever made you have any type of sex against your will by threatening to cause problems for you, such as at your job or school, at home, in your relationships or in any other way? Remember to think about all the types of sex mentioned before.**

- Yes** → Continue to SV6A
  - No** → Skip to question SV7
- 

**SV6A. Has this happened at any time since [MONTH/YEAR]?**

- Yes** → Continue to question SV6B
- No** → Skip to question SV6F

**SV6B. Since [MONTH/YEAR], how many times did this happen to you?**

- Once** → Skip to question SV6C
- Two or more** \_\_\_ \_\_\_ (enter number) → Skip to question SV6C
- DON'T KNOW** → Continue
- REFUSED** → Continue

**SV6B1. Do you remember if it was...**

- 2-4 times?
- 5-9 times?
- 10-14 times?
- 15 or more times?

**SV6C. In what month and year did (this incident/these incidents/(IF SV6B>4 or SV6B1>=5 TIMES: the four most recent incidents)) happen? (FILL IN MONTH AND YEAR FOR EACH TIME THIS HAPPENED IN PAST 12 MONTHS; IF THIS HAPPENED MORE THAN ONCE IN A PARTICULAR MONTH, REPEAT THE MONTH/YEAR FOR EACH TIME IT HAPPENED)**

- a.   /   (MONTH/YEAR)  DON'T KNOW
- b.   /   (MONTH/YEAR)  DON'T KNOW
- c.   /   (MONTH/YEAR)  DON'T KNOW
- d.   /   (MONTH/YEAR)  DON'T KNOW

**PROGRAMMER NOTE #1: IF SV6B=once and “DON'T KNOW” IS MARKED IN SV6C, OR IF SV6B=two or more AND ONLY ONE “DON'T KNOW” IS MARKED IN SV6C, CONTINUE. ELSE SKIP TO PROGRAMMER NOTE #2.**

**SV6C\_1 You indicated you are not sure of the month and year. Can you confirm that this incident took place since [MONTH/YEAR]?**

- Yes** → Skip to Programmer Note #4
- No** → Skip to Programmer Note #3

**PROGRAMMER NOTE #2: IF SV6B=two or more and “DON'T KNOW” TO MORE THAN ONE IN SV6C, CONTINUE. ELSE SKIP TO NEXT PROGRAMMER NOTE.**

**SV6C\_2 You indicated you are not sure of the month and year for [count number of DK's in SV6C] incidents. Can you confirm how many of these incidents – if any - took place before [MONTH/YEAR]?**

**(ENTER NUMBER) → CONTINUE**

**PROGRAMMER NOTE #3:** If month/year is greater than 12 months ago in SV6Ca-d or SV6C\_1=No or SV6C\_2>0, delete response and reduce SV6B by appropriate amount. If SV6B was once, and it gets reduced to zero, change SV6A to no, delete all data in B and C follow-ups, and SKIP TO SV6F. ELSE CONTINUE TO PROGRAMMER NOTE #4.

**PROGRAMMER NOTE#4 :** If any of the months listed in SV6C match a month listed in SV1C , SV2C, SV3C, SV4C, or SV5C, if any are marked as DK and an incident has been reported in a previous question, *Continue*. Otherwise, go to SV7.

For each month that matches, if month is only listed once in SV6C, GO TO SV6D1. If month is listed twice in SV6C, GO TO SV6D2. If month is listed three or more times in SV6C, GO TO SV6D3.

If one of the months is marked as “don’t know”, go to SV6D1. If two of the months are marked as “Don’t Know”, go to SV6D2. If three or more of the months are listed as “Don’t Know”, go to SV6D3.

Repeat this instruction for each month that matches with SV1C, SV2C, SV3C, SV4C, or SV5C.

**SV6D1. Is this part of the other incident(s) you already reported in (MONTH/YEAR)?**

- Yes, happened at the same time as the other incident(s) already discussed → Skip to question SV7
- No, separate incidents → Skip to question SV7

**SV6D2. Are either of these part of the other incident(s) you already reported in (MONTH/YEAR)?**

- Yes, one is part of the other incident → Skip to question SV7
- Yes, both are part of the other incidents → Skip to question SV7
- No, separate incidents → Skip to question SV7

**SV6D3. Are any of these part of the other incident(s) you already reported in (MONTH/YEAR)?**

- Yes

- No, separate incidents** → Skip to question SV7

**SV6E3. How many of these are part of an incident that you already reported?**

\_\_\_ \_\_\_ (enter number) → Skip to question SV7

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**SV6F. About how old were you when this happened (the first time)?**

- \_\_\_ \_\_\_ age first time occurred → Skip to question SV7
- Don't Know** → Continue to SV6G.

**SV6G. [If "don't know"]:** Do you recall if you were ...

- 11 years old or younger?**
- Between 12 and 17 years old?**
- Between 18 and 24 years old?**
- Between 25 and 34 years old?**
- 35 or older?**

**SV7. (Other than the incidents you have already mentioned), have you ever been in any other situations where someone made you have any type of sex against your will? Remember to think about all the types of sex mentioned before.**

- Yes** → Continue to SV7A
  - No** → Skip to SV8
- 

**SV7A. Has this happened at any time since [MONTH/YEAR]?**

- Yes** → Continue to question SV7B
- No** → Skip to question SV7F

**SV7B. Since [MONTH/YEAR], how many times did this happen to you?**

- Once** → Skip to question SV7C
- Two or more** \_\_\_ \_\_\_ (enter number) → Skip to question SV7C
- DON'T KNOW** → Continue
- REFUSED** → Continue

SV7B1. Do you remember if it was...

- 2-4 times?
- 5-9 times?
- 10-14 times?
- 15 or more times?

**SV7C. In what month and year did (this incident/these incidents/(IF SV7B>4 or SV7B1>=5 TIMES: the four most recent incidents)) happen? (FILL IN MONTH AND YEAR FOR EACH TIME THIS HAPPENED IN PAST 12 MONTHS; IF THIS HAPPENED MORE THAN ONCE IN A PARTICULAR MONTH, REPEAT THE MONTH/YEAR FOR EACH TIME IT HAPPENED)**

- a.   /   (MONTH/YEAR)  DON'T KNOW
- b.   /   (MONTH/YEAR)  DON'T KNOW
- c.   /   (MONTH/YEAR)  DON'T KNOW
- d.   /   (MONTH/YEAR)  DON'T KNOW

**PROGRAMMER NOTE #1: IF SV7B=once and “DON’T KNOW” IS MARKED IN SV7C, OR IF SV7B=two or more AND ONLY ONE “DON’T KNOW” IS MARKED IN SV7C, CONTINUE. ELSE SKIP TO PROGRAMMER NOTE #2.**

**SV7C\_1 You indicated you are not sure of the month and year. Can you confirm that this incident took place since [MONTH/YEAR]?**

- Yes** → Skip to Programmer Note #4
- No** → Skip to Programmer Note #3

**PROGRAMMER NOTE #2: IF SV7B=two or more and “DON’T KNOW” TO MORE THAN ONE IN SV7C, CONTINUE. ELSE SKIP TO NEXT PROGRAMMER NOTE.**

**SV7C\_2 You indicated you are not sure of the month and year for [count number of DK’s in SV7C] incidents. Can you confirm how many of these incidents – if any - took place before [MONTH/YEAR]?**

**(ENTER NUMBER) → CONTINUE**

**PROGRAMMER NOTE #3:** If month/year is greater than 12 months ago in SV7Ca-d or SV7C\_1=No or SV7C\_2>0, delete response and reduce SV7B by appropriate amount. If SV7B was once, and it gets reduced to zero, change SV7A to no, delete all data in B and C follow-ups, and SKIP TO SV7F. ELSE CONTINUE TO PROGRAMMER NOTE #4.

**PROGRAMMER NOTE#4 :** If any of the months listed in SV7C match a month listed in SV1C , SV2C, SV3C, SV4C, SV5C, or SV6C, if any are marked as DK and an incident has been reported in a previous question, *Continue*. Otherwise, go to SV8.

For each month that matches, if month is only listed once in SV7C, GO TO SV7D1. If month is listed twice in SV7C, GO TO SV7D2. If month is listed three or more times in SV7C, GO TO SV7D3.

If one of the months is marked as “don’t know”, go to SV7D1. If two of the months are marked as “Don’t Know”, go to SV7D2. If three or more of the months are listed as “Don’t Know”, go to SV7D3.

Repeat this instruction for each month that matches with SV1C, SV2C, SV3C, SV4C, SV5C, or SV6C.

**SV7D1. Is this part of the other incident(s) you already reported in (MONTH/YEAR)?**

- Yes, happened at the same time as the other incident(s) already discussed → Skip to question SV8
- No, separate incidents → Skip to question SV8

---

**SV7D2. Are either of these part of the other incident(s) you already reported in (MONTH/YEAR)?**

- Yes, one is part of the other incident → Skip to question SV8
  - Yes, both are part of the other incidents → Skip to question SV8
  - No, separate incidents → Skip to question SV8
-

**SV7D3. Are any of these part of the other incident(s) you already reported in (MONTH/YEAR)?**

- Yes**
  - No, separate incidents** → Skip to question SV8
- 

**SV7E3. How many of these are part of an incident that you already reported?**

\_\_\_ \_\_\_ (enter number) → Skip to question SV8

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**SV7F. About how old were you when this happened (the first time)?**

- \_\_\_ \_\_\_ age first time occurred → Skip to question SV8
- Don't Know** → Continue to SV7G.

**SV7G. [If "don't know"]:** Do you recall if you were ...

- 11 years old or younger?**
- Between 12 and 17 years old?**
- Between 18 and 24 years old?**
- Between 25 and 34 years old?**
- 35 or older?**

**SV8. Thinking about all the different types of situations you have been asked about so far, has anyone ever tried, but did not succeed at making you have any type of sex against your will? Remember to think about all the types of sex mentioned before.**

- Yes** → Continue to SV8A
  - No** → Skip to SV9
- 

**SV8A. Has this happened at any time since [MONTH/YEAR]?**

- Yes** → Continue to question SV8B
- No** → Skip to question SV8F

**SV8B. Since [MONTH/YEAR], how many times did this happen to you?**

- Once** → Skip to question SV8C
- Two or more** \_\_\_ \_\_\_ (enter number) → Skip to question SV8C
- DON'T KNOW** → Continue
- REFUSED** → Continue

SV8B1. Do you remember if it was...

- 2-4 times?
- 5-9 times?
- 10-14 times?
- 15 or more times?

**SV8C. In what month and year did (this incident/these incidents/(IF SV8B>4 or SV8B1>=5 TIMES: the four most recent incidents)) happen? (FILL IN MONTH AND YEAR FOR EACH TIME THIS HAPPENED IN PAST 12 MONTHS; IF THIS HAPPENED MORE THAN ONCE IN A PARTICULAR MONTH, REPEAT THE MONTH/YEAR FOR EACH TIME IT HAPPENED)**

- a.   /   (MONTH/YEAR)  DON'T KNOW
- b.   /   (MONTH/YEAR)  DON'T KNOW
- c.   /   (MONTH/YEAR)  DON'T KNOW
- d.   /   (MONTH/YEAR)  DON'T KNOW

**PROGRAMMER NOTE #1: IF SV8B=once and “DON’T KNOW” IS MARKED IN SV8C, OR IF SV8B=two or more AND ONLY ONE “DON’T KNOW” IS MARKED IN SV8C, CONTINUE. ELSE SKIP TO PROGRAMMER NOTE #2.**

**SV8C\_1 You indicated you are not sure of the month and year. Can you confirm that this incident took place since [MONTH/YEAR]?**

- Yes** → Skip to Programmer Note #4
- No** → Skip to Programmer Note #3

**PROGRAMMER NOTE #2: IF SV8B=two or more and “DON’T KNOW” TO MORE THAN ONE IN SV8C, CONTINUE. ELSE SKIP TO NEXT PROGRAMMER NOTE.**

**SV8C\_2 You indicated you are not sure of the month and year for [count number of DK’s in SV8C] incidents. Can you confirm how many of these incidents – if any - took place before [MONTH/YEAR]?**

**(ENTER NUMBER) → CONTINUE**

**PROGRAMMER NOTE #3:** If month/year is greater than 12 months ago in SV8Ca-d or SV8C\_1=No or SV8C\_2>0, delete response and reduce SV8B by appropriate amount. If SV8B was once, and it gets reduced to zero, change SV8A to no, delete all data in B and C follow-ups, and SKIP TO SV8F. ELSE CONTINUE TO PROGRAMMER NOTE #4.

**PROGRAMMER NOTE#4 :** If any of the months listed in SV8C match a month listed in SV1C, SV2C, SV3C, SV4C, SV5C, SV6C, or SV7C, if any are marked as DK and an incident has been reported in a previous question, *Continue*. Otherwise, go to SV9.

For each month that matches, if month is only listed once in SV8C, GO TO SV8D1. If month is listed twice in SV8C, GO TO SV8D2. If month is listed three or more times in SV8C, GO TO SV8D3.

If one of the months is marked as “don’t know”, go to SV8D1. If two of the months are marked as “Don’t Know”, go to SV8D2. If three or more of the months are listed as “Don’t Know”, go to SV8D3.

Repeat this instruction for each month that matches with SV1C, SV2C, SV3C, SV4C, SV5C, SV6C, or SV7C.

**SV8D1. Is this part of the other incident(s) you already reported in (MONTH/YEAR)?**

- Yes, happened at the same time as the other incident(s) already discussed → Skip to question SV9
- No, separate incidents → Skip to question SV9

---

**SV8D2. Are either of these part of the other incident(s) you already reported in (MONTH/YEAR)?**

- Yes, one is part of the other incident → Skip to question SV9
  - Yes, both are part of the other incidents → Skip to question SV9
  - No, separate incidents → Skip to question SV9
-

**SV8D3. Are any of these part of the other incident(s) you already reported in (MONTH/YEAR)?**

- Yes**
  - No, separate incidents** → Skip to question SV9
- 

**SV8E3. How many of these are part of an incident that you already reported?**

\_\_\_ \_\_\_ (enter number) → Skip to question SV9

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**SV8F. About how old were you when this happened (the first time)?**

- \_\_\_ \_\_\_ age first time occurred → Skip to question SV9
- Don't Know** → Continue to SV8G.

**SV8G. [If "don't know"]:** Do you recall if you were ...

- 11 years old or younger?**
- Between 12 and 17 years old?**
- Between 18 and 24 years old?**
- Between 25 and 34 years old?**
- 35 or older?**

**SV9. (Other than the incidents you have already mentioned,) has anyone, male or female, ever kissed you in a sexual way against your will?**

- Yes** → Continue to question SV9A
  - No** → Skip to question SV10
- 

**SV9A. Has this happened at any time since [MONTH/YEAR]?**

- Yes** → Continue to question SV9B
- No** → Skip to question SV10

**SV9B. Since [MONTH/YEAR], how many times did this happen to you?**

- Once** → Skip to question SV9C
- Two or more** \_\_\_ \_\_\_ (enter number) → Skip to question SV9C
- DON'T KNOW** → Continue
- REFUSED** → Continue

**SV9B1. Do you remember if it was...**

- 2-4 times?
- 5-9 times?
- 10-14 times?
- 15 or more times?

**SV9C. In what month and year did (this incident/these incidents/(IF SV9B>4 or SV9B1>=5 TIMES: the four most recent incidents)) happen? (FILL IN MONTH AND YEAR FOR EACH TIME THIS HAPPENED IN PAST 12 MONTHS; IF THIS HAPPENED MORE THAN ONCE IN A PARTICULAR MONTH, REPEAT THE MONTH/YEAR FOR EACH TIME IT HAPPENED)**

- a.   /   (MONTH/YEAR)  DON'T KNOW
- b.   /   (MONTH/YEAR)  DON'T KNOW
- c.   /   (MONTH/YEAR)  DON'T KNOW
- d.   /   (MONTH/YEAR)  DON'T KNOW

**PROGRAMMER NOTE #1: IF SV9B=once and “DON’T KNOW” IS MARKED IN SV9C, OR IF SV9B=two or more AND ONLY ONE “DON’T KNOW” IS MARKED IN SV9C, CONTINUE. ELSE SKIP TO PROGRAMMER NOTE #2.**

**SV9C\_1 You indicated you are not sure of the month and year. Can you confirm that this incident took place since [MONTH/YEAR]?**

- Yes** → Skip to Programmer Note #4
- No** → Skip to Programmer Note #3

**PROGRAMMER NOTE #2: IF SV9B=two or more and “DON’T KNOW” TO MORE THAN ONE IN SV9C, CONTINUE. ELSE SKIP TO NEXT PROGRAMMER NOTE.**

**SV9C\_2 You indicated you are not sure of the month and year for [count number of DK’s in SV9C] incidents. Can you confirm how many of these incidents – if any - took place before [MONTH/YEAR]?**

**(ENTER NUMBER) → CONTINUE**

**PROGRAMMER NOTE #3:** If month/year is greater than 12 months ago in SV9Ca-d or SV9C\_1=No or SV9C\_2>0, delete response and reduce SV9B by appropriate amount. If SV9B was once, and it gets reduced to zero, change SV9A to no, delete all data in B and C follow-ups, and SKIP TO SV10. ELSE CONTINUE TO PROGRAMMER NOTE #4.

**PROGRAMMER NOTE#4 :** If any of the months listed in SV9C match a month listed in SV1C , SV2C, SV3C, SV4C, SV5C, SV6C, SV7C, or SV8C, if any are marked as DK and an incident has been reported in a previous question, *Continue*. Otherwise, go to SV10.

For each month that matches, if month is only listed once in SV9C, GO TO SV9D1. If month is listed twice in SV9C, GO TO SV9D2. If month is listed three or more times in SV9C, GO TO SV9D3.

If one of the months is marked as “don’t know”, go to SV9D1. If two of the months are marked as “Don’t Know”, go to SV9D2. If three or more of the months are listed as “Don’t Know”, go to SV9D3.

Repeat this instruction for each month that matches with SV1C, SV2C, SV3C, SV4C, SV5C, SV6C, SV7C, or SV8C.

**SV9D1. Is this part of the other incident(s) you already reported in (MONTH/YEAR)?**

- Yes, happened at the same time as the other incident(s) already discussed → Skip to question SV10
  - No, separate incidents → Skip to question SV10
- 

**SV9D2. Are either of these part of the other incident(s) you already reported in (MONTH/YEAR)?**

- Yes, one is part of the other incident → Skip to question SV10
  - Yes, both are part of the other incidents → Skip to question SV10
  - No, separate incidents → Skip to question SV10
-

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**SV9D3. Are any of these part of the other incident(s) you already reported in (MONTH/YEAR)?**

**Yes**

**No, separate incidents** → Skip to question SV10

---

**SV9E3. How many of these are part of an incident that you already reported?**

\_\_\_ \_\_\_ (enter number) → Continue to question SV10

**SV10. (Other than the incidents you have already mentioned,) has anyone, male or female, ever fondled, groped, grabbed, or touched you against your will?**

- Yes** → Continue to question SV10A
  - No** → Skip to question SV11
- 

**SV10A. Has this happened at any time since [MONTH/YEAR]?**

- Yes** → Continue to question SV10B
- No** → Skip to question SV11

**SV10B. Since [MONTH/YEAR], how many times did this happen to you?**

- Once** → Skip to question SV10C
- Two or more** \_\_\_\_ \_\_\_\_ (enter number) → Skip to question SV10C
- DON'T KNOW** → Continue
- REFUSED** → Continue

SV10B1. Do you remember if it was...

- 2-4 times?
- 5-9 times?
- 10-14 times?
- 15 or more times?

**SV10C. In what month and year did (this incident/these incidents/(IF SV10B>4 or SV10B1>=5 TIMES: the four most recent incidents)) happen? (FILL IN MONTH AND YEAR FOR EACH TIME THIS HAPPENED IN PAST 12 MONTHS; IF THIS HAPPENED MORE THAN ONCE IN A PARTICULAR MONTH, REPEAT THE MONTH/YEAR FOR EACH TIME IT HAPPENED)**

- a.   /   (MONTH/YEAR)  DON'T KNOW
- b.   /   (MONTH/YEAR)  DON'T KNOW
- c.   /   (MONTH/YEAR)  DON'T KNOW
- d.   /   (MONTH/YEAR)  DON'T KNOW

**PROGRAMMER NOTE #1: IF SV10B=once and “DON'T KNOW” IS MARKED IN SV10C, OR IF SV10B=two or more AND ONLY ONE “DON'T KNOW” IS MARKED IN SV10C, CONTINUE. ELSE SKIP TO PROGRAMMER NOTE #2.**

**SV10C\_1 You indicated you are not sure of the month and year. Can you confirm that this incident took place since [MONTH/YEAR]?**

- Yes** → Skip to Programmer Note #4
- No** → Skip to Programmer Note #3

**PROGRAMMER NOTE #2: IF SV10B=two or more and “DON'T KNOW” TO MORE THAN ONE IN SV10C, CONTINUE. ELSE SKIP TO NEXT PROGRAMMER NOTE.**

**SV10C\_2 You indicated you are not sure of the month and year for [count number of DK's in SV10C] incidents. Can you confirm how many of these incidents – if any - took place before [MONTH/YEAR]?**

**(ENTER NUMBER) → CONTINUE**

**PROGRAMMER NOTE #3:** If month/year is greater than 12 months ago in SV10Ca-d or SV10C\_1=No or SV10C\_2>0, delete response and reduce SV10B by appropriate amount. If SV10B was once, and it gets reduced to zero, change SV10A to no, delete all data in B and C follow-ups, and SKIP TO SV11. ELSE CONTINUE TO PROGRAMMER NOTE #4.

**PROGRAMMER NOTE#4 :** If any of the months listed in SV10C match a month listed in SV1C , SV2C, SV3C, SV4C, SV5C, SV6C, SV7C, SV8C, or SV9C, if any are marked as DK and an incident has been reported in a previous question, *Continue*. Otherwise, go to SV11.

For each month that matches, if month is only listed once in SV10C, GO TO SV10D1. If month is listed twice in SV10C, GO TO SV10D2. If month is listed three or more times in SV10C, GO TO SV10D3.

If one of the months is marked as “don’t know”, go to SV10D1. If two of the months are marked as “Don’t Know”, go to SV10D2. If three or more of the months are listed as “Don’t Know”, go to SV10D3.

Repeat this instruction for each month that matches with SV1C, SV2C, SV3C, SV4C, SV5C, SV6C, SV7C, SV8C, or SV9C.

**SV10D1. Is this part of the other incident(s) you already reported in (MONTH/YEAR)?**

- Yes, happened at the same time as the other incident(s) already discussed → Skip to question SV11
- No, separate incidents → Skip to question SV11

---

**SV10D2. Are either of these part of the other incident(s) you already reported in (MONTH/YEAR)?**

- Yes, one is part of the other incident → Skip to question SV11
  - Yes, both are part of the other incidents → Skip to question SV11
  - No, separate incidents → Skip to question SV11
-

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**SV10D3. Are any of these part of the other incident(s) you already reported in (MONTH/YEAR)?**

**Yes**

**No, separate incidents** → Skip to question SV11

---

**SV10E3. How many of these are part of an incident that you already reported?**

\_\_\_ \_\_\_ (enter number) → Continue to question SV11

**SV11. (Other than the incidents you have already mentioned,) has anyone, male or female, ever made you watch against your will while they exposed their sexual body parts to you, flashed you, or masturbated in front of you?**

- Yes** → Continue to question SV11A
  - No** → Skip to question SV12
- 

**SV11A. Has this happened at any time since [MONTH/YEAR]?**

- Yes** → Continue to question SV11B
- No** → Skip to question SV12

**SV11B. Since [MONTH/YEAR], how many times did this happen to you?**

- Once** → Skip to question SV11C
- Two or more** \_\_\_\_ \_\_\_\_ (enter number) → Skip to question SV11C
- DON'T KNOW** → Continue
- REFUSED** → Continue

**SV11B1. Do you remember if it was...**

- 2-4 times?
- 5-9 times?
- 10-14 times?
- 15 or more times?

**SV11C. In what month and year did (this incident/these incidents/(IF SV11B>4 or SV11B1>=5 TIMES: the four most recent incidents)) happen? (FILL IN MONTH AND YEAR FOR EACH TIME THIS HAPPENED IN PAST 12 MONTHS; IF THIS HAPPENED MORE THAN ONCE IN A PARTICULAR MONTH, REPEAT THE MONTH/YEAR FOR EACH TIME IT HAPPENED)**

- a.   /   (MONTH/YEAR)  DON'T KNOW
- b.   /   (MONTH/YEAR)  DON'T KNOW
- c.   /   (MONTH/YEAR)  DON'T KNOW
- d.   /   (MONTH/YEAR)  DON'T KNOW

**PROGRAMMER NOTE #1: IF SV11B=once and “DON'T KNOW” IS MARKED IN SV11C, OR IF SV11B=two or more AND ONLY ONE “DON'T KNOW” IS MARKED IN SV11C, CONTINUE. ELSE SKIP TO PROGRAMMER NOTE #2.**

**SV11C\_1 You indicated you are not sure of the month and year. Can you confirm that this incident took place since [MONTH/YEAR]?**

- Yes** → Skip to Programmer Note #4
- No** → Skip to Programmer Note #3

**PROGRAMMER NOTE #2: IF SV11B=two or more and “DON'T KNOW” TO MORE THAN ONE IN SV11C, CONTINUE. ELSE SKIP TO NEXT PROGRAMMER NOTE.**

**SV11C\_2 You indicated you are not sure of the month and year for [count number of DK's in SV11C] incidents. Can you confirm how many of these incidents – if any - took place before [MONTH/YEAR]?**

**(ENTER NUMBER) → CONTINUE**

**PROGRAMMER NOTE #3:** If month/year is greater than 12 months ago in SV11Ca-d or SV11C\_1=No or SV11C\_2>0, delete response and reduce SV11B by appropriate amount. If SV11B was once, and it gets reduced to zero, change SV11A to no, delete all data in B and C follow-ups, and SKIP TO SV12. ELSE CONTINUE TO PROGRAMMER NOTE #4.

**PROGRAMMER NOTE#4 :** If any of the months listed in SV11C match a month listed in SV1C , SV2C, SV3C, SV4C, SV5C, SV6C, SV7C, SV8C, SV9C, or SV10C, if any are marked as DK and an incident has been reported in a previous question, *Continue*. Otherwise, go to SV12.

For each month that matches, if month is only listed once in SV11C, GO TO SV11D1. If month is listed twice in SV11C, GO TO SV11D2. If month is listed three or more times in SV11C, GO TO SV11D3.

If one of the months is marked as “don’t know”, go to SV11D1. If two of the months are marked as “Don’t Know”, go to SV11D2. If three or more of the months are listed as “Don’t Know”, go to SV11D3.

Repeat this instruction for each month that matches with SV1C, SV2C, SV3C, SV4C, SV5C, SV6C, SV7C, SV8C, SV9C, or SV10C.

**SV11D1. Is this part of the other incident(s) you already reported in (MONTH/YEAR)?**

- Yes, happened at the same time as the other incident(s) already discussed → Skip to question SV12
- No, separate incidents → Skip to question SV12

---

**SV11D2. Are either of these part of the other incident(s) you already reported in (MONTH/YEAR)?**

- Yes, one is part of the other incident → Skip to question SV12
  - Yes, both are part of the other incidents → Skip to question SV12
  - No, separate incidents → Skip to question SV12
-

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**SV11D3. Are any of these part of the other incident(s) you already reported in (MONTH/YEAR)?**

**Yes**

**No, separate incidents** → Skip to question SV12

---

**SV11E3. How many of these are part of an incident that you already reported?**

\_\_\_ \_\_\_ (enter number) → Continue to question SV12

---

**SV12. (Other than the incidents you have already mentioned,) has anyone, male or female, ever made you show your sexual body parts to them against your will?**

- Yes** → Continue to question SV12A
  - No** → Skip to question SV13
- 

**SV12A. Has this happened at any time since [MONTH/YEAR]?**

- Yes** → Continue to question SV12B
- No** → Skip to question SV13

**SV12B. Since [MONTH/YEAR], how many times did this happen to you?**

- Once** → Skip to question SV12C
- Two or more** \_\_\_ \_\_\_ (enter number) → Skip to question SV12C
- DON'T KNOW** → Continue
- REFUSED** → Continue

SV12B1. Do you remember if it was...

- 2-4 times?
- 5-9 times?
- 10-14 times?
- 15 or more times?

**SV12C. In what month and year did (this incident/these incidents/(IF SV12B>4 or SV12B1>=5 TIMES: the four most recent incidents)) happen? (FILL IN MONTH AND YEAR FOR EACH TIME THIS HAPPENED IN PAST 12 MONTHS; IF THIS HAPPENED MORE THAN ONCE IN A PARTICULAR MONTH, REPEAT THE MONTH/YEAR FOR EACH TIME IT HAPPENED)**

- a.   /   (MONTH/YEAR)  DON'T KNOW
- b.   /   (MONTH/YEAR)  DON'T KNOW
- c.   /   (MONTH/YEAR)  DON'T KNOW
- d.   /   (MONTH/YEAR)  DON'T KNOW

**PROGRAMMER NOTE #1: IF SV12B=once and “DON'T KNOW” IS MARKED IN SV12C, OR IF SV12B=two or more AND ONLY ONE “DON'T KNOW” IS MARKED IN SV12C, CONTINUE. ELSE SKIP TO PROGRAMMER NOTE #2.**

**SV12C\_1 You indicated you are not sure of the month and year. Can you confirm that this incident took place since [MONTH/YEAR]?**

- Yes** → Skip to Programmer Note #4
- No** → Skip to Programmer Note #3

**PROGRAMMER NOTE #2: IF SV12B=two or more and “DON'T KNOW” TO MORE THAN ONE IN SV12C, CONTINUE. ELSE SKIP TO NEXT PROGRAMMER NOTE.**

**SV12C\_2 You indicated you are not sure of the month and year for [count number of DK's in SV12C] incidents. Can you confirm how many of these incidents – if any - took place before [MONTH/YEAR]?**

**(ENTER NUMBER) → CONTINUE**

**PROGRAMMER NOTE #3:** If month/year is greater than 12 months ago in SV12Ca-d or SV12C\_1=No or SV12C\_2>0, delete response and reduce SV12B by appropriate amount. If SV12B was once, and it gets reduced to zero, change SV12A to no, delete all data in B and C follow-ups, and SKIP TO SV13. ELSE CONTINUE TO PROGRAMMER NOTE #4.

**PROGRAMMER NOTE#4 :** If any of the months listed in SV12C match a month listed in SV1C , SV2C, SV3C, SV4C, SV5C, SV6C, SV7C, SV8C, SV9C, SV10C, or SV11C, if any are marked as DK and an incident has been reported in a previous question, *Continue*. Otherwise, go to SV13.

For each month that matches, if month is only listed once in SV12C, GO TO SV12D1. If month is listed twice in SV12C, GO TO SV12D2. If month is listed three or more times in SV12C, GO TO SV12D3.

If one of the months is marked as “don’t know”, go to SV12D1. If two of the months are marked as “Don’t Know”, go to SV12D2. If three or more of the months are listed as “Don’t Know”, go to SV12D3.

Repeat this instruction for each month that matches with SV1C, SV2C, SV3C, SV4C, SV5C, SV6C, SV7C, SV8C, SV9C, SV10C, or SV11C.

**SV12D1. Is this part of the other incident(s) you already reported in (MONTH/YEAR)?**

- Yes, happened at the same time as the other incident(s) already discussed → Skip to question SV13
- No, separate incidents → Skip to question SV13

---

**SV12D2. Are either of these part of the other incident(s) you already reported in (MONTH/YEAR)?**

- Yes, one is part of the other incident → Skip to question SV13
- Yes, both are part of the other incidents → Skip to question SV113
- No, separate incidents → Skip to question SV13

---

**SV12D3. Are any of these part of the other incident(s) you already reported in (MONTH/YEAR)?**

- Yes

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**No, separate incidents** → Skip to question SV13

**SV12E3. How many of these are part of an incident that you already reported?**

\_\_\_ \_\_\_ (enter number) → Continue to question SV13

**SV13. (Other than the incidents you have already mentioned,) has anyone, male or female, ever made you look at or participate in sexual photos or movies against your will?**

- Yes** → Continue to question SV13A
  - No** → Skip to Programmer Note at end of screener
- 

**SV13A. Has this happened at any time since [MONTH/YEAR]?**

- Yes** → Continue to question SV13B
- No** → Skip to Programmer Note at end of screener

**SV13B. Since [MONTH/YEAR], how many times did this happen to you?**

- Once** → Skip to question SV13C
- Two or more** \_\_\_\_ \_\_\_\_ (enter number) → Skip to question SV13C
- DON'T KNOW** → Continue
- REFUSED** → Continue

SV13B1. Do you remember if it was...

- 2-4 times?
- 5-9 times?
- 10-14 times?
- 15 or more times?

**SV13C. In what month and year did (this incident/these incidents/(IF SV13B>4 or SV13B1>=5 TIMES: the four most recent incidents)) happen? (FILL IN MONTH AND YEAR FOR EACH TIME THIS HAPPENED IN PAST 12 MONTHS; IF THIS HAPPENED MORE THAN ONCE IN A PARTICULAR MONTH, REPEAT THE MONTH/YEAR FOR EACH TIME IT HAPPENED)**

- a.   /   (MONTH/YEAR)  DON'T KNOW
- b.   /   (MONTH/YEAR)  DON'T KNOW
- c.   /   (MONTH/YEAR)  DON'T KNOW
- d.   /   (MONTH/YEAR)  DON'T KNOW

**PROGRAMMER NOTE #1: IF SV13B=once and “DON'T KNOW” IS MARKED IN SV13C, OR IF SV13B=two or more AND ONLY ONE “DON'T KNOW” IS MARKED IN SV13C, CONTINUE. ELSE SKIP TO PROGRAMMER NOTE #2.**

**SV13C\_1 You indicated you are not sure of the month and year. Can you confirm that this incident took place since [MONTH/YEAR]?**

- Yes** → Skip to Programmer Note #4
- No** → Skip to Programmer Note #3

**PROGRAMMER NOTE #2: IF SV13B=two or more and “DON'T KNOW” TO MORE THAN ONE IN SV13C, CONTINUE. ELSE SKIP TO NEXT PROGRAMMER NOTE.**

**SV13C\_2 You indicated you are not sure of the month and year for [count number of DK's in SV13C] incidents. Can you confirm how many of these incidents – if any - took place before [MONTH/YEAR]?**

**(ENTER NUMBER) → CONTINUE**

**PROGRAMMER NOTE #3:** If month/year is greater than 12 months ago in SV13Ca-d or SV13C\_1=No or SV13C\_2>0, delete response and reduce SV13B by appropriate amount. If SV13B was once, and it gets reduced to zero, change SV13A to no, delete all data in B and C follow-ups, and SKIP TO END OF SCREENER. ELSE CONTINUE TO PROGRAMMER NOTE #4.

**PROGRAMMER NOTE#4 :** If any of the months listed in SV13C match a month listed in SV1C , SV2C, SV3C, SV4C, SV5C, SV6C, SV7C, SV8C, SV9C, SV10C, SV11C, or SV12C, if any are marked as DK and an incident has been reported in a previous question, *Continue*. Otherwise, go to end of screener.

For each month that matches, if month is only listed once in SV13C, GO TO SV13D1. If month is listed twice in SV13C, GO TO SV13D2. If month is listed three or more times in SV13C, GO TO SV13D3.

If one of the months is marked as “don’t know”, go to SV13D1. If two of the months are marked as “Don’t Know”, go to SV13D2. If three or more of the months are listed as “Don’t Know”, go to SV13D3.

Repeat this instruction for each month that matches with SV1C, SV2C, SV3C, SV4C, SV5C, SV6C, SV7C, SV8C, SV9C, SV10C, SV11C, or SV12C.

**SV13D1. Is this part of the other incident(s) you already reported in (MONTH/YEAR)?**

- Yes, happened at the same time as the other incident(s) already discussed** → Skip to Programmer Note at end of screener
  - No, separate incidents** → Skip to Programmer Note at end of screener
- 

**SV13D2. Are either of these part of the other incident(s) you already reported in (MONTH/YEAR)?**

- Yes, one is part of the other incident** → Skip to Programmer Note at end of screener
  - Yes, both are part of the other incidents** → Skip to Programmer Note at end of screener
  - No, separate incidents** → Skip to Programmer Note at end of screener
- 

**SV13D3. Are any of these part of the other incident(s) you already reported in (MONTH/YEAR)?**

- Yes**
  - No, separate incidents** → Skip to Programmer Note at end of screener
- 

**SV13E3. How many of these are part of an incident that you already reported?**

\_\_\_ \_\_\_ (enter number) → Continue to Programmer Note at end of screener

**PROGRAMMER NOTE:**

- IF “NO” TO ALL QUESTIONS SV1, SV2, SV3, SV4, SV5, SV6, SV7, SV8, SV9, SV10, SV11, SV12, SV13, SKIP TO VIGNETTES.
- IF “YES” TO ANY QUESTIONS SV1, SV2, SV3, SV4, SV5, SV6, SV7, SV8, SV9, SV10, SV11, SV12, SV13, CONTINUE.

1) CREATE A LIST OF ALL DEDUPLICATED INCIDENTS REPORTED BY RESPONDENT

EXAMPLE:

SV1	5/13
SV1	DON'T KNOW
SV4	10/13
SV6	8/13
SV8	5/13
SV8	6/13
SV8	6/13
SV8	10/13
SV10	9/13
SV12	1/14

2) ASSIGN GROUP CODE TO EACH INCIDENT USING THE FOLLOWING CRITERIA:

- GROUP=1 IF INCIDENT FALLS IN SV1 THROUGH SV5
- GROUP=2 IF INCIDENT FALLS IN SV6 THROUGH SV8
- GROUP=3 IF INCIDENT FALLS IN SV9 THROUGH SV13

3) SORT INCIDENTS WITHIN GROUP:

- MOST RECENT DATE HAS HIGHEST PRIORITY
- IF THERE IS A TIE IN DATES WITHIN A GROUP, MOST SERIOUS GETS HIGHER PRIORITY (WHERE SV1 IS MOST SERIOUS, SV13 IS LEAST SERIOUS)
- IF THERE IS A TIE IN BOTH DATES AND TYPE OF INCIDENT, RANDOMLY SELECT ONE.
- IF THERE IS A DON'T KNOW RESPONSE TO MONTH/YEAR, IT TAKES LOWEST PRIORITY WITHIN THAT GROUP

BY THIS LOGIC, THE EXAMPLE ABOVE WOULD BE SORTED AS FOLLOWS:

SV4	10/13
SV1	5/13
SV1	DON'T KNOW
SV8	10/13
SV6	8/13
SV8	6/13
SV8	6/13
SV8	5/13
SV12	1/14
SV10	9/13

4) ASSIGN A NUMBER TO THE SORTED INCIDENTS WHERE 1 IS MOST SERIOUS. DETAILED INCIDENT FORM WILL BE ASKED OF INCIDENT #1, THEN INCIDENT #2 (IF APPLICABLE), THEN INCIDENT #3 (IF APPLICABLE).

**PROGRAMMER NOTE:**

- USE THE FOLLOWING SHORT-TEXT FOR (INCIDENT) SELECTED:
  - o SV1: “you had vaginal sex against your will”
  - o SV2: “you had oral sex against your will”
  - o SV3: “you had anal sex against your will”
  - o SV4: “someone put fingers or a foreign object in your vagina or anus against your will”
  - o SV5: “you had some type of sex while you were drunk, high or passed out”
  - o SV6: “you were coerced into having some type of sex”
  - o SV7: “you had some type of sex against your will”
  - o SV8: “someone tried to make you have some type of sex against your will, but did not succeed”
  - o SV9: “someone kissed you in a sexual way against your will”
  - o SV10: “someone groped or fondled you against your will”
  - o SV11: “someone exposed sexual body parts to you against your will”
  - o SV12: “someone made you expose your sexual body parts against your will”
  - o SV13: “someone made you look at or participate in sexual photos or videos”

Before we move on, I just want to make sure you’re doing ok (DISTRESS CHECK IN – if not ok, jump to distress.)

**PART TWO:  
DETAILED INCIDENT FORM**

**SECTION A:**

**Anchoring the Incident**

**PROGRAMMER NOTE: CAPTURE WHICH SV ITEM HAS TRIGGERED THE DETAILED INCIDENT FORM.**

**A1. Earlier, you said that (INCIDENT) in (MONTH/YEAR). The next questions ask you for details about this incident.**

**SECTION B:**

**Recall of the Incident**

**B1. Can you recall enough details about this incident to answer some questions about it? You may skip any question if you don't recall a particular detail or don't want to answer the question.**

- Yes..... 1 (GO TO SECTION C)
- No..... 2 (GO TO PROGRAMMER NOTE AT END OF DETAILED INCIDENT FORM)

**SECTION C:**

**When and where did it happen?**

---

**C1. About what time of day did this incident happen?**

- Between 6 a.m. and 12 noon**
- Between 12 noon and 6 p.m.**
- Between 6 p.m. and 12 midnight**
- Between 12 midnight and 6 a.m.**
- Don't know whether it was day or night**
- REFUSED**

**C2. Did this incident happen ...?**

- Inside a home or building** → Continue to C3
- Outside a home or building** → Skip to question C4
- Started outside and moved inside** → Continue to C3
- Started inside and moved outside** → Continue to C3
- REFUSED** → Skip to section D
- DON'T KNOW** → Skip to section D

**C3. Where (inside) did the incident happen?** Please tell me the number that corresponds to your answer.  
(READ NUMBERS AND RESPONSE CHOICES)

- 1. In your home or dorm room
- 2. In someone else's home or dorm room
- 3. At work
- 4. In a Sorority or Fraternity house
- 5. At a business such as a restaurant, bar or store
- 6. Some other place (Please specify) \_\_\_\_\_
- REFUSED
- DON'T KNOW

IF C3= "IN YOUR HOME OR DORM ROOM" OR "IN SOMEONE ELSE'S HOME OR DORM ROOM", CONTINUE. ELSE, SKIP TO C4.

C3a. Was it in {your/a} home or in {your/a} dorm room?

- Home
- Dorm room
- REFUSED
- DON'T KNOW

IF C2= "STARTED OUTSIDE AND MOVED INSIDE" OR "STARTED INSIDE AND MOVED OUTSIDE", CONTINUE. ELSE, IF C3=1, 2, OR 4, SKIP TO C5. ELSE, SKIP TO SECTION D.

**C4. Where (outside) did the incident happen?** Please tell me the number that corresponds to your answer.  
(READ NUMBERS AND RESPONSE CHOICES)

- 1. On your property, but not inside your home
- 2. On someone else's property, but not inside the home
- 3. On the property of your workplace, but not inside
- 4. On the grounds of a school or university
- 5. On public transportation
- 6. In another type of open area, such as the street
- 7. In a motor vehicle
- 8. Some other place (Please specify) \_\_\_\_\_
- REFUSED
- DON'T KNOW

IF THE INCIDENT HAPPENED IN A HOME (C3=1, 2, OR 4 OR C4=1, 2), CONTINUE. ELSE SKIP TO SECTION D.

**C5. Did the person who did this to you live (here/there)?**

- Yes** → Skip to section D
- No**
- REFUSED**
- DON'T KNOW**

**C6. How did this person get in?** Please tell me the number that corresponds to your answer. (READ NUMBERS AND RESPONSE CHOICES)

- 1. Let in**
- 2. Pushed his/her way in after door opened**
- 3. Through OPEN DOOR or other opening**
- 4. Through UNLOCKED door or window**
- 5. Through LOCKED door or window**
- 6. Some other way (Please specify) \_\_\_\_\_**
- REFUSED**
- DON'T KNOW**

**SECTION D:****Description of Incident**

The next set of questions asks about what actually happened during this incident (IF MONTH PROVIDED: in (MONTH/YEAR)). It may seem like you've already answered these questions, but we want to be sure we understand what happened to you during this incident.

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**D1. Please focus only on the parts of the incident that were unwanted. For each unwanted act that happened to you, please indicate if the person:**

- **One... Threatened to do this – meaning the person verbally threatened to do it but did not physically try to do it**
- **Two... Attempted to do this – meaning the person physically tried to do it but did not succeed**
- **Three... Actually did this – meaning the person physically did this act, OR**
- **Four... Did not do this**

**a. Did the person 1 - threaten to, 2- attempt to, or 3 -actually put a penis in your vagina when you didn't want it to happen?**

- 1. Yes, threatened to do this**
- 2. Yes, attempted to do this**
- 3. Yes, actually did this**
- 4. No**

**b. Did the person 1 - threaten to, 2- attempt to, or 3 -actually put their mouth on your vagina or anus or make you put your mouth on their genitals or anus when you didn't want it to happen?**

- 1. Yes, threatened to do this**
- 2. Yes, attempted to do this**
- 3. Yes, actually did this**
- 4. No**

**c. Did the person 1 - threaten to, 2- attempt to, or 3 -actually put a penis in your anus when you didn't want it to happen?**

- 1. Yes, threatened to do this
- 2. Yes, attempted to do this
- 3. Yes, actually did this
- 4. No

**d. Did the person 1 - threaten to, 2- attempt to, or 3 -actually put fingers or another object in your vagina or anus when you didn't want it to happen?**

- 1. Yes, threatened to do this
- 2. Yes, attempted to do this
- 3. Yes, actually did this
- 4. No

**D2. Please continue to only think about aspects of the incident that were unwanted and indicate if the person 1 - threaten to, 2- attempt to, or 3 -actually did any of the following during this incident.**

**a. Did the person 1 - threaten to, 2- attempt to, or 3 -actually kiss or lick you when you didn't want it to happen?**

- 1. Yes, threatened to do this
- 2. Yes, attempted to do this
- 3. Yes, actually did this
- 4. No



**b. Did the person 1 - threaten to, 2- attempt to, or 3 -actually touch, grab, or fondle your breasts, genitals, or buttocks over or under your clothes when you didn't want it to happen?**

- 1. Yes, threatened to do this
- 2. Yes, attempted to do this
- 3. Yes, actually did this
- 4. No

**c. Did the person 1 - threaten to, 2- attempt to, or 3 -actually expose their sexual body parts or make you expose your sexual body parts when you didn't want it to happen?**

- 1. Yes, threatened to do this
- 2. Yes, attempted to do this
- 3. Yes, actually did this
- 4. No

**d. Did the person 1 - threaten to, 2- attempt to, or 3 -actually make you look at or participate in sexual photos or movies when you didn't want it to happen?**

- 1. Yes, threatened to do this
- 2. Yes, attempted to do this
- 3. Yes, actually did this
- 4. No

**e. Did the person 1 - threaten to, 2- attempt to, or 3 -actually make you do something else when you didn't want it to happen?(Please specify \_\_\_\_\_)**

- 1. Yes, threatened to do this
- 2. Yes, attempted to do this
- 3. Yes, actually did this

4. No

(IF YOU MARKED YES TO ANY ITEM IN D1 OR D2, CONTINUE. ELSE, SKIP TO SECTION E)

**D3. Please tell me if the person did any of the following at any point *leading up to this incident*.**

		<u>Yes</u>	<u>No</u>	
		<u>REFUSED</u>	<u>DK</u>	
a. Verbally pressure you or continually argue with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Threaten to cut off financial support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Threaten to cause problems at your job, at school, in your relationships, or to cause some other problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Promise rewards in your relationship, your job, your grades, or something else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D4. Please tell me if the person did any of the following at any point *during this incident*.**

		<u>Yes</u>	<u>No</u>	<u>REFUSED</u>	
		<u>DK</u>			
a. Hold you or pin you so you had difficulty moving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Use a weapon, or threaten to use a weapon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Physically attack you or threaten to attack you, but not with a weapon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Physically attack, or threaten to attack, someone else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Use any other type of coercion or force (SPECIFY)_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(IF YOU MARKED YES TO D4B – USE OR THREATEN TO USE A WEAPON, CONTINUE. ELSE SKIP TO NOTE BEFORE D8)



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**D5. Was the weapon a...**

	<u>Yes</u>	<u>No</u>	<u>REFUSED</u>	
<u>DK</u>				
a. Gun, such as a pistol, revolver, rifle or shotgun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Knife or other sharp object?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Some other weapon? (Please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(IF D5A=YES (WEAPON WAS A GUN), CONTINUE TO D6. ELSE SKIP TO NOTE BEFORE D7.)

**D6. Were you shot or did the person try to shoot you?**

- Yes
- No
- REFUSED
- DON'T KNOW

(IF D5B=YES (WEAPON WAS A KNIFE OR SHARP OBJECT), CONTINUE TO D7. ELSE SKIP TO NOTE BEFORE D8.)

**D7. Were you stabbed or did the person try to stab you?**

- Yes
- No
- REFUSED
- DON'T KNOW

(IF YOU MARKED YES TO D4A, B, C or D (PHYSICAL FORCE), CONTINUE. ELSE SKIP TO SECTION E.)

**D8. Did the person do any of the following to you during the incident? Did they...**

<u>DK</u>	<u>Yes</u>	<u>No</u>	<u>REFUSED</u>	
a. slap, hit or punch you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. kick, bite or scratch you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. choke or suffocate you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. hit you with an object?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. grab, hold, trip, jump on, or push you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. do any other physical things to you? (Please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION E:**  
**Injuries and Hospital Care**

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**E1. Did you experience any physical injuries as a result of this incident?**

- Yes** → Continue to E1a
  - No** → Skip to E5a
  - REFUSED** → Skip to E5a
  - DON'T KNOW** → Skip to E5a
- 

**E1a. Please indicate if you experienced any of the following physical injuries.**

	DK	Yes	No	REFUSED
<b>a. Injury from sexual intercourse, such as vaginal or anal tearing</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. Knife or stab wounds</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c. Gun shot, bullet wounds</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d. Broken bones or teeth knocked out</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e. Internal injuries</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f. Knocked unconscious</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>g. Bruises, black-eye, cuts, scratches, swelling, chipped teeth</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>h. Other injuries (Please specify) _____</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**E2. Did you receive any medical care as a result of this incident, including self- treatment?**

- Yes** → Continue to E3
- No** → Skip to E5a

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**REFUSED** → Skip to E5a

**DON'T KNOW** → Skip to E5a

**E3. Where did you receive this care? Did you receive it...**

	<b>Yes</b>	<b>No</b>	<b>REFUSED</b>	<b>DK</b>
<b>a. At the scene?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. At home, at a neighbor's or a friend's?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c. At an emergency room at a hospital or emergency clinic?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d. At another medical setting such as a clinic, hospital or doctor's office?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e. Some other place? (Please specify)</b> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF RECEIVED CARE AT ANOTHER MEDICAL SETTING OR SOME OTHER PLACE (E3D OR E3E=YES) , CONTINUE TO E4. ELSE GO TO E5A.

**E4. Did you stay overnight in the hospital?**

**Yes**

**No**

**REFUSED**

**DON'T KNOW**

E5a. *In the days following the incident, how distressed were you by this incident? Were you...*

- Not at all distressed?
- Mildly distressed?
- Moderately distressed?
- Severely distressed?
- REFUSED
- DON'T KNOW

E5b. *Sometimes people's feelings change over time. Thinking about it now, how distressed are you by this incident? Are you...*

- Not at all distressed?
- Mildly distressed?
- Moderately distressed?
- Severely distressed?
- REFUSED
- DON'T KNOW

PROGRAMMER NOTE: IF "NOT AT ALL DISTRESSED" OR "REFUSED" TO BOTH E5A AND E5B, SKIP TO E7. ELSE CONTINUE.

E6. **Please indicate if you felt any of the following ways for less than one month, for one month or longer as a result of this incident, or if you did not feel that way.**

	Yes <1 Mo	Yes 1 Mo+	<u>No</u>	<u>REFUSED</u>	<u>DK</u>
a. worried or anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. sad or depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. vulnerable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. violated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- f. like you couldn't trust people
- g. fearful
- h. some other way  
(Please specify) \_\_\_\_\_

**E7. Did you lose time from work or school because of the incident?**

- Yes → Continue to E8
- No → Skip to Section F
- REFUSED → Skip to Section F
- DON'T KNOW → Skip to Section F

**E8. How much time did you lose because of injuries?**

- Less than one day → Skip to Section F
- One day → Skip to Section F
- More than one day → Continue to E8a
- REFUSED → Skip to Section F
- DON'T KNOW → Skip to Section F

**E8a. How many days was it? (Enter a number)**

\_\_\_\_\_ days

- REFUSED
- DON'T KNOW



**SECTION F:  
Offender Characteristics**

The next questions are about who did this to you.

---

**F1. Did one or more than one person do this to you?**

- One** → Continue to F2
- More than one** → Skip to F12
- REFUSED** → Continue to F2
- DON'T KNOW** → Continue to F2

**F2. Was this person male or female?**

- Male**
- Female**
- REFUSED**
- DON'T KNOW**

**F3. How old would you say this person was? (READ CATEGORIES)**

- Under 18
- 18-29
- 30-39
- 40-49
- 50+
- REFUSED
- DON'T KNOW

**F4a. Was this person Hispanic or Latino/a?**

- Yes
- No
- REFUSED
- DON'T KNOW

**F4b. What race or races was this person? Was this person...**

	<u>Yes</u>	<u>No</u>	<u>REFUSED</u>	<u>DK</u>
a. White?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Black or African American?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. American Indian or Alaska Native?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Asian?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Native Hawaiian or Other Pacific Islander?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**F5. Was this person someone you knew, or a stranger you had never seen before?**

- Knew or had seen before → Skip to F7
- Stranger → Continue to F6
- REFUSED → Continue to F6

**DON'T KNOW** → Continue to F6

**F6. Would you be able to recognize this person if you saw him/her?**

**Yes** → Skip to F8

**Not sure** → Skip to F8

**No** → Skip to Section G

**REFUSED** → Skip to F8

**DON'T KNOW** → Skip to F8

**F7. How well did you know this person? Please tell me the number that corresponds with your answer.**

**1. By sight only** → Continue to F8

**2. Casual acquaintance** → Skip to F9

**3. Well known** → Skip to F9

**REFUSED** → Skip to F9

**DON'T KNOW** → Skip to F9

**F8. Would you have been able to tell the police how they might find this person, for instance, where he/she lived, worked, went to school, or spent time?**

**Yes** → Skip to Section G

**No** → Skip to Section G

**REFUSED** → Skip to Section G

**DON'T KNOW** → Skip to Section G

**F9. Was this person a relative or nonrelative?**

- Relative** → Continue to F10
- Nonrelative** → Skip to F11
- REFUSED** → Skip to F11
- DON'T KNOW** → Skip to F11

**F10. How was this person related to you? Please tell me the number that corresponds to your answer. (READ NUMBERS AND RESPONSE CHOICES)**

- 1. spouse**
  - 2. ex-spouse**
  - 3. parent or step-parent**
  - 4. own child or step-child**
  - 5. brother or sister**
  - 6. some other relation to you (Please specify)**
- 
- REFUSED**
  - DON'T KNOW**

(IF YOU ANSWERED "RELATIVE" TO QUESTION F9, SKIP TO SECTION G. OTHERWISE CONTINUE TO QUESTION F11.)

**F11. Was this person a ...**

	<u>Yes</u>	<u>No</u>	<u>REFUSED</u>	<u>DK</u>
<b>a. boyfriend or girlfriend?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. ex-boyfriend or ex-girlfriend?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c. friend?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d. someone who used to be a friend?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- e. roommate or boarder?
- f. schoolmate?
- g. something else? (Please specify) \_\_\_\_\_

→IF THE PERSON WAS A BOYFRIEND/GIRLFRIEND (F11A=YES), SKIP TO F24.  
OTHERWISE, SKIP TO SECTION G

**F12. How many people did this to you?**

\_\_\_\_\_ (enter number)

- REFUSED
- DON'T KNOW

**F13. Were they male or female?**

- All male → Skip to F14a
- All female → Skip to F14a
- Both male and female → Continue to F14
- REFUSED → Skip to F14a
- DON'T KNOW → Skip to F14a

**F14. Were they mostly male or mostly female?**

- Mostly male
- Mostly female
- Evenly divided
- REFUSED
- DON'T KNOW

**F14a. Were any of the persons Hispanic or Latino/a?**

- Yes** → Continue to F14b
- No** → Skip to F14c
- REFUSED** → Skip to F14c
- DON'T KNOW** → Skip to F14c

**F14b. Were they mostly Hispanic, mostly non-Hispanic or an equal number of Hispanic and non-Hispanic?**

- Mostly Hispanic**
- Mostly non-Hispanic**
- Equal number of Hispanic and non-Hispanic**
- REFUSED**
- DON'T KNOW**

**F14c. What were the race or races of the persons? Were they...**

	<u>Yes</u>	<u>No</u>	<u>REFUSED</u>	<u>DK</u>
a. <b>White?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <b>Black or African American?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <b>American Indian or Alaska Native?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. <b>Asian?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. <b>Native Hawaiian or Other Pacific Islander?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF YOU SELECTED MORE THAN ONE RACE IN QUESTION F14C, CONTINUE TO QUESTION F14D.

OTHERWISE, SKIP TO QUESTION F15.

**F14d. What race were most of the persons?** Please tell me the number that corresponds to your answer.  
(READ NUMBERS AND RESPONSE CHOICES)

- 1. White**
- 2. Black or African American**
- 3. American Indian or Alaska Native**
- 4. Asian**
- 5. Native Hawaiian or Other Pacific Islander**
- 6. Equal number of each race**
- REFUSED**

**DON'T KNOW**

**F15. How old would you say the youngest was?** I'm going to read you some age categories. When I get to the correct answer, please say yes.

**18-24**

**25-39**

**40-49**

**50+**

**REFUSED**

**DON'T KNOW**

**F16. How old would you say the oldest was?** I'm going to read you some age categories. When I get to the correct answer, please say yes.

**18-24**

**25-39**

**40-49**

**50+**

**REFUSED**

**DON'T KNOW**

**F17. Were any of these persons 1) someone you knew or had seen before, or 2) were they all strangers you had never seen before?**

**1. Knew or had seen before** → Skip to F19

**2. All strangers** → Continue to F18

**REFUSED** → Continue to F18

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**DON'T KNOW**

→ Continue to F18

**F18. Would you be able to recognize any of these persons if you saw him/her?**

- Yes** → Skip to F20
- Not sure** → Skip to F20
- No** → Skip to Section G
- REFUSED** → Skip to F20
- DON'T KNOW** → Skip to F20

**F19. Please tell me how well you knew the people who did this to you.**

	<u>Yes</u>	<u>No</u>	<u>REFUSED</u>	<u>DK</u>
a. Was at least one well known to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Was at least one a casual acquaintance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Did you know at least one by sight only?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF (F19C=YES AND F19A=NO, REFUSED/DK AND F19B=NO, REFUSED/DK) OR (F19A, F19B, F19C ARE ALL REFUSED/DK), CONTINUE. ELSE, SKIP TO F21.

**F20. Would you have been able to tell the police how they might find any of these persons, for instance, where he/she lived, worked, went to school, or spent time?**

- Yes**
- No**
- REFUSED**
- DON'T KNOW**

→ SKIP TO SECTION G

IF YOU ANSWERED F19A=YES (WELL KNOWN) OR F19B=YES (CASUAL ACQUAINTANCE), CONTINUE TO F21. OTHERWISE, SKIP TO SECTION G.

**F21. Were any of these persons a relative?**

- Yes** → Continue to F22
- No** → Skip to F23

REFUSED → Skip to F23

DON'T KNOW → Skip to F23

F22. Were any of these persons your...

	<u>Yes</u>	<u>No</u>	<u>REFUSED</u>	<u>DK</u>
a. spouse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ex-spouse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. parent or step-parent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. own child or step-child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. brother or sister?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. some other relation to you? (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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→ SKIP TO SECTION G

F23. Were any of these persons a ...

	<u>Yes</u>	<u>No</u>	<u>REFUSED</u>	<u>DK</u>
a. boyfriend or girlfriend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ex-boyfriend or ex-girlfriend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. friend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. someone who used to be a friend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. roommate or boarder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. schoolmate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. something else? (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

→ IF ANY OF THE PERSONS WAS A BOYFRIEND/GIRLFRIEND (F23A=YES), CONTINUE TO F24. OTHERWISE, SKIP TO SECTION G

F24. Earlier you said the person who did this to you was your boyfriend/girlfriend. Approximately how long had you been dating this person?

\_\_\_\_\_ days/months/years

REFUSED

DON'T KNOW

CATI

**F25. Are you currently dating or romantically involved with this person?**

**Yes**

**No**

**REFUSED**

**DON'T KNOW**

**SECTION G:**

**Circumstances of Incident**

The next questions are about the circumstances related to the incident.

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**G1. Did this occur while you were in the military?**

- Yes
- No
- Does not apply, was not in military
- REFUSED
- DON'T KNOW

**G2. Did this occur while you were a student?**

- Yes
- No
- REFUSED
- DON'T KNOW

**(IF C3=1, SKIP TO G4. ELSE CONTINUE.)**

**G3. Which of the following best describes what were you doing at the time of the incident? Please tell me the number that corresponds with your answer. (READ NUMBERS AND RESPONSE CHOICES)**

- 1. On your way to or from some place, or in transit
- 2. Hanging out at someone's home, or at a party or gathering
- 3. At a restaurant, bar, movie, sporting event, or other public activity
- 4. Working or at school
- 5. Something else (Please specify \_\_\_\_\_)

REFUSED

DON'T KNOW

**G4. Had (the person/any of the people) who did this to you been using alcohol or drugs in the hours leading up to the incident? Please tell me the number that corresponds with your answer**

1. Alcohol

2. Drugs

3. Both alcohol and drugs

4. Neither alcohol nor drugs

REFUSED

DON'T KNOW

**G5. Had you been using alcohol or drugs in the hours leading up to the incident? Please tell me the number that corresponds with your answer.**

1. Alcohol → Continue to G6

2. Drugs → Continue to G6

3. Both alcohol and drugs → Continue to G6

4. Neither alcohol nor drugs → Skip to G16

REFUSED → Skip to G16 – inconsistent with ACASI

DON'T KNOW → Skip to G16

**G6. Did the (person/any of the people who did this to you) give you (alcohol/drugs/alcohol or drugs) without your knowledge?**

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- Yes
- No
- REFUSED
- DON'T KNOW

**G7. Do you think the person was trying to get you (drunk/high/drunken or high) so (he/she) could sexually take advantage of you?**

- Yes → Continue to G8
- No → Skip to G10
- Not Sure → Continue to G8
- REFUSED → Continue to G8
- DON'T KNOW → Continue to G8

**G8. Did the person keep giving you (drinks/drugs/drinks or drugs) without you asking for it?**

- Yes
- No
- REFUSED
- DON'T KNOW

**G9. Did the person keep giving you (drinks/drugs/drinks and drugs) after you were clearly very (drunk/high/drunken or high)?**

- Yes
- No
- REFUSED

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**DON'T KNOW**

**G10. Were you passed out for all or parts of this incident, or not? By passed out, it means that you were unconscious or asleep because of the (alcohol/drugs/alcohol or drugs).**

- Yes, for all of the incident** → Skip to G16
- Yes, for parts of the incident** → Skip to G12
- No** → Continue to G11
- Not sure** → Continue to G11
- REFUSED** → Continue to G11
- DON'T KNOW** → Continue to G11

**G11. Were there any parts of the incident you could not remember because of the (alcohol/drugs/alcohol or drugs)?**

- Yes**
- No**
- REFUSED**
- DON'T KNOW**

**G12. Please answer the following questions on how (alcohol/drugs/alcohol and drugs) affected what happened.**

<u>DK</u>	<u>Yes</u>	<u>No</u>	<u>REFUSED</u>	
a. Did the (alcohol/drugs/alcohol or drugs make you unable to give consent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Did it make you less able to physically resist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Did it lead you to make decisions that you would not have made otherwise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Did it affect you in some other way? (Please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**G13. Were you too (drunk/high/drunk or high) to walk by yourself?**

- Yes
- No
- REFUSED
- DON'T KNOW

**G14. Were you too (drunk/high/drunk or high) to speak without slurring your words?**

- Yes → Skip to G16
- No → Continue to G15
- REFUSED → Continue to G15
- DON'T KNOW → Continue to G15

**G15. Were you able to communicate clearly to others?**

- Yes
- No
- REFUSED
- DON'T KNOW

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These next questions are about what you did when this incident occurred.

Please remember that people may react differently to certain situations and that there are no right or wrong ways to react in these situations. Everyone is different. These questions will help to get a better picture of what the range of things women in similar situations have done.

Collecting this information will help develop better policies and advice for women who have these experiences in the future.

**G16. Please tell me whether you did any of the following at any point during the incident? Did you...**

<b><u>REFUSED</u></b>	<b><u>DK</u></b>	<b><u>YES</u></b>	<b><u>NO</u></b>	
a. physically resist, or try to physically resist the person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. say “no”, “stop”, or that you did not want the act to happen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. leave or stop the situation before the act occurred?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. attack or threaten the person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. try to persuade, plead or argue with the person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. try to escape or get away?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. try to get help?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. do something else? (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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IF YOU ANSWERED “NO” TO ALL QUESTIONS G16A-H, THEN SKIP TO QUESTION G18.

IF YOU ANSWERED ‘YES’ TO G16B (SAID ‘NO’ OR ‘STOP’) CONTINUE.

OTHERWISE SKIP TO SECTION H.

**G17. Did the person immediately stop after you said that you didn't want it to happen?**

- Yes** → Skip to Section H
- No** → Skip to Section H
- REFUSED** → Skip to Section H
- DON'T KNOW** → Skip to Section H

**G18. You answered “no” to all of the actions that I asked about. Were any of the following reasons why you did not take any actions?**

	<u>Yes</u>	<u>No</u>	<u>REFUSED</u>	<u>DK</u>
a. You were afraid that he/she would physically hurt you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. You were afraid that he/she would physically hurt someone else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. You were afraid that he/she would carry out other threats he/she made	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. You were too (drunk/high/drunk or high) to either physically or verbally resist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. You did not want to hurt the person's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. You were surprised or it happened too quickly for you to take any action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Other reason (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**SECTION H:**

**Follow-up with Service Providers and Friends**

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**H1. Did you ever talk to a psychologist, psychiatrist, counselor, or other mental health professional about this incident?**

**Yes**

**No**

**REFUSED**

**DON'T KNOW**

**H2. Have you ever talked to a crisis hotline operator about what (this person/these persons) did?**

**Yes**

**No**

**REFUSED**

**DON'T KNOW**

## SECTION I:

## Follow-up with the Police

**I1a. At the time, did you consider this incident to be a crime?**

- Yes** → Skip to I1c
- No** → Continue to I1b
- REFUSED** → Skip to I1c
- DON'T KNOW** → Skip to I1c

**PROGRAMMER NOTE: IF NO IN I1a, CONTINUE. ELSE SKIP TO I1c.**

**I1b. Please tell me whether any of the following are the reasons why you did not consider this incident to be a crime.**

	<u>Yes</u>	<u>No</u>	<u>REFUSED</u> <u>DK</u>	
a. Because the person stopped when you resisted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Because you didn't think the person intended harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Because you didn't think it was against the law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Because you had been using alcohol or drugs at the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other reason (Please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**I1c. Now, looking back, do you consider this incident to be a crime?**

- Yes** → Skip to I2
- No** → Continue to programmer note before I1d
- REFUSED** → Skip to I2
- DON'T KNOW** → Skip to I2

**PROGRAMMER NOTE: IF NO IN I1c AND YES/DK/RF IN I1a, CONTINUE. ELSE SKIP TO I2.**

**I1d. Please tell me whether any of the following are the reasons why, looking back, you do not consider this incident to be a crime.**

	<u>Yes</u>	<u>No</u>	<u>REFUSED</u> <u>DK</u>	
a. Because the person stopped when you resisted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Because you don't think the person intended harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Because you don't think it was against the law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Because you had been using alcohol or drugs at the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other reason (Please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**I2. Were the police informed or did they find out about this incident in any way?**

- Yes** → Continue to I3
- No** → Skip to I4
- REFUSED** → Skip to I4
- DON'T KNOW** → Skip to I4

**I3. How did the police find out about it? Please tell me the number that corresponds with your answer. (READ NUMBERS AND RESPONSE CHOICES)**

- 1. You contacted the police** → Skip to I5
- 2. Another household member contacted the police** → Skip to I5
- 3. Some official contacted police (guard, apt. manager, school official, etc)** → Skip to I5
- 4. Someone else contacted the police** → Skip to I5
- 5. Police were at the scene** → Skip to I7
- 6. Some other way (Please specify)** → Skip to I5

\_\_\_\_\_

**REFUSED** → Skip to I5

**DON'T KNOW**

→ Skip to I5

IF YOU ANSWERED “NO” TO QUESTION I1A, SKIP TO I5. OTHERWISE, CONTINUE TO I4.

**I4. Please tell me if any of the following are the reasons you did not report it to the police?**

	<u>Yes</u>	<u>No</u>	<u>REFUSED</u>	<u>DK</u>
a. <b>You did not want anyone else to know</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <b>It was your word against the person</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <b>Police wouldn't think it was a crime</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. <b>Fear of being treated hostilely by police or lawyers</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. <b>Fear of retaliation by the person or others</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. <b>You did not think it was serious enough to report</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. <b>You reported it somewhere else</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. <b>Other reason (SPECIFY) _____</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

→ SKIP TO QUESTION I8

IF YOU ANSWERED “YES” TO I2, CONTINUE TO QUESTION I5. OTHERWISE, SKIP TO QUESTION I8.

**I5. Did the police come to your location when they found out about the incident?**

- Yes** → Continue to I6
- No** → Skip to I8
- You went to the police** → Skip to I7
- REFUSED** → Skip to I8
- DON'T KNOW** → Skip to I8

**I6. How soon after the police found out did they come to your location?**

- Within 30 minutes**
- Within an hour**
- Within a day**
- Longer than a day**
- REFUSED**
- DON'T KNOW**

**I7. Did the police do any of the following while (they/you) were (at the scene/there)?**

	<u>Yes</u>	<u>No</u>	<u>REFUSED</u>	<u>DK</u>
a. <b>Take a report</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <b>Search/looked around</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <b>Take evidence (fingerprints, inventory, etc.)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. <b>Question witnesses or suspects</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. <b>Promise surveillance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. <b>Promise to investigate</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. <b>Make an arrest</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. <b>Something else (Please specify)_____</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**I8. (Not counting the police) Is there any other person you have told about this incident?**

- Yes** → Continue to I8a
- No** → Skip to I9
- REFUSED** → Skip to I9
- DON'T KNOW** → Skip to I9

**I8a. Who have you told? Have you told...**

	<u>Yes</u>	<u>No</u>	<u>REFUSED</u>	<u>DK</u>
a. <b>Parents or a parent?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <b>Husband, boyfriend, or partner?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <b>A family member other than parents?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. <b>A friend?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. <b>Roommate, suitemate, or housemate?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. <b>Clergy, rabbi, or other spiritual leader?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. <b>Other person? (Please specify) _____</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**I9. (Not counting the police) Is there any other organization you have told about this incident?**

- Yes** → Continue to I9a
- No** → Skip to I10
- REFUSED** → Skip to I10
- DON'T KNOW** → Skip to I10

**I9a. What organization have you told? Have you told a...**

	<u>Yes</u>	<u>No</u>	<u>REFUSED</u>	<u>DK</u>
a. <b>Women's program or service?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <b>Rape crisis center or victim services hotline?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <b>Counselor or therapist not associated with a rape crisis center or victim services hotline?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

d. **Some other organization? (Please specify)** \_\_\_\_\_

**I10. Have you received any help from any office or agency (other than the police) that deals with victims of crime?**

- Yes** → Continue to I11
- No** → Skip to I12
- REFUSED** → Skip to I12
- DON'T KNOW** → Skip to I12

**I11. We are interested in the type of help that you have received. Have you received...**

		<u>Yes</u>	<u>No</u>	<u>REFUSED</u>	<u>DK</u>
a. psychological or emotional counseling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. compensation for your injury?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. help to remove you from danger?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. legal advice or advocacy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**I12. Thank you for providing this information about the incident.**

**In order to make sure that you have been able to describe the incident as accurately as possible, would you be willing to describe it in your own words?**

- Yes**                   → Continue
- No**                     → Skip to Programmer Note

**[CATI] Thank you for being willing to describe the incident in your own words. Before you start, are you sure that you can speak freely and in a private place where no one can overhear what you are saying?**

- Yes**                   → Continue
- No**                     → Skip to Programmer Note

**Thank you. Could you please describe what happened, including the circumstances leading up the incident, where and when it happened, who was involved, whether there was a weapon, if alcohol or drugs were used, and any other details you feel are important to understand what happened. Do not share any names of individuals.**

**PROGRAMMER NOTE:**

**AT END OF FIRST DETAILED INCIDENT FORM: Return to “Programmer Note” at end of screener. If there is another incident to report, return to part 2, section A. If there is no other incident to report, skip to Part 3.**

**AT END OF SECOND DETAILED INCIDENT FORM: Return to “Programmer Note” at end of screener. If there is another incident to report, return to part 2, section A. If there is no other incident to report, skip to Part 3.**

**AT END OF THIRD DETAILED INCIDENT FORM: Continue to Part 3.**

**PART THREE:****VIGNETTES**

Thank you for your responses so far. The interview is almost done. In this next part, I'm going to read you two fictional situations about a woman and a man, and then I will ask you questions about the woman in the situation. Here is the first situation.

**Alcohol Vignettes**

Tom and Sue {INSERT RELATIONSHIP} last week. They both drank alcohol. {INSERT DRINKING BEHAVIOR} They then went back {home/to Tom's place}. {INSERT CONSENT}.
<b>RELATIONSHIP</b>
<ol style="list-style-type: none"> <li>1. went on their first date</li> <li>2. have been in a sexual relationship for three months and went on a date</li> <li>3. have been married for five years and went out for dinner</li> </ol>
<b>DRINKING BEHAVIOR</b>
<ol style="list-style-type: none"> <li>1. Both Sue and Tom ordered drinks throughout the date, but neither became drunk.</li> <li>2. Both Sue and Tom ordered drinks throughout the date. Sue eventually became very drunk and was slurring her words.</li> <li>3. Sue kept telling Tom she was not thinking straight and wanted to stop drinking. However, Tom kept on drinking. Sue kept on drinking because she wanted to be social and eventually became very drunk and was slurring her words.</li> <li>4. Sue kept telling Tom she got drunk very easily and would prefer not to drink. Tom kept refilling Sue's wine glass saying that he would never take advantage of her. Sue eventually became very drunk and was slurring her words. [ONLY SELECT WHEN RELATIONSHIP = 1 or 2]</li> <li>5. Tom knew that Sue got drunk very easily and decided to try to get her as drunk as possible. He continued to buy Sue drinks and she became very drunk and was slurring her words. [ONLY SELECT WHEN RELATIONSHIP = 3]</li> </ol>
<b>CONSENT</b>
<ol style="list-style-type: none"> <li>1. Tom asked if she wanted to have sex. Sue said yes and they proceeded to have sexual intercourse.</li> <li>2. Tom kissed Sue and they proceeded to have sexual intercourse. Sue did not say anything at the time, but she did not want to have sex.</li> <li>3. Tom kissed Sue. She tried to push Tom away, but did not actually say no. They proceeded to have sexual intercourse.</li> <li>4. Tom kissed Sue. Sue said she did not want to have sex, but Tom ignored her and they proceeded to have sexual intercourse. Sue did not resist again because she was afraid Tom would hurt her.</li> </ol>

**How would you answer the following questions about Sue?**

1. Within the past 12 months, that is since [MONTH/YEAR], has a male used force or threats of force to make Sue have vaginal sex against her will? By vaginal sex, it means putting his penis in her vagina against her will.

- 1 Yes
- 2 No

2. Since [MONTH/YEAR], has anyone made Sue have sex when she was unable to consent because she was too drunk, high or passed out? By sex, it means vaginal sex, oral sex, anal sex, or putting fingers or a foreign object in her vagina or anus.

- 1 Yes
- 2 No

3. Do you think Tom was trying to get Sue drunk so he could sexually take advantage of her?

- 1 Yes
- 2 No

4. Did the alcohol make Sue unable to give consent?

- 1 Yes
- 2 No

5. On a scale from 1 to 10 where 1 means Sue definitely did not give consent and 10 means she definitely gave consent, to what extent did Sue give consent?

- |                                    |   |   |   |   |   |   |   |   |                            |
|------------------------------------|---|---|---|---|---|---|---|---|----------------------------|
| 1                                  | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10                         |
| Definitely did not<br>give consent |   |   |   |   |   |   |   |   | Definitely<br>gave consent |

Thank you. Here is the second situation. This one is about Mike and Becky.

**Coercion Vignettes**

<p>{INSERT RELATIONSHIP}. After dinner they went {home/to Mike’s home} to watch a movie together. During the movie, Mike began to kiss Becky and asked her if she would have sex with him. Becky said no, because she didn’t feel like having sex. {INSERT GENTLE FORCE} {INSERT COERCION} They eventually had sexual intercourse.</p>
<p><b>RELATIONSHIP</b></p> <ol style="list-style-type: none"> <li>1. Mike and Becky went on their first date last week.</li> <li>2. Mike is Becky’s manager at work and he tells Becky that he really values their work relationship. They went on their first date last week.</li> <li>3. Mike and Becky have been in a sexual relationship for three months and went on a date last week.</li> <li>4. Mike is Becky’s manager at work and he tells Becky that he really values their work relationship. They have been in a sexual relationship for three months and went on a date last week.</li> <li>5. Mike and Becky have been married for five years and went out for dinner last week.</li> </ol>
<p><b>GENTLE FORCE</b></p> <ol style="list-style-type: none"> <li>1. {Blank}</li> <li>2. Mike began to remove Becky’s clothes.</li> </ol>
<p><b>COERCION</b></p> <ol style="list-style-type: none"> <li>1. Mike then said that he was going to end the romantic relationship if she did not have sex with him.</li> <li>2. Mike then said, “You’re so beautiful. I really want us to share something special.”</li> <li>3. Mike also tried several times to persuade her to have sex.</li> </ol>

**How would you answer the following questions about Becky?**

1. *Within the past 12 months, that is since [MONTH/YEAR], has a male used force or threats of force to make Becky have vaginal sex against her will? By vaginal sex, it means putting his penis in her vagina against her will.*

- 1 Yes
- 2 No

2. *Since [MONTH/YEAR], has anyone made Becky have any type of sex against her will by threatening to cause problems for her, such as at her job or school, at home, in her relationships or in any other way? By sex, it means vaginal sex, oral sex, anal sex, or putting fingers or a foreign object in her vagina or anus.*

- 1 Yes
- 2 No

4. *On a scale from 1 to 10 where 1 means Becky was definitely not pressured and 10 means she was definitely pressured, to what extent was Becky pressured to have sexual intercourse?*

- |                                     |   |   |   |   |   |   |   |   |                                 |
|-------------------------------------|---|---|---|---|---|---|---|---|---------------------------------|
| 1                                   | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10                              |
| <i>Definitely not<br/>pressured</i> |   |   |   |   |   |   |   |   | <i>Definitely<br/>pressured</i> |