

# Safety of the Person Survey - SOP

## SOP

### Individual personal and social characteristics

Label Individual personal and social characteristics	Location SOP
Type Sequence	Order InOrderOfAppearance

### MODE - Interview mode

Name MODE	Label Interview mode	Location SOP › Individual personal and social characteristics
Type Multiple Choice	Selection Type SelectOne	Display Style

#### Question

This is supplied by Blaise

#### Choices

1	Computer assisted personal interview
2	Computer assisted web interview

### SOP contact request - Contact request for CAPI/CASI

Name SOP contact request	Label Contact request for CAPI/CASI	Location SOP › Individual personal and social characteristics
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition MODE Contains Any 1 Computer assisted personal interview		

#### Question

Hello, I'm calling from the Central Statistics Office. My name is ...  
May I speak with {{contact name}}?

#### BLAISE INSTRUCTION: Screen Note

Blaise: Add note to screen in black

**BLAISE INSTRUCTION: DK/RF**

Blaise: Allow RF only

**Choices**

1	Speaking/Available
2	Not available
3	No longer a household member

## AgeConfirm SOP - Age confirmation of respondent

Name AgeConfirm SOP	Label Age confirmation of respondent	Location SOP › Individual personal and social characteristics
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (MODE Contains Any 1 Computer assisted personal interview) And (SOP contact request Contains Any 1 Speaking/Available)		

**Question**

Can I just confirm that you are aged 18 or over?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTIONS: DK/RF**

Blaise: DK/RF are not allowed.

**BLAISE INSTRUCTION: Screen Note**

Blaise: Add note to screen in black

**Choices**

1	Yes
2	No

## C12 - Callback check

Name C12	Label Callback check	Location SOP › Individual personal and social characteristics
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SOP contact request Contains Any 2 Not available		

**Question**

Would it be more convenient if I called back at another time?

**BLAISE INSTRUCTIONS: DK/RF**

Blaise: Allow RF only

**Choices**

1	Yes
2	No

## SOP thank you and exit - Thank you and exit if respondent not available

Name SOP thank you and exit	Label Thank you and exit if respondent not available	Location SOP › Individual personal and social characteristics
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (C12 Contains Any 1 Yes or 2 No) Or (SOP contact request Contains Any 2 Not available) Or (SOP contact request Contains Any 3 No longer a household member)		

**Question**

Thank you for your time.

**Instructions**

Please select the 'Exit' button at the top right hand corner to return to the CMA

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in black

## SV\_200 - Introduction to individual personal and social characteristics

Name SV_200	Label Introduction to individual personal and social characteristics	Location SOP › Individual personal and social characteristics
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition MODE Contains Any 1 Computer assisted personal interview or 2 Computer assisted web interview		

**Question**

Thank you for logging on to complete this CSO questionnaire.

You have been selected at random from one of CSO's statistical data sources to complete a survey about experiences of sexual harassment and sexual assault in Ireland.

Although this topic may be a sensitive one for respondents, it is extremely important that Ireland has comprehensive official statistics about sexual violence in this country. This means collecting information BOTH from people who have experienced sexual violence and from those who have not.

The first questions in the survey are general questions about yourself which we will ask you to answer and will then move to more sensitive issues where you can skip questions if you wish.

When you are finished your answers will be encrypted, which means that no unauthorised person will never be able to see them.

The Central Statistics Office is very grateful for your participation

If you are affected by any of the issues raised in this survey, help is available here:

24 Hour Helpline on 1800 778888 or [www.rapecrisishelp.ie](http://www.rapecrisishelp.ie)

### Instructions

Please select one of the following and press 'Save and continue' to proceed

#### BLAISE INSTRUCTION: Note

Blaise: Add note to screen in black

#### BLAISE INSTRUCTION: Dynamic Text

Blaise:: If MODELFS = 1 Computer assisted personal interview please remove the first line 'Thank you for logging on to complete this CSO questionnaire.' in this question

### Choices

1	Continue
2	I do not wish to continue

SVS consent paragraph - Confirming consent to participate - respondent is fully aware what they will be participating in and that they must be over 18

Name SVS consent paragraph	Label Confirming consent to participate - respondent is fully aware what they will be participating in and that they must be over 18	Location SOP › Individual personal and social characteristics
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (MODE Contains Any 1 Computer assisted personal interview or 2 Computer assisted web interview) And (SV_200 Contains Any 1 Continue)		

### Question

Before you begin the survey, we want to ensure that you understand the following.

I understand that:

\*I should be 18 years of age or older to complete this survey.

\*This survey is about sexual violence.

\*My participation is entirely voluntary, and I may skip any question I do not wish to answer in the sensitive sections.

\*All the information I provide will be treated in the strictest confidence and will be used for statistical purposes only.

\*As my answers to all questions will be anonymised I will not be able to inspect those answers or to have access to them for any reason throughout the questionnaire or once the questionnaire has been submitted to the CSO.

\*The information I provide will be combined with answers from a random sample of adults for statistical analysis and interpretation.

### Instructions

Please select one of the following

#### BLAISE INSTRUCTION: Screen Note

Blaise: Add note to screen in black

#### BLAISE INSTRUCTION: Dynamic Text

Blaise: If MODE = 1 then please replace the question with the following wording:

Before you begin the survey, I want to ensure that you understand the following.

Can you confirm that you understand that:

\*You should be 18 years of age or older to complete this survey.

\*This survey is about sexual violence.

\*Your participation is entirely voluntary, and you may skip any question you do not wish to answer in the sensitive sections.

\*All the information you provide will be treated in the strictest confidence and will be used for statistical purposes only.

\*As your answers to all questions will be anonymised you will not be able to inspect those answers or to have access to them for any reason throughout the questionnaire or once the questionnaire has been submitted to the CSO.

\*The information you provide will be combined with answers from a random sample of adults for statistical analysis and interpretation.

### Choices

1	Yes, I understand and wish to continue
2	No, I do not understand and do not wish to continue

SVS participation refusal - Non-response question for respondent who refuses to participate in the survey post introduction and consent

Name SVS participation refusal	Label Non-response question for respondent who refuses to participate in the survey post introduction and consent	Location SOP › Individual personal and social characteristics
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_200 Contains Any 2 I do not wish to continue		

**Question**

As you do not wish to continue, this survey will now end.

In order to improve our service and delivery of surveys, could you please select which of the following reasons have contributed to you not completing this survey?

**Instructions**

Please select all that apply

**BLAISE INSTRUMENT: Screen Note**

Blaise: Add note to screen in black

**BLAISE INSTRUCTION: DK/RF**

Blaise: Allow empty

**BLAISE INSTRUCTION: Dynamic Text**

Blaise: If MODE = 1 then remove the word 'online' from answer category 1

**Choices**

1	I am not comfortable with answering a survey online
2	English is not my first language and I am not comfortable reading it
3	I am worried about confidentiality
4	I do not have the interest
5	The subject does not interest me
6	I object to the study
7	Language difficulties
8	I don't have the time
9	Other

## SVS participation failure to understand - Non-response question for respondent who failed to understand one or more aspects of the survey

Name SVS participation failure to understand	Label Non-response question for respondent who failed to understand one or more aspects of the survey	Location SOP › Individual personal and social characteristics
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SVS consent paragraph Contains Any 2 No, I do not understand		

### Question

You have said that you do not understand one or more aspects of the survey. The survey will end now.

Please select the 'Finish' button and press 'Save and continue' to exit the questionnaire.

Thank you.

### Choices

1	Finish
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## End participation - Ending of survey as the respondent is under 18 years of age

Name End participation	Label Ending of survey as the respondent is under 18 years of age	Location SOP › Individual personal and social characteristics
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition AgeConfirm SOP Contains Any 2 No		

### Question

Thank you for your interest in taking part in this survey.

Unfortunately this survey must be completed by a person who is 18 years of age or older.

The Central Statistics Office is very grateful for your participation. For further information or to give feedback please email the following address: [sop@cso.ie](mailto:sop@cso.ie).

If you are affected by any of the issues raised in this survey, help is available here:

24 Hour Helpline on 1800 778888

<https://www.rapecrisishelp.ie/>

**Instructions**

Please select the 'Finish' button and press 'Save and continue' to exit the questionnaire.

**BLAISE INSTRUCTION: Screen Note**

Blaise: Add note to screen in black

**Choices**

1	Finish
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End participation - consent - Ending of survey as the respondent refused to confirm consent

Name End participation - consent	Label Ending of survey as the respondent refused to confirm consent	Location SOP › Individual personal and social characteristics
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_200 Contains Any 2 I do not wish to continue		

**Question**

Thank you. All the information you have submitted is stored safely.

You can find more information about the survey on the <https://link.cso.ie/sopinfo>.

The Central Statistics Office is very grateful for your participation. For further information or to give feedback please email the following address: [sop@cso.ie](mailto:sop@cso.ie).

If you are affected by any of the issues raised in this survey, help is available here:

24 Hour Helpline on 1800 778888

<https://www.rapecrisishelp.ie/>

**Instructions**

Please select the 'Finish' button and press 'Save and continue' to exit the questionnaire.

**BLAISE INSTRUCTION: Screen Note**

Blaise: Add note to screen in black

**Choices**

1	Finish
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SV\_9 - Introduction to self-completion mode



Name SV_9	Label Introduction to self-completion mode	Location SOP › Individual personal and social characteristics
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (MODE Contains Any 1 Computer assisted personal interview) And (SV_200 Contains Any 1 Continue) And (SVS consent paragraph Contains Any 1 Yes, I understand and wish to continue) And (AgeConfirm SOP Contains Any 1 Yes)		

### Question

We will now move to the self-completion section of the survey. From this point forward, the survey will ask for some personal details and will then move to more sensitive questions about unwanted sexual experiences that may or may not have happened throughout your life.

You will complete the survey yourself using this tablet and I will not see any of your answers. When you are finished your answers will be encrypted, which means that I will never be able to see them.

The information you provide to the Central Statistics Office (CSO) will be separated from your name, so that you cannot be identified.

The CSO is very grateful for your participation.

### Instructions

INTERVIEWER: Please read aloud to the respondent

Please select one of the following

### BLAISE INSTRUCTION: Note

Blaise: Add note to screen in black

### Choices

1	Save and continue
2	No

End participation - CASI - Ending of survey as the respondent refused to self-complete

Name End participation - CASI	Label Ending of survey as the respondent refused to self-complete	Location SOP › Individual personal and social characteristics
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_9 Contains Any 2 No		

**Question**

Thank you. All the information you have submitted is stored safely.

You can find more information about the survey on the <https://link.cso.ie/sopinfo>.

The Central Statistics Office is very grateful for your participation. For further information or to give feedback please email the following address: [sop@cso.ie](mailto:sop@cso.ie).

If you are affected by any of the issues raised in this survey, help is available here:

24 Hour Helpline on 1800 778888

<https://www.rapecrisishelp.ie/>

**Instructions**

Please select the 'Finish' button and press 'Save and continue' to exit the questionnaire.

**BLAISE INSTRUCTION: Screen Note**

Blaise: Add note to screen in black

**Choices**

1	Finish
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**Soc\_Age - Age of respondent**

Name Soc_Age	Label Age of respondent	Location SOP › Individual personal and social characteristics
Type Integer	Low 1	High 112
Condition (SV_200 Contains Any 1 Continue) And (SVS consent paragraph Contains Any 1 Yes, I understand and wish to continue)		

**Question**

What is your age?

**Instructions**

Please enter a numeric value

**SEX - P1 standard - Sex**

Name SEX - P1 standard	Label Sex	Location SOP › Individual personal and social characteristics
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (SV_200 Contains Any 1 Continue) And (SVS consent paragraph Contains Any 1 Yes, I understand and wish to continue) And (Soc_Age Greater than 17)		

**Question**

What is your sex?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in black

**Choices**

1	Male
2	Female

## Gender - Gender identity

Name Gender	Label Gender identity	Location SOP › Individual personal and social characteristics
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (SV_200 Contains Any 1 Continue) And (SVS consent paragraph Contains Any 1 Yes, I understand and wish to continue) And (Soc_Age Greater than 17)		

**Question**

Which of the following describes how you think of yourself?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Note**

Blaise: Add note to screen

**BLAISE INSTRUCTION: DK**

Blaise: Allow DK for the this question, please use the term 'Cannot say'

**BLAISE INSTRUCTION: RF**

Blaise: Allow RF for the this question, please use the term 'Don't wish to answer'

**Choices**

1	Male
2	Female
3	Other

## SV\_141 - Sexual orientation of the respondent - SOP

Name SV_141	Label Sexual orientation of the respondent - SOP	Location SOP › Individual personal and social characteristics
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (SV_200 Contains Any 1 Continue) And (SVS consent paragraph Contains Any 1 Yes, I understand and wish to continue) And (Soc_Age Greater than 17)		

**Question**

Which of the following options best describes how you think of yourself?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Text formatting**

Blaise: Highlight the main answers (Hetrosexual, Gay/Lesbian....etc.) in bold and then use italics for the additional details in brackets. Do not include brackets in the italic text

**BLAISE INSTRUCTION: Screen Note**

Blaise: Add note to screen in black

**BLAISE INSTRUCTION: DK**

Blaise: Allow DK for the this question, please use the term 'Cannot say'

**BLAISE INSTRUCTION: RF**

Blaise: Allow RF for the this question, please use the term 'Don't wish to answer'

**Choices**

1	Heterosexual/Straight (Attracted to persons of the opposite sex)
2	Bisexual (Attracted to persons of both sexes)
3	Gay/Lesbian (Attracted to persons of the same sex)
4	Asexual (Not attracted to other people)
5	Other(s)
6	Questioning/Unsure

## Marstat - Marital status description

Name <b>Marstat</b>	Label <b>Marital status description</b>	Location <b>SOP › Individual personal and social characteristics</b>
Type <b>Multiple Choice</b>	Selection Type <b>SelectOne</b>	Display Style
Condition (SV_200 Contains Any 1 Continue) And (SVS consent paragraph Contains Any 1 Yes, I understand and wish to continue) And (Soc_Age Greater than 17)		

**Question**

Which of the following categories describes your current marital status?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in black

**Choices**

1	Single, that is never married or never in a civil partnership
2	Married
3	In a civil partnership
4	Separated
5	Divorced
6	Widowed

## Ever\_Partnered - Has the respondent ever been in a relationship

Name <b>Ever_Partnered</b>	Label <b>Has the respondent ever been in a relationship</b>	Location <b>SOP › Individual personal and social characteristics</b>
Type <b>Multiple Choice</b>	Selection Type <b>SelectOne</b>	Display Style
Condition (SV_200 Contains Any 1 Continue) And (SVS consent paragraph Contains Any 1 Yes, I understand and wish to continue) And (Marstat Contains Any 1 Single, that is never married or never in a civil partnership) And (Soc_Age Greater than 17)		

**Question**

Have you been involved in any relationship in the past, either living together or not living together?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Screen Note**

Blaise: Add note to screen in black

**BLAISE INSTRUCTION: RF**

Blaise: Allow RF for this question. Please use the term 'Don't wish to answer'

**Choices**

1	Yes
2	No

## IrishNat - Irish citizenship indicator

Name IrishNat	Label Irish citizenship indicator	Location SOP › Individual personal and social characteristics
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (SV_200 Contains Any 1 Continue) And (SVS consent paragraph Contains Any 1 Yes, I understand and wish to continue) And (Soc_Age Greater than 17)		

**Question**

Are you an Irish citizen?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in black

**Choices**

1	Yes
2	No

## National - Country of citizenship

Name National	Label Country of citizenship	Location SOP › Individual personal and social characteristics
Type Text	Minimum Length	Maximum Length 60
Condition (IrishNat Contains Any 2 No) And (SVS consent paragraph Contains Any 1 Yes, I understand and wish to continue) And (Soc_Age Greater than 17)		

**Question**

What is your country of citizenship?

**Instructions**

Enter the first 3 letters of the country and then you can select from the list

**BLAISE INSTRUCTION: Code**

Blaise: Generate Country Code field. CNTRYBWHERCODE.

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in black

### Born\_Irl - Indicator if born in Ireland

Name Born_Irl	Label Indicator if born in Ireland	Location SOP › Individual personal and social characteristics
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (SV_200 Contains Any 1 Continue) And (SVS consent paragraph Contains Any 1 Yes, I understand and wish to continue) And (Soc_Age Greater than 17)		

**Question**

Were you born in the Republic of Ireland?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTIONS: Screen note**

Blaise: Add note to screen in black

**Choices**

1	Yes
2	No

### CountryB\_Wher - Country of birth

Name CountryB_Wher	Label Country of birth	Location SOP › Individual personal and social characteristics
Type Text	Minimum Length	Maximum Length 60
Condition (Born_Irl Contains Any 2 No) And (Soc_Age Greater than 17)		

**Question**

In which country were you born?

**Instructions**

Enter the first 3 letters of the country and then you can select from the list

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in black

## Ethnic SOP - Ethnicity

Name Ethnic SOP	Label Ethnicity	Location SOP › Individual personal and social characteristics
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (SV_200 Contains Any 1 Continue) And (SVS consent paragraph Contains Any 1 Yes, I understand and wish to continue) And (Soc_Age Greater than 17)		

**Question**

What is your ethnic group/background?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Screen Note**

Blaise: Add note to screen in black

**Choices**

1	White - Irish
2	White - Irish traveller
3	White - Roma
4	White - Any other white background
5	Black or Black Irish - African
6	Black or Black Irish - Any other Black background
7	Asian or Asian Irish - Chinese
8	Asian or Asian Irish - Indian/Pakistani/Bangladeshi
9	Asian or Asian Irish - Any other Asian background
10	Other, including mixed group/background - Arab
11	Other, including mixed group/background - Mixed



12	Other, including mixed group/background - Other
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## SVS\_HATLEVEL - Highest level of formal education successfully completed for SVS survey

Name SVS_HATLEVEL	Label Highest level of formal education successfully completed for SVS survey	Location SOP › Individual personal and social characteristics
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (SV_200 Contains Any 1 Continue) And (SVS consent paragraph Contains Any 1 Yes, I understand and wish to continue) And (Soc_Age Greater than 17)		

### Question

What is the highest level of education or training (full or part-time) which you have completed to date?

### Instructions

Please select one of the following

### BLAISE INSTRUCTION: Screen note

Blaise: Add note to screen in black

### Choices

1	No formal education or training
2	Primary education (NFQ levels 1 or 2)
3	Lower secondary (NFQ level 3 - Junior/Inter/Group Certificate)
4	Upper secondary (NFQ levels 4 or 5 - Leaving certificate)
5	Technical or Vocational (NFQ levels 4 or 5)
6	Advanced Certificate or Completed Apprenticeship (NFQ level 6)
7	Higher Certificate (NFQ level 6)
8	Ordinary Bachelor Degree or Higher Diploma (NFQ level 7)
9	Honours Bachelor Degree/ Professional qualification or both (NFQ level 8)

10	Postgraduate Diploma or Master's Degree (NFQ level 9)
11	Doctorate (Ph.D.) or higher (NFQ level 10)

## PL031\_BD - SOP - Self perceived employment status (PES) - SOP

Name PL031_BD - SOP	Label Self perceived employment status (PES) - SOP	Location SOP › Individual personal and social characteristics
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (SV_200 Contains Any 1 Continue) And (SVS consent paragraph Contains Any 1 Yes, I understand and wish to continue) And (Soc_Age Greater than 17)		

### Question

Which of the following categories best describes your current situation?

### Instructions

Please select one of the following

### BLAISE INSTRUCTION: Screen Note

Blaise: Add note to screen in black

### Choices

1	Employed
2	Unemployed
3	Retired
4	Unable to work due to long-standing health problems
5	Student, pupil
6	Fulfilling domestic tasks
7	Other

## SVS\_ISCO4D - Job title for SVS survey

Name SVS_ISCO4D	Label Job title for SVS survey	Location SOP › Individual personal and social characteristics
Type Text	Minimum Length	Maximum Length

Condition

(PL031\_BD - SOP Contains Any 1 Employed) And (Soc\_Age Greater than 17)

**Question**

What is your occupation in that job?

**Instructions**

In all cases describe the occupation fully and precisely giving the full job title e.g.

Not Enough Detail

Teacher

Manager

Engineer

Possible Correct Response

Secondary school teacher

Retail store manager

Electrical engineer

**BLAISE INSTRUCTIONS: Screen note**

Blaise: Add note to screen in black

**BLAISE INSTRUCTIONS: Extra Field**

Blaise: Insert extra field for coding occupation

**BLAISE INSTRUCTIONS: DK/RF**

Blaise: Allow DK only for this question and use the term "Cannot say"

**INFORMATION NOTE: Text Formatting**

The terms 'Not Enough Detail' and 'Possible Correct Response' are underlined

## SVS\_Disab1a - Blindness or a vision impairment

Name	Label	Location
SVS_Disab1a	Blindness or a vision impairment	SOP › Individual personal and social characteristics
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

Condition

(SV\_200 Contains Any 1 Continue) And (SVS consent paragraph Contains Any 1 Yes, I understand and wish to continue) And (Soc\_Age Greater than 17)

**Question**

Do you have any of the following long-lasting conditions or difficulties...

...blindness or a vision impairment?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in black

**Choices**

1	Yes, to a great extent
2	Yes, to some extent
3	No

## SVS\_Disab1b - Deafness or a hearing impairment

Name SVS_Disab1b	Label Deafness or a hearing impairment	Location SOP › Individual personal and social characteristics
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (SV_200 Contains Any 1 Continue) And (SVS consent paragraph Contains Any 1 Yes, I understand and wish to continue) And (Soc_Age Greater than 17)		

**Question**

Do you have any of the following long-lasting conditions or difficulties...

...deafness or a hearing impairment?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTIONS: Screen note**

Blaise: Add note to screen in black

**Choices**

1	Yes, to a great extent
2	Yes, to some extent
3	No

## SVS\_Disab1c - A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying

Name SVS_Disab1c	Label A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying	Location SOP › Individual personal and social characteristics
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Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (SV_200 Contains Any 1 Continue) And (SVS consent paragraph Contains Any 1 Yes, I understand and wish to continue) And (Soc_Age Greater than 17)		

**Question**

Do you have any of the following long-lasting conditions or difficulties...

...a difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTIONS: Screen note**

Blaise: Add note to screen in black

**Choices**

1	Yes, to a great extent
2	Yes, to some extent
3	No

## SVS\_Disab1d - An intellectual disability

Name SVS_Disab1d	Label An intellectual disability	Location SOP › Individual personal and social characteristics
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (SV_200 Contains Any 1 Continue) And (SVS consent paragraph Contains Any 1 Yes, I understand and wish to continue) And (Soc_Age Greater than 17)		

**Question**

Do you have any of the following long-lasting conditions or difficulties...

...an intellectual disability?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTIONS: Screen note**

Blaise: Add note to screen in black

**Choices**

1	Yes, to a great extent
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2	Yes, to some extent
3	No

## SVS\_Disab1e - A difficulty with learning, remembering or concentrating

Name SVS_Disab1e	Label A difficulty with learning, remembering or concentrating	Location SOP › Individual personal and social characteristics
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (SV_200 Contains Any 1 Continue) And (SVS consent paragraph Contains Any 1 Yes, I understand and wish to continue) And (Soc_Age Greater than 17)		

**Question**

Do you have any of the following long-lasting conditions or difficulties...

...a difficulty with learning, remembering or concentrating?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTIONS: Screen note**

Blaise: Add note to screen in black

**Choices**

1	Yes, to a great extent
2	Yes, to some extent
3	No

## SVS\_Disab1f - A psychological or emotional condition or mental health issue

Name SVS_Disab1f	Label A psychological or emotional condition or mental health issue	Location SOP › Individual personal and social characteristics
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (SV_200 Contains Any 1 Continue) And (SVS consent paragraph Contains Any 1 Yes, I understand and wish to continue) And (Soc_Age Greater than 17)		

**Question**

Do you have any of the following long-lasting conditions or difficulties...

...a psychological or emotional condition or a mental health issue?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTIONS: Screen note**

Blaise: Add note to screen in black

**Choices**

1	Yes, to a great extent
2	Yes, to some extent
3	No

SVS\_Disab1g - A difficulty with pain, breathing or any other chronic illness or condition

Name SVS_Disab1g	Label A difficulty with pain, breathing or any other chronic illness or condition	Location SOP › Individual personal and social characteristics
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (SV_200 Contains Any 1 Continue) And (SVS consent paragraph Contains Any 1 Yes, I understand and wish to continue) And (Soc_Age Greater than 17)		

**Question**

Do you have any of the following long-lasting conditions or difficulties...

...a difficulty with pain, breathing or any other chronic illness or condition?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTIONS:Screen note**

Blaise: Add note to screen in black

**Choices**

1	Yes, to a great extent
2	Yes, to some extent
3	No

SVS\_Disab2a - Dressing, bathing or getting around inside the home

Name SVS_Disab2a	Label Dressing, bathing or getting around inside the home	Location SOP › Individual personal and social characteristics
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (SVS_Disab1a Contains Any 1 Yes, to a great extent or 2 Yes, to some extent) Or (SVS_Disab1b Contains Any 1 Yes, to a great extent or 2 Yes, to some extent) Or (SVS_Disab1c Contains Any 1 Yes, to a great extent or 2 Yes, to some extent) Or (SVS_Disab1d Contains Any 1 Yes, to a great extent or 2 Yes, to some extent) Or (SVS_Disab1e Contains Any 1 Yes, to a great extent or 2 Yes, to some extent) Or (SVS_Disab1f Contains Any 1 Yes, to a great extent or 2 Yes, to some extent) Or (SVS_Disab1g Contains Any 1 Yes, to a great extent or 2 Yes, to some extent)		

**Question**

As a result of a long-lasting condition, do you have difficulty doing any of the following (include issues due to old age)...

... dressing, bathing or getting around inside the home?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTIONS: Screen note**

Blaise: Add note to screen in black

**Choices**

1	Yes, a lot
2	Yes, a little
3	No

## SVS\_Disab2b - Going outside the home to shop or visit a doctor's surgery

Name SVS_Disab2b	Label Going outside the home to shop or visit a doctor's surgery	Location SOP › Individual personal and social characteristics
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (SVS_Disab1a Contains Any 1 Yes, to a great extent or 2 Yes, to some extent) Or (SVS_Disab1b Contains Any 1 Yes, to a great extent or 2 Yes, to some extent) Or (SVS_Disab1c Contains Any 1 Yes, to a great extent or 2 Yes, to some extent) Or (SVS_Disab1d Contains Any 1 Yes, to a great extent or 2 Yes, to some extent) Or (SVS_Disab1e Contains Any 1 Yes, to a great extent or 2 Yes, to some extent) Or (SVS_Disab1f Contains Any 1 Yes, to a great extent or 2 Yes, to some extent) Or (SVS_Disab1g Contains Any 1 Yes, to a great extent or 2 Yes, to some extent)		

**Question**



As a result of a long-lasting condition, do you have difficulty doing any of the following (include issues due to old age)...

...going outside the home to shop or visit a doctor's surgery?

#### Instructions

Please select one of the following

#### BLAISE INSTRUCTIONS: SScreen note

Blaise: Add note to screen in black

#### Choices

1	Yes, a lot
2	Yes, a little
3	No

### SVS\_Disab2c - Difficulty with working at a job or business or attending school or college

Name SVS_Disab2c	Label Difficulty with working at a job or business or attending school or college	Location SOP › Individual personal and social characteristics
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (SVS_Disab1a Contains Any 1 Yes, to a great extent or 2 Yes, to some extent) Or (SVS_Disab1b Contains Any 1 Yes, to a great extent or 2 Yes, to some extent) Or (SVS_Disab1c Contains Any 1 Yes, to a great extent or 2 Yes, to some extent) Or (SVS_Disab1d Contains Any 1 Yes, to a great extent or 2 Yes, to some extent) Or (SVS_Disab1e Contains Any 1 Yes, to a great extent or 2 Yes, to some extent) Or (SVS_Disab1f Contains Any 1 Yes, to a great extent or 2 Yes, to some extent) Or (SVS_Disab1g Contains Any 1 Yes, to a great extent or 2 Yes, to some extent)		

#### Question

As a result of a long-lasting condition, do you have difficulty doing any of the following (include issues due to old age)...

...working at a job or business or attending school or college?

#### Instructions

Please select one of the following

#### BLAISE INSTRUCTIONS: Screen note

Blaise: Add note to screen in black

#### Choices

1	Yes, a lot
2	Yes, a little
3	No

## SVS\_Disab2d - Difficulty in participating in other activities, for example leisure or using transport

Name SVS_Disab2d	Label Difficulty in participating in other activities, for example leisure or using transport	Location SOP › Individual personal and social characteristics
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (SVS_Disab1a Contains Any 1 Yes, to a great extent or 2 Yes, to some extent) Or (SVS_Disab1b Contains Any 1 Yes, to a great extent or 2 Yes, to some extent) Or (SVS_Disab1c Contains Any 1 Yes, to a great extent or 2 Yes, to some extent) Or (SVS_Disab1d Contains Any 1 Yes, to a great extent or 2 Yes, to some extent) Or (SVS_Disab1e Contains Any 1 Yes, to a great extent or 2 Yes, to some extent) Or (SVS_Disab1f Contains Any 1 Yes, to a great extent or 2 Yes, to some extent) Or (SVS_Disab1g Contains Any 1 Yes, to a great extent or 2 Yes, to some extent)		

### Question

As a result of a long-lasting condition, do you have difficulty doing any of the following (include issues due to old age)...

...participating in other activities, for example, leisure or using transport?

### Instructions

Please select one of the following

### BLAISE INSTRUCTIONS: Screen note

Blaise: Add note to screen in black

### Choices

1	Yes, a lot
2	Yes, a little
3	No

## Soc\_NumResid - Number of residents in household

Name Soc_NumResid	Label Number of residents in household	Location SOP › Individual personal and social characteristics
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Type <b>Integer</b>	Low <b>1</b>	High <b>25</b>
Condition (SV_200 Contains Any 1 Continue) And (SVS consent paragraph Contains Any 1 Yes, I understand and wish to continue) And (Soc_Age Greater than 17)		

**Question**

How many people (including yourself) live in this household?

**Instructions**

Please enter a numeric value

## Soc\_NumTeen - Children under 18 living in household

Name <b>Soc_NumTeen</b>	Label <b>Children under 18 living in household</b>	Location <b>SOP › Individual personal and social characteristics</b>
Type <b>Integer</b>	Low <b>1</b>	High <b>50</b>
Condition (SV_200 Contains Any 1 Continue) And (SVS consent paragraph Contains Any 1 Yes, I understand and wish to continue) And (Soc_NumResid Greater than 1) And (Soc_Age Greater than 17)		

**Question**

How many children under 18 years of age live in this household?

**Instructions**

Please enter a numeric value

## Harassment and stalking

Label <b>Harassment and stalking</b>	Location <b>SOP</b>
Type <b>Sequence</b>	Order <b>InOrderOfAppearance</b>

**Description**

Experience of harassment and stalking

## SV\_10 - SV Intro - Harassment and stalking

Name <b>SV_10</b>	Label <b>SV Intro - Harassment and stalking</b>	Location <b>SOP › Harassment and stalking</b>
Type <b>Multiple Choice</b>	Selection Type <b>SelectOne</b>	Display Style

**Question**

The next set of questions are about unwanted behaviour that you may have experienced in your daily life in the past 12 months, which made you feel offended, humiliated or intimidated.

You do not have to answer any questions that you do not want to answer, just leave the answer options blank and click the 'Save and continue' button to move on.

Please remember your answers are confidential.

### Instructions

Please select 'Continue' and press 'Save and continue' to proceed

### BLAISE ANNOTATION: Note

Blaise: Add note to screen

### Choices

1	Continue
---	----------

## SV\_11C1 - Harassment 1 - experienced crude remarks online

Name SV_11C1	Label Harassment 1 - experienced crude remarks online	Location SOP › Harassment and stalking
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_10 Contains Any 1 Continue		

### Question

Thinking about the last 12 months...

...has anyone made crude or sexually explicit remarks to you that you found offensive, humiliating or intimidating while you were online (including social media, dating apps, discussion boards)?

### Instructions

Please select one of the following

### BLAISE INSTRUCTION: Screen note

Blaise: Add note to screen

### Choices

1	Yes
2	No

## SV\_11C2 - Harassment 2 - experienced crude remarks in any other situation

Name SV_11C2	Label Harassment 2 - experienced crude remarks in any other situation	Location SOP › Harassment and stalking
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_10 Contains Any 1 Continue		

**Question**

Thinking about the last 12 months...

...has anyone made crude or sexually explicit remarks to you that you found offensive, humiliating or intimidating while you were in any other situation e.g. in person, by text, phone call?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen

**Choices**

1	Yes
2	No

## SV\_13 - Harassment 3 - experienced sexual images or videos shared online without permission

Name SV_13	Label Harassment 3 - experienced sexual images or videos shared online without permission	Location SOP › Harassment and stalking
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_10 Contains Any 1 Continue		

**Question**

Thinking about the last 12 months...

...has anyone shared private sexual images or videos of you without your permission?

Please include cases where you only became aware of historical images being shared without your permission if they were shared within the last 12 months.

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen

**Choices**

1	Yes
2	No

## SV\_14 - Harassment 4 - experienced physical exposure by somebody

Name SV_14	Label Harassment 4 - experienced physical exposure by somebody	Location SOP › Harassment and stalking
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_10 Contains Any 1 Continue		

**Question**

Thinking about the last 12 months...

...has anyone exposed themselves physically to you in a way that made you feel uncomfortable?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen

**Choices**

1	Yes
2	No

## SV\_96C1 - Harassment 5 - Exposure to sexually explicit pictures or photos

Name SV_96C1	Label Harassment 5 - Exposure to sexually explicit pictures or photos	Location SOP › Harassment and stalking
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_10 Contains Any 1 Continue		

**Question**

Thinking about the last 12 months...

...have you experienced any of the following behaviours in your daily life, for example, in a public place, at home or at work...

...exposure to sexually explicit pictures or photos that made you feel offended, humiliated or intimidated?

#### Instructions

Please select one of the following

#### BLAISE INSTRUCTION: Screen note

Blaise: Add note to screen

#### Choices

1	Yes
2	No

### SV\_96C2 - Harassment 6 - Physical contact

Name SV_96C2	Label Harassment 6 - Physical contact	Location SOP › Harassment and stalking
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_10 Contains Any 1 Continue		

#### Question

Thinking about the last 12 months...

...have you experienced any of the following behaviours in your daily life, for example, in a public place, at home or at work...

...physical contact, for example, touching, hugging or being in close proximity that made you feel offended, humiliated or intimidated?

#### Instructions

Please select one of the following

#### BLAISE INSTRUCTION: Screen note

Blaise: Add note to screen

#### Choices

1	Yes
2	No

### SV\_96C3 - Harassment 7 - Inappropriate sexual advances

Name SV_96C3	Label Harassment 7 - Inappropriate sexual advances	Location SOP › Harassment and stalking
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_10 Contains Any 1 Continue		

**Question**

Thinking about the last 12 months...

...have you experienced any of the following behaviours in your daily life, for example, in a public place, at home or at work...

...inappropriate sexual advances that made you feel offended, humiliated or intimidated?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen

**Choices**

1	Yes
2	No

## SV\_96C4 - Harassment 8 - Any other sexually inappropriate behaviour

Name SV_96C4	Label Harassment 8 - Any other sexually inappropriate behaviour	Location SOP › Harassment and stalking
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_10 Contains Any 1 Continue		

**Question**

Thinking about the last 12 months...

...have you experienced any of the following behaviours in your daily life, for example, in a public place, at home or at work...

...any other sexually inappropriate behaviour that made you feel offended, humiliated or intimidated?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen



**Choices**

1	Yes
2	No

## SV\_16 - Frequency of sexual harassment in the last 12 months - one experience

Name SV_16	Label Frequency of sexual harassment in the last 12 months - one experience	Location SOP › Harassment and stalking
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition ONLY ONE OF SV_11_C1, SV_11_C2, SV_13, SV_14, SV_96C1, SV_96C2, SV_96C3, SV_96C4 =1		

**Question**

You have indicated that you experienced one of these types of unwanted behaviour.

How often did you experience this in the last 12 months?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen

**Choices**

1	Once
2	Occasionally
3	Often (fortnightly to monthly)
4	Continuously (at least weekly)

## SV\_12 - Frequency of sexual harassment in the last 12 months - more than one experience

Name SV_12	Label Frequency of sexual harassment in the last 12 months - more than one experience	Location SOP › Harassment and stalking
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

MORE THAN ONE OF SV\_11\_C1, SV\_11\_C2, SV\_13, SV\_14, SV\_96C1, SV\_96C2, SV\_96C3, SV\_96C4 =1

**Question**

You have indicated that you experienced more than one of these types of unwanted behaviour.

Thinking about the experience that affected you most, how often did this happen to you in the last 12 months?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen

**Choices**

1	Once
2	Occasionally
3	Often (fortnightly to monthly)
4	Continuously (at least weekly)

## SV\_17\_1 - Gender of perpetrator - one sexual harassment exp

Name SV_17_1	Label Gender of perpetrator - one sexual harassment exp	Location SOP › Harassment and stalking
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

SV\_16 Contains Any 1 Once

**Question**

Was the person who did this to you...

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen

**Choices**

1	Male
2	Female
3	More than one person

## SV\_17\_2 - Gender of perpetrator - more than one sexual harassment exp

Name SV_17_2	Label Gender of perpetrator - more than one sexual harassment exp	Location SOP › Harassment and stalking
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (SV_16 Contains Any 2 Occasionally or 3 Often (fortnightly to monthly) or 4 Continuously (at least weekly)) Or (SV_12 Contains Any 1 Once or 2 Occasionally or 3 Often (fortnightly to monthly) or 4 Continuously (at least weekly))		

**Question**

Thinking about the experience that affected you most, was the person who did this to you...

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen

**Choices**

1	Male
2	Female
3	More than one person

## SV\_18 - Relationship with perpetrator - one sexual harassment exp

Name SV_18	Label Relationship with perpetrator - one sexual harassment exp	Location SOP › Harassment and stalking
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_17_1 Contains Any 1 Male or 2 Female		

**Question**

At the time, was the person that did this to you...

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen

**Choices**

1	A partner/ex-partner
2	A family member/relative
3	A friend/acquaintance
4	Someone at work, for example, your boss, a colleague or a customer
5	A stranger
6	Other

## SV\_98 - Relationship with perpetrator - more than one sexual harassment experience

Name SV_98	Label Relationship with perpetrator - more than one sexual harassment exp	Location SOP › Harassment and stalking
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_17_2 Contains Any 1 Male or 2 Female		

### Question

Thinking about the experience that affected you most, at the time, was that person...

### Instructions

Please select one of the following

### BLAISE INSTRUCTION:

Blaise: Add note to screen

### Choices

1	A partner/ex-partner
2	A family member/relative
3	A friend/acquaintance
4	Someone at work, for example, your boss, a colleague or a customer
5	A stranger
6	Other

## SV\_230\_2 - Location of harassment - single experience

Name SV_230_2	Label Location of harassment - single experience	Location SOP › Harassment and stalking
Type Multiple Choice	Selection Type SelectAllThatApply	Display Style
Condition SV_16 Contains Any 1 Once		

**Question**

Where did this happen?

**Instructions**

Please select all that apply

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in black

**Choices**

1	Home
2	Work
3	School/college
4	In a pub/club/disco
5	In a park/other public place
6	Online
7	Other

## SV\_230 - Location of harassment - multiple experiences

Name SV_230	Label Location of harassment - multiple experiences	Location SOP › Harassment and stalking
Type Multiple Choice	Selection Type SelectAllThatApply	Display Style
Condition (SV_16 Contains Any 2 Occasionally or 3 Often (fortnightly to monthly) or 4 Continuously (at least weekly)) Or (SV_12 Contains Any 2 Occasionally or 3 Often (fortnightly to monthly) or 4 Continuously (at least weekly))		

**Question**

Thinking about the experience that affected you most, where did it happen?

**Instructions**

Please select all that apply

**BLAISE INSTRUCTION**

Blaise: Add note to screen in black

**Choices**

1	Home
2	Work
3	School/college
4	In a pub/club/disco
5	In a park/other public place
6	Online
7	Other

SV\_19\_1 - Disclosing - did you disclose the sexual harassment exp - single experience

Name SV_19_1	Label Disclosing - did you disclose the sexual harassment exp - single experience	Location SOP › Harassment and stalking
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition ONLY ONE OF SV_11_C1, SV_11_C2, SV_13, SV_14, SV_96C1, SV_96C2, SV_96C3, SV_96C4 =1		

**Question**

Did you disclose to anyone what happened to you?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in black

**Choices**

1	Yes
2	No

SV\_201 - Disclosing - did you disclose the sexual harassment exp (multiple)

Name SV_201	Label Disclosing - did you disclose the sexual harassment exp (multiple)	Location SOP › Harassment and stalking
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition MORE THAN ONE OF SV_11_C1, SV_11_C2, SV_13, SV_14, SV_96C1, SV_96C2, SV_96C3, SV_96C4 =1		

**Question**

Thinking about the experience that affected you most, did you disclose to anyone what happened to you?

**Instructions**

Please select one of the following

**BLAISE ANNOTATION: Note**

Blaise: Add note to screen

**Choices**

1	Yes
2	No

## SV\_19\_2 - Disclosing - Who did you report the sexual harassment exp

Name SV_19_2	Label Disclosing - Who did you report the sexual harassment exp	Location SOP › Harassment and stalking
Type Multiple Choice	Selection Type SelectAllThatApply	Display Style
Condition (SV_19_1 Contains Any 1 Yes) Or (SV_201 Contains Any 1 Yes)		

**Question**

Did you disclose to any of the following?

**Instructions**

Please select all that apply

**BLAISE INSTRUCTION: Note**

Blaise: Add note to screen in black

**Choices**

1	A member of your family
2	A friend
3	Your superior/boss

4	The superior/boss of the person who did this to you
5	The Gardaí/Police
6	Someone else

## SV\_181 - Stalking

Name SV_181	Label Stalking	Location SOP › Harassment and stalking
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_10 Contains Any 1 Continue		

**Question**

Thinking about the last 12 months...

...has anyone stalked you in a way that made you fear that you were at risk of sexual violence?

(Stalking means persistent, unwanted actions like following you, waiting for you, contacting you by phone, text and/or social media, that are against your wishes or imply threats)

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Note**

Blaise: Add note to screen

**Choices**

1	Yes
2	No

## SV\_182 - Gender of perpetrator - experience of stalking

Name SV_182	Label Gender of perpetrator - experience of stalking	Location SOP › Harassment and stalking
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_181 Contains Any 1 Yes		

**Question**

Was the person who did this to you...

**Instructions**



Please select one of the following

**BLAISE ANNOTATION: Note**

Blaise: Add note to screen

**Choices**

1	Male
2	Female
3	More than one person

## SV\_183 - Relationship with perpetrator - experience of stalking

Name SV_183	Label Relationship with perpetrator - experience of stalking	Location SOP › Harassment and stalking
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_182 Contains None of 3 More than one person		

**Question**

At the time, was the person that did this to you...

**Instructions**

Please select one of the following

**BLAISE ANNOTATION: Note**

Blaise: Add note to screen

**Choices**

1	A partner/ex-partner
2	A family member/relative
3	A friend/acquaintance
4	Someone at work, for example, your boss, a colleague or a customer
5	A stranger
6	Other

## SV\_184 - Disclosing - did you disclose the stalking experience

Name SV_184	Label Disclosing - did you disclose the stalking experience	Location SOP › Harassment and stalking
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_181 Contains Any 1 Yes		

**Question**

Did you disclose to anyone what happened to you?

**Instructions**

Please select one of the following

**BLAISE ANNOTATION: Note**

Blaise: Add note to screen

**Choices**

1	Yes
2	No

## SV\_185 - Disclosing - Who did you disclose the stalking experience

Name SV_185	Label Disclosing - Who did you disclose the stalking experience	Location SOP › Harassment and stalking
Type Multiple Choice	Selection Type SelectAllThatApply	Display Style
Condition SV_184 Contains Any 1 Yes		

**Question**

Did you disclose to any of the following people?

**Instructions**

Please select all that apply

**BLAISE ANNOTATION: Note**

Blaise: Add note to screen

**Choices**

1	A member of your family
2	A friend
3	Your superior/boss

4	The superior/boss of the person who did this to you
5	The Gardaí/Police
6	Someone else

## Intimate partner sexual violence

Label <b>Intimate partner sexual violence</b>	Location <b>SOP</b>
Type <b>Sequence</b>	Order <b>InOrderOfAppearance</b>

## SV\_Intro\_IP - Introduction to adult experiences of sexual violence

Name <b>SV_Intro_IP</b>	Label <b>Introduction to adult experiences of sexual violence</b>	Location <b>SOP › Intimate partner sexual violence</b>
Type <b>Multiple Choice</b>	Selection Type <b>SelectOne</b>	Display Style
Condition (Marstat Contains Any 2 Married or 3 In a civil partnership or 4 Separated or 5 Divorced or 6 Widowed) Or (Ever_Partnered Contains Any 1 Yes)		

### Question

Relationships usually involve both good and bad moments: this next set of questions will ask about unwanted, non-consensual sexual experiences that may have happened to you since you were 17 years old with a partner or ex-partner.

"Partner" means a person that you are/were married to, living with, a boyfriend/girlfriend or someone you are/were regularly dating.

Please do not include:

- Experiences that happened with someone other than a partner or ex-partner as you will be asked about these in the next section.
  - Experiences that took place before you were 17, as you will be asked about these separately in this survey.
- You do not have to answer any questions that you do not want to answer; just leave the answer options blank and click the 'Save and continue' button to move on.

Please remember your answers are confidential.

### Instructions

Please select 'Continue' and press 'Save and continue' to proceed

### BLAISE INSTRUCTION: Screen note

Blaise: Add note to screen

### Choices

1	Continue
---	----------

## SV\_24 - IPV 1 - Non-consent touching of breasts/genitals by partner

Name SV_24	Label IPV 1 - Non-consent touching of breasts/genitals by partner	Location SOP › Intimate partner sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_Intro_IP Contains Any 1 Continue		

**Question**

Thinking about unwanted events that may have happened since you were 17...

...has a partner (current or ex) ever touched your breasts and/or genitals (penis/vagina) without your consent?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen

**Choices**

1	Yes
2	No

## SV\_25 - IPV 2 - Non-consent forced touching of partner's breasts/genitals

Name SV_25	Label IPV 2 - Non-consent forced touching of partner's breasts/genitals	Location SOP › Intimate partner sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_Intro_IP Contains Any 1 Continue		

**Question**

Thinking about unwanted events that may have happened since you were 17...

...has a partner (current or ex) ever coerced, forced or made you touch their breasts and/or genitals (penis/vagina) without your consent?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen

**Choices**

1	Yes
2	No

## SV\_151 - IPV 3 - Non consent sex

Name SV_151	Label IPV 3 - Non consent sex	Location SOP › Intimate partner sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_Intro_IP Contains Any 1 Continue		

**Question**

Thinking about unwanted events that may have happened since you were 17...

...has a partner (current or ex) ever coerced, threatened or forced you in order to make you have sexual intercourse without your consent?

(Sexual intercourse includes vaginal sex, anal sex, oral sex and/or penetration with an object or finger)

**Instructions**

Please select one of the following

**BLAISE ANNOTATION: Note**

Blaise: Add note to screen

**Choices**

1	Yes
2	No

## SV\_29 - IPV 4 - Unable to provide consent to sex

Name SV_29	Label IPV 4 - Unable to provide consent to sex	Location SOP › Intimate partner sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_Intro_IP Contains Any 1 Continue		

**Question**

Thinking about unwanted events that may have happened since you were 17...

...has a partner (current or ex) ever had sexual intercourse with you when you could not give consent, or stop what was happening because you were asleep, passed out or under the influence of alcohol and/or drugs?

(Sexual intercourse includes vaginal sex, anal sex, oral sex and/or penetration with an object or finger)

### Instructions

Please select one of the following

### BLAISE INSTRUCTION: Screen note

Blaise: Add note to screen

### Choices

1	Yes
2	No
3	Not certain

## SV\_30 - IPV 5 - Unable to provide consent to sexual contact

Name SV_30	Label IPV 5 - Unable to provide consent to sexual contact	Location SOP › Intimate partner sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_Intro_IP Contains Any 1 Continue		

### Question

Thinking about unwanted events that may have happened since you were 17...

...has a partner (current or ex) ever had any other sexual contact with you when you could not give consent, or stop what was happening because you were asleep, passed out or under the influence of alcohol and/or drugs?

### Instructions

Please select one of the following

### BLAISE INSTRUCTION: Screen note

Blaise: Add note to screen

### Choices

1	Yes
2	No
3	Not certain

## SV\_186C1 - IPV 6 - ATTEMPTED to have sexual intercourse

Name SV_186C1	Label IPV 6 - ATTEMPTED to have sexual intercourse	Location SOP › Intimate partner sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_Intro_IP Contains Any 1 Continue		

**Question**

Thinking about unwanted events that may have happened since you were 17...

...has a partner (current or ex) ever ATTEMPTED to have sexual intercourse with you without your consent, but the intercourse did not happen?

(Sexual intercourse includes vaginal sex, anal sex, oral sex and/or penetration with an object or finger)

**Instructions**

Please select one of the following

**BLAISE ANNOTATION: Note**

Blaise: Add note to screen

**Choices**

1	Yes
2	No

## SV\_186C2 - IPV 7 - ATTEMPTED to have any other sexual contact

Name SV_186C2	Label IPV 7 - ATTEMPTED to have any other sexual contact	Location SOP › Intimate partner sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_Intro_IP Contains Any 1 Continue		

**Question**

Thinking about unwanted events that may have happened since you were 17...

...has a partner (current or ex) ever ATTEMPTED to have any other sexual contact with you without your consent?

**Instructions**

Please select one of the following

**BLAISE ANNOTATION: Note**

Blaise: Add note to screen

#### Choices

1	Yes
2	No

### SV\_33 - IPV frequency - single experience

Name SV_33	Label IPV frequency - single experience	Location SOP › Intimate partner sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition ONLY ONE OF SV_24, SV_25, SV_151, SV_29, SV_30, SV_186C1, SV_186C2 =1		

#### Question

You have indicated one type of unwanted, non-consensual sexual experience by a partner.

How often did this happen to you?

#### Instructions

Please select one of the following

#### BLAISE INSTRUCTION: Screen note

Blaise: Add note to screen

#### Choices

1	Once
2	More than once

### SV\_202 - IPV frequency - more than one experience

Name SV_202	Label IPV frequency - more than one experience	Location SOP › Intimate partner sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition MORE THAN ONE OF SV_24, SV_25, SV_151, SV_29, SV_30, SV_186C1, SV_186C2 =1		

#### Question

You have indicated more than one type of unwanted, non-consensual sexual experience by a partner.

Thinking about the experience that affected you the most, how often did this happen to you?

By experience we mean one incident or one behaviour that affected you most.



**Instructions**

Please select one of the following

**BLAISE ANNOTATION: Note**

Blaise: Add note to screen

**Choices**

1	Once
2	More than once

**SV\_34 - IPV number of partners**

Name SV_34	Label IPV number of partners	Location SOP › Intimate partner sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (SV_33 Contains Any 2 More than once) Or (SV_202 Contains Any 1 Once or 2 More than once)		

**Question**

Some people have unwanted, non-consensual sexual experiences in more than one relationship.

Can you indicate what happened to you?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTIONS: Screen note**

Blaise: Add note to screen

**Choices**

1	Experienced this behaviour with one partner
2	Experienced this behaviour with more than one partner

**SV\_160 - IPV gender - single exp of SV**

Name SV_160	Label IPV gender - single exp of SV	Location SOP › Intimate partner sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_33 Contains Any 1 Once		

**Question**

Was the person that did this to you...

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Note**

Blaise: Add note to screen

**Choices**

1	Male
2	Female
3	More than one person

## SV\_160\_1 - IPV gender - more than one exp of SV (most affected)

Name SV_160_1	Label IPV gender - more than one exp of SV (most affected)	Location SOP › Intimate partner sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (SV_33 Contains Any 2 More than once) Or (SV_202 Contains Any 1 Once or 2 More than once)		

**Question**

Thinking about the experience that affected you most, was the person that did this to you...

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Note**

Blaise: Add note to screen

**Choices**

1	Male
2	Female
3	More than one person

## SV\_37 - IPV age at exp - single experience of SV

Name SV_37	Label IPV age at exp - single experience of SV	Location SOP › Intimate partner sexual violence
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Type Integer	Low 1	High 100
Condition SV_33 Contains Any 1 Once		

**Question**

What age were you when it happened?

**Instructions**

Please enter a numeric value

**BLAISE INSTRUCTION: Note**

Blaise: Add note to screen

## SV\_42 - IPV age at beginning - more than one experience of SV

Name SV_42	Label IPV age at beginning - more than one experience of SV	Location SOP › Intimate partner sexual violence
Type Integer	Low 1	High 100
Condition (SV_33 Contains Any 2 More than once) Or (SV_202 Contains Any 1 Once or 2 More than once)		

**Question**

Thinking about the experience that affected you most, what age were you when it happened?

**Instructions**

Please enter a numeric value

**BLAISE INSTRUCTION:**

Blaise: Add note to screen

## SV\_43 - IPV duration of SV - more than one experience of sexual violence

Name SV_43	Label IPV duration of SV - more than one experience of sexual violence	Location SOP › Intimate partner sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (SV_33 Contains Any 2 More than once) Or (SV_202 Contains Any 1 Once or 2 More than once)		

**Question**

Thinking about the experience that affected you most, how long did this behaviour go on?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTIONS: Screen note**

Blaise: Add note to screen

**Choices**

1	One experience
2	Less than 6 months
3	6 months up to 1 year
4	More than 1 year up to 2 years
5	More than 2 years up to 5 years
6	More than 5 years

## SV\_162\_1 - IPV was the experience in the last 12 months

Name SV_162_1	Label IPV was the experience in the last 12 months	Location SOP › Intimate partner sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_33 Contains Any 1 Once		

**Question**

Did this unwanted, non-consensual sexual experience by a partner take place in the last 12 months?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Note**

Blaise: Add note to screen

**Choices**

1	Yes
2	No

## SV\_162\_2 - IPV was any experience in the last 12 months

Name SV_162_2	Label IPV was any experience in the last 12 months	Location SOP › Intimate partner sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (SV_33 Contains Any 2 More than once) Or (SV_202 Contains Any 1 Once or 2 More than once)		

**Question**

Did any unwanted, non-consensual sexual experience by a partner take place in the last 12 months?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Note**

Blaise: Add note to screen

**Choices**

1	Yes
2	No

## SV\_411 - IPV how often did the experience happen in the last 12 months

Name SV_411	Label IPV how often did the experience happen in the last 12 months	Location SOP › Intimate partner sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (SV_162_2 Contains Any 1 Yes) Or (SV_162_1 Contains Any 1 Yes)		

**Question**

How often did you experience this behaviour in the last 12 months?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen

**Choices**

1	Once
2	More than once

## Non-intimate partner sexual violence

Label Non-intimate partner sexual violence	Location SOP
Type Sequence	Order InOrderOfAppearance

## SV\_intro\_NIP - Introduction to adult experiences of sexual violence non IP

Name SV_intro_NIP	Label Introduction to adult experiences of sexual violence non IP	Location SOP › Non-intimate partner sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

The next set of questions will ask about unwanted, non-consensual sexual experiences that may have happened, since you were 17 years old, with someone other than a partner or ex-partner.

Please do not include:

- Experiences that happened with a partner or ex-partner as these were included in the previous section.
  - Experiences that took place before you were 17, as you will be asked about these separately in this survey.
- You do not have to answer any questions that you do not want to; just leave the answer options blank and click the 'Save and continue' button to move on.

Please remember your answers are confidential.

**Instructions**

Please select 'Continue' and press 'Save and continue' to proceed

**BLAISE INSTRUCTION: Screen Note**

Blaise: Add note to screen

**Choices**

1	Continue
---	----------

## SV\_44 - NIPV 1 - Non-consent touching of breasts/genitals by non-partner

Name SV_44	Label NIPV 1 - Non-consent touching of breasts/genitals by non-partner	Location SOP › Non-intimate partner sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_intro_NIP Contains Any 1 Continue		

**Question**

Thinking about unwanted events that may have happened since you were 17...

...has anyone, other than a partner or ex-partner, ever touched your breasts and/or genitals (penis/vagina) without your consent?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen

**Choices**

1	Yes
2	No

## SV\_45 - NIPV 2 - Non-consent forced touching of non-partner's breast/genitals

Name SV_45	Label NIPV 2 - Non-consent forced touching of non-partner's breast/genitals	Location SOP › Non-intimate partner sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_intro_NIP Contains Any 1 Continue		

**Question**

Thinking about unwanted events that may have happened since you were 17...

...has anyone, other than a partner or ex-partner, ever coerced, forced or made you touch their breasts and/or genitals (penis/vagina) without your consent?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen

**Choices**

1	Yes
2	No

## SV\_151\_1 - NIPV 3 non-consent sex

Name SV_151_1	Label NIPV 3 non-consent sex	Location SOP › Non-intimate partner sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_intro_NIP Contains Any 1 Continue		

**Question**

Thinking about unwanted events that may have happened since you were 17...

...has anyone, other than a partner or ex-partner, ever coerced, threatened or forced you in order to make you have sexual intercourse?

(Sexual intercourse includes vaginal sex, anal sex, oral sex and/or penetration with an object or finger)

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Note**

Blaise: Add note to screen

**Choices**

1	Yes
2	No

## SV\_47 - NIPV 4 - Unable to provide consent to sex

Name SV_47	Label NIPV 4 - Unable to provide consent to sex	Location SOP › Non-intimate partner sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_intro_NIP Contains Any 1 Continue		

**Question**

Thinking about unwanted events that may have happened since you were 17...

...has anyone, other than a partner or ex-partner, ever had sexual intercourse with you when you have been unable to provide consent, or stop what was happening because you were asleep, passed out or under the influence of alcohol and/or drugs?

(Sexual intercourse includes vaginal sex, anal sex, oral sex and/or penetration with an object or finger)

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen

**Choices**

1	Yes
2	No



3	Not certain
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## SV\_48 - NIPV 5 - Unable to provide consent to sexual contact

Name SV_48	Label NIPV 5 - Unable to provide consent to sexual contact	Location SOP › Non-intimate partner sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_intro_NIP Contains Any 1 Continue		

**Question**

Thinking about unwanted events that may have happened since you were 17...

...has anyone, other than a partner or ex-partner, ever had other sexual contact with you when you have been unable to provide consent, or stop what was happening because you were asleep, passed out or under the influence of alcohol and/or drugs?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen

**Choices**

1	Yes
2	No
3	Not certain

## SV\_203C1 - NIPV 6 - ATTEMPTED to have sexual intercourse

Name SV_203C1	Label NIPV 6 - ATTEMPTED to have sexual intercourse	Location SOP › Non-intimate partner sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_intro_NIP Contains Any 1 Continue		

**Question**

Thinking about unwanted events that may have happened since you were 17...

...has anyone, other than a partner or ex-partner, ever ATTEMPTED to have sexual intercourse with you without your consent but the intercourse did not happen?

(Sexual intercourse includes vaginal sex, anal sex, oral sex and/or penetration with an object or finger)

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen

**Choices**

1	Yes
2	No

## SV\_203C2 - NIPV 7 - ATTEMPTED to have any other sexual contact

Name SV_203C2	Label NIPV 7 - ATTEMPTED to have any other sexual contact	Location SOP › Non-intimate partner sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_intro_NIP Contains Any 1 Continue		

**Question**

Thinking about unwanted events that may have happened since you were 17...

...has anyone, other than a partner or ex-partner, ever ATTEMPTED to have any other sexual contact with you without your consent?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen

**Choices**

1	Yes
2	No

## SV\_33\_1 - NIPV frequency

Name SV_33_1	Label NIPV frequency	Location SOP › Non-intimate partner sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition ONLY ONE OF SV_44, SV_45, SV_151_1, SV_47, SV_48, SV_203C1, SV_203C2 =1		

**Question**

You have indicated one type of unwanted, non-consensual sexual experience by someone other than a partner or ex-partner.

How often did this happen to you?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen

**Choices**

1	Once
2	More than once

## SV\_204 - NIPV frequency - more than one experience

Name SV_204	Label NIPV frequency - more than one experience	Location SOP › Non-intimate partner sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition MORE THAN ONE OF SV_44, SV_45, SV_151_1, SV_47, SV_48, SV_203C1, SV_203C2 =1		

**Question**

You have indicated more than one type of unwanted, non-consensual sexual experience by someone other than a partner or ex-partner.

Thinking about the experience that affected you most, how often did this happen to you?

By experience we mean one incident or one behaviour that affected you most.

**Instructions**

Please select one of the following

**BLAISE ANNOTATION: Note**

Blaise: Add note to screen

**Choices**

1	Once
2	More than once

## SV\_51 - NIPV number of perpetrators

Name SV_51	Label NIPV number of perpetrators	Location SOP › Non-intimate partner sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (SV_33_1 Contains Any 2 More than once) Or (SV_204 Contains Any 1 Once or 2 More than once)		

**Question**

Some people have unwanted, non-consensual sexual experiences with more than one person.

Can you indicate what happened to you?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Screen note**

Blaise: add note to screen

**Choices**

1	The same person/people was involved in all incidents
2	Different people were involved in different incidents

## SV\_35 - NIPV gender - single exp of SV

Name SV_35	Label NIPV gender - single exp of SV	Location SOP › Non-intimate partner sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_33_1 Contains Any 1 Once		

**Question**

Was the person that did this to you...

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen

**Choices**

1	Male
---	------

2	Female
3	More than one person

## SV\_36 - NIPV gender - more than one exp of SV (most affected)

Name SV_36	Label NIPV gender - more than one exp of SV (most affected)	Location SOP › Non-intimate partner sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (SV_33_1 Contains Any 2 More than once) Or (SV_204 Contains Any 1 Once or 2 More than once)		

**Question**

Thinking about the experience that affected you most, was the person that did this to you...

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen

**Choices**

1	Male
2	Female
3	More than one person

## SV\_179 - NIPV perpetrators relationship - one experience of SV

Name SV_179	Label NIPV perpetrators relationship - one experience of SV	Location SOP › Non-intimate partner sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_35 Contains Any 1 Male or 2 Female		

**Question**

At the time, was the person that did this to you...

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Note**

Blaise: Add note to screen

**Choices**

1	A family member/relative
2	A neighbour
3	A friend/acquaintance
4	A person in authority, for example, a boss, a doctor
5	A stranger
6	Other

## SV\_180 - NIPV perpetrator's relationship - more than one experience of SV (most affected)

Name SV_180	Label NIPV perpetrator's relationship - more than one experience of SV (most affected)	Location SOP › Non-intimate partner sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_36 Contains Any 1 Male or 2 Female		

**Question**

Thinking about the experience that affected you most, at the time, was the person that did this to you...

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Note**

Blaise: Add note to screen

**Choices**

1	A family member/relative
2	A neighbour
3	A friend/acquaintance
4	A person in authority, for example, a boss, a doctor
5	A stranger
6	Other

## SV\_52 - NIPV age at exp - single experience of SV

Name SV_52	Label NIPV age at exp - single experience of SV	Location SOP › Non-intimate partner sexual violence
Type Integer	Low 0	High 100
Condition SV_33_1 Contains Any 1 Once		

**Question**

What age were you when it happened?

**Instructions**

Please enter a numeric value

**BLAISE INSTRUCTION: Note**

Blaise: Add note to screen

## SV\_53 - NIPV age at beginning - more than one experience of SV

Name SV_53	Label NIPV age at beginning - more than one experience of SV	Location SOP › Non-intimate partner sexual violence
Type Integer	Low 0	High 100
Condition (SV_33_1 Contains Any 2 More than once) Or (SV_204 Contains Any 1 Once or 2 More than once)		

**Question**

Thinking about the experience that affected you most, what age were you when it happened?

**Instructions**

Please enter a numeric value

**BLAISE INSTRUCTION: Note**

Blaise: Add note to screen

## SV\_54 - NIPV location of SV - one experience of sexual violence

Name SV_54	Label NIPV location of SV - one experience of sexual violence	Location SOP › Non-intimate partner sexual violence
Type Multiple Choice	Selection Type SelectAllThatApply	Display Style
Condition SV_33_1 Contains Any 1 Once		

**Question**

Where did it happen?

**Instructions**

Please select all that apply

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen

**Choices**

1	In my home
2	In another person's home
3	At work
4	At school/college
5	In a pub/club/disco
6	In a park/other public place
7	Other

## SV\_55 - NIPV location of SV - more than one experience of sexual violence

Name SV_55	Label NIPV location of SV - more than one experience of sexual violence	Location SOP › Non-intimate partner sexual violence
Type Multiple Choice	Selection Type SelectAllThatApply	Display Style
Condition (SV_33_1 Contains Any 2 More than once) Or (SV_204 Contains Any 1 Once or 2 More than once)		

**Question**

Thinking about the experience that affected you most, where did it happen?

**Instructions**

Please select all that apply

**BLAISE INSTRUCTION**

Blaise: Add note to screen

**Choices**

1	In my home
2	In another person's home
3	At work
4	At school/college
5	In a pub/club/disco



6	In a park/other public place
7	Other

## SV\_153 - NIPV duration of SV - more than one experience of sexual violence

Name SV_153	Label NIPV duration of SV - more than one experience of sexual violence	Location SOP › Non-intimate partner sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (SV_33_1 Contains Any 2 More than once) Or (SV_204 Contains Any 1 Once or 2 More than once)		

**Question**

Thinking about the experience that affected you most, how long did this behaviour go on?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Screen note**

Blaise: add note to screen

**Choices**

1	One experience
2	Less than 6 months
3	6 months up to 1 year
4	More than 1 year up to 2 years
5	More than 2 years up to 5 years
6	More than 5 years

## SV\_40\_1 - NIPV was the experience in the last 12 months

Name SV_40_1	Label NIPV was the experience in the last 12 months	Location SOP › Non-intimate partner sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_33_1 Contains Any 1 Once		

**Question**

Did this unwanted, non-consensual sexual experience with someone other than a partner or ex-partner take place in the last 12 months?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen

**Choices**

1	Yes
2	No

## SV\_40\_2 - NIPV was any experience in the last 12 months

Name SV_40_2	Label NIPV was any experience in the last 12 months	Location SOP › Non-intimate partner sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (SV_33_1 Contains Any 2 More than once) Or (SV_204 Contains Any 1 Once or 2 More than once)		

**Question**

Did any unwanted, non-consensual sexual experience with someone other than a partner or ex-partner take place in the last 12 months?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen

**Choices**

1	Yes
2	No

## SV\_41 - NIPV how often did the experience happen in the last 12 months

Name SV_41	Label NIPV how often did the experience happen in the last 12 months	Location SOP › Non-intimate partner sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (SV_40_2 Contains Any 1 Yes) Or (SV_40_1 Contains Any 1 Yes)		

**Question**

How often did you experience this behaviour in the last 12 months?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen

**Choices**

1	Once
2	More than once

## Experience and barriers to reporting - Adult sexual violence

Label Experience and barriers to reporting - Adult sexual violence	Location SOP
Type Sequence	Order InOrderOfAppearance

## SV\_60 - Adult disclosure - one experience

Name SV_60	Label Adult disclosure - one experience	Location SOP › Experience and barriers to reporting - Adult sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition ONLY ONE OF SV_24, SV_25, SV_151, SV_29, SV_30, SV_186C1, SV_186C2, SV_44, SV_45, SV_151_1, SV_47, SV_48, SV_203C1, SV_203C2 =1		

**Question**

You have indicated that you had an unwanted, non-consensual experience with either a partner/ex-partner or someone other than a partner/ex-partner since you were aged 17.

Did you ever disclose to anyone what happened to you?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen

**Choices**

1	Yes - One person/service
---	--------------------------

2	Yes - More than one person/service
3	No

## SV\_250 - Adult disclosure - more than one experience

Name SV_250	Label Adult disclosure - more than one experience	Location SOP › Experience and barriers to reporting - Adult sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition MORE THAN ONE OF SV_24, SV_25, SV_151, SV_29, SV_30, SV_186C1, SV_186C2, SV_44, SV_45, SV_151_1, SV_47, SV_48, SV_203C1, SV_203C2 =1		

**Question**

You have indicated that you had more than one unwanted, non-consensual experience with either a partner/ex-partner or someone other than a partner/ex-partner since you were aged 17.

Thinking about the experience that affected you most, did you ever disclose to anyone what happened to you?

By experience we mean one incident or one behaviour that affected you most.

**Instructions**

Please select one of the following

**BLAISE ANNOTATION: Note**

Blaise: Add note to screen

**Choices**

1	Yes - One person/service
2	Yes - More than one person/service
3	No

## SV\_61 - Adult no disclosure reason

Name SV_61	Label Adult no disclosure reason	Location SOP › Experience and barriers to reporting - Adult sexual violence
Type Multiple Choice	Selection Type SelectAllThatApply	Display Style
Condition (SV_60 Contains Any 3 No) Or (SV_250 Contains Any 3 No)		

**Question**

Was that because...

**Instructions**

Please select all that apply

**BLAISE INSTRUCTION: Note**

Blaise: Add note to screen

**Choices**

1	You didn't know who to turn to
2	You were afraid of your family's reaction
3	You felt ashamed or embarrassed
4	You thought that what happened wasn't serious enough/was too trivial
5	You blamed yourself for what happened
6	You were under the influence of alcohol or drugs when it happened
7	You didn't think you would be believed
8	You didn't want the person or people who did it to be punished
9	You didn't want to go to court
10	Other

## SV\_62 - Adult disclosure time - once

Name SV_62	Label Adult disclosure time - once	Location SOP › Experience and barriers to reporting - Adult sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_60 Contains Any 1 Yes - One person/service or 2 Yes - More than one person/service		

**Question**

How long after you experienced this behaviour did you disclose to someone about it?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen

**Choices**

1	Less than 6 months
2	6 months up to 1 year
3	More than 1 year up to 2 years
4	More than 2 years up to 5 years
5	More than 5 years

## SV\_62\_2 - Adult disclosure time - more than one experience

Name SV_62_2	Label Adult disclosure time - more than one experience	Location SOP › Experience and barriers to reporting - Adult sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_250 Contains Any 1 Yes - One person/service or 2 Yes - More than one person/service		

**Question**

How long after you first experienced this behaviour did you disclose to someone about it?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Screen Note**

Blaise: Add note to screen in black

**Choices**

1	Less than 6 months
2	6 months up to 1 year
3	More than 1 year up to 2 years
4	More than 2 years up to 5 years
5	More than 5 years

## SV\_231 - Adult disclosure reason

Name SV_231	Label Adult disclosure reason	Location SOP › Experience and barriers to reporting - Adult sexual violence
Type Multiple Choice	Selection Type SelectAllThatApply	Display Style
Condition (SV_60 Contains Any 1 Yes - One person/service or 2 Yes - More than one person/service) Or (SV_250 Contains Any 1 Yes - One person/service or 2 Yes - More than one person/service)		

**Question**

What was the reason you disclosed when you did?

**Instructions**

Please select all that apply

**BLAISE INSTRUCTION:**

Blaise: Add note to screen

**Choices**

1	You were afraid that the person might do it again
2	You wanted to get help for yourself
3	You wanted the person(s) who did this to be punished
4	It was an accidental disclosure
5	Media coverage (television programme, awareness campaign, a newspaper article)
6	Someone disclosed that the person who did this to you, had done it to them
7	Other

## SV\_64 - Adult disclosure Identity

Name SV_64	Label Adult disclosure Identity	Location SOP › Experience and barriers to reporting - Adult sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style

## Condition

(SV\_60 Contains Any 1 Yes - One person/service or 2 Yes - More than one person/service) Or (SV\_250 Contains Any 1 Yes - One person/service or 2 Yes - More than one person/service)

**Question**

Who was the first person you disclosed to?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen

**Choices**

1	A partner (husband, wife, boyfriend, girlfriend)
2	A family member
3	A friend
4	A service, such as, a rape crisis centre, Women's Aid, Ruhama, sexual assault treatment unit
5	A psychologist/counsellor
6	A doctor or other medical person
7	The Gardaí/Police
8	Other

## SV\_66 - Adult disclosure to Gardaí

Name SV_66	Label Adult disclosure to Gardaí	Location SOP › Experience and barriers to reporting - Adult sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_64 Contains Any 1 A partner (husband, wife, boyfriend, girlfriend) or 2 A family member or 3 A friend or 4 A service, such as, a rape crisis centre, Women's Aid, Ruhama, sexual assault treatment unit or 5 A psychologist/counsellor or 6 A doctor or other medical person or 8 Other		

## Question

Did you ever disclose what happened to you to the Gardaí/Police?

## Instructions

Please select one of the following

## BLAISE INSTRUCTION: Screen note

Blaise: Add note to screen

## Choices

1	Yes
2	No

## SV\_67 - Adult Gardaí time disclosed

Name SV_67	Label Adult Gardaí time disclosed	Location SOP › Experience and barriers to reporting - Adult sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style



## Condition

(SV\_64 Contains Any 1 A partner (husband, wife, boyfriend, girlfriend) or 2 A family member or 3 A friend or 4 A service, such as, a rape crisis centre, Women's Aid, Ruhama, sexual assault treatment unit or 5 A psychologist/counsellor or 6 A doctor or other medical person or 8 Other) And (SV\_66 Contains Any 1 Yes)

**Question**

How long after you first experienced this behaviour did you disclose to the Gardaí/Police?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen

**Choices**

1	Less than 6 months
2	6 months up to 1 year
3	More than 1 year up to 2 years
4	More than 2 years up to 5 years
5	More than 5 years

## SV\_68 - Adult no disclosure to Gardaí reason

Name SV_68	Label Adult no disclosure to Gardaí reason	Location SOP › Experience and barriers to reporting - Adult sexual violence
Type Multiple Choice	Selection Type SelectAllThatApply	Display Style
Condition SV_66 Contains Any 2 No		

**Question**

Was that because...

**Instructions**

Please select all that apply

**BLAISE INSTRUCTION:**

Blaise: Add note to screen

**Choices**

1	You thought that the Gardaí/Police would not have been able to help
---	---

2	You were afraid of your family's reaction
3	You felt ashamed or embarrassed
4	You thought that what happened wasn't serious enough/was too trivial
5	You blamed yourself for what happened
6	You were under the influence of alcohol or drugs when it happened
7	You didn't think you would be believed
8	You didn't want the person or people who did it to be punished
9	You didn't want to go to court
10	Other

## SV\_69 - Adult service

Name SV_69	Label Adult service	Location SOP › Experience and barriers to reporting - Adult sexual violence
Type Multiple Choice	Selection Type SelectAllThatApply	Display Style
Condition ONE OR MORE OF SV_24, SV_25, SV_151, SV_29, SV_30, SV_186C1, SV_186C2, SV_44, SV_45, SV_151_1, SV_47, SV_48, SV_203C1, SV_203C2 =1		

**Question**

Did you use any of the following services because of what happened to you?

**Instructions**

Please select all that apply

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen

**BLAISE INSTRUCTION: Soft Error**

Blaise: Please remove the word 'Error' from the beginning of the error sentence

**Choices**

1	Medical service, for example, doctor, nurse, sexual assault treatment unit
2	Social work services
3	Counselling or any psychological support service

4	Another professional service
5	No service used

## SV\_70 - Adult service helpful - doctor/nurse

Name SV_70	Label Adult service helpful - doctor/nurse	Location SOP › Experience and barriers to reporting - Adult sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_69 Contains Any 1 Medical service, for example, doctor, nurse, sexual assault treatment unit		

**Question**

Did you find the medical service helpful?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen

**Choices**

1	Yes
2	No

## SV\_70\_1 - Adult service helpful - social worker

Name SV_70_1	Label Adult service helpful - social worker	Location SOP › Experience and barriers to reporting - Adult sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_69 Contains Any 2 Social work services		

**Question**

Did you find the social work services helpful?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Note**

Blaise: Add note to screen

**Choices**

1	Yes
2	No

## SV\_70\_2 - Adult service helpful - counsellor/psychological support service

Name SV_70_2	Label Adult service helpful - counsellor/psychological support service	Location SOP › Experience and barriers to reporting - Adult sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_69 Contains Any 3 Counselling or any psychological support service		

**Question**

Did you find the counselling or psychological support service helpful?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Note**

Blaise: Add note to screen

**Choices**

1	Yes
2	No

## SV\_70\_3 - Adult service helpful - other professional service

Name SV_70_3	Label Adult service helpful - other professional service	Location SOP › Experience and barriers to reporting - Adult sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_69 Contains Any 4 Another professional service		

**Question**

Did you find the other professional service helpful?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Note**

Blaise: Add note to screen

**Choices**

1	Yes
2	No

## SV\_178\_1 - Adult no service reason

Name SV_178_1	Label Adult no service reason	Location SOP › Experience and barriers to reporting - Adult sexual violence
Type Multiple Choice	Selection Type SelectAllThatApply	Display Style
Condition SV_69 Contains Any 5 No service used		

**Question**

Why did you not use any service following your experience?

**Instructions**

Please select all that apply

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in black

**Choices**

1	You did not know what service to turn to
2	You were afraid that your family would find out
3	You were afraid that the service may have had to report to the Gardaí
4	You felt ashamed or embarrassed
5	You thought that what happened wasn't serious enough/was too trivial
6	You blamed yourself for what happened
7	You were under the influence of alcohol or drugs when it happened
8	You didn't think you would be believed
9	Other

## SV\_163 - Adult no access to a useful service

Name SV_163	Label Adult no access to a useful service	Location SOP › Experience and barriers to reporting - Adult sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (SV_60 Contains Any 1 Yes - One person/service or 2 Yes - More than one person/service or 3 No) Or (SV_250 Contains Any 1 Yes - One person/service or 2 Yes - More than one person/service or 3 No)		

**Question**

Was there a service you felt you needed that you could not access?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Note**

Blaise: Add note to screen

**Choices**

1	Yes
2	No

## Childhood sexual violence - non-contact

Label Childhood sexual violence - non-contact	Location SOP
Type Sequence	Order InOrderOfAppearance

## SV\_74 - SV intro to childhood sexual violence non-contact

Name SV_74	Label SV intro to childhood sexual violence non-contact	Location SOP › Childhood sexual violence - non-contact
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

For the following questions, please think back to when you were younger, from earliest childhood until before your 17th birthday.

The questions ask about unwanted sexual experiences NOT involving physical contact or attempted physical contact.

When you are answering you should NOT include any sexual experiences that you were comfortable with, for example, with a boyfriend or girlfriend who was a similar age to you at the time.

You do not have to answer any questions that you do not want to answer; just leave the answer options blank and click the 'Save and continue' button to move on.

Please remember your answers are confidential.

### Instructions

Please select 'Continue' and press 'Save and continue' to proceed

### BLAISE INSTRUCTION:

Blaise: Add note to screen

### Choices

1	Continue
---	----------

## SV\_75 - CSV Non-contact 1 - coerced to look at pornographic material

Name SV_75	Label CSV Non-contact 1 - coerced to look at pornographic material	Location SOP › Childhood sexual violence - non-contact
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_74 Contains Any 1 Continue		

### Question

Thinking about unwanted experiences that may have happened during your childhood before you were 17...

...did anyone ever ask, persuade or make you look at pornographic material, for example, pictures, magazines, videos or online content?

### Instructions

Please select one of the following

### BLAISE INSTRUCTION:

Blaise: Add note to screen

### Choices

1	Yes
2	No

## SV\_76 - CSV Non-contact 2 - coerced to undress or pose for photos or videos

Name SV_76	Label CSV Non-contact 2 - coerced to undress or pose for photos or videos	Location SOP › Childhood sexual violence - non-contact
---------------	--	---

Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		
SV_74 Contains Any 1 Continue		

**Question**

Thinking about unwanted experiences that may have happened during your childhood before you were 17...

...did anyone ever ask, persuade, make or pay you to undress or pose in a sexually suggestive way for photographs or videos?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION:**

Blaise: Add note to screen

**Choices**

1	Yes
2	No

## SV\_77 - CSV Non-contact 3 - physical exposure by somebody

Name	Label	Location
SV_77	CSV Non-contact 3 - physical exposure by somebody	SOP › Childhood sexual violence - non-contact
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		
SV_74 Contains Any 1 Continue		

**Question**

Thinking about unwanted experiences that may have happened during your childhood before you were 17...

...did anyone ever expose themselves physically to you in a way that made you feel uncomfortable?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION:**

Blaise: Add note to screen

**Choices**

1	Yes
2	No



## SV\_78 - CSV Non-contact 4 - experienced somebody masturbated in front of them

Name SV_78	Label CSV Non-contact 4 - experienced somebody masturbated in front of them	Location SOP › Childhood sexual violence - non-contact
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_74 Contains Any 1 Continue		

**Question**

Thinking about unwanted experiences that may have happened during your childhood before you were 17...  
...did anyone ever masturbate in front of you?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION:**

Blaise: Add note to screen

**Choices**

1	Yes
2	No

## SV\_164 - CSV Non-contact frequency - single experience

Name SV_164	Label CSV Non-contact frequency - single experience	Location SOP › Childhood sexual violence - non-contact
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition ONLY 1 of SV_75,SV_76,SV_77,SV_78 = 1		

**Question**

You have indicated one type of unwanted sexual experience not involving physical contact or attempted physical contact that happened before you were 17.

How often did this happen to you?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Note**

Blaise: Add note to screen

**Choices**

1	Once
2	More than once

## SV\_203 - CSV Non-contact frequency - more than one experience

Name SV_203	Label CSV Non-contact frequency - more than one experience	Location SOP › Childhood sexual violence - non-contact
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition MORE THAN 1 of SV_75,SV_76,SV_77,SV_78 = 1		

**Question**

You have indicated more than one type of unwanted sexual experience not involving physical contact or attempted physical contact that happened before you were 17.

Thinking about the experience that effected you the most, how often did this happen to you?

By experience we mean one incident or one behaviour that affected you most.

**Instructions**

Please select one of the following

**BLAISE ANNOTATION: Note**

Blaise: Add note to screen

**Choices**

1	Once
2	More than once

## SV\_165 - CSV Non-contact age at experience

Name SV_165	Label CSV Non-contact age at experience	Location SOP › Childhood sexual violence - non-contact
Type Integer	Low 1	High 16
Condition SV_164 Contains Any 1 Once		

**Question**

What age were you when you experienced this behaviour?

**Instructions**

Please enter a numeric value

**BLAISE INSTRUCTION: Note**

Blaise: Add note to screen

### SV\_211 - CSV Non-contact age at experience - multiple experiences

Name SV_211	Label CSV Non-contact age at experience - multiple experiences	Location SOP › Childhood sexual violence - non-contact
Type Integer	Low 1	High 16
Condition (SV_164 Contains Any 2 More than once) Or (SV_203 Contains Any 1 Once or 2 More than once)		

**Question**

Thinking about the experience that affected you most, what age were you when it began?

**Instructions**

Please enter a numeric value

**BLAISE ANNOTATION: Note**

Blaise: Add note to screen

### SV\_166 - CSV non-contact gender - single exp of SV

Name SV_166	Label CSV non-contact gender - single exp of SV	Location SOP › Childhood sexual violence - non-contact
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_164 Contains Any 1 Once		

**Question**

Was the person that did this to you...

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Note**

Blaise: Add note to screen

**Choices**

1	Male
2	Female
3	More than one person

## SV\_167 - CSV Non-contact gender - more than one exp of SV (most affected)

Name SV_167	Label CSV Non-contact gender - more than one exp of SV (most affected)	Location SOP › Childhood sexual violence - non-contact
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (SV_164 Contains Any 2 More than once) Or (SV_203 Contains Any 1 Once or 2 More than once)		

**Question**

Thinking about the experience that affected you most, was the person that did this to you...

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Note**

Blaise: Add note to screen

**Choices**

1	Male
2	Female
3	More than one person

## SV\_168 - CSV Non-contact perpetrator's age - single experience

Name SV_168	Label CSV Non-contact perpetrator's age - single experience	Location SOP › Childhood sexual violence - non-contact
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_166 Contains Any 1 Male or 2 Female		

**Question**

Was the person that did this to you...

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Note**

Blaise: Add note to screen

**Choices**

1	A child - 0 to 12 years
2	An adolescent/teenager - 13 to 17 years
3	An adult - 18 years or older

## SV\_169 - CSV Non-contact perpetrator's age - more than one exp of SV (most affected)

Name SV_169	Label CSV Non-contact perpetrator's age - more than one exp of SV (most affected)	Location SOP › Childhood sexual violence - non-contact
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_167 Contains Any 1 Male or 2 Female		

**Question**

Thinking about the experience that affected you most, was the person that did this to you...

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Note**

Blaise: Add note to screen

**Choices**

1	A child - 0 to 12 years
2	An adolescent/teenager - 13 to 17 years
3	An adult - 18 years or older

## SV\_170 - CSV Non-contact perpetrator's relationship - one exp of SV

Name SV_170	Label CSV Non-contact perpetrator's relationship - one exp of SV	Location SOP › Childhood sexual violence - non-contact
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_166 Contains Any 1 Male or 2 Female		

**Question**

At the time, was the person that did this to you...

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Note**

Blaise: Add note to screen

**Choices**

1	A boyfriend/girlfriend/ex-boyfriend/ex-girlfriend
2	A family member/relative
3	A neighbour
4	A friend/acquaintance
5	A person in authority, for example, a babysitter, teacher, doctor, coach, priest
6	A stranger
7	Other

SV\_171 - CSV Non-contact perpetrator's relationship - more than one exp of SV (most affected)

Name SV_171	Label CSV Non-contact perpetrator's relationship - more than one exp of SV (most affected)	Location SOP › Childhood sexual violence - non-contact
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_167 Contains Any 1 Male or 2 Female		

**Question**

Thinking about the experience that affected you most, at that time was the person that did this to you...

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Note**

Blaise: Add note to screen

**Choices**

1	A boyfriend/girlfriend/ex-boyfriend/ex-girlfriend
---	---

2	A family member/relative
3	A neighbour
4	A friend/acquaintance
5	A person in authority, for example, a babysitter, teacher, doctor, coach, priest
6	A stranger
7	Other

## SV\_172 - CSV Non-contact location

Name SV_172	Label CSV Non-contact location	Location SOP › Childhood sexual violence - non-contact
Type Multiple Choice	Selection Type SelectAllThatApply	Display Style
Condition SV_164 Contains Any 1 Once		

**Question**

Where did this happen?

**Instructions**

Please select all that apply

**BLAISE INSTRUCTION: Note**

Blaise: Add note to screen

**Choices**

1	In your home
2	In the home of the person/people who did this to you
3	In a public place/outdoors
4	At school
5	Another place(s)

## SV\_304 - CSV Non-contact location - more than one experience

Name SV_304	Label CSV Non-contact location - more than one experience	Location SOP › Childhood sexual violence - non-contact
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Type	Selection Type	Display Style
Multiple Choice	SelectAllThatApply	
Condition		
(SV_164 Contains Any 2 More than once) Or (SV_203 Contains Any 1 Once or 2 More than once)		

**Question**

Thinking about the experience that affected you most, where did it happen?

**Instructions**

Please select all that apply

**BLAISE ANNOTATION: Note**

Blaise: Add note to screen in black

**Choices**

1	In your home
2	In the home of the person/people who did this to you
3	In a public place/outdoors
4	At school
5	Another place(s)

SV\_174 - CSV Non-contact duration - more than one exp of SV (most affected)

Name	Label	Location
SV_174	CSV Non-contact duration - more than one exp of SV (most affected)	SOP › Childhood sexual violence - non-contact
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		
(SV_164 Contains Any 2 More than once) Or (SV_203 Contains Any 1 Once or 2 More than once)		

**Question**

Thinking about the experience that affected you most, how long did this behaviour go on?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Note**

Blaise: Add note to screen

**Choices**



1	One experience
2	Less than 6 months
3	6 months up to 1 year
4	More than 1 year up to 2 years
5	More than 2 years up to 5 years
6	More than 5 years

### SV\_175 - CSV Non-contact reason stopped - reason(s) why the SV ended - single experience

Name SV_175	Label CSV Non-contact reason stopped - reason(s) why the SV ended - single experience	Location SOP › Childhood sexual violence - non-contact
Type Multiple Choice	Selection Type SelectAllThatApply	Display Style
Condition SV_164 Contains Any 1 Once		

#### Question

Please indicate if any of the following apply to your experience.

The unwanted behaviour stopped when...

#### Instructions

Please select all that apply

#### BLAISE INSTRUCTION: Note

Blaise: Add note to screen

#### Choices

1	You told somebody about it
2	Someone became aware of the abuse and it stopped
3	You reached puberty
4	The person(s) who did this moved away
5	The person(s) who did this was investigated by the Gardaí
6	Other circumstances changed e.g., changed school, moved away, stopped attending activities

7	Another reason
8	You don't know why

## SV\_252 - CSV Non-contact reason stopped - reason(s) why the SV ended - multiple experiences of SV

Name SV_252	Label CSV Non-contact reason stopped - reason(s) why the SV ended - multiple experiences of SV	Location SOP › Childhood sexual violence - non-contact
Type Multiple Choice	Selection Type SelectAllThatApply	Display Style
Condition (SV_164 Contains Any 2 More than once) Or (SV_203 Contains Any 1 Once or 2 More than once)		

### Question

Thinking about the experience that affected you most, please indicate if any of the following apply to your experience.

The unwanted behaviour stopped when...

### Instructions

Please select all that apply

### BLAISE ANNOTATION: Note

Blaise: Add note to screen

### Choices

1	You told somebody about it
2	Someone became aware of the abuse and it stopped
3	You reached puberty
4	The person(s) who did this moved away
5	The person(s) who did this was investigated by the Gardaí
6	Other circumstances changed e.g., changed school, moved away, stopped attending activities
7	Another reason
8	You don't know why

## Childhood sexual violence - contact

Label Childhood sexual violence - contact	Location SOP
Type Sequence	Order InOrderOfAppearance

## SV\_74\_B - SV intro CSV contact - Introduction to childhood experiences of sexual violence

Name SV_74_B	Label SV intro CSV contact - Introduction to childhood experiences of sexual violence	Location SOP › Childhood sexual violence - contact
Type Multiple Choice	Selection Type SelectOne	Display Style

### Question

The next set of questions is the last section that will also ask about events that may have happened to you before your 17th birthday.

The questions ask about unwanted sexual experiences involving physical contact or attempted physical contact.

When you are answering you should NOT include any sexual experiences that you were comfortable with, for example, with a boyfriend or girlfriend who was a similar age to you at the time.

You do not have to answer any questions that you do not want to answer; just leave the answer options blank and click the 'Save and continue' button to move on.

Please remember your answers are confidential.

### Instructions

Please select 'Continue' and press 'Save and continue' to proceed

### BLAISE INSTRUCTION:

Blaise: Add note to screen

### Choices

1	Continue
---	----------

## SV\_79 - CSV Contact 1 - Unwanted touching of body by somebody

Name SV_79	Label CSV Contact 1 - Unwanted touching of body by somebody	Location SOP › Childhood sexual violence - contact
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Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		
SV_74_B Contains Any 1 Continue		

**Question**

Thinking about unwanted experiences that may have happened during your childhood before you were 17...

...did anyone ever touch your body in a sexual way?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION:**

Blaise: Add note to screen

**Choices**

1	Yes
2	No

## SV\_80 - CSV Contact 2 - Unwanted forced touching of somebody else's body

Name	Label	Location
SV_80	CSV Contact 2 - Unwanted forced touching of somebody else's body	SOP > Childhood sexual violence - contact
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		
SV_74_B Contains Any 1 Continue		

**Question**

Thinking about unwanted experiences that may have happened during your childhood before you were 17...

...did anyone ever ask, persuade or make you touch someone else's body in a sexual way?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION:**

Blaise: Add note to screen

**Choices**

1	Yes
2	No

## SV\_81\_1 - CSV Contact 3 - Non-consensual sexual intercourse

Name SV_81_1	Label CSV Contact 3 - Non-consensual sexual intercourse	Location SOP › Childhood sexual violence - contact
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_74_B Contains Any 1 Continue		

**Question**

Thinking about unwanted experiences that may have happened during your childhood before you were 17...

...did anyone ever persuade, make or force you to have sexual intercourse?

(Sexual intercourse includes vaginal sex, anal sex, oral sex and/or penetration with an object or finger)

**Instructions**

Please select one of the following

**BLAISE ANNOTATION: Note**

Blaise: Add note to screen

**Choices**

1	Yes
2	No

## SV\_205C1 - CSV Contact 4 - Unwanted sexual intercourse but did not take place

Name SV_205C1	Label CSV Contact 4 - Unwanted sexual intercourse but did not take place	Location SOP › Childhood sexual violence - contact
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_74_B Contains Any 1 Continue		

**Question**

Thinking about unwanted experiences that may have happened during your childhood before you were 17...

... did anyone ever ATTEMPT to make you have sexual intercourse, but intercourse did not take place?

(Sexual intercourse includes vaginal sex, anal sex, oral sex and/or penetration with an object or finger)

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION:**

Blaise: Add note to screen

**Choices**

1	Yes
2	No

## SV\_205C2 - CSV Contact 5 - Unwanted sexual contact attempt

Name SV_205C2	Label CSV Contact 5 - Unwanted sexual contact attempt	Location SOP › Childhood sexual violence - contact
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_74_B Contains Any 1 Continue		

**Question**

Thinking about unwanted experiences that may have happened during your childhood before you were 17...  
... did anyone ever ATTEMPT to have any other unwanted sexual contact with you?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION:**

Blaise: Add note to screen

**Choices**

1	Yes
2	No

## SV\_83 - CSV Contact frequency - one experience

Name SV_83	Label CSV Contact frequency - one experience	Location SOP › Childhood sexual violence - contact
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition ONLY ONE of SV_79, SV_80, SV_81_1, SV_205C1, SV_205C2 = 1		

**Question**

You have indicated one type of unwanted sexual experience involving physical contact or attempted physical contact that happened before you were 17.

How often did this happen to you before you were 17?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION:**

Blaise: Add note to screen

**Choices**

1	Once
2	More than once

## SV\_206 - CSV Contact frequency - more than one experience

Name SV_206	Label CSV Contact frequency - more than one experience	Location SOP › Childhood sexual violence - contact
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition MORE THAN ONE of SV_79, SV_80, SV_81_1, SV_205C1, SV_205C2 = 1		

**Question**

You have indicated more than one type of unwanted sexual experience involving physical contact or attempted physical contact that happened before you were 17.

How often did this happen to you before you were 17?

By experience we mean one incident or one behaviour that affected you most.

**Instructions**

Please select one of the following

**BLAISE ANNOTATION: Note**

Blaise: Add note to screen

**Choices**

1	Once
2	More than once

## SV\_85 - CSV Contact age at experience - one experience

Name SV_85	Label CSV Contact age at experience - one experience	Location SOP › Childhood sexual violence - contact
Type Integer	Low 1	High 16
Condition SV_83 Contains Any 1 Once		

**Question**

What age were you when this happened?

**Instructions**

Please enter a numeric value

**BLAISE INSTRUCTION:**

Blaise: Add note to screen

## SV\_207 - CSV Contact age at experience - multiple experiences

Name SV_207	Label CSV Contact age at experience - multiple experiences	Location SOP › Childhood sexual violence - contact
Type Integer	Low 1	High 16
Condition (SV_83 Contains Any 2 More than once) Or (SV_206 Contains Any 1 Once or 2 More than once)		

**Question**

Thinking about the experience that affected you most, what age were you when it began?

**Instructions**

Please enter a numeric value

**BLAISE ANNOTATION: Note**

Blaise: Add note to screen

## SV\_86 - CSV Contact gender - single exp of SV

Name SV_86	Label CSV Contact gender - single exp of SV	Location SOP › Childhood sexual violence - contact
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_83 Contains Any 1 Once		

**Question**

Was the person that did this to you...



**Instructions**

Please select one of the following

**BLAISE INSTRUCTION:**

Blaise: Add note to screen

**Choices**

1	Male
2	Female
3	More than one person

## SV\_87 - CSV Contact gender - more than one exp of SV (most affected)

Name SV_87	Label CSV Contact gender - more than one exp of SV (most affected)	Location SOP › Childhood sexual violence - contact
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (SV_83 Contains Any 2 More than once) Or (SV_206 Contains Any 1 Once or 2 More than once)		

**Question**

Thinking about the experience that affected you most, was the person that did this to you...

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION:**

Blaise: Add note to screen

**Choices**

1	Male
2	Female
3	More than one person

## SV\_88 - CSV Contact perpetrator's age - single experience

Name SV_88	Label CSV Contact perpetrator's age - single experience	Location SOP › Childhood sexual violence - contact
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_86 Contains Any 1 Male or 2 Female		

**Question**

Was the person that did this to you...

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION:**

Blaise: Add note to screen

**Choices**

1	A child - 0 to 12 years
2	An adolescent/teenager - 13 to 17 years
3	An adult - 18 years or older

SV\_89 - CSV Contact perpetrator's age - more than one exp of SV (most affected)

Name SV_89	Label CSV Contact perpetrator's age - more than one exp of SV (most affected)	Location SOP › Childhood sexual violence - contact
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_87 Contains Any 1 Male or 2 Female		

**Question**

Thinking about the experience that affected you most, was the person that did this to you...

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION:**

Blaise: Add note to screen

**Choices**

1	A child - 0 to 12 years
2	An adolescent/teenager - 13 to 17 years
3	An adult - 18 years or older

SV\_90 - CSV Contact perpetrator's relationship - one exp of SV

Name SV_90	Label CSV Contact perpetrator's relationship - one exp of SV	Location SOP › Childhood sexual violence - contact
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_86 Contains Any 1 Male or 2 Female		

**Question**

Was the person that did this to you...

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION:**

Blaise: Add note to screen

**Choices**

1	A boyfriend/girlfriend/ex-boyfriend/ex-girlfriend
2	A family member/relative
3	A neighbour
4	A friend/acquaintance
5	A person in authority, for example, a babysitter, teacher, doctor, coach, priest
6	A stranger
7	Other

SV\_91 - CSV Contact perpetrator's relationship - more than one exp of SV (most affected)

Name SV_91	Label CSV Contact perpetrator's relationship - more than one exp of SV (most affected)	Location SOP › Childhood sexual violence - contact
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_87 Contains Any 1 Male or 2 Female		

**Question**

Thinking about the experience that affected you most, was the person that did this to you...

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION:**

Blaise: Add note to screen

**Choices**

1	A boyfriend/girlfriend/ex-boyfriend/ex-girlfriend
2	A family member/relative
3	A neighbour
4	A friend/acquaintance
5	A person in authority, for example, a babysitter, teacher, doctor, coach, priest
6	A stranger
7	Other

## SV\_92 - CSV Contact location - one experience

Name SV_92	Label CSV Contact location - one experience	Location SOP › Childhood sexual violence - contact
Type Multiple Choice	Selection Type SelectAllThatApply	Display Style
Condition SV_83 Contains Any 1 Once		

**Question**

Where did this happen?

**Instructions**

Please select all that apply

**BLAISE INSTRUCTION:**

Blaise: Add note to screen

**Choices**

1	In your home
2	In the home of the person/people who did this to you
3	In a public place/outdoors
4	At school

5	Another place(s)
---	------------------

## SV\_208 - CSV Contact location - more than one experience

Name SV_208	Label CSV Contact location - more than one experience	Location SOP › Childhood sexual violence - contact
Type Multiple Choice	Selection Type SelectAllThatApply	Display Style
Condition (SV_83 Contains Any 2 More than once) Or (SV_206 Contains Any 1 Once or 2 More than once)		

**Question**

Thinking about the experience that affected you most, where did it happen?

**Instructions**

Please select all that apply

**BLAISE ANNOTATION: Note**

Blaise: Add note to screen

**Choices**

1	In your home
2	In the home of the person/people who did this to you
3	In a public place/outdoors
4	At school
5	Another place(s)

## SV\_94 - CSV Contact duration - more than one exp of SV (most affected)

Name SV_94	Label CSV Contact duration - more than one exp of SV (most affected)	Location SOP › Childhood sexual violence - contact
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (SV_83 Contains Any 2 More than once) Or (SV_206 Contains Any 1 Once or 2 More than once)		

**Question**

Thinking about the experience that affected you most, how long did this behaviour go on?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION:**

Blaise: Add note to screen

**Choices**

1	One experience
2	Less than 6 months
3	6 months up to 1 year
4	More than 1 year up to 2 years
5	More than 2 years up to 5 years
6	More than 5 years

## SV\_95 - CSV Contact reason stopped - reason(s) why the SV ended

Name SV_95	Label CSV Contact reason stopped - reason(s) why the SV ended	Location SOP › Childhood sexual violence - contact
Type Multiple Choice	Selection Type SelectAllThatApply	Display Style
Condition SV_83 Contains Any 1 Once		

**Question**

Please indicate if any of the following apply to your experience.

The unwanted behaviour stopped when...

**Instructions**

Please select all that apply

**BLAISE INSTRUCTION: Note**

Blaise: Add note to screen

**Choices**

1	You told somebody about it
2	Someone became aware of the abuse and it stopped
3	You reached puberty
4	The person(s) who did this moved away
5	The person(s) who did this was investigated by the Gardaí

6	Other circumstances changed e.g., changed school, moved away, stopped attending activities
7	Another reason
8	You don't know why

## SV\_209 - CSV Contact reason stopped - reason(s) why the SV ended - multiple experiences of SV

Name SV_209	Label CSV Contact reason stopped - reason(s) why the SV ended - multiple experiences of SV	Location SOP › Childhood sexual violence - contact
Type Multiple Choice	Selection Type SelectAllThatApply	Display Style
Condition (SV_83 Contains Any 2 More than once) Or (SV_206 Contains Any 1 Once or 2 More than once)		

### Question

Thinking about the experience that affected you most, please indicate if any of the following apply to your experience.

The unwanted behaviour stopped when...

### Instructions

Please select all that apply

### BLAISE ANNOTATION: Note

Blaise: Add note to screen

### Choices

1	You told somebody about it
2	Someone became aware of the abuse and it stopped
3	You reached puberty
4	The person(s) who did this moved away
5	The person(s) who did this was investigated by the Gardaí
6	Other circumstances changed e.g., changed school, moved away, stopped attending activities
7	Another reason
8	You don't know why

## Experience and barriers to reporting - Childhood sexual violence

Label Experience and barriers to reporting - Childhood sexual violence	Location SOP
Type Sequence	Order InOrderOfAppearance

## SV\_176 - Child disclosure - single experience

Name SV_176	Label Child disclosure - single experience	Location SOP › Experience and barriers to reporting - Childhood sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition ONLY ONE of SV_75,SV_76,SV_77,SV_78,SV_79, SV_80, SV_81_1, SV_205C1, SV_205C2 = 1		

**Question**

You have indicated that you had an unwanted, sexual experience before you were aged 17.

Did you ever disclose to anyone what happened to you?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Note**

Blaise: Add note to screen

**Choices**

1	Yes - One person/service
2	Yes - More than one person/service
3	No

## SV\_251 - Child disclosure - more than one experience

Name SV_251	Label Child disclosure - more than one experience	Location SOP › Experience and barriers to reporting - Childhood sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style



## Condition

MORE THAN ONE of SV\_75,SV\_76,SV\_77,SV\_78,SV\_79, SV\_80, SV\_81\_1, SV\_205C1, SV\_205C2 = 1

**Question**

You have indicated that you had more than one unwanted, sexual experience before you were aged 17.

Thinking about the experience that affected you most, did you ever disclose to anyone what happened to you?

By experience we mean one incident or one behaviour that affected you most.

**Instructions**

Please select one of the following

**BLAISE ANNOTATION: Note**

Blaise: Add note to screen

**Choices**

1	Yes - One person/service
2	Yes - More than one person/service
3	No

## SV\_109 - No disclosure reason - CSV

Name SV_109	Label No disclosure reason - CSV	Location SOP › Experience and barriers to reporting - Childhood sexual violence
Type Multiple Choice	Selection Type SelectAllThatApply	Display Style

## Condition

(SV\_176 Contains Any 3 No) Or (SV\_251 Contains Any 3 No)

**Question**

Was that because...

**Instructions**

Please select all that apply

**BLAISE ANNOTATION: Note**

Blaise: Add note to screen

**Choices**

1	You didn't know who to turn to
2	You were afraid of your family's reaction
3	You felt ashamed or embarrassed

4	You thought that what happened wasn't serious enough/was too trivial
5	You blamed yourself for what happened
6	You were under the influence of alcohol or drugs when it happened
7	You didn't think you would be believed
8	You didn't want the person or people who did it to be punished
9	You didn't want to go to court
10	Other

## SV\_110\_1 - Child disclosure time - one experience

Name SV_110_1	Label Child disclosure time - one experience	Location SOP › Experience and barriers to reporting - Childhood sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_176 Contains Any 1 Yes - One person/service or 2 Yes - More than one person/service		

**Question**

How long after this unwanted sexual experience that happened before you were 17 did you disclose to someone about it?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION:**

Blaise: Add note to screen

**Choices**

1	Less than 6 months
2	6 months up to 1 year
3	More than 1 year up to 2 years
4	More than 2 years up to 5 years
5	More than 5 years

## SV\_110\_2 - Child disclosure time - more than one experience

Name SV_110_2	Label Child disclosure time - more than one experience	Location SOP › Experience and barriers to reporting - Childhood sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_251 Contains Any 1 Yes - One person/service or 2 Yes - More than one person/service		

**Question**

How long after your first unwanted sexual experience that happened before you were 17 did you disclose to someone about it?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION:**

Blaise: Add note to screen

**Choices**

1	Less than 6 months
2	6 months up to 1 year
3	More than 1 year up to 2 years
4	More than 2 years up to 5 years
5	More than 5 years

## SV\_112 - Child disclosure reason

Name SV_112	Label Child disclosure reason	Location SOP › Experience and barriers to reporting - Childhood sexual violence
Type Multiple Choice	Selection Type SelectAllThatApply	Display Style
Condition (SV_176 Contains Any 1 Yes - One person/service or 2 Yes - More than one person/service) Or (SV_251 Contains Any 1 Yes - One person/service or 2 Yes - More than one person/service)		

**Question**

What was the reason you disclosed when you did?

**Instructions**

Please select all that apply

**BLAISE INSTRUCTION:**

Blaise: Add note to screen

**Choices**

1	You were afraid that the person might do it again
2	You wanted to get help for yourself
3	You wanted the person(s) who did this to be punished
4	It was an accidental disclosure
5	Media coverage (television programme, awareness campaign, a newspaper article)
6	Someone disclosed that the person who did this to you, had done it to them
7	Other

## SV\_113 - Child disclosure identity

Name SV_113	Label Child disclosure identity	Location SOP › Experience and barriers to reporting - Childhood sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (SV_176 Contains Any 1 Yes - One person/service or 2 Yes - More than one person/service) Or (SV_251 Contains Any 1 Yes - One person/service or 2 Yes - More than one person/service)		

**Question**

Who was the first person you disclosed to?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION:**

Blaise: Add note to screen

**Choices**

1	A family member
2	A friend
3	A teacher/coach

4	A service, such as, a rape crisis centre, Women's Aid, Ruhama, Childline
5	A doctor or other medical person
6	A psychologist/counsellor
7	The Gardaí/Police
8	Other

## SV\_115 - Child disclosure to Gardaí

Name SV_115	Label Child disclosure to Gardaí	Location SOP › Experience and barriers to reporting - Childhood sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_113 Contains Any 1 A family member or 2 A friend or 3 A teacher/coach or 4 A service, such as, a rape crisis centre, Women's Aid, Ruhama, Childline or 5 A doctor or other medical person or 6 A psychologist/counsellor or 8 Other		

**Question**

Did you (or someone else on your behalf) ever disclose what happened to you to the Gardaí/Police?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION:**

Blaise: Add note to screen

**Choices**

1	Yes
2	No
3	Don't know

## SV\_116 - Child Gardaí time disclosed

Name SV_116	Label Child Gardaí time disclosed	Location SOP › Experience and barriers to reporting - Childhood sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style

## Condition

(SV\_113 Contains Any 1 A family member or 2 A friend or 3 A teacher/coach or 4 A service, such as, a rape crisis centre, Women's Aid, Ruhama, Childline or 5 A doctor or other medical person or 6 A psychologist/counsellor) And (SV\_115 Contains Any 1 Yes)

**Question**

How long after you first time experienced this behaviour was it disclosed to the Gardaí/Police?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION:**

Blaise: Add note to screen

**Choices**

1	Less than 6 months
2	6 months up to 1 year
3	More than 1 year up to 2 years
4	More than 2 years up to 5 years
5	More than 5 years

## SV\_117 - Child no disclosure to Gardaí reason

Name SV_117	Label Child no disclosure to Gardaí reason	Location SOP › Experience and barriers to reporting - Childhood sexual violence
Type Multiple Choice	Selection Type SelectAllThatApply	Display Style
Condition SV_115 Contains Any 2 No		

**Question**

Was that because...

**Instructions**

Please select all that apply

**BLAISE INSTRUCTION:**

Blaise: Add note to screen

**Choices**

1	You thought that the Gardaí/Police would not have been able to help
---	---

2	You were afraid of your family's reaction
3	You felt ashamed or embarrassed
4	You thought that what happened wasn't serious enough/was too trivial
5	You blamed yourself for what happened
6	You were under the influence of alcohol or drugs when it happened
7	You didn't think you would be believed
8	You didn't want the person or people who did it to be punished
9	You didn't want to go to court
10	Other

## SV\_118 - Child service

Name SV_118	Label Child service	Location SOP › Experience and barriers to reporting - Childhood sexual violence
Type Multiple Choice	Selection Type SelectAllThatApply	Display Style
Condition ONE OR MORE of SV_75,SV_76,SV_77,SV_78,SV_79, SV_80, SV_81_1, SV_205C1, SV_205C2 = 1		

**Question**

Did you ever use any of the following services because of what happened to you?

**Instructions**

Please select all that apply

**BLAISE INSTRUCTION:**

Blaise: Add note to screen

**Choices**

1	Medical service, for example, doctor, nurse, sexual assault treatment unit
2	Social work services
3	Counselling or any psychological support service
4	Another professional service
5	No service used

## SV\_119 - Helpful medical service - Child

Name SV_119	Label Helpful medical service - Child	Location SOP › Experience and barriers to reporting - Childhood sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_118 Contains Any 1 Medical service, for example, doctor, nurse, sexual assault treatment unit		

**Question**

Did you find the medical service helpful?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION:**

Blaise: Add note to screen

**Choices**

1	Yes
2	No

## SV\_119\_1 - Helpful social work services - Child

Name SV_119_1	Label Helpful social work services - Child	Location SOP › Experience and barriers to reporting - Childhood sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_118 Contains Any 2 Social work services		

**Question**

Did you find the social work services helpful?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Note**

Blaise: Add note to screen

**Choices**



1	Yes
2	No

## SV\_119\_2 - Helpful service counselling or psychological support service - Child

Name SV_119_2	Label Helpful service counselling or psychological support service - Child	Location SOP › Experience and barriers to reporting - Childhood sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_118 Contains Any 3 Counselling or any psychological support service		

### Question

Did you find the counselling or psychological support service helpful?

### Instructions

Please select one of the following

### BLAISE INSTRUCTION: Note

Blaise: Add note to screen

### Choices

1	Yes
2	No

## SV\_119\_3 - Helpful other professional service - Child

Name SV_119_3	Label Helpful other professional service - Child	Location SOP › Experience and barriers to reporting - Childhood sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_118 Contains Any 4 Another professional service		

### Question

Did you find the other professional service helpful?

### Instructions

Please select one of the following

**BLAISE INSTRUCTION: Note**

Blaise: Add note to screen

**Choices**

1	Yes
2	No

## SV\_120\_1 - Child no service reason

Name SV_120_1	Label Child no service reason	Location SOP › Experience and barriers to reporting - Childhood sexual violence
Type Multiple Choice	Selection Type SelectAllThatApply	Display Style
Condition SV_118 Contains Any 5 No service used		

**Question**

Why did you not use any service following your experience?

**Instructions**

Please select all that apply

**BLAISE INSTRUCTION: Screen note**

Blaise: Add note to screen in black

**Choices**

1	You did not know what service to turn to
2	You were afraid that your family would find out
3	You were afraid that the service may have had to report to the Gardaí
4	You felt ashamed or embarrassed
5	You thought that what happened wasn't serious enough/was too trivial
6	You blamed yourself for what happened
7	You were under the influence of alcohol or drugs when it happened
8	You didn't think you would be believed
9	Other

## SV\_177 - Child no access to a useful service

Name SV_177	Label Child no access to a useful service	Location SOP › Experience and barriers to reporting - Childhood sexual violence
Type Multiple Choice	Selection Type SelectOne	Display Style

## Condition

(SV\_176 Contains Any 1 Yes - One person/service or 2 Yes - More than one person/service or 3 No) Or  
(SV\_251 Contains Any 1 Yes - One person/service or 2 Yes - More than one person/service or 3 No)

## Question

Was there a service you felt you needed that you could not access?

## Instructions

Please select one of the following

## BLAISE INSTRUCTION: Note

Blaise: Add note to screen

## Choices

1	Yes
2	No

## Attitudes to SV

Label Attitudes to SV	Location SOP
Type Sequence	Order InOrderOfAppearance

## SV\_143 - Introduction to attitudes section

Name SV_143	Label Introduction to attitudes section	Location SOP › Attitudes to SV
Type Multiple Choice	Selection Type SelectOne	Display Style

## Condition

ALL OF (SV\_11C1, SV\_11C2, SV\_13, SV\_14, SV\_96C1, SV\_96C2, SV\_96C3, SV\_96C4, SV\_181, SV\_24, SV\_25, SV\_151, SV\_29, SV\_30, SV\_186C1, SV\_186C2, SV\_44, SV\_45, SV\_151\_1, SV\_47, SV\_48, SV\_203C1, SV\_203C2, SV\_75, SV\_76, SV\_77, SV\_78, SV\_79, SV\_80, SV\_81, SV\_205C1, SV\_205C2 )= No

## Question

Thank you for your previous answers.

This section contains a list of statements about sexual violence.

Please select whether you agree or disagree with each statement. All answers are confidential.

When you have chosen an answer select the 'Save and continue' button on the screen to move to the next question.

### Instructions

Please select 'Continue' and press 'Save and continue' to proceed

### BLAISE ANNOTATION: Note

Blaise: Add note to screen

### Choices

1	Continue
---	----------

## SV\_144 - Attitudes\_1

Name	Label	Location
SV_144	Attitudes_1	SOP › Attitudes to SV
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		
SV_143 Contains Any 1 Continue		

### Question

If a person who has been raped is not visibly upset by the experience, it probably was not rape.

### Instructions

Please select one of the following

### BLAISE ANNOTATION: Note

Blaise: Add note to screen

### Choices

1	Agree
2	Disagree
3	Uncertain

## SV\_145 - Attitudes\_2

Name	Label	Location
SV_145	Attitudes_2	SOP › Attitudes to SV
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		
SV_143 Contains Any 1 Continue		

**Question**

Women often make up or exaggerate reports of rape.

**Instructions**

Please select one of the following

**BLAISE ANNOTATION: Note**

Blaise: Add note to screen

**Choices**

1	Agree
2	Disagree
3	Uncertain

## SV\_146 - Attitudes\_3

Name	Label	Location
SV_146	Attitudes_3	SOP › Attitudes to SV
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		
SV_143 Contains Any 1 Continue		

**Question**

Men may be too embarrassed to say they have been raped.

**Instructions**

Please select one of the following

**BLAISE ANNOTATION: Note**

Blaise: Add note to screen

**Choices**

1	Agree
2	Disagree
3	Uncertain

## SV\_212 - Perception of violence against women in Ireland

Name	Label	Location
SV_212	Perception of violence against women in Ireland	SOP › Attitudes to SV
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

Condition

SV\_143 Contains Any 1 Continue

**Question**

In general, how common do you think sexual violence against women is in Ireland?

**Instructions**

Please select one of the following

**BLAISE ANNOTATION: Note**

Blaise: Add note to screen

**Choices**

1	Very common
2	Fairly common
3	Not very common
4	Does not occur

## SV\_213 - Perception of violence towards men in Ireland

Name SV_213	Label Perception of violence towards men in Ireland	Location SOP › Attitudes to SV
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

SV\_143 Contains Any 1 Continue

**Question**

In general, how common do you think sexual violence against men is in Ireland?

**Instructions**

Please select one of the following

**BLAISE ANNOTATION: Note**

Blaise: Add note to screen

**Choices**

1	Very common
2	Fairly common
3	Not very common
4	Does not occur

## Respondent feedback module

Label	Location
Respondent feedback module	SOP
Type	Order
Sequence	InOrderOfAppearance

## SV\_222 - Self perceived sensitivity of the questionnaire

Name	Label	Location
SV_222	Self perceived sensitivity of the questionnaire	SOP › Respondent feedback module
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

**Question**

Thank you for your answers.

Your data is secure and we appreciate the time and effort it took to answer these questions.

We have five short follow up questions which we will use to improve the survey for others in the future. We would appreciate your help on this final task.

Overall, how did you find the questions in the questionnaire?

**Instructions**

Please select one of the following

**Choices**

1	Very sensitive
2	Quite sensitive
3	Not that sensitive
4	Not sensitive at all

## SV\_223 - Self perceived difficulty of questionnaire

Name	Label	Location
SV_223	Self perceived difficulty of questionnaire	SOP › Respondent feedback module
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

**Question**

Overall, how did you find navigating through the questionnaire?

**Instructions**

Please select one of the following

**BLAISE ANNOTATION: Note**

Blaise: Add note to screen

**Choices**

1	Very easy
2	Quite easy
3	Neither easy nor difficult
4	Quite difficult
5	Very difficult

## SV\_224 - Reason for difficulty in questionnaire

Name SV_224	Label Reason for difficulty in questionnaire	Location SOP › Respondent feedback module
Type Multiple Choice	Selection Type SelectAllThatApply	Display Style
Condition SV_223 Contains Any 4 Quite difficult or 5 Very difficult		

**Question**

Why did you think it was difficult?

**Instructions**

Please select all that apply

**BLAISE ANNOTATION:Note**

Blaise: Add note to screen

**BLAISE INSTRUCTION: Dynamic Text**

Blaise: If MODE = 1 then replace the word 'website' in answer category 5 with 'tablet'

**Choices**

1	Complicated questions which weren't explained well
2	Messy layout which made the questionnaire difficult to read
3	Terms and explanations of terms were unclear
4	It was very hard to remember all the details to answer the questions



5	The website was difficult to use
6	The survey topic was upsetting
7	Other reason

## SV\_227 - Self perceived difficulty of use of website

Name SV_227	Label Self perceived difficulty of use of website	Location SOP › Respondent feedback module
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_224 Contains None of 5 The website was difficult to use		

**Question**

Overall, how did you find using the website to complete the questionnaire?

**Instructions**

Please select one of the following

**BLAISE ANNOTATION: Note**

Blaise: Add note to screen

**BLAISE INSTRUCTION: Dynamic Text**

Blaise: If MODE = 1 then replace the word 'website' with 'tablet'

**Choices**

1	Very easy
2	Quite easy
3	Neither easy nor difficult
4	Quite difficult
5	Very difficult

## SV\_225 - Self perception of time spent on questionnaire

Name SV_225	Label Self perception of time spent on questionnaire	Location SOP › Respondent feedback module
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Overall, how time consuming did you find completing the questionnaire?

**Instructions**

Please select one of the following

**BLAISE ANNOTATION: Note**

Blaise: Add note to screen

**Choices**

1	Very quick
2	Quite quick
3	Neither quick nor time consuming
4	Quite time consuming
5	Very time consuming

## SV\_226 - Length in minutes for completion of questionnaire

Name SV_226	Label Length in minutes for completion of questionnaire	Location SOP › Respondent feedback module
Type Integer	Low 1	High 300

**Question**

How long, in minutes, do you think this questionnaire took to complete?

**Instructions**

Please enter a numeric value

**BLAISE ANNOTATION; Note**

Blaise: Add note to screen

## SV\_280 - Nationwide helplines

Name SV_280	Label Nationwide helplines	Location SOP › Respondent feedback module
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Thanks for your help in answering these questions today.

The following are a list of nationwide freephone helplines and websites available to you if you have been affected by any of the issues raised in the questionnaire.

National Sexual Violence Helpline (for men and women) - 1800 778 888 (available 24/7) or  
<http://www.rapecrisishelp.ie>

National Domestic Violence Helpline (for women) - 1800 341 900 (available 24/7)

Male Advice Line (for men experiencing domestic abuse) - 1800 816 588 (not available 24/7)

If you prefer a service within your county, please select the region of Ireland you want to see the details for.

#### Choices

1	Border
2	Midlands
3	West
4	Dublin
5	Mid-East
6	Mid-West
7	South_East
8	South_West

#### SV\_248 - Questionnaire sign off for respondent

Name SV_248	Label Questionnaire sign off for respondent	Location SOP › Respondent feedback module
Type Multiple Choice	Selection Type SelectOne	Display Style

#### Question

This completes the survey. Thank you for your participation.

Your answers are very valuable in helping to develop policies and services to deal with sexual violence in Ireland.

Please select the 'Finish' button and press 'Save and Continue' to exit the questionnaire.

Thank you.

#### Instructions

Please select the 'Finish' button and press 'Save and Continue' to exit

#### BLAISE ANNOTATION: Note

Blaise: Add note to screen

#### BLAISE INSTRUCTION: Dynamic Text

Blaise: If MODE = 1 then replace 'Please select the 'Finish' button and press 'Save and Continue' to exit the questionnaire.' with

'Please select the 'Finish' button and hand the tablet back to the interviewer.

**Choices**

1	Finish
---	--------

## SOP tablet handover - Respondent instruction to hand the tablet back to the interviewer when CASI is complete

Name SOP tablet handover	Label Respondent instruction to hand the tablet back to the interviewer when CASI is complete	Location SOP › Respondent feedback module
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Please hand the tablet back to the interviewer.

**Choices**

1	Continue
---	----------

## SOP lock screen - SOP lock screen for respondent module

Name SOP lock screen	Label SOP lock screen for respondent module	Location SOP › Respondent feedback module
Type Integer	Low 1	High 10000

**Question**

Please enter the PIN to proceed

**Instructions**

Please enter the PIN and select 'Save and continue' to proceed

**BLAISE INSTRUCTION: Screen Note**

Blaise: Add note to screen in black

## SV\_249 - Interviewer feedback module

Name SV_249	Label Interviewer feedback module	Location SOP
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition MODE Contains Any 1 Computer assisted personal interview		

**Question**

The following questions are general questions about the interview.

Please complete when you are not in the company of the respondent.

**Instructions**

Please select 'Continue' and press 'Save and continue' to proceed

**BLAISE ANNOTATION; Note**

Blaise: Add note to screen

**Choices**

1	Continue
---	----------

SOP int module - Presence of the interviewer while self-completion carried out by respondent

Name SOP int module	Label Presence of the interviewer while self-completion carried out by respondent	Location SOP
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SV_249 Contains Any 1 Continue MODE Contains Any 1 Computer assisted personal interview		

**Question**

Were you in the presence of the respondent while they carried out the self-completion part of the survey?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Screen Note**

Blaise: Add note to screen in black

**Choices**

1	Yes
2	No

SOP int activity - Activity carried out by interviewer if not in the respondent's presence when completing CASI

Name SOP int activity	Label Activity carried out by interviewer if not in the respondent's presence when completing CASI	Location SOP
Type Text	Minimum Length	Maximum Length 100
Condition SOP int module Contains Any 2 No MODE Contains Any 1 Computer assisted personal interview		

**Question**

What did you do while waiting for the respondent to return the tablet to you?

**Instructions**

Please give details in the text box

**BLAISE INSTRUCTION: Screen Noteq**

Blaise: Add note to screen in black

## SV\_214 - Presence of others indicator

Name SV_214	Label Presence of others indicator	Location SOP
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SOP int module Contains Any 1 Yes MODE Contains Any 1 Computer assisted personal interview		

**Question**

Besides the respondent, was anyone else present during the interview?

**Choices**

1	Yes
2	No
3	Don't know

## SV\_214\_b - Presence of others during self-completion indicator

Name SV_214_b	Label Presence of others during self-completion indicator	Location SOP
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition  
 SOP int module Contains Any 2 No  
 MODE Contains Any 1 Computer assisted personal interview

**Question**

Besides the respondent, were you aware if there was anybody else present during the interview?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Screen Note**

Blaise: Add note to screen in black

**Choices**

1	Yes
2	No
3	Don't know

## SV\_215 - Assistance in answering interview and self completion section

Name SV_215	Label Assistance in answering interview and self completion section	Location SOP
Type Multiple Choice	Selection Type SelectAllThatApply	Display Style
Condition (SOP int module Contains Any 1 Yes) And (SV_214 Contains Any 1 Yes) MODE Contains Any 1 Computer assisted personal interview		

**Question**

Did this/these person(s) assist the respondent in answering the self-completion section?

**Choices**

1	Yes
2	No
3	Don't know

## SV\_217 - Indicator of clarification sought by respondent

Name SV_217	Label Indicator of clarification sought by respondent	Location SOP
Type Multiple Choice	Selection Type SelectOne	Display Style

## Condition

SOP int module Contains Any 1 Yes or 2 No

MODE Contains Any 1 Computer assisted personal interview

**Question**

Did the respondent ask for clarification on any questions while undertaking the self-completion section or when handing back the tablet?

**Instructions**

Please select one of the following

**BLAISE ANNOTATION: Note**

Blaise: Add note to screen

**Choices**

1	Yes
2	No

## SV\_218 - Events that occurred during self completion section

Name SV_218	Label Events that occurred during self completion section	Location SOP
Type Multiple Choice	Selection Type SelectAllThatApply	Display Style

## Condition

SOP int module Contains Any 1 Yes

MODE Contains Any 1 Computer assisted personal interview

**Question**

Did any of the following events occur during the self-completion section?

**Instructions**

Please select all that apply

**BLAISE ANNOTATION: Note**

Blaise: Add note to screen

**BLAISE INSTRUCTION: Error check**

Blaise: if answer category 7 or 8 are chosen do not allow any other answer category to be chosen with either one.

**Choices**

1	The respondent held a conversation with someone else in the household besides the interviewer.
2	The respondent answered a phone call, text message or e-mail.



3	The respondent was looking after children.
4	The respondent was undertaking domestic tasks such as cooking or washing.
5	A television set, radio, game console or music player was in use in the immediate vicinity of the respondent.
6	The respondent was interrupted by some other activity, task or event.
7	Nothing happened
8	Don't know

### SV\_218\_b - Events that occurred during self-completion section

Name SV_218_b	Label Events that occurred during self-completion section	Location SOP
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SOP int module Contains Any 2 No MODE Contains Any 1 Computer assisted personal interview		

#### Question

Do you know if any of the following events occurred during the self-completion section?

#### Instructions

Please select all that apply

#### BLAISE INSTRUCTION: Screen Note

Blaise: Add note to screen in black

#### BLAISE INSTRUCTION: Error Check

Blaise: if answer category 7 or 8 are chosen do not allow any other answer category to be chosen with either one.

#### Choices

1	The respondent held a conversation with someone else in the household besides the interviewer.
2	The respondent answered a phone call, text message or e-mail.
3	The respondent was looking after children.
4	The respondent was undertaking domestic tasks such as cooking or washing.

5	A television set, radio, game console or music player was in use in the immediate vicinity of the respondent.
6	The respondent was interrupted by some other activity, task or event.
7	Nothing happened
8	Don't know

### SV\_219 - Indicator of complaints regarding time taken for completion

Name SV_219	Label Indicator of complaints regarding time taken for completion	Location SOP
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SOP int module Contains Any 1 Yes or 2 No MODE Contains Any 1 Computer assisted personal interview		

#### Question

Did the respondent complain that the self-completion section took too much time?

#### Instructions

Please select one of the following

#### BLAISE ANNOTATION: Note

Blaise: Add note to screen

#### Choices

1	Yes
2	No

### SV\_220 - Room used for assessment

Name SV_220	Label Room used for assessment	Location SOP
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition SOP int module Contains Any 1 Yes MODE Contains Any 1 Computer assisted personal interview		

#### Question

In which room did the respondent complete the self-completion section?

**Instructions**

Please select one of the following

**BLAISE ANNOTATION: Note**

Blaise: Add note to screen

**Choices**

1	Living room
2	Kitchen
3	Bedroom
4	Entrance
5	Hallway or corridor
6	Office
7	Other space
8	Only one room available
9	Don't know

## SV\_220\_b - Room used for assessment

Name	Label	Location
SV_220_b	Room used for assessment	SOP
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		
SOP int module Contains Any 2 No		
MODE Contains Any 1 Computer assisted personal interview		

**Question**

Do you know what room the respondent completed the self-completion section in?

**Instructions**

Please select one of the following

**BLAISE INSTRUCTION: Screen Note**

Blaise: Add note to screen in black

**Choices**

1	Living room
2	Kitchen
3	Bedroom

4	Entrance
5	Hallway or corridor
6	Office
7	Other space
8	Only one room available
9	Don't know

## SV\_221 - Additional comments

Name SV_221	Label Additional comments	Location SOP
Type Text	Minimum Length	Maximum Length 255
Condition SOP int module Contains Any 1 Yes or 2 No MODE Contains Any 1 Computer assisted personal interview		

**Question**

If you have any additional comments on the interview, please write them in the space below.

**Instructions**

Please give details

**BLAISE ANNOTATION: Note**

Blaise: Add note to screen

## SOP interviewer exit - Exit for interviewer when they have completed their feedback module

Name SOP interviewer exit	Label Exit for interviewer when they have completed their feedback module	Location SOP
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (SV_249 Contains Any 1 Continue) And (SOP int module Contains Any 1 Yes or 2 No) MODE Contains Any 1 Computer assisted personal interview		

**Question**

This completes the survey. Thank you for your feedback.

Please select the 'Finish' button and press "Save and continue" to exit the questionnaire.

Thank you.

**Choices**

1	Finish
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