

Study Title: Randomized Controlled Trial of a Multi-pronged Intervention to Address Prevention of Violence in Zambia (VATU)

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1. Demographics

1.1 What is your age?	18 years to 25 years old	1
	26 years to 35 years old	2
	36 years to 45 years old	3
	46 years to 55 years old	4
	56 years to 65 years old	5
	66 years or older	6
	Refused	-9
1.2 Tribe/Ethnicity	Don't know	-8
	Ngoni	1
	Tonga	2
	Bemba	3
	Lozi	4
	Kaonde	5
	Luvale	6
	Lunda	7
	Chewa	8
	Ndebele	9
	Other tribe or ethnicity not mentioned	10
	Refused	-9
1.3 What is the highest level of schooling you have completed?	Don't know	-8
	Never attended school	1
	Attended primary school but did not complete	2
	Completed primary school	3
	Completed secondary school	4
	Completed higher than secondary school level (e.g., University)	5
	Other type of school not already mentioned	6
	Refused	-9
Don't know	-8	

1.4 What type of housing do you live in?	I own the house I live in	1
	I rent from a private party or person	2
	I rent from the government	3
	I am kept by other family members	4
	I live in housing provided by my employer	5
	Other type of housing not already mentioned	6

	Refused	-9
	Don't know	-8
1.5 How much money do you earn in a month total?	ZMW 100 or less per month	1
	ZMW 101 to ZMW 299 per month	2
	ZMW 300 to ZMW 499 per month	3
	ZMW 500 to ZMW 1,499 per month	4
	ZMW 1,500to ZMW 1,999 per month	5
	ZMW 2,000to ZMW 4,999 per month	6
	ZMW 5,000 or above per month	7
	Refused	-8
	Don't know	-9
1.6 What is your marital status?	Never married	1
	Currently married	2
	Separated	3
	Divorced	4
	Widowed	5
	Refused	-9
	Don't know	-8
1.7 Number of your biological children living at home?	0	0
	1	1
	2	2
	3	3
	4	4
	5 or more	5
1.8 Total number of children living in the home full-time?	0	0
	1	1
	2	2
	3	3
	4	4
	5 or more	5
1.9 What relationship are you to the child with you today?	Biological Mother	1
	Biological Father	2
	Auntie	3
	Uncle	4
	Stepfather	5
	Stepmother	6
	Grandfather(s)	7
	Grandmother(s)	8
	Brother(s)	9
	Sister(s)	10
	Other Relative(s)	11
	Any Other Person(s) Not listed already	12
1.10 What is your relationship to your partner with you today?	Spouse	1
	Dating but not living together	2
	Dating and living together	3
	Other	4
1.11. What is your current employment status?	Formally employed	1
	Informally employed (e.g., day labourer)	2
	Part-time employed	3
	Unemployed and looking for work	4

	Unemployed and not looking for work	5
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2. Severity of Violence Against Women Scale (SVAWS)

What Works Female Questionnaire_English FINAL

During the past year, you and your partner have probably experienced anger or conflict. Below is a list of behaviors your partner may have done during the past 12 months (or 3 months if 0 month follow-up assessment). For each statement, describe how often your partner has done each behavior by writing a number from the following scale.

How often has your partner:	Never	Once	A Few Times	Many Times	Don't Know	Refused
2.1. Hit or kicked a wall, door, or furniture	0	1	2	3	-8	-9
2.2. Threw, smashed, or broke an object	0	1	2	3	-8	-9
2.3. Drove dangerously with you in the car	0	1	2	3	-8	-9
2.4. Threw an object at you	0	1	2	3	-8	-9
2.5. Shook or pointed a finger at you	0	1	2	3	-8	-9
2.6. Made threatening gestures or faces at you	0	1	2	3	-8	-9
2.7. Shook a fist at you	0	1	2	3	-8	-9
2.8. Acted like a bully toward you	0	1	2	3	-8	-9
2.9. Destroyed something belonging to you	0	1	2	3	-8	-9
2.10. Threatened to harm or damage things you care about	0	1	2	3	-8	-9
2.11. Threatened to destroy property	0	1	2	3	-8	-9
2.12. Threatened someone you care about	0	1	2	3	-8	-9
2.13. Threatened to hurt you	0	1	2	3	-8	-9
2.14. Threatened to kill himself	0	1	2	3	-8	-9
2.15. Threatened to kill you	0	1	2	3	-8	-9
2.16. Threatened you with a weapon	0	1	2	3	-8	-9
2.17. Threatened you with a heavy stick or object	0	1	2	3	-8	-9
2.18. Acted like he wanted to kill you	0	1	2	3	-8	-9
2.19. Threatened you with a knife or gun	0	1	2	3	-8	-9
2.20. Held you down, pinning you in place	0	1	2	3	-8	-9

How often has your partner:	Never	Once	A Few Times	Many Times	Don't Know	Refused
2.21. Pushed or shoved you	0	1	2	3	-8	-9
2.22. Grabbed you suddenly or forcefully	0	1	2	3	-8	-9
2.23. Shook or roughly handled you	0	1	2	3	-8	-9
2.24. Scratched you	0	1	2	3	-8	-9
2.25. Pulled your hair	0	1	2	3	-8	-9
2.26. Twisted your arm	0	1	2	3	-8	-9
2.27. Spanked you	0	1	2	3	-8	-9
2.28. Bit you	0	1	2	3	-8	-9
2.29. Slapped you with the palm of his hand	0	1	2	3	-8	-9
2.30. Slapped you with the back of his hand	0	1	2	3	-8	-9
2.31. Slapped you around your face and head	0	1	2	3	-8	-9
2.32. Hit you with an object	0	1	2	3	-8	-9
2.33. Punched you	0	1	2	3	-8	-9
2.34. Kicked you	0	1	2	3	-8	-9
2.35. Stomped on you	0	1	2	3	-8	-9
2.36. Suffocated/strangled you	0	1	2	3	-8	-9
2.37. Burned you with something	0	1	2	3	-8	-9
2.38. Used a club-like object on you	0	1	2	3	-8	-9
2.39. Beat you up	0	1	2	3	-8	-9
2.40. Used a knife or gun on you	0	1	2	3	-8	-9
2.41. Demanded sex whether you wanted it or not	0	1	2	3	-8	-9
2.42. Made you have oral sex against your will	0	1	2	3	-8	-9
2.43. Made you have sexual intercourse against your will	0	1	2	3	-8	-9
2.44. Physically forced you to have sex	0	1	2	3	-8	-9
2.45. Made you have anal sex against your will	0	1	2	3	-8	-9
2.46. Used an object on you in a sexual way	0	1	2	3	-8	-9

3. Alcohol Use Disorders Identification Test (AUDIT): Partner-Report

Please think about the alcohol use of your *partner* in the following questions.

3.1 How often did your partner have a drink containing alcohol?	Never	0
	Once a month	1
	2 to 4 times per month	2
	2 to 3 times per week	3
	4 or more times per week	4
	Don't know	-8
	Refused	-9
3.2 How many drinks containing alcohol did your partner have on a typical day when your partner was drinking?	1 or 2	0
	3 or 4	1
	5 or 6	2
	7, 8, or 9	3
	10 or more	4
	Don't know	-8
	Refused	-9
3.3 How often did your partner have six or more drinks on one occasion?	Never	0
	Less than monthly	1
	Monthly	2
	Weekly	3
	Daily or almost daily	4
	Refused	-9
	Don't know	-8
3.4 How often during the last year has your partner not been able to stop drinking once your partner had started?	Never	0
	Less than monthly	1
	Monthly	2
	Weekly	3
	Daily or almost daily	4
	Refused	-9
	Don't know	-8
3.5 How often during the last year has your partner failed to do what was normally expected from them because of their drinking?	Never	0
	Less than monthly	1
	Monthly	2
	Weekly	3
	Daily or almost daily	4
	Refused	-9
	Don't know	-8
3.6 How often during the last year did your partner need a first drink in the morning to get going after a heavy drinking session?	Never	0
	Less than monthly	1
	Monthly	2
	Weekly	3
	Daily or almost daily	4

	Refused	-9
	Don't know	-8
3.7 How often during the last year has your partner had a feeling of guilt or regret after drinking?	Never	0
	Less than monthly	1
	Monthly	2
	Weekly	3
	Daily or almost daily	4
	Refused	-9
	Don't know	-8
3.8 How often during the last year has your partner been unable to remember what happened the night before because they had been drinking?	Never	0
	Less than monthly	1
	Monthly	2
	Weekly	3
	Daily or almost daily	4
	Refused	-9
	Don't know	-8
3.9 Have you or someone else been injured as a result of your partner's drinking?	No	0
	Yes, but not in the last year	2
	Yes, during the last year	4
	Refused	-9
	Don't know	-8
3.10 Has a relative or friend or a doctor or another health worker been concerned about your partner's drinking or suggested your partner cut down?	No	0
	Yes, but not in the last year	2
	Yes, during the last year	4
	Refused	-9
	Don't know	-8

4. Alcohol Use Disorders Identification Test (AUDIT): Self-Report

Please think about your *own* alcohol use in the following questions.

4.1 How often did you have a drink containing alcohol?	Never	0
	Once a month	1
	2 to 4 times per month	2
	2 to 3 times per week	3
	4 or more times per week	4
	Don't know	-8
	Refused	-9
4.2 How many drinks containing alcohol did you have on a typical day when you were drinking?	1 or 2	0
	3 or 4	1
	5 or 6	2
	7, 8, or 9	3
	10 or more	4
	Don't know	-8
	Refused	-9
4.3 How often did you have six or more drinks on one occasion?	Never	0
	Less than monthly	1
	Monthly	2
	Weekly	3
	Daily or almost daily	4
	Refused	-9
	Don't know	-8
4.4 How often during the last year have you found that you were not able to stop drinking once you had started?	Never	0
	Less than monthly	1
	Monthly	2
	Weekly	3
	Daily or almost daily	4
	Refused	-9
	Don't know	-8
4.5 How often during the last year have you failed to do what was normally expected from you because of drinking?	Never	0
	Less than monthly	1
	Monthly	2
	Weekly	3
	Daily or almost daily	4
	Refused	-9
	Don't know	-8
4.6 How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	0
	Less than monthly	1
	Monthly	2
	Weekly	3
	Daily or almost daily	4

	Refused	-9
	Don't know	-8
4.7 How often during the last year have you had a feeling of guilt or regret after drinking?	Never	0
	Less than monthly	1
	Monthly	2
	Weekly	3
	Daily or almost daily	4
	Refused	-9
	Don't know	-8
4.8 How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	0
	Less than monthly	1
	Monthly	2
	Weekly	3
	Daily or almost daily	4
	Refused	-9
	Don't know	-8
4.9 Have you or someone else been injured as a result of your drinking?	No	0
	Yes, but not in the last year	2
	Yes, during the last year	4
	Refused	-9
	Don't know	-8
4.10 Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?	No	0
	Yes, but not in the last year	2
	Yes, during the last year	4
	Refused	-9
	Don't know	-8

5. Center for Epidemiological Studies-Depression (CES-D)

What Works Female Questionnaire_English FINAL

Below is a list of some ways you may have felt or behaved. Please indicate how often you have felt this way *during the last week* by checking the appropriate space.

During the past week...	(never or less than one day)	(1-2 days)	(3-4 days)	(5-7 days)	Don't Know	Refused
5.1. I was bothered by things that don't usually bother me	1	2	3	4	-8	-9
5.2. I did not feel like eating; my appetite was poor.	1	2	3	4	-8	-9
5.3. I felt that I could not erase my sadness even with help from family or friends	1	2	3	4	-8	-9
5.4. I felt I was just as good as other people.	1	2	3	4	-8	-9
5.5. I had trouble keeping my mind on what I was doing.	1	2	3	4	-8	-9
5.6. I felt depressed	1	2	3	4	-8	-9
5.7. I felt everything I did was an effort	1	2	3	4	-8	-9
5.8. I felt hopeful about the future	1	2	3	4	-8	-9
5.9 I thought my life had been a failure	1	2	3	4	-8	-9
5.10. I felt fearful	1	2	3	4	-8	-9
5.11. My sleep was restless	1	2	3	4	-8	-9
5.12. I was happy	1	2	3	4	-8	-9
5.13. I talked less than usual	1	2	3	4	-8	-9
5.14. I felt lonely	1	2	3	4	-8	-9
5.15. People were unfriendly	1	2	3	4	-8	-9
5.16. I enjoyed life	1	2	3	4	-8	-9
5.17. I was unable to stop crying or cried a lot	1	2	3	4	-8	-9
5.18. I felt sad	1	2	3	4	-8	-9
5.19. I felt that people disliked me	1	2	3	4	-8	-9
5.20. I could not get going	1	2	3	4	-8	-9

6. Index of Psychological Abuse

Could you tell me, to the best of your memory , *how many times in the last 3 months* your partner has done any of these things to annoy or hurt you?

	Never	Rarely	Some times	Often	Not Applicable (no children, no pets)	Don't Know	Refused
6.1. How often has he refused to talk to you	0	1	2	3	-7	-8	-9
6.2. Accused you of having or wanting other sexual relationship(s)	0	1	2	3	-7	-8	-9
6.3. Told you about other sexual relationships he wanted or was having in order to hurt you	0	1	2	3	-7	-8	-9
6.4. Refused to do things with you that you wanted to	0	1	2	3	-7	-8	-9
6.5. Forbid you to go out without him	0	1	2	3	-7	-8	-9
6.6. Tried to control your money	0	1	2	3	-7	-8	-9
6.7. Tried to control your activities	0	1	2	3	-7	-8	-9
6.8. Withheld approval, appreciation or affection as punishment	0	1	2	3	-7	-8	-9
6.9. Lied to you or deliberately misled you	0	1	2	3	-7	-8	-9
6.10. Made inconsistent demands or requests of you	0	1	2	3	-7	-8	-9
6.11. Called you names	0	1	2	3	-7	-8	-9
6.12. Tried to humiliate you	0	1	2	3	-7	-8	-9
6.13. Ignored or did not take seriously your anger	0	1	2	3	-7	-8	-9
6.14. Ignored or played down your other feelings	0	1	2	3	-7	-8	-9
6.15. Ridiculed or criticized you in public	0	1	2	3	-7	-8	-9
6.16. Ridiculed or insulted your most valued beliefs	0	1	2	3	-7	-8	-9
6.17. Ridiculed or insulted your religion, race, heritage, or class	0	1	2	3	-7	-8	-9
6.18. Ridiculed or insulted women as a group	0	1	2	3	-7	-8	-9
6.19. Criticized your strengths, or those parts of yourself which you are or once were proud of	0	1	2	3	-7	-8	-9
6.20. Criticized your intelligence	0	1	2	3	-7	-8	-9

6.21. Criticized your physical appearance and/or sexual attractiveness	0	1	2	3	-7	-8	-9
6.22. Criticized your family or friends to you	0	1	2	3	-7	-8	-9
6.23. Harassed your family or friends in some way	0	1	2	3	-7	-8	-9
6.24. Discouraged your contact with family and friends	0	1	2	3	-7	-8	-9
6.25. Threatened to hurt your family or friends	0	1	2	3	-7	-8	-9
6.26. Broke or destroyed something important to you	0	1	2	3	-7	-8	-9
6.27. Abused or threatened to abuse pets to hurt you	0	1	2	3	-7	-8	-9
6.28. Punished or deprived the children when he was angry at you	0	1	2	3	-7	-8	-9
6.29. Threatened to take the children if you left him	0	1	2	3	-7	-8	-9
6.30. Left you somewhere with no way to get home	0	1	2	3	-7	-8	-9
6.31. Threatened to end the relationship if you didn't do what he wanted	0	1	2	3	-7	-8	-9
6.32. Tried to force you to leave your home	0	1	2	3	-7	-8	-9
6.33. Threatened to commit suicide when he was angry at you	0	1	2	3	-7	-8	-9

7. Harvard Trauma Questionnaire (HTQ)

Part 1: Please indicate whether you have ever experienced any of the following events
 Note: items in **Red** were not included in survey.

		YES	NO	Don't Know	Refused
7.1.	Lack of shelter	1	0	-8	-9
7.2.	Lack of food or water	1	0	-8	-9
7.3.	Ill health without access to medical care	1	0	-8	-9
7.4.	Confiscation or destruction of personal property	1	0	-8	-9
7.5.	Combat situation (e.g. bombing and grenade attacks)	1	0	-8	-9
7.6.	Forced evacuation under dangerous conditions	1	0	-8	-9
7.7.	Beating to the body	1	0	-8	-9
7.8.	Rape	1	0	-8	-9
7.9.	Other types of sexual abuse or sexual humiliation	1	0	-8	-9
7.10.	Knifing or axing	1	0	-8	-9
7.11.	Torture, i.e., while in captivity you received deliberate and systematic infliction of physical or mental suffering	1	0	-8	-9
7.12.	Serious physical injury from combat situation or landmine	1	0	-8	-9
7.13.	Imprisonment	1	0	-8	-9
7.14.	Forced labor (like animal or slave)	1	0	-8	-9
7.15.	Extortion or robbery	1	0	-8	-9
7.16.	Brainwashing	1	0	-8	-9
7.17.	Forced to hide	1	0	-8	-9
7.18.	Kidnapped	1	0	-8	-9
7.19.	Other forced separation from family members	1	0	-8	-9
7.20.	Forced to find and bury bodies	1	0	-8	-9
7.21.	Enforced isolation from others	1	0	-8	-9
7.22.	Someone was forced to betray you and place you at risk of death or injury	1	0	-8	-9
7.23.	Prevented from burying someone	1	0	-8	-9
7.24.	Forced to desecrate or destroy the bodies or graves of deceased persons	1	0	-8	-9
7.25.	Forced to physically harm family member, or friend	1	0	-8	-9
7.26.	Forced to physically harm someone who is not family or friend	1	0	-8	-9
7.27.	Forced to destroy someone else's property or possessions	1	0	-8	-9
7.28.	Forced to betray family member, or friend placing them at risk of death or injury	1	0	-8	-9
7.29.	Forced to betray someone who is not family or friend placing them at risk of death or injury	1	0	-8	-9
7.30.	Murder, or death due to violence, of spouse	1	0	-8	-9
7.31.	Murder, or death due to violence, of child	1	0	-8	-9
7.32.	Murder, or death due to violence, of other family member or friend	1	0	-8	-9
7.33.	Disappearance or kidnapping of spouse	1	0	-8	-9

7.34.	Disappearance or kidnapping of child	1	0	-8	-9
7.35.	Disappearance or kidnapping of other family member or friend	1	0	-8	-9
7.36.	Serious physical injury of family member or friend due to combat situation or landmine	1	0	-8	-9
7.37.	Witness beatings to head or body	1	0	-8	-9
7.38.	Witness torture	1	0	-8	-9

Part 2: The following are symptoms that people sometimes have after experiencing hurtful or terrifying events in their lives. Please read each one carefully and decide how much the symptoms bothered you in the past week.

		(0) Not at all	(1) A little	(2) Quite a bit	(3) Extremely	(-8) Don't know	(-9) Refuse
7.39	Recurrent thoughts or memories of the most hurtful or terrifying events						
7.40	Feeling as though the event is happening again						
7.41	Recurrent nightmares						
7.42	Feeling detached or withdrawn from people						
7.43	Unable to feel emotions						
7.44	Feeling jumpy, easily startled						
7.45	Difficulty concentrating						
7.46	Trouble sleeping						
7.47	Feeling on guard						
7.48	Feeling irritable or having outbursts of anger						
7.49	Avoiding activities that remind you of the traumatic or hurtful event						
7.50	Inability to remember parts of the most hurtful or traumatic events						
7.51	Less interest in daily activities						
7.52	Feeling as if you don't have a future						
7.53	Avoiding thoughts or feelings associated with the traumatic or hurtful events						
7.54	Sudden emotional or physical reaction when reminded of the most hurtful or traumatic events						
7.55	Feeling that you have less skills than you had before						

7.56	Having difficulty dealing with new situations						
7.57	Feeling exhausted						
7.58	Bodily pain						
7.59	Troubled by physical problem(s)						
7.60	Poor memory						
7.61	Finding out or being told by other people that you have done something that you cannot remember						
7.62	Difficulty paying attention						
7.63	Feeling as if you are split into two people and one of you is watching what the other is doing						
7.64	Feeling unable to make daily plans						
7.65	Blaming yourself for things that have happened						
7.66	Feeling guilty for having survived.						
7.67	Hopelessness						
7.68	Feeling ashamed of the hurtful or traumatic events that have happened to you						
7.69	Feeling that people do not understand what happened to you						
7.70	Feeling others are hostile to you						
7.71	Feeling that you have no one to rely upon						
7.72	Feeling that someone you trusted betrayed you						
7.73	Feeling humiliated by your experience.						
7.74	Feeling no trust in others.						
7.75	Feeling powerless to help others.						
7.76	Spending time thinking why these events happened to you						
7.77	Feeling that you are the only one that suffered these events.						
7.78	Feeling a need for revenge.						

8. Gender Equitable Men Scale (GEMS)

	Agree	Partially Agree	Do not Agree	Don't Know	Refused
8.1. There are times when a woman deserves to be beaten.	1	2	3	-8	-9
8.2. A woman should tolerate violence to keep her family together.	1	2	3	-8	-9
8.3. It is alright for a man to beat his wife if she is unfaithful.	1	2	3	-8	-9
8.4. A man can hit his wife if she won't have sex with him.	1	2	3	-8	-9
8.5. If someone insults a man, he should defend his reputation with force if he has to.	1	2	3	-8	-9
8.6. A man using violence against his wife is a private matter that shouldn't be discussed outside the couple.	1	2	3	-8	-9
8.7. It is the man who decides what type of sex to have.	1	2	3	-8	-9
8.8. Men are always ready to have sex.	1	2	3	-8	-9
8.9. Men need sex more than women do.	1	2	3	-8	-9
8.10. A man needs other women even if things with his wife are fine.	1	2	3	-8	-9
8.11. You don't talk about sex, you just do it.	1	2	3	-8	-9
8.12. It disgusts me when I see a man acting like a woman.	1	2	3	-8	-9
8.13. A woman should not initiate sex.	1	2	3	-8	-9
8.14. A woman who has sex before she marries does not deserve respect.	1	2	3	-8	-9
8.15. Women who carry condoms on them are easy.	1	2	3	-8	-9
8.16. Men should be angry if their wives ask them to use a condom.	1	2	3	-8	-9
8.17. It is a woman's responsibility to avoid getting pregnant.	1	2	3	-8	-9
8.18. Only when a woman has a child is she a real woman.	1	2	3	-8	-9

8.19. A real man produces a male child.	1	2	3	-8	-9
8.20. Changing diapers, giving a bath, and feeding kids is the mother's responsibility.	1	2	3	-8	-9
8.21. A woman's role is taking care of her home and family.	1	2	3	-8	-9
8.22. The husband should decide to buy the major household items.	1	2	3	-8	-9
8.23. A man should have the final word about decisions in his home.	1	2	3	-8	-9
8.24. A woman should obey her husband in all things.	1	2	3	-8	-9

9. DFID What Works Violence Scale

Part 1: Recent Violence

In the past 12 months...	Never	Once	Few	Many	Don't Know	Refused
9.1. How many times has a current or previous husband or boyfriend ever slapped you or thrown something at you which could hurt you?	0	1	2	3	-8	-9
9.2. How many times has a current or previous husband or boyfriend ever pushed or shoved you?	0	1	2	3	-8	-9
9.3. How many times has a current or previous husband or boyfriend ever hit you with a fist or with something else which could hurt you?	0	1	2	3	-8	-9
9.4. How many times has a current or previous husband or boyfriend ever kicked, dragged, beaten, choked or burnt you?	0	1	2	3	-8	-9
9.5. How many times has a current or previous husband or boyfriend ever threatened to use or actually used a gun, knife or other weapon against you?	0	1	2	3	-8	-9
9.6. How many times has a current or previous husband or boyfriend physically forced you to have sex when you did not want to?	0	1	2	3	-8	-9
9.7. How many times have you had sex with a	0	1	2	3	-8	-9

current or previous husband or boyfriend when you did not want to because you were afraid that he might become violent?						
9. How many times has a current or previous husband or boyfriend ever forced you to do something else sexual that you did not want to do?	0	1	2	3	-8	-9

Part 2: Lifetime Violence (**only assessed at Baseline**)

<i>Before the past 12 months...</i>	Never	Once	Few	Many	Don't Know	Refused
9.9. How many times has a current or previous husband or boyfriend ever slapped you or thrown something at you which could hurt you?	0	1	2	3	-8	-9
9.10. How many times has a current or previous husband or boyfriend ever pushed or shoved you?	0	1	2	3	-8	-9
9.11. How many times has a current or previous husband or boyfriend ever hit you with a fist or with something else which could hurt you?	0	1	2	3	-8	-9
9.12. How many times has a current or previous husband or boyfriend ever kicked, dragged, beaten, choked or burnt you?	0	1	2	3	-8	-9
9.13. How many times has a current or previous husband or boyfriend ever threatened to use or	0	1	2	3	-8	-9

actually used a gun, knife or other weapon against you?						
9.14. How many times has a current or previous husband or boyfriend physically forced you to have sex when you did not want to?	0	1	2	3	-8	-9
9.15. How many times have you had sex with a current or previous husband or boyfriend when you did not want to because you were afraid that he might become violent?	0	1	2	3	-8	-9
9.16. How many times has a current or previous husband or boyfriend ever forced you to do something else sexual that you did not want to do?	0	1	2	3	-8	-9

SECTION 10: The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST v3.1)

The following questions ask about your experience of using alcohol, tobacco products and inhalants across your lifetime and in the past three months. These substances can be smoked, swallowed, snorted, inhaled or injected. For these questions, we will not record medications that are used as prescribed by your doctor. However, if you have taken such medications for reasons other than prescription, or taken them more frequently or at higher doses than prescribed, please us know. While we are also interested in knowing about your use of various illicit drugs, please be assured that information on such use will be treated as strictly confidential.

10.1	In your life, which of the following substances have you ever used (non-medical use only)?		
10.1a	Tobacco products (for example, cigarettes, chewing tobacco, kube, cigars, etc.)	Yes	1
		No	0
10.1b	Alcoholic beverages (for example, beer, wine, spirits, etc.)	Yes	1
		No	0
10.1c	Inhalents (for example, gasoline, paint, nail polish, thinners, jet fuel, jankhem[fermented human faecal matter])	Yes	1
		No	0
10.1d	marijuana (for example, , daga, , grass, etc.)	Yes	1
		No	0
10.1e	Cocaine (for example, coke, crack, baby powder etc.)	Yes	1
		No	0
10.1f	Amphetamine-type stimulants (for example, speed, , ecstasy, etc.)	Yes	1
		No	0
10.1g	Sedatives or sleeping pills (for example, diazepam, alprazolam, flunitrazepam, midazolam, etc.)	Yes	1
		No	0
10.1h	Hallucinogens (for example, LSD, acid, mushrooms, trips, ketamine, etc.)	Yes	1
		No	0
10.1i	Opioids (heroin, morphine, methadone, codeine, etc.)	Yes	1
		No	0
10.1j	Other substance or substances not already mentioned	Yes	1
		No	0
<p>If no to all of above, then skip to 10.8 on injection drug use.</p> <p>If “Yes” to any of these items, ask Q 10.2 for each substance ever used (each substance responded to with 1)</p>			

SECTION 10: ASSIST

10.2 In the <i>past three months</i>, how often have you used the substances you mentioned (first drug, second drug, etc)?	Never	Once or twice	monthly	Weekly	Daily or almost daily
10.2a Tobacco products (for example, cigarettes, chewing tobacco, kube, cigars, etc.)	0	2	3	4	6
10.2b Alcoholic beverages (for example, beer, wine, spirits, etc.)	0	2	3	4	6
10.2c Inhalents (for example, gasoline, paint, nail polish, thinners, jet fuel, jankhem[fermented human faecal matter])	0	2	3	4	6
10.2d Marijuana (for example, daga , grass, hash, etc.)	0	2	3	4	6
10.2e Cocaine (for example, coke, crack, baby powder etc.)	0	2	3	4	6
10.2 f Amphetamine-type stimulants (for example, speed,, ecstasy, etc.)	0	2	3	4	6
10.2g Sedatives or sleeping pills (for example, diazepam, alprazolam, flunitrazepam, midazolam, etc.)	0	2	3	4	6
10.2h Hallucinogens (for example, LSD, acid, mushrooms, trips, ketamine, etc.)	0	2	3	4	6
10.2i Opioids (heroin, morphine, methadone, codeine, etc.)	0	2	3	4	6
10.2j Other substance or substances not mentioned	0	2	3	4	6

If “Never” to all items in Q10.2, skip to Q10.6.

If any substances in Q10.2. (response of 2,3,4, or 6) were used in the previous three months, continue with Questions 10.3, 10.4 & 10.5 for each substance used.

10.3 During the <i>past three months</i>, how often have you had a strong desire or urge to use (first drug, second drug, etc)?	Never	Once or twice	monthly	Weekly	Daily or almost daily
10.3a Tobacco products (for example, cigarettes, chewing tobacco, kube, cigars, etc.)	0	3	4	5	6
10.3b Alcoholic beverages (for example, beer, wine, spirits, etc.)	0	3	4	5	6
10.3c Inhalents (for example, gasoline, paint, nail polish, thinners, jet fuel, jankhem[fermented human faecal matter])	0	3	4	5	6
10.3d Marijuana (for example, daga , grass, hash, etc.)	0	3	4	5	6
10.3e Cocaine (for example, coke, crack, baby powder etc.)	0	3	4	5	6
10.3 f Amphetamine-type stimulants (for example, speed, , ecstasy, etc.)	0	3	4	5	6
10.3g Sedatives or sleeping pills (for example,	0	3	4	5	6

diazepam, alprazolam, flunitrazepam, midazolam, etc.)					
10.3h Hallucinogens (for example, LSD, acid, mushrooms, trips, ketamine, etc.)	0	3	4	5	6
10.3i Opioids (heroin, morphine, methadone, codeine, etc.)	0	3	4	5	6
10.3j Other substance or substances not mentioned	0	3	4	5	6

SECTION 10: ASSIST

10.4 During the <i>past three months</i>, how often has your use of (first drug, second drug, etc) led to health, social, legal or financial problems?	Never	Once or twice	monthly	Weekly	Daily or almost daily
10.4a Tobacco products (for example, cigarettes, chewing tobacco, kube, cigars, etc.)	0	4	5	6	7
10.4b Alcoholic beverages (for example, beer, wine, spirits, etc.)	0	4	5	6	7
10.4c Inhalents (for example, gasoline, paint, nail polish, thinners, jet fuel, jankhem[fermented human faecal matter])	0	4	5	6	7
10.4d Marijuana (for example, daga, grass, hash, etc.)	0	4	5	6	7
10.4e Cocaine (for example, coke, crack, baby powder etc.)	0	4	5	6	7
10.4 f Amphetamine-type stimulants (for example, speed,, ecstasy, etc.)	0	4	5	6	7
10.4g Sedatives or sleeping pills (for example, diazepam, alprazolam, flunitrazepam, midazolam, etc.)	0	4	5	6	7
10.4h Hallucinogens (for example, LSD, acid, mushrooms, trips, ketamine, etc.)	0	4	5	6	7
10.4i Opioids (heroin, morphine, methadone, codeine, etc.)	0	4	5	6	7
10.4j Other substance or substances not mentioned	0	4	5	6	7

10.5 During the <i>past three months</i>, how often have you failed to do what was normally expected of you because of your use of (first drug, second drug, etc)?	Never	Once or twice	monthly	Weekly	Daily or almost daily
10.5a Tobacco products (for example, cigarettes, chewing tobacco, kube, cigars, etc.)	0	5	6	7	8
10.5b Alcoholic beverages (for example, beer, wine, spirits, etc.)	0	5	6	7	8
10.5c Inhalents (for example, gasoline, paint, nail polish, thinners, jet fuel, jankhem[fermented human faecal matter])	0	5	6	7	8

10.5d Marijuana (for example, , grass, hash, etc.)	0	5	6	7	8
10.5e Cocaine (for example, coke, crack, baby powder etc.)	0	5	6	7	8
10.5 f Amphetamine-type stimulants (for example, speed, , ecstasy, etc.)	0	5	6	7	8
10.5g Sedatives or sleeping pills (for example, diazepam, alprazolam, flunitrazepam, midazolam, etc.)	0	5	6	7	8
10.5h Hallucinogens (for example, LSD, acid, mushrooms, trips, ketamine, etc.)	0	5	6	7	8
10.5i Opioids (heroin, morphine, methadone, codeine, etc.)	0	5	6	7	8
10.5j Other substance or substances not mentioned	0	5	6	7	8

SECTION 10: ASSIST

10.6 Has a friend or relative or anyone else ever expressed concern about your use of (first drug, second drug, etc)?	No, never	Yes, in the past 3 months	Yes, but not in the past 3 months
10.6a Tobacco products (for example, cigarettes, chewing tobacco, kube, cigars, etc.)	0	6	3
10.6b Alcoholic beverages (for example, beer, wine, spirits, etc.)	0	6	3
10.6c Inhalents (for example, gasoline, paint, nail polish, thinners, jet fuel, jankhem[fermented human faecal matter])	0	6	3
10.6d Marijuana (for example,daga, , grass, hash, etc.)	0	6	3
10.6e Cocaine (for example, coke, crack, baby powder etc.)	0	6	3
10.6 f Amphetamine-type stimulants (for example, speed,, ecstasy, etc.)	0	6	3
10.6g Sedatives or sleeping pills (for example, diazepam, alprazolam, flunitrazepam, midazolam, etc.)	0	6	3
10.6h Hallucinogens (for example, LSD, acid, mushrooms, trips, ketamine, etc.)	0	6	3
10.6i Opioids (heroin, morphine, methadone, codeine, etc.)	0	6	3
10.6j Other substance or substances not mentioned	0	6	3

10.7 Have you ever tried to cut down on using (first drug, second drug, etc) but failed?	No, never	Yes, in the past 3 months	Yes, but not in the past 3 months

10.7a Tobacco products (for example, cigarettes, chewing tobacco, kube, cigars, etc.)	0	6	3
10.7b Alcoholic beverages (for example, beer, wine, spirits, etc.)	0	6	3
10.7c Inhalents (for example, gasoline, paint, nail polish, thinners, jet fuel, jankhem[fermented human faecal matter])	0	6	3
10.7d Marijuana (for example, daga, grass, hash, etc.)	0	6	3
10.7e Cocaine (for example, coke, crack, baby powder etc.)	0	6	3
10.7 f Amphetamine-type stimulants (for example, speed, , ecstasy, etc.)	0	6	3
10.7g Sedatives or sleeping pills (for example, diazepam, alprazolam, flunitrazepam, midazolam, etc.)	0	6	3
10.7h Hallucinogens (for example, LSD, acid, mushrooms, trips, ketamine, etc.)	0	6	3
10.7i Opioids (heroin, morphine, methadone, codeine, etc.)	0	6	3
10.7j Other substance or substances not mentioned	0	6	3

SECTION 10: ASSIST

	No, never	Yes, in the past 3 months	Yes, but not in the past 3 months
10.8 Have you <i>ever</i> used any drug by injection (non-medical use only)?	0	6	3
If respondent answered "Yes" to injecting drugs in the past 3 months, go to Q 10.8a.			
If respondent answered "No" or "Yes, but not in the past 3 months", skip to Section 11			
10.8a	How often have you used any drug by injection in the past 3 months?	4 days or less per month	1
		More than 4 days per month	2
		Don't know/don't remember	-8
		Refused	-9

11. HIV

11.1. Have you been tested for HIV?

- 0) No
- 01) Yes
- 8) Don't know
- 9) Refused

SKIP LOGIC: If 0, skip to question 4. Otherwise, ask 2 and 3.

11.2. How long ago was your last HIV test?

- 1) In the past 3 months
- 2) More than 3 months ago, but in the last year
- 3) More than 1 year ago
- 8) Don't know
- 9) Refused

11.3. What was your HIV test result?

- 0) Negative, I did not have HIV
- 1) Positive, I did have HIV
- 2) I did not go for the test result
- 8) Don't know
- 9) Refused

11.4. What is your HIV status?

- 0) HIV negative
- 1) HIV positive
- 8) don't know
- 9) Refused

If not HIV positive, skip to 11.11.

Among those HIV positive (responded 1 to question 11.3 and/ or question 11.4) respond to 11.5-11.10

11.5. Have you been told you should start HIV medication/ART?

- 0)No
- 1) Yes
- 8) don't know
- 9) refused

11.6. Did you start taking HIV medication/ART?

- 0) No
- 1) Yes
- 8) don't know
- 9) refused

11.7. How soon after you were told to start HIV medication/ARTs, did you actually start taking them?

- 0) I did not start taking them
- 1) I took them immediately after they told me I should start
- 2) I took them within a month of being told to start
- 3) I took them within 2-6 months of being told to start
- 4) I took them within 6-12 months of being told to start
- 5) I took them a year or more after being told to start

11.8. Are you currently taking HIV medication/ART?

- 0) No
- 1) Yes
- 8) don't know
- 9) refused

11.9. How many appointments for HIV care have you missed in the past 3 months?

- 0) None
- 1) A few
- 2) Many
- 3) All or almost all
- 8) Don't know
- 9) Refused

11.10. How would you describe how you take HIV medication/ARTs?

- 0) I never take my medication/ART as I am supposed to
- 1) I rarely take my medication/ART as I am supposed to
- 2) Most of the time I take my medication/ART as I am supposed to
- 3) I always take my medication/ART as I am supposed to
- 8) Don't know
- 9) Refused

Now please tell me whether you strongly disagree, disagree, agree, or strongly agree with the following statements...						
	Strongly disagree	Disagree	Agree	Strongly agree	Don't Know	Refused
11.11a I am starting to think about the HIV risk from my sexual behavior.	0	1	2	3	-8	-9
11.11b I am concerned about the HIV risk from my sexual behavior.	0	1	2	3	-8	-9
11.11c I am planning to make some changes in my sexual behavior to reduce risk for HIV.	0	1	2	3	-8	-9
11.11d I am changing my sexual behavior.	0	1	2	3	-8	-9
11.11e I have already made some changes in my sexual behavior and I would like to keep from going back to my old behaviours.	0	1	2	3	-8	-9

11.12. What is your spouse/partner's HIV status?

- 0) HIV negative
- 1) HIV positive
- 2) I do not have a spouse or sexual partner
- 8) don't know
- 9) Refused

12. Washington Group Disability Questions

DISABILITY							
Response Options							
	Question	No – no difficulty	Yes – some difficulty	Yes – a lot of difficulty	Cannot do it at all	Don't Know	Refused
12.1	Do you have difficulty seeing, even if wearing glasses or specs?	0	1	2	3	-8	-9
12.2	Do you have difficulty hearing?	0	1	2	3	-8	-9
12.3	Do you have difficulty walking or climbing steps?	0	1	2	3	-8	-9
12.4	Do you have difficulty remembering or concentrating?	0	1	2	3	-8	-9
12.5	Do you have difficulty speaking?	0	1	2	3	-8	-9

SECTION 13 – Poverty/Wealth Measure

Poverty/Wealth Questions	
13.1. <i>What type of roof do you have</i>	<input type="checkbox"/> 1. <i>Thatch</i> <input type="checkbox"/> 2. <i>Iron Sheets</i> <input type="checkbox"/> 3. <i>Tile</i> <input type="checkbox"/> 4. <i>Other</i>
13.2. <i>What type of water supply do you have</i>	<input type="checkbox"/> 1. <i>Running water</i> <input type="checkbox"/> 2. <i>Water source at home/well/pump</i> <input type="checkbox"/> 3. <i>Carry in jerry can to home</i>
13.3. <i>What kind of fuel do you mostly use</i>	<input type="checkbox"/> 1. <i>Firewood</i> <input type="checkbox"/> 2. <i>Charcoal</i> <input type="checkbox"/> 3. <i>Parrafin</i> <input type="checkbox"/> 4. <i>Gas/Electricity</i>
13.4. <i>Does your family eat meat at least once a week</i>	<input type="checkbox"/> 1. <i>Yes</i> <input type="checkbox"/> 2. <i>No</i>
13.5 <i>How frequently are you able to feed your family during the planting season</i>	<input type="checkbox"/> 1. <i>Only sometimes</i> <input type="checkbox"/> 2. <i>Most of the time</i> <input type="checkbox"/> 3. <i>Often/Always</i>
Is this item in your home ?	
13.6a. <i>Shoes for child</i>	a) <input type="checkbox"/> 1. <i>Yes</i> <input type="checkbox"/> 0. <i>No</i>
13.6b. <i>Radio</i>	b) <input type="checkbox"/> 1. <i>Yes</i> <input type="checkbox"/> 0. <i>No</i>
13.6c. <i>Mattress</i>	c) <input type="checkbox"/> 1. <i>Yes</i> <input type="checkbox"/> 0. <i>No</i>
13.6d. <i>Blanket</i>	d) <input type="checkbox"/> 1. <i>Yes</i> <input type="checkbox"/> 0. <i>No</i>
13.6e. <i>Bicycle</i>	e) <input type="checkbox"/> 1. <i>Yes</i> <input type="checkbox"/> 0. <i>No</i>
13.6f. <i>Motorcycle</i>	f) <input type="checkbox"/> 1. <i>Yes</i> <input type="checkbox"/> 0. <i>No</i>
13.6g. <i>Cows</i>	g) <input type="checkbox"/> 1. <i>Yes</i> <input type="checkbox"/> 0. <i>No</i>
13.6h <i>Goats</i>	h) <input type="checkbox"/> 1. <i>Yes</i> <input type="checkbox"/> 0. <i>No</i>

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