Attachment E. Domestic VACS Head of Household Questionnaire

**For Domestic VACS Adaptation**

Form Approved

OMB No: 0920-xxxx  
Exp. Date: xx-xx-xxxx

Public Reporting burden of this collection of information is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.  An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.  Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NW, MS D-74, Atlanta, GA  30333; Attn:  PRA (0920-xxxx).

Read to respondent: For the purposes of this survey, the head of household is an adult individual (or emancipated minor) who is responsible for (or shares responsibility for) keeping up the home and caring for those living in it.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| H1 | | **RECORD THE TIME THE INTERVIEW BEGAN (00:00):** | | | | | |
| H2 | | RECORD THE SEX OF THE RESPONDENT: MALE OR FEMALE  *Note: this does not need to be asked of participant.* | MALE  FEMALE | | 1  2 | |  |
| H3 | | I would like to start by asking you some questions about yourself:  How old are you? | years old:  don’T know  declined | | -98  -99 | |  |
| H4 | | Does your household have access to:  MARK ALL THAT APPLY | smartphone  CELL phone (without smartphone/internet capabilities)..  DESKTOP OR LAPTOP  TABLET OR OTHER WIRELESS COMPUTER  CELLULAR DATA PLAN  BROADBAND (HIGH SPEED) INTERNET INSTALLED IN HOME  DIAL UP INTERNET SERVICE INSTALLED IN HOME  don’T know  declined | | 1  2  3  4  5  6  7  -98  -99 | |  |
| H5 | | How many bedrooms are in this home? | NO. OF BEDROOMS:  DON’T KNOW  DECLINED | | 98  99 | |  |
| H6 | | Now, I would like to ask you about transportation.  How many automobiles, meaning cars, vans or trucks are kept at home for use by members of this household?  MARK ALL THAT APPLY | ONE  TWO  THREE  FOUR  FIVE OR MORE  don’T know  declined | | | 1  2  3  4  5  -98  -99 |  |
| H7 | | What mode(s) of transportation do most members of this household typically use for daily activities?  MARK ALL THAT APPLY | CAR, TRUCK, OR VAN  BUS  TRAIN/SUBWAY/COMMUTER RAIL  TAXI, UBER, OR LYFT  MOTORCYCLE OR MOTORIZED SCOOTER  BICYCLE  WALKED  OTHER  don’T know  declined | | | 1  2  3  4  5  6  7  -97  -98  -99 |  |
| H8 | | Does any member of this household have a bank account at a bank, credit union or online? | YES  NO  DON’T KNOW  DECLINED | | 1  2  -98  -99 | |  |
| H9 | | In the past 12 months, has anyone in the household received outside financial help from a non-government program, or does someone participate in a community based program that provides income, such as micro finance, loan, or community savings group? | YES  NO  DON’T KNOW  DECLINED | | 1  2  -98  -99 | |  |
| H10 | | In the past 12 months, how often would you say you or your family were worried or stressed out about having enough money to pay for meals? Would you say very often, often, sometimes, seldom, or never? | VERY OFTEN  OFTEN  SOMETIMES  SELDOM  NEVER  DON’T KNOW  DECLINED | | 1  2  3  4  5  -98  -99 | |  |
| H11 | | In the past 12 months, did you or any member of this household receive benefits from the Food Stamp Program or SNAP (Supplemental Nutrition Assistance Program)? | YES  NO  DON’T KNOW  DECLINED | | 1  2  -98  -99 | |  |
| H12 | | In the past 12 months, how often have you worried that your total family income would not be enough to meet your family’s expenses and bills? Would you say very often, often, sometimes, seldom, or never? | VERY OFTEN  OFTEN  SOMETIMES  SELDOM  NEVER  DON’T KNOW  DECLINED | | 1  2  3  4  5  -98  -99 | |  |
| H13 | | How has your overall financial situation changed over the past 12 months? Would you say it has gotten much worse, slightly worse, not changed, slightly better, or much better? | IT HAS GOTTEN MUCH WORSE  IT HAS GOTTEN SLIGHTLY WORSE  IT HAS NOT CHANGED  IT HAS GOTTEN SLIGHTLY BETTER  IT HAS GOTTEN MUCH BETTER  DON’T KNOW  DECLINED | | 1  2  3  4  5  -98  -99 | |  |
| H14 | Now, I would like to ask you about your family’s experiences with moving.  Did you live in this house or apartment one year ago? | | | YES  NO  DON’T KNOW  DECLINED | 1  2  -98  -99 | | H16  H15    H16 |
| H15 | Where did you live one year ago? Were you in a different home in the United States / Puerto Rico or outside the United States / Puerto Rico? | | | DIFFERENT HOUSE IN THE UNITED STATES OR PUERTO RICO  OUTSIDE THE UNITED STATES OR PUERTO RICO  DON’T KNOW  DECLINED | 1  2  -98  -99 | |  |
|  | **ONLY FOR HOUSEHOLDS WITH 1 OR MORE RESIDENTS LESS THAN 18 YEARS, OTHERWISE SKIP TO H54** | | | | | | |
| H16 | Now I will ask you about the health and wellness of the members of your household:  In the past year, have any of the adults in the household been ill for 3 or more months? | | | YES  NO  DON’T KNOW  DECLINED | 1  2  -98  -99 | |  |
| H17 | Within the past 5 years, has there been a death in the household? | | | YES  NO  DON’T KNOW  DECLINED | 1  2  -98  -99 | |  |
| H18 | In the past 12 months, did you ever have to cut the size of the meals in your household because there was not enough food or money? | | | YES  NO  DON’T KNOW  DECLINED | 1  2  -98  -99 | |  |
| H19 | In the past 12 months, did people in your household ever skip meals because there was not enough food or money? | | | YES  NO  DON’T KNOW  DECLINED | 1  2  -98  -99 | |  |
|  | **ONLY ASKED IF PARTICIPANT HAS BEEN SELECTED AND IS LESS THAN 18 YEARS** | | | | | | |
| H20 | Is the [AGE] year old [M/F] born on [DOB] currently living in this household because his/her own parent is sick, has died, has moved away, been incarcerated or unable to provide care? | | | YES, PARENT IS SICK  YES, PARENT DIED  YES, PARENT MOVED AWAY  YES, PARENT INCARCERATED  YES, PARENT UNABLE TO PROVIDE CARE  NO  DON’T KNOW  DECLINED | 1  2  3  4  5  6  -98  -99 | |  |
| **ONLY ASKED IF THERE IS ANOTHER HOUSEHOLD MEMBER LESS THAN 18 YEARS** | | | | | | | |
| H21 | Are/is the (other) child(ren) living in this household because their own parent is sick, has died, has moved away, been incarcerated or unable to provide care? | | | YES, PARENT IS SICK  YES, PARENT DIED  YES, PARENT MOVED AWAY  YES, PARENT INCARCERATED  YES, PARENT UNABLE TO PROVIDE CARE  NO  DON’T KNOW  DECLINED | 1  2  3  4  5  6  -98  -99 | |  |
| **ONLY ASKED IF PARTICIPANT HAS BEEN SELECTED AND IS LESS THAN 18 YEARS** | | | | | | | |
| H22 | Has the [AGE] year old [M/F] born on [DOB] lived outside of family care in the last five years? For example an orphanage, shelter or foster care, detention center or with other relatives/families/friends [Adapt to country context] | | | YES  NO  DON’T KNOW  DECLINED | 1  2  -98  -99 | | END |
|  |  | | |  |  | |  |
| **ONLY ASKED IF PARTICIPANT HAS BEEN SELECTED AND IS LESS THAN 18 YEARS** | | | | | | | |
| H23 | Has the [AGE] year old [M/F] born on [DOB] lived on the street, in a homeless shelter, or did not have a permanent residence in the last 5 years? *Mark all that apply.* | | | YES, THEY LIVED ON THE STREET  YES, THEY LIVED IN A HOMELESS SHELTER  YES, THEY DID NOT HAVE A PERMANENT RESIDENCE  NO  DON’T KNOW  DECLINED | 1  2  3  4  -98  -99 | |  |