

VIOLENCE AGAINST CHILDREN SURVEY – CORE: HOUSEHOLD QUESTIONNAIRE

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 HEAD OF HOUSEHOLD: 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 about yourself: How old are you?	YEARS OLD:			
		DON'T KNOW	998		
		DECLINED	999		
H4	Now, I will continue by asking you questions about your household. What is the main source(s) of food for members of your household/ where do you primarily get the food your household needs?	SUPERMARKET OR LARGE GROCERY STORE (GIANT FOOD, SAFEWAY, WHOLE FOODS)	1		
		SMALL SUPERMARKET (EDDIE'S, MARS, FOOD KING)	2		
		LIMITED SUPERMARKET (SAVE-A-LOT, STOP, SHOP, & SAVE, ALDI, ETC.)	3		
		CONVENIENCE STORE/GAS STATION DISCOUNT STORE (FAMILY DOLLAR, ETC.)	4		
		FARMER'S MARKET OR OTHER LOCAL PRODUCER	5		
		RESTAURANTS/DRIVE-THROUGH	6		
		DON'T KNOW	98		
		DECLINED	99		
H5	Does your household have access to: <i>(Read the response options and choose all responses that apply)</i>	SMARTPHONE	A		
		CELL PHONE (WITHOUT SMARTPHONE/INTERNET CAPABILITIES)	B		
		DESKTOP OR LAPTOP	C		
		TABLET OR OTHER WIRELESS COMPUTER	D		
		A CELLULAR DATA PLAN	E		
		BROADBAND (HIGH SPEED) INTERNET INSTALLED IN THE HOME	F		
		DIAL-UP INTERNET SERVICE INSTALLED IN THE HOME	G		
		DON'T KNOW	Y		
DECLINED	Z				
H6	How many bedrooms are in this home?	NO. OF ROOMS:			
		DON'T KNOW	98		
		DECLINED	99		
H7A	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?	NONE	0		
		1	1		
		2	2		
		3	3		

		5 OR MORE	5	
		DON'T KNOW	98	
		DECLINED	99	
H7B	What mode(s) of transportation do most members of this household typically use for daily activities? (Choose all responses that apply)	CAR, TRUCK OR VAN	A	
		BUS	B	
		TRAIN/SUBWAY/COMMUTER RAIL	C	
		TAXI, UBER, OR LYFT	D	
		MOTORCYCLE OR MOTORIZED SCOOTER	E	
		BICYCLE	F	
		WALK	G	
		OTHER (SPECIFY): _____	X	
		DON'T KNOW	Y	
		DECLINED	Z	
H8	Does any member of this household have a bank account at a bank, credit union or online?	YES	1	
		NO	2	
		DON'T KNOW	98	
		DECLINED	99	
H9	Does anyone in the household receive financial assistance from a government program (e.g., Unemployment Insurance, Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI))?	YES	1	
		NO	2	
		DON'T KNOW	98	
		DECLINED	99	
H10	Does anyone in the household receive 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	1	
		NO	2	
		DON'T KNOW	98	
		DECLINED	99	
H11	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	1	
		OFTEN	2	
		SOMETIMES	3	
		SELDOM	4	
		NEVER	5	
		DON'T KNOW	98	
		DECLINED	99	
H12	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	1	
		NO	2	
		DON'T KNOW	98	
		DECLINED	99	
H13	Now, I would like to ask you and your family's experiences with moving. Have you ever lived in another country?	YES	1	
		NO	2	H17
		DON'T KNOW	98	
		DECLINED	99	

H14	What were the main reasons for you living in another country? <i>(Choose all responses that apply)</i>	BORN ABROAD	A	
		FAMILY REASONS	B	
		ECONOMIC / WORK	C	
		FORCED BY VIOLENCE IN THE FAMILY	D	
		FORCED BY VIOLENCE IN THE COMMUNITY	E	
		FORCED BY NATURAL DISASTER	F	
		FORCED BY OTHER CIRCUMSTANCES	G	
		DON'T KNOW	Y	
		DECLINED	Z	
H15	Did you live in the United States prior to living in another country?	YES	1	
		NO	2	
		DON'T KNOW	98	
		DECLINED	99	
H16	What were the main reasons for moving from another country to here? <i>(Choose all responses that apply)</i>	FAMILY REASONS	A	
		ECONOMIC / WORK	B	
		FORCED BY VIOLENCE IN THE FAMILY	C	
		FORCED BY VIOLENCE IN THE COMMUNITY	D	
		FORCED BY NATURAL DISASTER	E	
		FORCED BY OTHER CIRCUMSTANCES	F	
		DON'T KNOW	Y	
		DECLINED	Z	
H17	Have you ever lived in another state?	YES	1	H19
		NO	2	
		DON'T KNOW	98	
		DECLINED	99	
H18	What were the main reasons for you moving from another state to here? <i>(Choose all responses that apply)</i>	FAMILY REASONS	A	
		ECONOMIC / WORK	B	
		FORCED BY VIOLENCE IN THE FAMILY	C	
		FORCED BY VIOLENCE IN THE COMMUNITY	D	
		FORCED BY NATURAL DISASTER	E	
		FORCED BY OTHER CIRCUMSTANCES	F	
		DON'T KNOW	Y	
		DECLINED	Z	
ONLY FOR HOUSEHOLDS WITH 1 OR MORE RESIDENTS LESS THAN 18 YEARS, ELSE SKIP TO H23				
H19	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	1	
		NO	2	
		DON'T KNOW	98	
		DECLINED	99	
H20	Within the past 5 years, has there been a death in the household?	YES	1	
		NO	2	
		DON'T KNOW	98	
		DECLINED	99	
H21	In the past 5 years, did you ever have to cut the size of the meals in your household because there was not enough food or money?	YES	1	
		NO	2	
		DON'T KNOW	98	

		DECLINED	99
H22	In the past 5 years, did people in your household ever skip meals because there was not enough food or money?	YES	1
		NO	2
		DON'T KNOW	98
		DECLINED	99
ONLY ASKED IF PARTICIPANT HAS BEEN SELECTED AND IS LESS THAN 18 YEARS			
H23	Is the [AGE] year old [M/F] born on [DOB] currently living in this household because his/her own parent is sick, has died or has moved away?	YES, PARENT IS SICK	1
		YES, PARENT DIED	2
		YES, PARENT MOVED AWAY	3
		YES, PARENT INCARCERATED	4
		YES, PARENT UNABLE TO PROVIDE CARE	5
		NO	6
		DON'T KNOW	98
		DECLINED	99

ONLY ASKED IF THERE IS ANOTHER HOUSEHOLD MEMBER LESS THAN 18 YEARS WHO HAS NOT BEEN SELECTED				
H24	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	1	
		YES, PARENT DIED	2	
		YES, PARENT MOVED AWAY	3	
		YES, PARENT INCARCERATED	4	
		YES, PARENT UNABLE TO PROVIDE CARE	5	
		NO	6	
		DON'T KNOW	98	
		DECLINED	99	
ONLY ASKED IF PARTICIPANT HAS BEEN SELECTED AND IS LESS THAN 18 YEARS				
H25	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.	YES	1	H26
		NO	2	
		DON'T KNOW	98	
		DECLINED	99	
ONLY ASKED IF PARTICIPANT HAS BEEN SELECTED AND IS LESS THAN 18 YEARS				
H26	Has the [AGE] year old [M/F] born on [DOB] lived on the street in the last 5 years?	YES	1	
		NO	2	
		DON'T KNOW	98	
		DECLINED	99	