

**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 <i>Note: this does not need to be asked of participant.</i>	MALE..... 1 FEMALE..... 2	
H3	I would like to start by asking you some questions about yourself: How old are you?	YEARS OLD: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> DON'T KNOW..... -98 DECLINED..... -99	
H4	Does your household have access to: MARK ALL THAT APPLY	SMARTPHONE..... 1 CELL PHONE (without smartphone/internet capabilities).. 2 DESKTOP OR LAPTOP..... 3 TABLET OR OTHER WIRELESS COMPUTER..... 4 CELLULAR DATA PLAN..... 5 BROADBAND (HIGH SPEED) INTERNET INSTALLED IN HOME..... 6 DIAL UP INTERNET SERVICE INSTALLED IN HOME.... 7 DON'T KNOW..... -98 DECLINED..... -99	
H5	How many bedrooms are in this home?	NO. OF BEDROOMS: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> DON'T KNOW..... 98 DECLINED..... 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..... 1 TWO..... 2 THREE..... 3 FOUR..... 4 FIVE OR MORE..... 5 DON'T KNOW..... -98 DECLINED..... -99	
H7	What mode(s) of transportation do most members of this	CAR, TRUCK, OR VAN..... 1	

	household typically use for daily activities? MARK ALL THAT APPLY	BUS..... TRAIN/SUBWAY/COMMUTER RAIL..... TAXI, UBER, OR LYFT..... MOTORCYCLE OR MOTORIZED SCOOTER..... BICYCLE..... WALKED..... OTHER..... DON'T KNOW..... DECLINED.....	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	YES..... NO..... DON'T KNOW.....	1 2 -98	

	been ill for 3 or more months?	DECLINED.....	-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? <i>Mark all that apply.</i>	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	