

I. STUDY NUMBER	_____
II. TODAY'S DATE	__ / __ / __
III. RA INITIALS	_____
IV. ADMINISTERED	<input type="checkbox"/> <sub>1</sub> NO-TIME <input type="checkbox"/> <sub>2</sub> NO-PERA <input type="checkbox"/> <sub>4</sub> YES

## PERSONAL SAFETY SCREENING FORM – Visit 3

**RA:** You may be aware that as part of the 2<sup>nd</sup> and 3<sup>rd</sup> visits, we are asking women about issues of safety throughout their lives. I would like to ask you to spend about two minutes filling out a one-page questionnaire.

A1. **DELETED**

A2. [HAND PARTICIPANT PSQ3]

I just want to make a few things clear. No matter what answers you give on the questionnaire, we will not share them with your clinician or anyone else. Please remember that you do not have to answer any question that you don't want to.

Also, This questionnaire asks about the time **since your 26<sup>th</sup> week of pregnancy / since your last Viva visit** on: \_\_\_/\_\_\_/\_\_\_.

Please tell us about things that have happened since then, and not things that you have told us about before.

Do you want to fill the questionnaire out by yourself, or do you want me to go through it with you? Regardless, I am here to answer any questions you may have.

<sub>1</sub> SA    <sub>2</sub> IA

[IF PSS INTERRUPTED AND PARTICIPANT REFUSES]  
That's fine. Thank you for spending the time with me here. Here a list of phone numbers of organizations in the area that offer women support and assistance, which we are giving to all Viva participants. Even if you do not currently feel you need these resources, you may want to put the card in your wallet or some other private place in case you or a friend ever need help in dealing with these issues.

**STOP**

Here is an envelope for you to put your questionnaire in when you are done.

Okay, let's begin.