

Abbreviations for the forms

Full name of the form	Short name		
	Admission*	Follow-up 1	Follow-up 2
Screening	SCR	--	--
Socio Demographic	SDA	SDF	SDU
Childhood Experiences	CEA	--	--
ParentiNg	PNA	PNF	PNU
Substance Use	SUA	SUF	SUU
Gender Beliefs	GBA	GBF	GBU
Partnership Characteristics	PCA	PCF	PCU
Use of Violence	UVA	UVF	UVU
Mental Health	MHA	MHF	MHU
Social Action	SAA	SAF	SAU

* The abbreviations of all forms end with "A" for admission forms, "F" for follow-up forms at 12 months, "U" for follow-up forms at 24 months



Sonke CHANGE Trial

**Sonke's "mobilisation for social change" and men's partnerships:
preventing men's use of violence in urban South Africa
SCREENING FORM**

**0
SCR**
Page 1/1
V2 (18 OCT 2016)

Cluster name

(single letter)

Birth date

D D
M M
Y Y Y Y

Screening number

(four numbers)



Sonke CHANGE Trial

Sonke's "mobilisation for social change" and men's partnerships:
preventing men's use of violence in urban South Africa
SOCIO-DEMOGRAPHIC AT FOLLOW-UP 12 MONTHS

1

SDF

Page 1/2

V2 (18 OCT 2016)

Cluster name

(single letter)

Birth date

D D
M M
Y Y Y Y

Screening number

(four numbers)

SOCIO-DEMOGRAPHIC

Thank you for taking part. If you have any questions during the survey please ask the Research Assistant for help.

1 What is your age today in years?

2 What is the highest grade you have completed at school?

0 = No Schooling

1 = Grade 1

7 = Grade 7

2 = Grade 2

8 = Grade 8

3 = Grade 3

9 = Grade 9

4 = Grade 4

10 = Grade 10

5 = Grade 5

11 = Grade 11

6 = Grade 6

12 = Grade 12

3 Did you pass matric?

No	Yes
<input type="checkbox"/>	<input type="checkbox"/>
0	1

4 Have you done a training course that has given you a certificate or diploma after leaving school?

No	Yes
<input type="checkbox"/>	<input type="checkbox"/>
0	1

5 What race group do you consider yourself?

1 = Black/African

3 = White

5 = Other, please specify

2 = Coloured

4 = Asian/Indian

9 How long have you lived in Diepsloot?

Years

9a In the past 12 months have you moved where you live?

No	Yes
<input type="checkbox"/>	<input type="checkbox"/>
0	1

Only ask SDF9b if SDF9a=1

9b If yes, do you still live in Diepsloot?

No	Yes
<input type="checkbox"/>	<input type="checkbox"/>
0	1

10 What type of home do you live in?

1 = Bond house

5 = Single outside room

2 = RDP house

6 = Single room inside a house

3 = Shack or informal dwelling behind house

7 = Other

4 = Shack or informal dwelling on own land

If other please specify _____

11 How many people live in your household?

Cluster name

Screening number

SOCIO-DEMOGRAPHIC

12 In the last 3 months, have you done any work for pay?

No	Yes
<input type="checkbox"/>	<input type="checkbox"/>
0	1

13 Considering all the money you earned from jobs or selling things, how much did you earn last month (not including grants)?

If no earnings mark 0000

14 In the past 12 months how often did you work?

Never worked	Once in a while	Most months	Each month
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4

15 a In the last month did you receive a child support grant?

No	Yes
<input type="checkbox"/>	<input type="checkbox"/>
0	1

15 b In the last month did you receive a foster care grant?

No	Yes
<input type="checkbox"/>	<input type="checkbox"/>
0	1

15 c In the last month did you receive a disability grant?

No	Yes
<input type="checkbox"/>	<input type="checkbox"/>
0	1

16 In the past [4 weeks], did it happen that there was no food to eat of any kind in your house, because of lack of resources to get food

Never	Rarely	Sometimes	Often
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4

17 In the past [4 weeks], did it happen that you or any household member went to sleep hungry because there was not enough food

Never	Rarely	Sometimes	Often
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4

18 In the past [4 weeks], did it happen that you or any household member went a whole day and night without eating anything at all because there was not enough food?

Never	Rarely	Sometimes	Often
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4

19 If you had an emergency at home and needed R200, how easy would you say it would be to find the money?

Very difficult	Somewhat difficult	Fairly easy	Very easy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4

20 How often in the past 4 weeks have you had to borrow food or money because you did not have enough?

Never	Once or twice	Every week	Everyday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4

21 How often in the past 4 weeks have you taken something that was not yours because you did not have enough food or money?

Never	Once	Two or three times	More often
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4

Cluster name

--	--	--	--

Screening number

--	--	--	--

PARENTING

These questions are about yourself and the children you may have fathered or adopted, or children who may live with you even if they are not legally or biologically yours. We want to know about your relationship with them.

2 How many children do you have?

- | | |
|-----------|---|
| 0 | 4 |
| 1 | 5 |
| 2 | 6 |
| 3 | 7 |
| 8 or more | |

3 How many of these children live with you?

- | | |
|-----------|---|
| 0 | 4 |
| 1 | 5 |
| 2 | 6 |
| 3 | 7 |
| 8 or more | |

If no children live with you (answer = 0), skip to SU F

Children often do things that are wrong, disobey, or make their parents angry. We would like to know what you have done when your child did something wrong or made you upset or angry. I am going to read a list of things you might have done in the past year and I would like you to tell me whether you

	Never happened	Once or twice in past year	3-5 times in past year	6 or more times in past year
6 Shouted, yelled, or screamed at him/her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7 Hit him/her with something like a belt, a stick or some other hard object.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
8 Hit him/her with your bare hand.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
9 Chased your child out of the house.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
10 Swore or cursed at him/her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
11 Threw or knocked him/her down.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
12 Explained why something was wrong.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
13 Spent time discussing personal or private matters.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
14 Take away a privilege (like a cell phone, time to watch TV, or time with friends)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Interviewer's Initials: _____

Interviewer's signature: _____

Date PNF completed:

Day	Month	Year

Cluster name Screening number

ALCOHOL USE

Because alcohol use can affect your health, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential so please be honest. Choose the box that best describes your answer to each question.

	No	Yes			
1 Have you drunk alcohol in the past 12 months?	<input type="checkbox"/> 1	<input type="checkbox"/> 2			
If No, skip to G BF					
	Never	Monthly or less	2-4 times per month	2-3 times a week	4 or more times a
2 How often do you have a drink containing alcohol?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
3 How many drinks containing alcohol do you have on a typical day when you are drinking?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4 How often do you have six or more drinks on one occasion?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5 How often during the past year have you found that you were not able to stop drinking once you started?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6 How often during the past year did you find you need a drink in the morning to get you going after a heavy drinking session?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
7 How often in the past year have you failed to do what was normally expected from you because of drinking?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
8 How often during the past year have you had a feeling of guilt or remorse after drinking?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
9 How often during the past year have you been unable to remember what happened the night before because of your drinking?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
10 How often in the last 12 months have you or someone else been injured as a result of your drinking?	Never <input type="checkbox"/> 1	Once <input type="checkbox"/> 2	More than <input type="checkbox"/> 3		
11 How often in the last 12 months has a relative or friend or health worker been concerned about your drinking or suggested you cut down?	Never <input type="checkbox"/> 1	Once <input type="checkbox"/> 2	More than <input type="checkbox"/> 3		
12 How often in the last 12 months have you quarrelled with any of your female sexual partners about your drinking?	Never <input type="checkbox"/> 1	Once <input type="checkbox"/> 2	More than <input type="checkbox"/> 3		
13 In the last 12 months how many times have you used drugs to make you high or have a good time?	Never <input type="checkbox"/> 1	Once <input type="checkbox"/> 2	More than <input type="checkbox"/> 3		

Interviewer's Initials: _____ Interviewer's signature: _____

Date SUF completed:

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Cluster name

Screening number

GEM SCALE

Now I would like to ask your opinion on some statements on what YOU think about relations between men and women. Please respond if you strongly agree, agree, disagree or strongly disagree with the following statements.

	Strongly disagree	Disagree	Agree	Strongly agree
1 I think that a woman should obey her husband	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2 I think that a man should have the final say in all family matters.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3 I think that a woman cannot refuse to have sex with her husband.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4 I think that if a wife does something wrong her husband has the right to punish her.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5 I think that if a woman doesn't physically fight back, it's not rape.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6 I think that if a woman works she should give her money to her husband.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7 I think that a woman needs her husband's permission to do paid work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
8 I think that there is nothing a woman can do if her husband wants to have girlfriends.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
9 I think that if a man has paid lobola (bride price) for his wife, he owns her.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
10 I think that if a man has paid lobola (bride price) for his wife, she must have sex when he wants it.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
11 I think that if a man beats a woman it shows that he loves her.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Cluster name

Screening number

GEM SCALE

Now I would like to ask your opinion on some statements on what **THE COMMUNITY** thinks about relations between men and women. Please respond if you strongly agree, agree, disagree or strongly disagree with the following statements.

	Strongly disagree	Disagree	Agree	Strongly agree
12 The community thinks that a woman should obey her husband.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
13 The community thinks that a man should have the final say in all family matters.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
14 The community thinks that a woman cannot refuse to have sex with her husband.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
15 The community thinks that if a wife does something wrong her husband has the right to punish her.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
16 The community thinks that if a woman doesn't physically fight back, it's not rape.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
17 The community thinks that if a woman works she should give her money to her husband.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
18 The community thinks that a woman needs her husband's permission to do paid work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
19 The community thinks that there is nothing a woman can do if her husband wants to have girlfriends.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
20 The community thinks that if a man has paid lobola (bride price) for his wife, he owns her.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
21 The community thinks that if a man has paid lobola (bride price) for his wife, she must have sex when he wants it.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
22 The community thinks that if a man beats a woman it shows that he loves her.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Cluster name

--	--	--	--

Screening number

--	--	--	--

GENDER MALE ROLE STRAIN SCALE

Here are a few more questions about what YOU think about relationships with women and being a man.

	Strongly disagree	Disagree	Agree	Strongly agree
23 I worry about failing and how it affects my doing well as a man	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
24 I worry about my ability to provide for my family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
25 I strive to be more successful than others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
26 I am only a real man if I can make money	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
27 Being in good physical condition is important to me as man	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
28 Being physically stronger than other men is important to me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
29 I always try to win in sports competitions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
30 Having a girlfriend or wife is my idea of being a successful man	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
SDF 22 I am frequently stressed or depressed because of not having enough work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
SDF 23 I am frequently stressed or depressed because of not having enough income.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Interviewer's Initials: _____

Interviewer's signature: _____

Date GBF completed:

Day	Month	Year

Cluster name

Screening number

PARTNER CHARACTERISTICS

2 Are you currently married or living with a woman or do you have a girlfriend?

- 1 = Currently married, living together 5 = No current relationship
 2 = Currently married, not living together
 3 = Living together, not married
 4 = Girlfriend, not living together

If No current partner (answer = 5) go to PC F06

3 How many years have you been with your current main partner?

- | | | | |
|---|---|----|------------|
| 0 | 4 | 8 | 12 |
| 1 | 5 | 9 | 13 |
| 2 | 6 | 10 | 14 |
| 3 | 7 | 11 | 15 or more |

If PCF03=0 or PCF03=1, ask PCF03a. Otherwise skip to PCF04

3a How many months have you been with your current main partner?

- | | | | |
|---|---|----|------------|
| 0 | 4 | 8 | 12 |
| 1 | 5 | 9 | 13 or more |
| 2 | 6 | 10 | |
| 3 | 7 | 11 | |

4 How old is your current partner (in years)

If Don't know then enter 99

5 In which country was your current main partner born?

- | | | |
|-------------------|----------------|----------------------------|
| 01 = South Africa | 05 = Namibia | 09 = Congo |
| 02 = Mozambique | 06 = Lesotho | 10 = Nigeria |
| 03 = Zimbabwe | 07 = Swaziland | 11 = Kenya |
| 04 = Malawi | 08 = DRC | 12 = Other, please specify |

If Don't know then enter 99

6 The last time you had sex was it with a main partner, another partner (makwapeni), a one-night-stand, or ex-partner?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Main partner | Makwapeni | One night stand | Ex-partner | Never had sex |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 | 2 | 3 | 4 | 5 |

If Never had sex (PCF06=5) skip to PCA19

7 The last time you had sex, did you use a condom?

- | | |
|--------------------------|--------------------------|
| No | Yes |
| <input type="checkbox"/> | <input type="checkbox"/> |
| 0 | 1 |

8 How often have you used condoms in the last 12 months? Would you say you used them always, often or sometimes?

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Never | Sometimes | Often | Always |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 | 2 | 3 | 4 |

In the next questions, we are going to ask about how many different partners you had in the last 12 months. We will ask about main partners, makwapeni, and one-night-stands.

9 How many main partners (wife or girlfriend) have you had sex with in the last 12 months? (If none, enter "00")

10 How many makwapeni have had sex with during the past 12 months? (If none, enter "00")

11 How many men or women have you had a one-night-stand with during the 12 months?

If PCF10 and PCF11 both = 00, skip to PCF19

Cluster name

Screening number

RELATIONSHIP QUALITY

12 The last time you had sex with a makwapeni or a once-off partner, did you use a condom? No Yes
0 1

In the last 12 months, please think about any one-night-stand or any casual partner or makhwapeni you had sex with. Do you think any of them may have had sex with you because they expected you to do, or because you did do any of the following:

13 Gave cash or money to be looked after? No Yes
0 1

14 Gave her somewhere to stay No Yes
0 1

15 Gave support or money for their children or family No Yes
0 1

16 Gave drugs, food, cosmetics, clothes, a cell phone, airtime, transportation or anything else they could not afford No Yes
0 1

17 Gave somewhere to sleep for the night, bills or school fees No Yes
0 1

18 In the last 12 months have you had sex with a prostitute? No Yes
0 1

If PCF18=1, ask PCF18a

18a How many times have you had sex with a prostitute in the last 12 months?

19 Have you tested for HIV in the last 12 months? No Yes
0 1

20 As far as you know today, what is your HIV status? Negative (no HIV) Positive (living with HIV)
0 1

If PCF20 is Negative, skip to PCF23

21 Have you told your partner that you are living with HIV? No Yes
0 1

22 Are you taking medications? No Yes
0 1

Cluster name

Screening number

CONFLICT TACTICS SCALE

If No current partner (answer to PCF02 = 5) skip to PCF25

Now let's turn to your main sexual partner. I would like to ask a few questions about that relationship.

	Very satisfying	Satisfying	Unsatisfying	Very unsatisfying	No main partner
23 How would you describe your sexual relationship with your main partner?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

	Never	Sometimes (1-3 times)	Often (4-10 times)	Very often (more than 10 times)
24 In the past 12 months, how often did you quarrel with your main partner?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Now we want to ask you some more about your relationship your wife or girlfriend. This can be about your current partner, or your most recent partner. We will read some statements and we want to know for each if you Strongly Disagree, Disagree, Agree, or Strongly Agree.

	Strongly disagree	Disagree	Agree	Strongly agree
25 When I want sex I expect my partner to agree.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
26 If my partner asked me to use a condom, I would get angry.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
27 I won't let my partner wear certain things.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
28 I have more to say than she does about important decisions that affect us.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
29 I tell my partner who she can spend time with.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
30 When my partner wears things to make her look beautiful I think she may be trying to attract other men.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
31 I want to know where my partner is all of the time.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
32 I like to let her know she isn't the only partner I could have.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
33 I would be angry if my partner used contraception without telling me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
34 Are you and your main partner doing anything to avoid getting pregnant?		No <input type="checkbox"/> 0	Yes <input type="checkbox"/> 1	
35 Has your partner ever used contraception other than condoms (such as injectables, the pill, or a device inserted into her uterus)?		No <input type="checkbox"/> 0	Yes <input type="checkbox"/> 1	
36 In the last 12 months have you been told by a girlfriend/wife that you made her pregnant?		No <input type="checkbox"/> 0	Yes <input type="checkbox"/> 1	

If PCf36=1, ask PCF37

37 In the last 12 months, how many times have you been told by a girlfriend/wife that you made her pregnant?

1	4	<input type="checkbox"/>
2	5 or more	
3		

Cluster name

Screening number

EMOTIONAL & FINANCIAL (Continued)

In any relationship there are good times and bad times. I now want to ask you about some of the bad times and what has happened. Remember there are no right or wrong answers and anything you say will be kept confidential.

For each statement, I would like you to remember if this action never happened, or if it happened once, a few times (2-3 times), or many times (4 or more). May we begin?

- | | Never | Once | Few | Many | |
|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|---|
| 1 In the past 12 months how many times have you insulted a partner or deliberately made her feel bad about herself? | <input type="checkbox"/>
0 | <input type="checkbox"/>
1 | <input type="checkbox"/>
2 | <input type="checkbox"/>
3 | |
| 2 In the past 12 months how many times have you belittled or humiliated a partner in front of other people? | <input type="checkbox"/>
0 | <input type="checkbox"/>
1 | <input type="checkbox"/>
2 | <input type="checkbox"/>
3 | |
| 3 In the past 12 months how many times have you done things to scare or intimidate a partner on purpose for example by the way you looked at her, by yelling and smashing | <input type="checkbox"/>
0 | <input type="checkbox"/>
1 | <input type="checkbox"/>
2 | <input type="checkbox"/>
3 | |
| 4 In the past 12 months how many times have you threatened to hurt a partner? | <input type="checkbox"/>
0 | <input type="checkbox"/>
1 | <input type="checkbox"/>
2 | <input type="checkbox"/>
3 | |
| 5 In the past 12 months, how many times have you hurt people your partner cares about as a way of hurting her, or damaged things of importance to her? | <input type="checkbox"/>
0 | <input type="checkbox"/>
1 | <input type="checkbox"/>
2 | <input type="checkbox"/>
3 | |
| 6 In the last 12 months how often did you stop previous or current girlfriend, partner or wife from getting a job, going to work, trading or earning money? | <input type="checkbox"/>
0 | <input type="checkbox"/>
1 | <input type="checkbox"/>
2 | <input type="checkbox"/>
3 | |
| 7 In the last 12 months how often did you take your previous or current girlfriend, partner or wife's earnings against her will? | <input type="checkbox"/>
0 | <input type="checkbox"/>
1 | <input type="checkbox"/>
2 | <input type="checkbox"/>
3 | <input type="checkbox"/>
7
She does not have earnings |
| 8 In the last 12 months how often did you throw your previous or current girlfriend, partner or wife out of the house? | <input type="checkbox"/>
0 | <input type="checkbox"/>
1 | <input type="checkbox"/>
2 | <input type="checkbox"/>
3 | |
| 9 In the last 12 months how often did you keep money from your earnings for alcohol, tobacco or other things for yourself when you knew previous or current girlfriend, partner or wife was finding it hard to afford the household expenses? | <input type="checkbox"/>
0 | <input type="checkbox"/>
1 | <input type="checkbox"/>
2 | <input type="checkbox"/>
3 | |

Cluster name

Screening number

PHYSICAL

We are interested now in your relationship with your current girlfriend or wife or ANY other previous girlfriend or w

- | | | | | | |
|----|---|--|---------------------------------------|--------------------------------------|---------------------------------------|
| 10 | In the past 12 months, how many times have you slapped a current or previous girlfriend or wife or thrown something at her which could | Never
<input type="checkbox"/>
0 | Once
<input type="checkbox"/>
1 | Few
<input type="checkbox"/>
2 | Many
<input type="checkbox"/>
3 |
| 11 | In the past 12 months, how many times have you pushed or shoved a current or previous girlfriend or wife? | Never
<input type="checkbox"/>
0 | Once
<input type="checkbox"/>
1 | Few
<input type="checkbox"/>
2 | Many
<input type="checkbox"/>
3 |
| 12 | In the past 12 months, how many times have you hit a current or previous girlfriend or wife with a fist or with something else which could | Never
<input type="checkbox"/>
0 | Once
<input type="checkbox"/>
1 | Few
<input type="checkbox"/>
2 | Many
<input type="checkbox"/>
3 |
| 13 | In the past 12 months, how many times did you kick, drag, beat, choke or burn a previous or current girlfriend, partner or wife? | Never
<input type="checkbox"/>
0 | Once
<input type="checkbox"/>
1 | Few
<input type="checkbox"/>
2 | Many
<input type="checkbox"/>
3 |
| 14 | In the past 12 months, how many times did you threaten to use or actually use a gun, knife or other weapon against a previous or current girlfriend, partner or wife? | Never
<input type="checkbox"/>
0 | Once
<input type="checkbox"/>
1 | Few
<input type="checkbox"/>
2 | Many
<input type="checkbox"/>
3 |

We will now ask the same questions but about the whole of your life, including when you were a boy.

- | | | | | | |
|----|--|--|---------------------------------------|--------------------------------------|---------------------------------------|
| 15 | How many times have you ever slapped your previous or current girlfriend, partner or wife or thrown something at her which could hurt her? | Never
<input type="checkbox"/>
0 | Once
<input type="checkbox"/>
1 | Few
<input type="checkbox"/>
2 | Many
<input type="checkbox"/>
3 |
| 16 | How many times have you ever pushed or shoved a your previous or current girlfriend, partner or wife? | Never
<input type="checkbox"/>
0 | Once
<input type="checkbox"/>
1 | Few
<input type="checkbox"/>
2 | Many
<input type="checkbox"/>
3 |
| 17 | How many times have you ever hit your previous or current girlfriend, partner or wife with a fist or with something else which could | Never
<input type="checkbox"/>
0 | Once
<input type="checkbox"/>
1 | Few
<input type="checkbox"/>
2 | Many
<input type="checkbox"/>
3 |
| 18 | How many times have you ever kicked, dragged, beaten, choked or burnt your previous or current girlfriend, partner or wife? | Never
<input type="checkbox"/>
0 | Once
<input type="checkbox"/>
1 | Few
<input type="checkbox"/>
2 | Many
<input type="checkbox"/>
3 |
| 19 | How many times have you ever threatened to use or actually use a gun, knife or other weapon against your current or previous girlfriend or wife? | Never
<input type="checkbox"/>
0 | Once
<input type="checkbox"/>
1 | Few
<input type="checkbox"/>
2 | Many
<input type="checkbox"/>
3 |

Cluster name

Screening number

SEXUAL

The next few questions are about things you may have done with women who are your current or previous girlfriend or wife.

20 In the last 12 months, how many times have you physically forced your current or previous girlfriend or wife to have sex with you when she did not want to?

Never	Once	Few	Many
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3

21 In the last 12 months, how many times have you used threats or intimidation to get your current or previous partner, girlfriend or wife to have sex when she did not want to?

Never	Once	Few	Many
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3

22 In the last 12 months, how many times have you ever forced your current or previous girlfriend or wife to do something sexual that she did not want to do?

Never	Once	Few	Many
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3

23 In the last 12 months, how many times have you forced your current or previous girlfriend or wife to watch pornography when she didn't want to?

Never	Once	Few	Many
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3

24 In the past 12 months how many times did any of your children see or overhear you forcing your girlfriend or wife to have sex with you when she did not want to?

Never	Once	Few	Many
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3

25 In the past 12 months how many times did any of your children see or overhear you hitting, shoving, choking, burning or hurting your girlfriend or wife?

Never	Once	Few	Many
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3

We will now ask the same questions but about the whole of your life, including when you were a boy.

26 How many times have you ever physically forced your current or previous girlfriend or wife to have sex with you when she did not

Never	Once	Few	Many
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3

27 How many times have you ever used threats or intimidation to get your current or previous partner, girlfriend or wife to have sex when she did not want to?

Never	Once	Few	Many
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3

28 How many times have you ever forced your current or previous girlfriend or wife to do something sexual that she did not want to do?

Never	Once	Few	Many
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3

29 How many times have you ever forced your current or previous girlfriend or wife to watch pornography when she didn't want to?

Never	Once	Few	Many
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3

Cluster name

Screening number

NON-PARTNER SEXUAL

These next questions are about things you may have done with women who were not your girlfriend or wife.

- | | Never | Once | Few | Many |
|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| 30 In the last 12 months how many times have you forced or persuaded a woman or girl who was not your girlfriend or wife at the time to have sex with you? | <input type="checkbox"/>
0 | <input type="checkbox"/>
1 | <input type="checkbox"/>
2 | <input type="checkbox"/>
3 |
| 31 In the last 12 months how many times have you tried to force or persuade any woman who was NOT your girlfriend or partner to have sex with you, but did not succeed? | <input type="checkbox"/>
0 | <input type="checkbox"/>
1 | <input type="checkbox"/>
2 | <input type="checkbox"/>
3 |
| 32 In the last 12 months how many times have you had sex with a woman or girl who was not your girlfriend or wife when she was too drunk or drugged to stop you? | <input type="checkbox"/>
0 | <input type="checkbox"/>
1 | <input type="checkbox"/>
2 | <input type="checkbox"/>
3 |
| 33 In the last 12 months how many times have you and other men had sex with a woman or girl who was not your girlfriend or wife at the same time when she did not agree to sex or you forced her? | <input type="checkbox"/>
0 | <input type="checkbox"/>
1 | <input type="checkbox"/>
2 | <input type="checkbox"/>
3 |
| 34 In the last 12 months how many times have you and other men had sex with a woman or girl who was not your girlfriend or wife at the same time when she was too drunk or drugged to stop you? | <input type="checkbox"/>
0 | <input type="checkbox"/>
1 | <input type="checkbox"/>
2 | <input type="checkbox"/>
3 |

We will now ask the same question about the whole of your life.

- | | | | | |
|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| 35 How many times have you ever forced or persuaded a woman or girl who was not your girlfriend or wife at the time to have sex with you? | <input type="checkbox"/>
0 | <input type="checkbox"/>
1 | <input type="checkbox"/>
2 | <input type="checkbox"/>
3 |
| 36 How many times have you ever tried to force or persuade any woman who was NOT your girlfriend or partner to have sex with you, but did not succeed? | <input type="checkbox"/>
0 | <input type="checkbox"/>
1 | <input type="checkbox"/>
2 | <input type="checkbox"/>
3 |
| 37 How many times have you ever had sex with a woman or girl who was not your girlfriend or wife when she was too drunk or drugged to stop you? | <input type="checkbox"/>
0 | <input type="checkbox"/>
1 | <input type="checkbox"/>
2 | <input type="checkbox"/>
3 |
| 38 How many times have you and other men ever had sex with a woman or girl who was not your girlfriend or wife at the same time when she did not agree to sex or you forced her? | <input type="checkbox"/>
0 | <input type="checkbox"/>
1 | <input type="checkbox"/>
2 | <input type="checkbox"/>
3 |
| 39 How many times have you and other men ever had sex with a woman or girl who was not your girlfriend or wife at the same time when she was too drunk or drugged to stop you? | <input type="checkbox"/>
0 | <input type="checkbox"/>
1 | <input type="checkbox"/>
2 | <input type="checkbox"/>
3 |

Cluster name

--	--	--	--

Screening number

--	--	--	--

CRIME PARTICIPATION

We now have some questions about things you may have done in the past 12 months.

	Never	Once	More than once
40 How many times in the last 12 months have you stolen something from a shop or trader?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
41 How many times in the last 12 months have you stolen money from someone at home?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
42 How many times in the last 12 months have you stolen an animal from someone?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
43 How many times in the last 12 months have you robbed someone by threatening them?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
44 How many times in the last 12 months have you stolen a car or parts of a car?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
45 How many times in the last 12 months have you been involved in a fight with knives?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
46 How many times in the last 12 months have you had possession of an unlicensed gun?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
47 How many times in the last 12 months have you asked another person to steal for you?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
48 How many times in the last 12 months have you been accused of a crime, arrested or jailed?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
50 In the past 12 months have you been a member of a gang?	No <input type="checkbox"/> 0	Yes <input type="checkbox"/> 1	

Interviewer's Initials: _____

Interviewer's signature: _____

Date UVF completed:

Day	Month	Year

Cluster name

Screening number

CES-D

The next questions we would like to ask are about how you have been feeling in the past week. Each question is a statement; please answer how many days you have had particular feelings. There are four options: rarely or never, a little (1-2 days), some (3-4 days), or most of the time (5-7 days).

	Rarely or Never	A little (1-2 days)	Some (3-4 days)	Most of the time (5-7 days)
1 During the past week I was bothered by things that usually don't bother me.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2 During the past week I did not feel like eating, my appetite was poor.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
3 During the past week I felt I could not cheer myself up even with the help of family and friends.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
4 During the past week I felt I was just as good as other people.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
5 During the past week I had trouble keeping my mind on what I was doing.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6 During the past week I felt depressed.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
7 During the past week I felt that everything I did was an effort.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
8 During the past week I felt hopeful about the future.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
9 During the past week I thought my life had been a failure.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
10 During the past week I felt fearful.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
11 During the past week my sleep was restless.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
12 During the past week I was happy.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
13 During the past week I talked less than usual.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
14 During the past week I felt lonely.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Cluster name

Screening number

CES-D (CONT...)

	Rarely or Never	A little (1-2 days)	Some (3-4 days)	Most of the time (5-7 days)
15 During the past week people were unfriendly.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
16 During the past week I enjoyed life.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
17 During the past week I had crying spells.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
18 During the past week I felt sick.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
19 During the past week I felt that people dislike me.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
20 During the past week I could not get 'going'.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

The next questions are about the past 2 weeks and whether you have been bothered by any of the following either not at all, for several days, over half of the days in the past two weeks, nearly every day.

	Rarely or Never	A little (1-2 days)	Some (3-4 days)	Most of the time (5-7 days)
20 a In the last two weeks have you been feeling nervous, or anxious or on edge?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
20 b In the last two weeks have you not been able to stop, or control, worrying?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
20 c In the last two weeks how often have you been worrying too much about different things?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
20 d In the last two weeks how often have you had trouble relaxing?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
20 e In the last two weeks how often have you been so restless that it's hard to sit still?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
20 f In the last two weeks how often have you been easily annoyed or irritable?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
20 g In the last two weeks how often have you been feeling afraid that something awful might happen?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Cluster name

Screening number

TRAUMA EXPOSURE

We would like to ask you about your experiences in the past 12 months. However, you may find some questions upsetting. If so, please feel free not to answer. Have you ever experienced any of the following:

	No	Yes
21 In the past 12 months, I witnessed a murder of family or friend	<input type="checkbox"/> 0	<input type="checkbox"/> 1
22 In the past 12 months, I witnessed the murder of a stranger or someone you knew	<input type="checkbox"/> 0	<input type="checkbox"/> 1
23 In the past 12 months, I witnessed any other armed attack on someone	<input type="checkbox"/> 0	<input type="checkbox"/> 1
24 In the past 12 months, I had to leave my country due to war, conflict, or poverty	<input type="checkbox"/> 0	<input type="checkbox"/> 1
25 In the past 12 months, I was sexually assaulted	<input type="checkbox"/> 0	<input type="checkbox"/> 1
26 In the past 12 months, I experienced torture	<input type="checkbox"/> 0	<input type="checkbox"/> 1
27 In the past 12 months, I was robbed at gunpoint or knifepoint	<input type="checkbox"/> 0	<input type="checkbox"/> 1
28 In the past 12 months, I was kidnapped	<input type="checkbox"/> 0	<input type="checkbox"/> 1
29 In the past 12 months, I felt that I was close to death	<input type="checkbox"/> 0	<input type="checkbox"/> 1
30 In the past 12 months, I witnessed someone being raped	<input type="checkbox"/> 0	<input type="checkbox"/> 1

CLEO, there used to be a skip pattern here but now we want to take it out.

Cluster name

Screening number

HTQ

I am going to read a set of statements about the violent events you just described. Please decide how much the symptoms bothered you in the past week. There are four options: rarely or never, a little (1-2 days), some (3-4 days), or most of the time (5-7 days).

	Rarely or Never	A little (1-2 days)	Some (3-4 days)	Most of the time (5-7 days)
31 In the past week have you had recurrent thoughts or memories of the most hurtful or terrifying events	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
32 In the past week have you felt as though the event is happening again	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
33 In the past week have you had recurrent nightmares	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
34 In the past week have you felt detached or withdrawn from people	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
35 In the past week have you been unable to feel emotions	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
36 In the past week have you been feeling jumpy, easily startled	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
37 In the past week have you have you had difficulty concentrating	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
38 In the past week have you have you had trouble sleeping	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
39 In the past week have you have you been feeling on guard	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
40 In the past week have you have you been feeling irritable or having outbursts of anger	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
41 In the past week have you have you been avoiding activities that remind you of the traumatic or hurtful events	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
42 In the past week have you have you had an inability to remember parts of the most traumatic or hurtful events	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Cluster name

--	--	--	--

Screening number

--	--	--	--

DISABILITY

	Rarely or Never	A little (1-2 days)	Some (3-4 days)	Most of the time (5-7 days)
43 In the past week have you had less interest in daily activities	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
44 In the past week have you been feeling as if you don't have a future	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
45 In the past week have you had a sudden emotional or physical reaction when reminded of the most traumatic or hurtful events	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
46 In the past week have you have you been avoiding thoughts or feelings associated with the traumatic or hurtful experiences	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
48 In the past four weeks, has the thought of ending your life been in your mind?			No <input type="checkbox"/> 0	Yes <input type="checkbox"/> 1

If yes, flag the distress protocol at end of questionnaire.

The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM.

	No – No difficulty	Yes – some difficulty	Yes – a lot of difficulty	Cannot do at all
49 Do you have difficulty seeing, even if wearing glasses?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
50 Do you have difficulty hearing, even if using a hearing aid?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
51 Do you have difficulty walking or climbing steps?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
52 Do you have difficulty remembering or concentrating?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
53 Do you have difficulty speaking?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Interviewer's Initials: _____

Interviewer's signature: _____

Date MHF completed:

Day	Month	Year

Cluster name

Screening number

SOCIAL COHESION

This is the last section. I would like you to tell me if you agree or disagree with the following statements about your neighbourhood. As before, if you agree, you might STRONGLY agree. If you disagree, you might STRONGLY disagree.

	Strongly disagree	Disagree	Agree	Strongly agree
1 Neighbours in this area tend to know each other well.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2 In this area, most people generally trust each other in matters of lending and borrowing.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3 In this area, it is safe to walk around at night.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4 In this area, women fear being raped.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5 If you hear a women screaming in this neighbourhood, people would come to help or blow a whistle or bang on doors.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6 When we hear about mob justice or vigilantism, we deal with this problem as a community.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

The next questions will ask about if you ever heard about or took part in activities on certain topics.

	No	Yes
7 In the past 12 months, have you heard of any campaigns or activities in your community that talk about preventing violence against women?	<input type="checkbox"/> 0	<input type="checkbox"/> 1
8 In the past 12 months, have you ever heard of "Sonke" or seen this logo? (On Screen - a picture of CHANGE).	<input type="checkbox"/> 0	<input type="checkbox"/> 1
9 In the past 12 months, have you heard information about violence against women on the radio, television, billboards, magazines or posters?	<input type="checkbox"/> 0	<input type="checkbox"/> 1
10 In the past 12 months, have you heard of any campaigns or activities in your community or workplace that promote men's involvement as fathers?	<input type="checkbox"/> 0	<input type="checkbox"/> 1

Cluster name

Screening number

CAMPAIGNS AND LAWS

- | | | | No | Yes | |
|----|--|--|---------------------------------------|--|--|
| 11 | In the past 12 months, have you received any pamphlet or information about violence against women? | | <input type="checkbox"/>
0 | <input type="checkbox"/>
1 | |
| 12 | In the past 12 months, have you taken part in a Sonke workshop? We mean a workshop that lasted at least 2 full days. | | <input type="checkbox"/>
0 | <input type="checkbox"/>
1 | |
| 13 | In the past 12 months, did you see presentations with videos about relationships between men and women? This might be in someone's home or a public place. | | <input type="checkbox"/>
0 | <input type="checkbox"/>
1 | |
| 14 | In the past 12 months, how many times have you participated in a Sonke activity about men's use of violence against women that is not a workshop? | Never
<input type="checkbox"/>
0 | Once
<input type="checkbox"/>
1 | 2-3 times
<input type="checkbox"/>
2 | 4 or more times
<input type="checkbox"/>
3 |
| 15 | In the past 12 months, how many times did you talk with family about the importance of equality between men and women? | Never
<input type="checkbox"/>
0 | Once
<input type="checkbox"/>
1 | 2-3 times
<input type="checkbox"/>
2 | 4 or more times
<input type="checkbox"/>
3 |
| 16 | In the past 12 months, how many times did you talk with friends about how together we can reduce violence against women? | Never
<input type="checkbox"/>
0 | Once
<input type="checkbox"/>
1 | 2-3 times
<input type="checkbox"/>
2 | 4 or more times
<input type="checkbox"/>
3 |
| 17 | In the past 12 months, how many times did you speak in (for example church or school) about what we can do to reduce violence in Diepsloot? | Never
<input type="checkbox"/>
0 | Once
<input type="checkbox"/>
1 | 2-3 times
<input type="checkbox"/>
2 | 4 or more times
<input type="checkbox"/>
3 |
| 18 | In the past 12 months, how many times have you spoken about what it means to be a man with others in your neighbourhood? | Never
<input type="checkbox"/>
0 | Once
<input type="checkbox"/>
1 | 2-3 times
<input type="checkbox"/>
2 | 4 or more times
<input type="checkbox"/>
3 |
| 19 | In the past 12 months, how many times have you given out flyers to neighbours or friends about the topic of violence or manhood? | Never
<input type="checkbox"/>
0 | Once
<input type="checkbox"/>
1 | 2-3 times
<input type="checkbox"/>
2 | 4 or more times
<input type="checkbox"/>
3 |
| 20 | In the past 12 months, how many times did you attend a march or rally in your neighbourhood? | Never
<input type="checkbox"/>
0 | Once
<input type="checkbox"/>
1 | 2-3 times
<input type="checkbox"/>
2 | 4 or more times
<input type="checkbox"/>
3 |
| 21 | In the past 12 months, how many times did you host people in your home to talk about equality between men and women or violence? | Never
<input type="checkbox"/>
0 | Once
<input type="checkbox"/>
1 | 2-3 times
<input type="checkbox"/>
2 | 4 or more times
<input type="checkbox"/>
3 |
| 22 | In the past 12 months, how many times did you take part in a soccer tournament organised by Sonke? | Never
<input type="checkbox"/>
0 | Once
<input type="checkbox"/>
1 | 2-3 times
<input type="checkbox"/>
2 | 4 or more times
<input type="checkbox"/>
3 |
| 23 | Apart from your involvement in this project, are you a member of any clubs or groups or societies? | | <input type="checkbox"/>
0 | <input type="checkbox"/>
1 | |
| 24 | How many other clubs or groups or societies are you a member of? | | | <input type="checkbox"/> | |
| | | 0 | 1 | 2 | 3 |
| | | 4 | 5 | 6 | 7 |
| | | 8 or more | | | |
| 25 | Would you describe yourself as active in your church? | | <input type="checkbox"/>
0 | <input type="checkbox"/>
1 | |

Cluster name

--	--	--	--

Screening number

--	--	--	--

Community Action

Now I would like to ask you about your involvement in your community

	Strongly disagree	Disagree	Agree	Strongly agree
26 There are ways that I can contribute to my community	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
27 In the future, I will participate in activities and groups to promote equality and justice	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
28 It is important to fight against social and economic inequality	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
29 I can make a difference in my community	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
30 More effort is needed to end violence and discrimination towards women	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
31 It is important to me to contribute to my community	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
32 In the future, I will participate in activities and groups to end violence against women	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
33 Community members could be counted on to intervene if a fight broke out in front of my house	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
34 Community members could be counted on to intervene if children were skipping school and hanging out on my street corner	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
35 Community members could be counted on to intervene if people were selling nyope on my street	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
36 Community members could be counted on to intervene if the police station cuts the number of police	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Interviewer's Initials: _____

Interviewer's signature: _____

Date SAF completed:

Day	Month	Year