

No.	Data Item	Data Value
a	Data collected? DB Name: [zDataCollected]	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes Data Source: [zCodeItem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=58 and zItemNb>=0]
b	Date of assessment DB Name: [zFormDate]	<div> <input type="text"/> <input type="text"/> <input type="text"/> </div> <i>Complete Date</i>
Check the appropriate response for each item		
1	Before your 13th birthday, did an adult or someone at least five years older than you ever touch the sex organs of your body when you did not want this? By touch we mean with hands, mouth, or objects on your sex parts, that is (males: penis, pubic area or anus; females: breasts, vagina, pubic area or anus). DB Name: [Q01]	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes Data Source: [zCodeItem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=51]
2	Before your 13th birthday, did an adult or someone at least five years older than you ever make you touch the sex organs of their body when you did not want this? By touch we mean with hands, mouth, or objects on their sex parts. DB Name: [Q02]	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes Data Source: [zCodeItem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=51]
3	Before your 13th birthday, did an adult or someone at least five years older than you ever have	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes Data Source: [zCodeItem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=51]

	<p>sexual intercourse (including vaginal or anal intercourse) with you when you did not want this?</p> <p>DB Name: [Q03]</p>	
4	<p>How many times (different days) did this happen before your 13th birthday?</p> <p>DB Name: [Q04]</p>	<p>_____ <i>time(s)</i></p>
5	<p>And when this happened, were you ever afraid that you might be killed or seriously injured? (Indicate for your worst incident)</p> <p>DB Name: [Q05]</p>	<p><input type="radio"/> 0 - No <input type="radio"/> 1 - Yes</p> <p>Data Source: [zCodelItem]</p> <p>Data Field: [zItemNb]</p> <p>Label Field: [zItemNm]</p> <p>Filter: [zGroupID=51]</p>
6	<p>When this worst incident happened, did you suffer:</p> <p>DB Name: [Q06]</p>	<p><input type="radio"/> 1 - No physical injuries</p> <p><input type="radio"/> 2 - Minor physical injuries (such as bruises and cuts not needing stitches)</p> <p><input type="radio"/> 3 - Serious physical injuries (stitches, broken nose, broken bones, or hospitalization)</p> <p>Data Source: [zCodelItem]</p> <p>Data Field: [zItemNb]</p> <p>Label Field: [zItemNm]</p> <p>Filter: [zGroupID=122]</p>
7	<p>Since your 13th birthday, did anyone ever touch the sex organs of your body by using force or threatening to harm you? By touch we mean with hands, mouth, or objects on your sex parts, that is (males: penis, pubic area or anus; females: breasts, vagina, pubic area or anus).</p> <p>DB Name: [Q07]</p>	<p><input type="radio"/> 0 - No <input type="radio"/> 1 - Yes</p> <p>Data Source: [zCodelItem]</p> <p>Data Field: [zItemNb]</p> <p>Label Field: [zItemNm]</p> <p>Filter: [zGroupID=51]</p>

8	<p>Since your 13th birthday, did anyone ever make you touch the sex organs of their body by using force of threatening to harm you? By touch we mean with hands, mouth, or objects on their sex parts.</p> <p>DB Name: [Q08]</p>	<p> <input type="radio"/> 0 - No <input type="radio"/> 1 - Yes Data Source: [zCodelItem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=51] </p>
9	<p>Since your 13th birthday, did anyone ever make you have sexual intercourse (vaginal or anal intercourse) by using force or threatening to harm you? If no to question 7, 8 and 9 then skip to question 13.</p> <p>DB Name: [Q09]</p>	<p> <input type="radio"/> 0 - No <input type="radio"/> 1 - Yes Data Source: [zCodelItem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=51] </p>
10	<p>How many times (different days) did this happen after your 13th birthday?</p> <p>DB Name: [Q10]</p>	<p><i>time(s)</i></p>
11	<p>And when this happened, were you ever afraid that you might be killed or seriously injured? (Indicate for your worst incident)</p> <p>DB Name: [Q11]</p>	<p> <input type="radio"/> 0 - No <input type="radio"/> 1 - Yes Data Source: [zCodelItem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=51] </p>
12	<p>When this worst incident happened, did you suffer:</p> <p>DB Name: [Q12]</p>	<p> <input type="radio"/> 1 - No physical injuries <input type="radio"/> 2 - Minor physical injuries (such as bruises and cuts not needing stitches) <input type="radio"/> 3 - Serious physical injuries (stitches, broken nose, broken bones, or hospitalization) Data Source: [zCodelItem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=122] </p>

13	<p>Not including physical abuse that may have occurred during the sexual abuse noted previously, has anyone, including family members or friends, ever attacked you with the intent to kill or seriously injure you?</p> <p>DB Name: [Q13]</p>	<p> <input type="radio"/> 0 - No <input type="radio"/> 1 - Yes </p> <p> Data Source: [zCodelItem] Data Field: [zltemNb] Label Field: [zltemNm] Filter: [zGroupID=51] </p>
14	<p>Was a weapon used in any attack? A weapon includes any object that could seriously injure someone including a gun, knife or other object.</p> <p>DB Name: [Q14]</p>	<p> <input type="radio"/> 0 - No <input type="radio"/> 1 - Yes </p> <p> Data Source: [zCodelItem] Data Field: [zltemNb] Label Field: [zltemNm] Filter: [zGroupID=51] </p>
15	<p>How many times (different days) did these attacks happen?</p> <p>DB Name: [Q15]</p>	<p>_____ <i>time(s)</i></p>
16	<p>When this worst incident happened, did you suffer:</p> <p>DB Name: [Q16]</p>	<p> <input type="radio"/> 1 - No physical injuries <input type="radio"/> 2 - Minor physical injuries (such as bruises and cuts not needing stitches) <input type="radio"/> 3 - Serious physical injuries (stitches, broken nose, broken bones, or hospitalization) </p> <p> Data Source: [zCodelItem] Data Field: [zltemNb] Label Field: [zltemNm] Filter: [zGroupID=122] </p>
17	<p>Not including physical attacks already indicated previously, has anyone (including family members or friends) ever beat you up, hit you, kicked you, bit you, or burned you? Only Include experiences that were outside the</p>	<p> <input type="radio"/> 0 - No <input type="radio"/> 1 - Yes </p> <p> Data Source: [zCodelItem] Data Field: [zltemNb] Label Field: [zltemNm] Filter: [zGroupID=51] </p>

	range of normal "spanking" or kids fighting. DB Name: [Q17]	
18	Was a weapon used in any attack? A weapon includes any object that could seriously injure someone including a gun, knife or other object. DB Name: [Q18]	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes Data Source: [zCodelItem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=51]
19	How many times (different days) did these physical attacks happen? DB Name: [Q19]	<i>time(s)</i>
20	When this happened, were you ever afraid that you might be killed or seriously injured? (Indicate for your worst incident) DB Name: [Q20]	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes Data Source: [zCodelItem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=51]
21	When the worst attack happened, did you suffer... DB Name: [Q21]	<input type="radio"/> 1 - No physical injuries <input type="radio"/> 2 - Minor physical injuries (such as bruises and cuts not needing stitches) <input type="radio"/> 3 - Serious physical injuries (stitches, broken nose, broken bones, or hospitalization) Data Source: [zCodelItem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=122]
c	General Comments DB Name: [zNotes]	250 char.