

**Attachment 1 VIOLENCE AGAINST CHILDREN SURVEY - Philippines: Age13-24Years**

The Public Health Service Act provides us with the authority to do this research (42 United States Code 242k). All information which would permit identification of any individual, a practice, or an establishment will be held confidential, will be used for statistical purposes only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).

Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0222).

OMB #0920-0222; Expiration Date: 06/30/2015

F1	RECORD THE TIME THE INTERVIEW BEGAN (00:00):	<input type="text"/>		
F2	The first questions are about yourself: How old were you on your last birthday?	YEARS OLD: <input type="text"/>		
		DON'T KNOW/DECLINED.....	99	
F3	<b>EDUCATION:</b> Have you ever attended school?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99 →	F10
F4	Are you currently attending school?	YES..... NO..... DON'T KNOW/DECLINED.....	1 2 99 →	F7
F5	How would you describe your grades in school? Excellent, very good, good, fair, or poor?  How is R determining this?	EXCELLENT..... VERY GOOD..... GOOD..... FAIR..... POOR..... DON'T KNOW/DECLINED.....	1 2 3 4 5 99	
F6	How do you travel to school on most days? (Interviewer, respondent should provide <u>only one answer</u> )	SCHOOL BUS..... CAR..... PUBLIC TRANSPORTATION..... WALKING ALONE..... WALKING WITH SIBLINGS/FRIENDS..... BICYCLE..... I BOARD AT SCHOOL..... OTHER (SPECIFY) : _____ DON'T KNOW/DECLINED.....	1 2 3 4 5 6 7 88 99	
F7	What is the highest level of schooling you have completed?  How many years was R in school?	LESS THAN PRIMARY..... PRIMARY..... ELEMENTARY..... SECONDARY..... HIGHER THAN SECONDARY..... DON'T KNOW/DECLINED.....	1 2 3 4 5 99	
F8	How close do you feel to other students at your school? Very close, somewhat close, not too close, not close at all?  How is R determining this?	VERY CLOSE..... SOMEWHAT CLOSE..... NOT TOO CLOSE..... NOT CLOES AT ALL..... DON'T KNOW/DECLINED.....	1 2 3 4 99	
F9	How much do you feel that your teachers care about you? A lot, A little, Not very much, Not at all?  How is R determining this? (Interviewer prompt if necessary: Do you strongly	A LOT..... A LITTLE..... NOT VERY MUCH..... NOT AT ALL..... DON'T KNOW/DECLINED.....	1 2 3 4 99	

	agree, agree, disagree or strongly disagree?)			
F10	<b>WORK:</b> Have you ever worked for money or any other form of payment?	YES..... NO..... DON'T KNOW / DECLINED.....	1 2 99 →	F15
F12	What was this type of work?	MINING..... QUARRYING..... PYROTECHNICS PRODUCTION..... FISHING..... DOMESTIC WORK..... CONSTRUCTION..... OTHER (SPECIFY) : _____ DON'T KNOW/DECLINED.....	1 2 3 4 5 6 88 99	
F1027	<b>SUBSTANCE ABUSE:</b> In the past <u>30 days</u> , have you used drugs such as marijuana, pills, ecstasy or huffed/sniffed any chemical such as shabu or rugby?	YES..... NO..... DON'T KNOW / DECLINED.....	1 2 99	
F1028	In the past <u>30 days</u> , on <u>how many days</u> did you drink alcohol to the point that you became drunk?	NUMBER OF DAYS: <input type="text"/> <input type="text"/>		
F1029	During the past <u>30 days</u> , did you smoke cigarettes daily, occasionally, or not at all?	DAILY..... OCCASIONALLY..... NOT AT ALL..... DON'T KNOW / DECLINED.....	1 2 3 99	
F1016	<b>SOCIAL NETWORK AND SAFETY:</b> Now let us talk about the people in your community. How much do you think that people in your community can be trusted? A lot, Some, Not too much, or Not At all?	A LOT..... SOME..... NOT TOO MUCH..... NOT AT ALL..... DON'T KNOW/DECLINED.....	1 2 3 4 99	
F1018	How safe do you feel in your home, where you currently sleep?	VERY SAFE..... SAFE..... NOT SAFE..... DON'T KNOW/DECLINED.....	1 2 3 99	
F1000	<b>PARENTS:</b> Now, I would like to ask you some questions about your biological parents, your natural parents who gave birth to you.  Is your biological mother living with you?	YES..... NO..... DONT'T KNOW/DECLINED.....	1 → 2 → 99 →	F1005 F1005
F1001	How old were you when you last lived with her?	YEARS OLD: <input type="text"/> <input type="text"/>		
F1002	What was the main reason you stopped living with her?	MOTHER DIED..... I LEFT OR WAS SENT AWAY FOR WORK..... I LEFT OR WAS SENT AWAY FOR SCHOOL..... MOTHER REMARRIED..... I GOT MARRIED..... MOTHER GOTDIVORCED/SEPARATED..... I WAS ABANDONED..... OTHER (SPECIFY): _____ DON'T KNOW/DECLINED.....	1 → 2 3 4 5 6 7 88 99	F1004
F15	<b>GENDER ATTITUDES:</b> Sometimes a husband is annoyed or angered by things his wife does. Do you believe that it is acceptable for a man to hit or beat his wife: ( <i>Read categories below</i> ) A) If she goes out without telling him B) If she neglects the children		YES NO DK/ DTA	
	A. IF SHE GOES OUT WITHOUT TELLING HIM	1 2 99		
	B. IF SHE NEGLECTS THE CHILDREN	1 2 99		

	<p>C) If she argues with him D) If she refuses to have sex with him E) If she makes bad food</p> <p><b>INTERVIEWER: PLEASE CIRCLE THE APPROPRIATE RESPONSE FOR QUESTION A THROUGH E</b></p>	<table border="1"> <tr> <td>C. IF SHE ARGUES WITH HIM</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>D. IF SHE REFUSES TO HAVE SEX WITH HIM</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>E. IF SHE MAKES BAD FOOD</td> <td>1</td> <td>2</td> <td>99</td> </tr> </table>	C. IF SHE ARGUES WITH HIM	1	2	99	D. IF SHE REFUSES TO HAVE SEX WITH HIM	1	2	99	E. IF SHE MAKES BAD FOOD	1	2	99												
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F16	<p>Sometimes men and women have different ideas about having sex. Do you agree or disagree with the following statements: (<i>Read categories below</i>)</p> <p>A) It is the man who decides when to have sex B) Men need more sex than women do C) A man needs other women, even if things with his wife are fine D) Women who carry condoms are “loose” E) A woman should tolerate violence to keep her family together</p> <p><b>INTERVIEWER: PLEASE CIRCLE THE APPROPRIATE RESPONSE FOR QUESTION A THROUGH E</b></p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK/DTA</th> </tr> </thead> <tbody> <tr> <td>A. MEN DECIDE WHEN TO HAVE SEX</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>B. MEN NEED MORE SEX</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>C. MEN NEED OTHER WOMEN</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>D. WOMEN WHO CARRY CONDOMS ARE “LOOSE”</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>E. WOMEN SHOULD TOLERATE VIOLENCE</td> <td>1</td> <td>2</td> <td>99</td> </tr> </tbody> </table>		YES	NO	DK/DTA	A. MEN DECIDE WHEN TO HAVE SEX	1	2	99	B. MEN NEED MORE SEX	1	2	99	C. MEN NEED OTHER WOMEN	1	2	99	D. WOMEN WHO CARRY CONDOMS ARE “LOOSE”	1	2	99	E. WOMEN SHOULD TOLERATE VIOLENCE	1	2	99
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F231	<b>PV4: WITNESSING PHYSICAL VIOLENCE</b>			
	The following questions are about physical violence by strangers or people you know well in the home or the community.			
F232	<p><b>WITNESSING AT HOME</b></p> <p>Have you seen any adults in your home hit, kick, slap, punch, or hurt each other intentionally: never, once, a few times, many times?</p> <p>(Determine if these specific acts are being considered or if other acts are also included)</p>	<p>A)</p> <p>NEVER... 1 → F233 ONCE..... 2 FEW..... 3 MANY.... 4 DK/DTA. 99 → F233</p>	<p>B) How old were you when this <u>first</u> happened: 0-5, 6-11, 12-17, 18 or older?</p> <p>0 TO 5 YEARS..... 1 6 TO 11 YEARS.... 2 12 TO 17 YEARS.. 3 18 OR OLDER..... 4 DON'T KNOW/DECLINED ..... 99</p>	<p>C) How old were you the <u>most recent time</u> this happened?</p> <p>0 TO 5 YEARS..... 1 6 TO 11 YEARS..... 2 12 TO 17 YEARS.... 3 18 OR OLDER..... 4 DON'T KNOW/DECLINED..... 99</p> <p>D) Did this happen in the last 12 months?</p> <p>YES..... 1 NO..... 2 DK/DTA..... 99</p>

**PHYSICAL VIOLENCE**

F153	<p><b>PV2: PARENTS AND OTHER RELATIVES</b> (Ask highlighted questions in this section, and then probe for accuracy of answers)</p> <p>Now let us discuss parents and other relatives.</p> <p><b>PV2A:</b> Has a parent or other relative punched, kicked, whipped, or beat you with an object: never, once, a few times, many times?</p> <p>(Determine if these specific acts are being considered or if other acts are also included: Punched, kicked, whipped, choked, smothered, drowned, weapon)</p>	<p>NEVER..... 1 →</p> <p>ONCE..... 2 →</p> <p>FEW..... 3</p> <p>MANY..... 4</p> <p>DON'T KNOW/DECLINED..... 99 →</p>	<p>F166</p> <p>F160</p> <p>F166</p>
F154	<p><b>PV2A: MOST RECENT TIME</b></p> <p>How old were you the <u>most recent time</u> this happened?</p>	<p>0 TO 5 YEARS..... 1 6 TO 11 YEARS..... 2 12 TO 17 YEARS..... 3 18 OR OLDER..... 4 DON'T KNOW/DECLINED..... 99</p>	

F155	What was your relationship to the relative who did this to you this <u>most recent time</u> ?	
	<b>MALE</b>	<b>FEMALE</b>
	FATHER..... 1	MOTHER..... 6
	STEP FATHER..... 2	STEP MOTHER..... 7
	BROTHER..... 3	SISTER..... 8
	STEP BROTHER..... 4	STEP SISTER..... 9
	UNCLE..... 5	AUNT..... 10
	OTHER MALE RELATIVE/CAREGIVER (SPECIFY)..... 77	OTHER FEMALE RELATIVE/CAREGIVER (SPECIFY)..... 88
	DON'T KNOW/DECLINED..... 99	
F156	Was this relative older than you, younger than you, or about the same age?	OLDER..... 1 YOUNGER..... 2 ABOUT SAME AGE..... 3 DON'T KNOW/DECLINED..... 99
F157	Would you say this relative was more than 10 years older than you, 5-10 years older or less than 5 years older?	MORE THAN 10 YEARS OLDER..... 1 5-10 YEARS OLDER..... 2 LESS THAN 5 YEARS OLDER..... 3 DON'T KNOW/DECLINED..... 99

F158	Did this happen in the last 12 months?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99																								
F159	As a result of this <u>most recent time</u> when a relative punched, kicked, whipped, or beat you with an object, did you experience?	<table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK / DTA</th> </tr> </thead> <tbody> <tr> <td>A. CUTS, SCRATCHES, BRUISES</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>B. SPRAINS, DISLOCATIONS, BLISTERING</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>C. DEEP WOUNDS, BROKEN BONES, CHARRED SKIN</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>D. MISCARRIAGE</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>E. PERMANENT INJURY OR DISFIGUREMENT</td> <td>1</td> <td>2</td> <td>99</td> </tr> </tbody> </table>		YES	NO	DK / DTA	A. CUTS, SCRATCHES, BRUISES	1	2	99	B. SPRAINS, DISLOCATIONS, BLISTERING	1	2	99	C. DEEP WOUNDS, BROKEN BONES, CHARRED SKIN	1	2	99	D. MISCARRIAGE	1	2	99	E. PERMANENT INJURY OR DISFIGUREMENT	1	2	99
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F160	<b>PV2A: FIRST TIME</b> How old were you the <u>first time</u> this happened?	0 TO 5 YEARS..... 1 6 TO 11 YEARS..... 2 12 TO 17 YEARS..... 3 18 OR OLDER..... 4 DON'T KNOW/DECLINED..... 99																								
F161	What was your relationship to the relative who did this to you the <u>first time</u> ?																									
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F165	As a result of this <u>first time</u> when a relative punched, kicked, whipped, or beat you with an object, did you experience?	<table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK / DTA</th> </tr> </thead> <tbody> <tr> <td>A. CUTS, SCRATCHES, BRUISES</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>B. SPRAINS, DISLOCATIONS, BLISTERING</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>C. DEEP WOUNDS, BROKEN BONES, CHARRED SKIN</td> <td>1</td> <td>2</td> <td>99</td> </tr> </tbody> </table>		YES	NO	DK / DTA	A. CUTS, SCRATCHES, BRUISES	1	2	99	B. SPRAINS, DISLOCATIONS, BLISTERING	1	2	99	C. DEEP WOUNDS, BROKEN BONES, CHARRED SKIN	1	2	99								
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	charred skin D) A miscarriage E) Permanent injury or disfigurement	D. MISCARRIAGE	1	2	99
		E. PERMANENT INJURY OR DISFIGUREMENT	1	2	99

F166	<b>PV2B:</b> Has a parent or any other relative choked, smothered, tried to drown, burned or scalded you intentionally: never, once, a few times, many times?	NEVER..... ONCE..... FEW..... MANY..... DON'T KNOW/DECLINED.....	1 2 3 4 99	→ F179 → F173  → F179
F179	<b>PV2C:</b> Has a parent or other relative used or threatened to use a knife or other weapon against you: never, once, a few times, many times?	NEVER..... ONCE..... FEW..... MANY..... DON'T KNOW/DECLINED.....	1 2 3 4 99	→ F192 → F186  → F192
F300	<b>EMOTIONAL VIOLENCE</b>  <b>EV1</b> Has/did a parent or primary caregiver ever say that you were not loved, or did not deserve to be loved, or that they wished you had never been born or were dead, or has a parent or primary caregiver ever ridiculed you or put you down (for example say that you were stupid or useless): never, once, a few times, or many times?	NEVER..... ONCE..... FEW..... MANY..... DON'T KNOW/DECLINED.....	1 2 3 4 99	→ F400 → F306  → F400
F1021	<b>PERPETRATION</b> (Ask highlighted questions in this section, and then probe for accuracy of answers)  Have you slapped or pushed a current or previous partner/husband: never, once, a few times, many times? By <u>partner</u> I mean a boyfriend, romantic partner, fiancé, live-in partner, or husband.	NEVER..... ONCE..... FEW..... MANY..... DON'T KNOW/DECLINED.....	1 2 3 4 99	
F1022	Have you punched, kicked, whipped, or beat with an object a current or previous partner/husband: never, once, a few times, many times?	NEVER..... ONCE..... FEW..... MANY..... DON'T KNOW/DECLINED.....	1 2 3 4 99	
F1023	Have you choked, smothered, tried to drown, or intentionally burned or scalded a current or previous partner/husband: never, once, a few times, many times?	NEVER..... ONCE..... FEW..... MANY..... DON'T KNOW/DECLINED.....	1 2 3 4 99	
F1024	Have you used or threatened to use a knife or other weapon against a current or previous partner/husband: never, once, a few times, many times?	NEVER..... ONCE..... FEW..... MANY..... DON'T KNOW/DECLINED.....	1 2 3 4 99	
F1025	Have you forced a current or previous partner/husband to have sexual intercourse or perform any other sex acts with you when they did not want to: never, once, a few times, many times?	NEVER..... ONCE..... FEW..... MANY..... DON'T KNOW/DECLINED.....	1 2 3 4 99	
F1026	Have you forced someone who was not your husband or partner at the time to have sexual intercourse or perform any other sex acts with you when they did not want to: never, once, a few times, many times?	NEVER..... ONCE..... FEW..... MANY..... DON'T KNOW/DECLINED.....	1 2 3 4 99	
F400	<b>SEXUAL BEHAVIOR:</b>  (Ask highlighted questions in this section, and then probe for accuracy of answers)  The next set of questions is about your sexual activity and practices. Some of these questions are personal but keep in mind that your name is not on the survey and no one else will know your answers. There are no right or wrong answers, and remember that you can skip any question that you don't feel comfortable answering.	YES.....	1	



	Have you ever had sexual intercourse whether this was something you wanted to do at the time or something you did not want to do?	NO..... 2 DON'T KNOW/DECLINED..... 99	F500	
F401	How old were you when you had sexual intercourse for the very first time?	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW/DECLINED..... 99		
F402	The first time you had sexual intercourse, would you say that you had it because you wanted to, or because you were made to have it without your permission?	WANTED TO..... 1 MADE TO..... 2 DON'T KNOW/DECLINED..... 99		
F406	<b>SEX HISTORY AND RISK TAKING:</b>  In your life, how many sexual partners have you ever had? A sexual partner is any person with whom you have had sexual intercourse whether this was something you wanted to do at the time or something you did not want to do.	NUMBER OF PARTNERS:  <b>(INTERVIEWERS: 0 IS NOT AN ACCEPTABLE ANSWER FOR THIS QUESTION, IF RESPONDENT SAYS 0 THEN REFER BACK TO F400 AND CORRECT IF NECESSARY)</b>  DON'T KNOW/DECLINED..... 99		
F407	Have you had sexual intercourse in the past 12 months?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	F500	
F408	How many partners have you had sexual intercourse with in the past 12 months?	NUMBER OF PARTNERS <input type="text"/> <input type="text"/> DON'T KNOW/DECLINED..... 99		
F409	<b>INTERVIEWER: CONTINUE DOWN THE COLUMN, ASKING ALL THE QUESTIONS FOR PARTNER 1 BEFORE CONTINUING TO PARTNER 2 AND PARTNER 3.</b>			
F410	<b>(Refer back to F406; are answers to this question consistent? The point is to assess whether R is counting all partners or only certain relationships)</b>	<b>PARTNER 1 MOST RECENT</b>  What is/was your relationship to the most recent person with whom you had sexual intercourse?  HUSBAND..... 1 LIVE-IN PARTNER..... 2 BOYFRIEND NOT LIVING WITH YOU..... 3 SOMEONE YOU PAID FOR SEX..... 4 SOMEONE WHO PAID YOU FOR SEX..... 5 CASUAL ACQUINTANCE..... 6 FRIEND..... 7 OTHER(SPECIFY)____ 88 DK/DTA..... 99	<b>PARTNER 2 SECOND MOST RECENT</b>  Now think back to the partner you had sexual intercourse with before the partner we just talked about.  What is/was your relationship to the person with whom you had sexual intercourse?  HUSBAND..... 1 LIVE-IN PARTNER..... 2 BOYFRIEND NOT LIVING WITH YOU..... 3 SOMEONE YOU PAID FOR SEX..... 4 SOMEONE WHO PAID YOU FOR SEX..... 5 CASUAL ACQUINTANCE..... 6 FRIEND..... 7 OTHER(SPECIFY)____ 88 DK/DTA..... 99	<b>PARTNER 3 THIRD MOST RECENT</b>  Now think back to the partner you had sexual intercourse with before the partner we just talked about.  What is/was your relationship to the person with whom you had sexual intercourse?  HUSBAND..... 1 LIVE-IN PARTNER..... 2 BOYFRIEND NOT LIVING WITH YOU..... 3 SOMEONE YOU PAID FOR SEX..... 4 SOMEONE WHO PAID YOU FOR SEX..... 5 CASUAL ACQUINTANCE..... 6 FRIEND..... 7 OTHER(SPECIFY)____ 88 DK/DTA..... 99
F411	In the past 12 months, how often did you or this partner use a condom during sexual intercourse? Would you say always, sometimes, or never?	ALWAYS..... 1 SOMETIMES..... 2 NEVER..... 3 DON'T KNOW / DECLINED..... 99	ALWAYS..... 1 SOMETIMES..... 2 NEVER..... 3 DON'T KNOW / DECLINED..... 99	
F412	<b>INTERVIEWER: CHECK NUMBER OF PARTNERS REPORTED IN F408</b>	IF F408=1 → F500 IF F408>1 → F410 PARTNER 2	IF F408=2 → F500 IF F408>2 → F410 PARTNER 3	

F403	<p>(Ask highlighted questions in this section, and then probe for accuracy of answers)</p> <p><b>ASK PREGNANCY QUESTIONS ONLY OF FEMALES 13-24 YEARS OF AGE.</b></p> <p><b>PREGNANCY:</b> The next questions are about pregnancy.</p> <p>Have you ever been pregnant?</p>	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	F406
F404	How old were you the first time that you got pregnant?	YEARS OLD: <input type="text"/> <input type="text"/>  DON'T KNOW/DECLINED..... 99	
F405	Have you ever had a pregnancy that did not end in a live birth?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	

F500	<p><b>SEXUAL VIOLENCE : NON-CONTACT SEXUAL VIOLENCE/EXPLOITATION</b></p> <p>The next set of questions is about different kinds of sexual violence. Some of these questions are personal but keep in mind that your name is not on the survey and no one else will know your answers. There are no right or wrong answers, and remember that you can skip any question that you don't feel comfortable answering.</p>				
F501	<p><b>NON CONTACT SEXUAL VIOLENCE</b></p> <p>Has anyone ever made you upset by speaking to you in a sexual way or writing sexual things about you?</p> <p>(Ensure that R is not limiting answer to certain types of relationships)</p>	A) YES.... 1 NO.... 2 DK/ DTA.... 99 →F502	B) How old were you when this <u>first</u> happened: 0-5, 6-11, 12-17, 18 or older? 0 TO 5 YEARS..... 1 6 TO 11 YEARS.... 2 12 TO 17 YEARS.. 3 18 OR OLDER..... 4 DON'T KNOW / DECLINED..... 99	C) How old were you the <u>most recent time</u> this happened? 0 TO 5 YEARS..... 1 6 TO 11 YEARS.... 2 12 TO 17 YEARS.. 3 18 OR OLDER..... 4 DON'T KNOW / DECLINED..... 99	D) Did this happen in the last 12 months? YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99
		E) How well did you know the person who did this to you? NOT AT ALL..... 1 NOT VERY WELL..... 2 VERY WELL..... 3 DON'T KNOW/DECLINED..... 99			
F502	Has anyone made you witness sexual activities or sexual abuse, even without making you participate (e.g. images/photos, videos, online)?	A) YES.... 1 NO.... 2 DK/ DTA.... 99 →F503	B) How old were you when this <u>first</u> happened: 0-5, 6-11, 12-17, 18 or older? 0 TO 5 YEARS..... 1 6 TO 11 YEARS.... 2 12 TO 17 YEARS.. 3 18 OR OLDER..... 4 DON'T KNOW / DECLINED..... 99	C) How old were you the <u>most recent time</u> this happened? 0 TO 5 YEARS..... 1 6 TO 11 YEARS.... 2 12 TO 17 YEARS.. 3 18 OR OLDER..... 4 DON'T KNOW / DECLINED..... 99	D) Did this happen in the last 12 months? YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99
		E) How well did you know the person who did this to you? NOT AT ALL..... 1 NOT VERY WELL..... 2 VERY WELL..... 3 DON'T KNOW/DECLINED..... 99			
F503	Has anyone made you participate in a sex video or in sexual photos?	A) YES.... 1 NO.... 2 DK/ DTA.... 99 →F504	B) How old were you when this <u>first</u> happened: 0-5, 6-11, 12-17, 18 or older? 0 TO 5 YEARS..... 1 6 TO 11 YEARS.... 2 12 TO 17 YEARS.. 3 18 OR OLDER..... 4 DON'T KNOW / DECLINED..... 99	C) How old were you the <u>most recent time</u> this happened? 0 TO 5 YEARS..... 1 6 TO 11 YEARS.... 2 12 TO 17 YEARS.. 3 18 OR OLDER..... 4 DON'T KNOW / DECLINED..... 99	D) Did this happen in the last 12 months? YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99
		E) How well did you know the person who did this to you? NOT AT ALL..... 1 NOT VERY WELL..... 2 VERY WELL..... 3 DON'T KNOW/DECLINED..... 99			
F504	Has anyone made you look at their sexual body parts or made you show	A) YES.... 1	B) How old were you when this <u>first</u> happened: 0-5, 6-11, 12-17, 18 or	C) How old were you the <u>most recent time</u> this happened?	D) Did this happen in the last 12 months?

	them yours?	NO..... 2	older?	0 TO 5 YEARS..... 1	0 TO 5 YEARS..... 1	YES..... 1
		DK/ F505	0 TO 5 YEARS..... 1	6 TO 11 YEARS..... 2	6 TO 11 YEARS..... 2	NO..... 2
		DTA.... 99	6 TO 11 YEARS..... 2	12 TO 17 YEARS.. 3	12 TO 17 YEARS.. 3	DON'T KNOW/ DECLINED..... 99
			18 OR OLDER..... 4	18 OR OLDER..... 4	18 OR OLDER..... 4	
			DON'T KNOW / DECLINED..... 99	DON'T KNOW / DECLINED..... 99	DON'T KNOW / DECLINED..... 99	
		E) How well did you know the person who did this to you?		NOT AT ALL..... 1	NOT AT ALL..... 1	
				NOT VERY WELL..... 2	NOT VERY WELL..... 2	
				VERY WELL..... 3	VERY WELL..... 3	
				DON'T KNOW/DECLINED..... 99	DON'T KNOW/DECLINED..... 99	

F505	<b>SEXUAL VIOLENCE : MONEY, GOODS OR FAVORS EXCHANGED FOR SEX/EXPLOITATION</b>					
	Has anyone ever given you money, food, gifts, or any favors to have sexual intercourse or perform any other sexual acts with them?					
				YES..... 1		
				NO..... 2		
				DON'T KNOW / DECLINED..... 99		F600

F600	<b>SEXUAL VIOLENCE: SEXUAL ABUSE</b> (Ask highlighted questions in this section, and then probe for accuracy of answers)					
	<b>SV1: TOUCHING WITHOUT PERMISSION- LIFETIME</b>					
	How many times in your life has anyone touched you in a sexual way without your permission, but did not try and force you to have sex of any kind? Touching without permission includes being fondled, pinched, grabbed, or touched without your permission			0..... 0		F700
				1..... 1		F613
				WRITE NUMBER IF 2 TIMES OR MORE: <input type="text"/> <input type="text"/>		F601
				DON'T KNOW/DECLINED..... 99		F700

F601	<b>SV1A: TOUCHING – MOST RECENT</b>					
	How old were you the <u>most recent time</u> this happened?			YEARS OLD: <input type="text"/> <input type="text"/>		
				DON'T KNOW/DECLINED..... 99		

F602	This <u>most recent time</u> , did more than one person touch you in a sexual way without your permission?			YES..... 1		
				NO, ONE PERSON ONLY..... 2		
				DON'T KNOW/DECLINED..... 99		F605

F603	This <u>most recent time</u> , how many people touched you in a sexual way without your permission?			NUMBER OF PEOPLE: <input type="text"/> <input type="text"/>		
				DON'T KNOW/DECLINED..... 99		

F604	<b>Of these people who touched you in a sexual way without your permission this <u>most recent time</u>, think of the person you know the best for the following questions:</b>					
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F605	What was your relationship to the person who did this to you?	
	<p style="text-align: center;"><b>MALE</b></p> BOYFRIEND/ROMANTIC PARTNER..... 1 HUSBAND..... 2 FATHER..... 3 STEP FATHER..... 4 BROTHER..... 5 STEP BROTHER..... 6 UNCLE..... 7 OTHER RELATIVE (SPECIFY)..... 8 MALE TEACHER..... 9 MALE POLICE..... 10 MALE SECURITY PERSON..... 11 MALE EMPLOYER..... 12 MALE IN MY NEIGHBORHOOD..... 13 MALE COMMUNITY LEADER..... 14 MALE RELIGIOUS LEADER..... 15 MALE FRIEND..... 16 MALE STRANGER..... 17 OTHER MALE (SPECIFY)..... 18	<p style="text-align: center;"><b>FEMALE</b></p> GIRLFRIEND/ROMANTIC PARTNER..... 19 WIFE..... 20 MOTHER..... 21 STEP MOTHER..... 22 SISTER..... 23 STEP SISTER..... 24 AUNT..... 25 OTHER RELATIVE (SPECIFY)..... 26 FEMALE TEACHER..... 27 FEMALE POLICE..... 28 FEMALE SECURITY PERSON..... 29 FEMALE EMPLOYER..... 30 FEMALE IN MY NEIGHBORHOOD..... 31 FEMALE COMMUNITY LEADER..... 32 FEMALE RELIGIOUS LEADER..... 33 FEMALE FRIEND..... 34 FEMALE STRANGER..... 35 OTHER FEMALE (SPECIFY)..... 36
	WEARING MASK/IT WAS DARK/COULDN'T SEE.....88 DON'T KNOW/DECLINED .....99	
F606	Was the person older than you, younger than you, or about the same age?	OLDER..... 1 YOUNGER..... 2 ABOUT SAME AGE..... 3 DON'T KNOW/DECLINED..... 99

F608

F607	Would you say this person was more than 10 years older than you, 5-10 years older or less than 5 years older?	MORE THAN 10 YEARS OLDER..... 1 5-10 YEARS OLDER..... 2 LESS THAN 5 YEARS OLDER..... 3 DON'T KNOW/DECLINED..... 99
F608	Where were you when this happened to you?	MY HOME..... 1 PERPETRATOR'S HOME..... 2 SOMEONE ELSE'S HOME..... 3 ON A ROAD/STREET..... 4 MARKET/SHOP/MALL..... 5 SCHOOL..... 6 INSIDE A CAR/BUS..... 7 LAKE, RIVER, OTHER BODY OF WATER... 8 FIELD OR OTHER OUTDOOR AREA..... 9 BAR/RESTAURANT/DISCO/CLUB..... 10 OTHER LOCATION (SPECIFY):..... 88 DON'T KNOW/DECLINED..... 99
F609	About what time of day did this happen?	MORNING (SUNRISE TO NOON)..... 1 AFTERNOON (NOON TO SUNSET)..... 2 EVENING (SUNSET TO MIDNIGHT)..... 3 LATE AT NIGHT (MIDNIGHT TO SUNRISE)..... 4 DON'T KNOW/DECLINED..... 99
F610	Was the person that did this to you drunk or on any illegal drugs when the touching happened?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99
F611	Were you drinking, drunk, high, drugged, passed out or on any illegal drug when someone touched you without your permission this <u>most recent time</u> ?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99
F612	Did this happen to you within the past 12 months?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99

F700	<b>SV2: ATTEMPTED SEX- LIFETIME</b>  How many times in your life has anyone <u>tried</u> to make you have sexual intercourse of any kind without your permission, but did not succeed?	0..... 0 → F800 1..... 1 → F713  WRITE NUMBER IF 2 TIMES OR MORE: <input type="text"/> <input type="text"/> → F701  DON'T KNOW/DECLINED..... 99 → F800
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F800	<b>SV3: PRESSURED INTO SEX- LIFETIME</b>  Have you ever had sexual intercourse of any kind with anyone, male or female, after they pressured you by doing things like telling you lies, making promises about the future they knew were untrue, threatening to end your relationship, or threatening to spread rumors about you?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	
F801	Have you ever had unwanted sexual intercourse of any kind with anyone, male or female, after they pressured you by repeatedly asking for sex, or showing they were unhappy?	YES..... 1 NO..... 2 DON'T KNOW / DECLINED..... 99	
F802	Have you ever had unwanted sexual intercourse of any kind with anyone, male or female, after they pressured you using their influence or authority over you, for example, saying they will give you bad grades, that they will fire you, or that they will arrest you?	YES..... 1 NO..... 2 DON'T KNOW / DECLINED..... 99	

F900	<b>SV4: PHYSICALLY FORCED SEX- LIFETIME</b>  How many times in your life have you been <u>physically forced</u> to have sexual intercourse of any kind regardless of whether you did or did not fight back? By <b>physical force</b> , we mean things like being pinned or held down or use of violence like pulling your hair, pushing, shoving, punching, using or threatening to use a weapon, or threatening to physically harm you or a loved one.	0..... 0 → F931 1..... 1 → F916 WRITE NUMBER IF 2 TIMES OR MORE: <input type="text"/> <input type="text"/> → F901 DON'T KNOW/DECLINED..... 99 → F931	
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F931 **IF F600=1 or more OR F700=1 or more OR F804=1 or more OR F900=1 or more → CONTINUE TO F932**  
**IF F600=0/99 AND F700=0/99 AND F804=99 AND F900= 0/99 → SKIP TO F1000**

F932	<b>SV: HELP-SEEKING AND REPORTING</b>  I would like you to think back to all the sexual experiences that happened without your permission. These experiences may include: unwanted sexual touching, attempted sex, pressured sex, or physically forced sex.  Did you ever tell anybody about any of these experiences of unwanted touching, attempted sex, pressured sex, or physically forced sex?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99 → F934	
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F933	Were there any sexual experiences that you did not tell anyone about?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99 → F935	
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F934	Why didn't you tell anyone about these experiences?  (Circle all mentioned)	AFRAID OF GETTING INTO TROUBLE..... A EMBARRASSED FOR SELF/FAMILY..... B DEPENDENT ON PERPETRATOR..... C PERPETRATOR THREATENED ME..... D DIDN'T THINK IT WAS A PROBLEM..... E FELT IT WAS MY FAULT..... F	DIDN'T WANT ABUSER TO GET IN TROUBLE G AFRAID OF BEING ABANDONED..... H OTHER REASON (SPECIFY): _____ _____ X DON'T KNOW/DECLINED..... Z
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F935	<b>SV SERVICES</b>  Did you talk to or receive services from: A) Doctor, nurse, or other professional healthcare worker B) Lawyer, judge, or anyone else working for an organization other than the police in order to have your case reviewed in court C) Police/security D) Counseling from a professional E) Any other person or place	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK / DTA</th> </tr> </thead> <tbody> <tr> <td>A. DOCTOR, NURSE, OTHER HCW</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>B. LAWYER, JUDGE</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>C. POLICE/SECURITY</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>D. COUNSELING FROM PROFESSIONAL</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>E. OTHER PERSON/PLACE</td> <td>1</td> <td>2</td> <td>99</td> </tr> </tbody> </table>		YES	NO	DK / DTA	A. DOCTOR, NURSE, OTHER HCW	1	2	99	B. LAWYER, JUDGE	1	2	99	C. POLICE/SECURITY	1	2	99	D. COUNSELING FROM PROFESSIONAL	1	2	99	E. OTHER PERSON/PLACE	1	2	99	
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		OTHER PERSON/PLACE (SPECIFY): _____
F936	<b>SKIP</b> <b>IF F935A OR F935B OR F935C OR F935D OR F935E=1 → SKIP TO F938</b> <b>IF F935A AND F935B AND F935C AND F935D AND F935E=2/99 → CONTINUE TO F937</b>	
F937	What was the <u>main reason</u> you did not talk to or receive services?	DID NOT KNOW WHERE TO GO..... 1 AFRAID OF CAUSING MORE VIOLENCE OR GETTING IN TROUBLE ..... 2 EMBARRASSED FOR SELF OR MY FAMILY..... 3 DID NOT WANT ABUSER TO GET IN TROUBLE..... 4 TOO FAR TO SERVICES..... 5 AFRAID OF BEING ABANDONED..... 6 DID NOT THINK IT WAS A PROBLEM..... 7 COULD NOT AFFORD TRANSPORT..... 8 COULD NOT AFFORD SERVICE FEES..... 9 DID NOT NEED/WANT SERVICES..... 10 NO ONE TO HELP ME..... 11 FELT IT WAS USELESS..... 12 OTHER (SPECIFY):..... 88 DON'T KNOW/DECLINED..... 99

F938	Were there any professional services that you would have wanted but were not available?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99 → F940
F939	What services would you have wanted? (Circle all mentioned)	COUNSELING SERVICES..... A    SHELTER..... G MEDICAL SERVICES..... B    OTHER (SPECIFY):..... X LEGAL COUNSEL..... C    DON'T KNOW/DECLINED..... Z TRADITIONAL HEALER SERVICES..... D POLICE SERVICES..... E EDUCATIONAL PROGRAMS..... F

F940	Was there anyone else that you spoke to regarding any sexual experiences that happened without your permission? (Circle all mentioned)	MOTHER..... A    TRADITIONAL HEALER..... L FATHER..... B    HOTLINE..... M SISTER..... C    NGO WORKER..... N BROTHER..... D    TEACHER..... O OTHER RELATIVE..... E    EMPLOYER..... P HUSBAND..... F    COMMUNITY LEADER..... Q BOYFRIEND/ROMANTIC PARTNER..... G    RELIGIOUS LEADER..... R FRIEND..... H    OTHER (SPECIFY)..... X NEIGHBOR..... I    DON'T KNOW/DECLINED..... Z
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F941	Have any of these incidents caused you to do any of the following: (Read categories below)	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK/DTA</th> </tr> </thead> <tbody> <tr> <td>A) STOP GOING TO SCHOOL?</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>B) DECREASE THE AMOUNT OF TIME YOU SPEND IN SCHOOL?</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>C) SPEND LESS TIME AT HOME?</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>D) SPEND MORE TIME AT HOME?</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>E) SPEND MORE TIME ALONE?</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>F) AVOID GOING OUTSIDE AT NIGHT?</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>G) STOP GOING TO WORK?</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>H) DECREASE THE HOURS YOU ARE ABLE TO WORK?</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>I) NOT SEEK HEALTH SERVICES THAT YOU NEEDED?</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>J) OTHER</td> <td>1</td> <td>2</td> <td>99</td> </tr> </tbody> </table> OTHER (SPECIFY): _____		Yes	No	DK/DTA	A) STOP GOING TO SCHOOL?	1	2	99	B) DECREASE THE AMOUNT OF TIME YOU SPEND IN SCHOOL?	1	2	99	C) SPEND LESS TIME AT HOME?	1	2	99	D) SPEND MORE TIME AT HOME?	1	2	99	E) SPEND MORE TIME ALONE?	1	2	99	F) AVOID GOING OUTSIDE AT NIGHT?	1	2	99	G) STOP GOING TO WORK?	1	2	99	H) DECREASE THE HOURS YOU ARE ABLE TO WORK?	1	2	99	I) NOT SEEK HEALTH SERVICES THAT YOU NEEDED?	1	2	99	J) OTHER	1	2	99
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J) OTHER	1	2	99																																											

F1031	The next two questions ask about things that have <u>ever</u> happened to you.	YES..... 1 NO..... 2 DON'T KNOW / DECLINED..... 99 → F1033
F1034	Have you ever had thoughts of ending your life?	
	Have you ever been tested for HIV?	F1036

		YES..... 1 NO..... 2 DON'T KNOW / DECLINED..... 99	F103 6
F1035	What is the <u>main reason</u> you have never been tested?	NO KNOWLEDGE ABOUT HIV TEST..... 1 DON'T KNOW WHERE TO GET HIV TEST..... 2 TEST COSTS TOO MUCH..... 3 TRANSPORT TO TEST SITE IS TOO MUCH..... 4 TEST SITE TOO FAR AWAY..... 5 AFRAID OTHERS WILL KNOW ABOUT TEST/TEST RESULTS..... 6 DON'T NEED TEST/LOW RISK..... 7 DON'T WANT TO KNOW IF I HAVE THE AIDS VIRUS..... 8 CAN'T GET TREATMENT IF I HAVE AIDS..... 9 OTHER(SPECIFY)..... 88 DON'T KNOW / DECLINED..... 99	F1038
F1038	Have you ever had a sexually transmitted infection?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	

DEBRIEFING:

Do you feel that the time you took to answer these questions was worthwhile and will be useful to the Philippines in addressing the problem of violence? Did you find it upsetting or stressful to answer any of these questions? Which questions did you find upsetting or stressful to answer? The questions on physical violence, emotional violence, sexual violence, or other questions? How has talking about these things made you feel?

**RESPONSE PLAN CHECKLIST:**

DID RESPONDENT REPORT ANY VIOLENCE IN THE PAST 12 MONTHS?

- YES  
 NO

DID THE RESPONDENT BECOME VISIBLY UPSET AT ANY POINT DURING THE INTERVIEW?

- YES  
 NO

DID THE RESPONDENT REPORT FEELING UNSAFE IN CURRENT LIVING SITUATION AT ANY POINT DURING INTERVIEW?

- YES  
 NO

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

*IF NO WAS SELECTED FOR ALL OF THE ABOVE BUT THE RESPONDENT DISCLOSED VIOLENCE, CONTINUE TO FINISH OPTION 2.*

*IF YES WAS SELECTED FOR ANY OF THE ABOVE, CONTINUE TO FINISH OPTION 3.*

**FINISH OPTION 1: RESPONDENT DID NOT DISCLOSE ANY VIOLENCE**

I would like to thank you very much for helping me. I appreciate the time that you have taken. I realize that these questions may have been difficult for you to answer, but it is only by hearing from [girls and young women/boys and young men] like you that we can really understand about [women's/men's health] and life experiences in the Philippines.

Here is a list of organizations that provide various types of services that may be of interest to you. Please contact them if you need help.

**FINISH OPTION 2: RESPONDENT DISCLOSED VIOLENCE BUT DID NOT MEET THE CRITERIA LISTED ABOVE**

I would like to thank you very much for helping us. I appreciate the time that you have taken. I realize that these questions may have been difficult for you to answer, but it is only by hearing from [girls and young women/boys and young men] like you that that we can really understand about health and experiences of violence in the Philippines.

From what you have told me, I can tell that you have had some very difficult times in your life. No one has the right to treat someone else in that way. However, from what you have told me I can see also that you are strong, and have survived through these difficult circumstances.

Here is a list of organizations that provide support to people like you who may have experienced violence. Please contact them if you would like to talk over your situation with anyone. You can go whenever you feel ready, either soon or later on.

**FINISH OPTION 3: OFFER RESPONSE PLAN TO RESPONDENT**

I would like to thank you very much for helping us. I appreciate the time that you have taken. I realize that these questions may have been difficult for you to answer, but it is only by hearing from [girls and young women/boys and young men] like you that that we can really understand about health and experiences of violence in the Philippines.

From what you have told me, I can tell that you have had some very difficult times in your life. No one has the right to treat someone else in that way. However, from what you have told me I can see also that you are strong, and have survived through these difficult circumstances.

I wanted to offer you some more immediate help if this would be something you need and want. A counselor can talk to you about the things that have happened to you and/or connect you to other services that might be helpful. If you decide that you would like to talk to a counselor, I would only share the information that you want me to share. As I told you in the beginning, your answers are confidential and I will not share these with the counselor. Would you like to speak with a counselor?

- YES (*CONTINUE TO SERVICE REFERRAL FORM; REMEMBER TO GIVE RESPONDENT LIST OF SERVICES*)  
 NO

It is fine that you do not want to speak with a counselor now. I wanted to give you this list of organizations that provide support, legal advice and counseling services to people like you who may have experiences of violence. If you change your mind in the future, please contact them if you would like to talk over your situation with someone. You can go whenever you feel ready, either soon or later on.