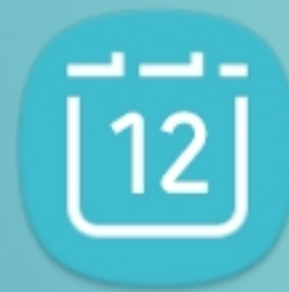
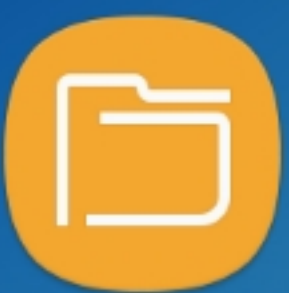




ODK Collect



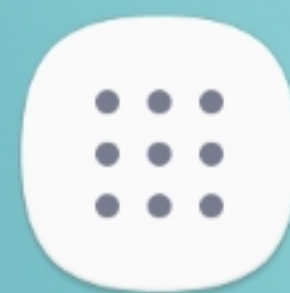
Calendar



My Files



Settings



Apps

Fill Blank Form

Edit Saved Form (2)

Send Finalized Form

View Sent Form

Get Blank Form

Delete Saved Form

ODK Collect v2021.2.4





DOMESTIC FEMALE QUESTIONNAIRE -BETA TESTING

Added on Tue, Oct 12, 2021 at 10:33

DOMESTIC SURVEY**FEMALE QUESTIONNAIRE**

Beta Testing V4.0 8/September/2021

Swipe to continue.

DOMESTIC FEMALE QUESTIONNAIRE -BETA TESTING



*** Team Leader Code**

Select Answer



DOMESTIC FEMALE QUESTIONNAIRE -BETA TESTING



* Interviewer Code:

Select Answer



DOMESTIC FEMALE QUESTIONNAIRE -BETA TESTING



* PSU

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* HOUSEHOLD

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DOMESTIC FEMALE QUESTIONNAIRE -BETA TESTING



Visit Record Form

Visit Number: 1*** Date of Visit -1**

Select date

No date selected

*** Visit Record Listing Result -1**

- PEOPLE AT HOME
- 3. UNOCCUPIED/ VACANT/ ABANDONED
- 4. NO ONE HOME
- 5. DEMOLISHED HOUSE
- 6. REFUSED
- 7. OTHER



*** Is this your FIRST visit (or need to finish the FIRST visit), or do you need to add a SECOND Visit?**

- 1. CONTINUE WITH FIRST VISIT (Select this option if you are visiting this household for the first time or if you need to complete the FIRST visit)
- 2. BEGIN A SECOND VISIT (Select this option if you are returning for the SECOND time to complete the visit record)



DOMESTIC FEMALE QUESTIONNAIRE -BETA TESTING



Summary of the Initial Visit Record Form

SUMMARY OF THE INITIAL VISIT RECORD FORM

Visit Number:1

Date of Visit:2021-10-12

Initial Household Listing Result:PEOPLE AT HOME



Questionnaire (Visit #: 1 Household #: 2)

*** INTRODUCTION: :**

I am a survey interviewer from NORC at the University of Chicago for a research study supported by [Baltimore City Health Department/Garrett County] in partnership with the U.S. Centers for Disease Control and Prevention. We are conducting a survey in your area on the health, educational, and life experiences of young people in [Baltimore/Garrett County]. In order to administer the survey, I will first need to identify all of the people who live in this household, but I am not going to write down any names. If you agree, I will start by listing all persons who usually live in your household and visitors who are currently living here, recording their age, date of birth and sex. Please do not tell me their name. Depending on the outcomes of the recording and selection, I will request to speak with the head of household and a member of the household between the ages of 13 and 24 years who has been randomly selected to participate.

For the purposes of this survey, a household is a group of people who live and sleep together in one unit and share most meals together. We consider someone a household member as long as they have been here at least 6 weeks and have plans to stay. If there are youth in this household who attend boarding school or college and live on campus while class is in session, we would consider them a household member as long as they consider this their main household and return to this household during school breaks and holidays.

The list should NOT include VISITORS, and only include people who have lived in this home for at least 6 weeks with plans to stay, or those that recently moved and are intending to stay.

OK. Please continue.



DOMESTIC FEMALE QUESTIONNAIRE -BETA TESTING



Questionnaire (Visit #: 1 Household #: 2) > FORM A

*** How many persons are living in this household?**

[< BACK](#)

[NEXT >](#)

1	2	3	
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Questionnaire (Visit #: 1 Household #: 2) > FORM A > Household Listing Form > 1 > Members of the Household

* What is the Age of the Head of the Household?

Household Member#: 1

Enter '998' if participant Doesn't Know the age of this person, or '999' if Declines to answer

Input field for age of head of household

* What is the Date of Birth of the Head of the Household?

Household Member#: 1

Enter date "Jan-01-2025" if respondent doesn't know the date of birth (or part of it) or declines to answer.

Select date

No date selected

* What is the Sex of the Head of the Household?

Household Member#: 1

- 1. MALE
- 2. FEMALE

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4	5	6	Done
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DOMESTIC FEMALE QUESTIONNAIRE -BETA TESTING



Questionnaire (Visit #: 1 Household #: 2) > FORM A > Full Household Listing

HOUSEHOLD LISTING SUMMARY (DO NOT READ TO PARTICIPANT)

1. **Line Number:1 Age:20 Date of Birth:2001-10-12 Sex:2. FEMALE**



DOMESTIC FEMALE QUESTIONNAIRE -BETA TESTING



Questionnaire (Visit #: 1 Household #: 2) > FORM A

*** Then, in this household there are 1 female(s) between 13 to 24 years old living here?**

1. YES

2. NO



DOMESTIC FEMALE QUESTIONNAIRE -BETA TESTING



Questionnaire (Visit #: 1 Household #: 1) > FORM A > Characteristic of Selected Participant

*** My tablet has randomly selected: Member Number 1, Female, 20 years old, born on 2001-10-12 to be interviewed.**

OK. Please continue.



DOMESTIC FEMALE QUESTIONNAIRE -BETA TESTING



Questionnaire (Visit #: 1 Household #: 1) > FORM A

*** I need to speak with the Head of Household at this time. Is the Head of the Household Available?**

- 1. YES, THE HEAD OF HOUSEHOLD/ACTING HEAD OF THE HOUSEHOLD AVAILABLE FOR HHQ

- 2. NO, THE HEAD OF HOUSEHOLD/ACTING HEAD OF THE HOUSEHOLD IS NOT AVAILABLE FOR HHQ (RESCHEDULE HHQ)

- 3. NO, THE HEAD OF THE HOUSEHOLD/ACTING HEAD OF THE HOUSEHOLD DECLINED THE HEAD OF THE HOUSEHOLD QUESTIONNAIRE

- 4. NO, THE HEAD OF HOUSEHOLD/ACTING HEAD OF THE HOUSEHOLD HAS A DISABILITY AND CANNOT CONTINUE WITH THE HHQ

- 5. NO, THE HEAD OF HOUSEHOLD/ACTING HEAD OF THE HOUSEHOLD DOES NOT SPEAK ANY OF THE LANGUAGES OF THE SURVEY



Questionnaire (Visit #: 1 Household #: 1) > FORM A

*** PLEASE NOTE THIS CONSENT FORM WILL BE READ TO THE PARENT/GUARDIAN.**

INFORMATION AND CONSENT FORM –HOH/PARENT/GUARDIAN OF DEPENDANT PARTICIPANT (Form B)

INTRODUCTION

Hello, my name is Interviewer Beta Testing Name. I am a survey interviewer from NORC at the University of Chicago for a research study supported by the [BALTIMORE CITY HEALTH DEPARTMENT/GARRETT COUNTY HEALTH DEPARTMENT] in partnership with the U.S. Centers for Disease control and Prevention. We are conducting a survey across [Baltimore/Garrett County] to learn about young peoples' health, educational, and life experiences.

HOH CONSENT FOR HOUSEHOLD QUESTIONNAIRE

As part of the survey, I would like to ask you some questions about your household. This short survey will also help us to learn more about health, educational, and life experiences for young people in your community. There is little or no risk to either you or your family for participating in this survey. There are no consequences for not participating. There are no direct benefits to you for participating in this survey. You will not receive anything, such as money or gifts, for being in this survey; however, the youth participant will receive [INCENTIVE AMOUNT] as an incentive for participating in the main questionnaire.

Your household has been chosen by chance to participate in the survey. I want to assure you that all of your answers will be kept strictly confidential, and your name and address will not be connected with any of your responses. You have the right to stop the interview at any time, or to skip any questions that you don't want to answer. There are no 'Right' or 'Wrong' answers.

I want to assure you that all of your answers will be kept strictly secret. I will not keep a record of your name or address. You have the right to stop the interview at any time, or to skip any questions that you don't want to answer. There are no 'Right' or 'Wrong' answers. Your participation is completely voluntary but your experiences could be very helpful to other people in [BALTIMORE/GARRETT COUNTY].

OK. Please continue.

DOMESTIC FEMALE QUESTIONNAIRE -BETA TESTING



Questionnaire (Visit #: 1 Household #: 1) > FORM A

*** Would it be alright for me to ask you some questions? The questions should take only 10-15 minutes to complete.**

- 1. AGREES TO ANSWER THE HEAD OF HOUSEHOLD QUESTIONNAIRE
- 2. DOES NOT AGREE TO ANSWER QUESTIONS

Sorry, this response is required!



DOMESTIC FEMALE QUESTIONNAIRE -BETA TESTING



Questionnaire (Visit #: 1 Household #: 1) > FORM A

*** Do you have any questions?**

1. YES

2. NO



DOMESTIC FEMALE QUESTIONNAIRE -BETA TESTING



Questionnaire (Visit #: 1 Household #: 1) > FORM A

*** Is now a good time to talk?**

1. YES

2. NO



DOMESTIC FEMALE QUESTIONNAIRE -BETA TESTING



Questionnaire (Visit #: 1 Household #: 1) > FORM A

*** For any further concerns about your rights in this survey or the procedures I am following, you may contact: [XXXXXXXXXXXXXXXXX FROM BALTIMORE CITY HEALTH DEPARTMENT AT (404)-XXX-XXXX/GARRETT COUNTY HEALTH DEPARTMENT AT (XXX)-XXX-XXXX] or XXXXXXXXXXXX from NORC at the University of Chicago at (301) XXX-XXXX, who are prepared to address your concerns or refer you to someone who can. Please feel free to write down this information for future reference.**

OK. Please continue.



DOMESTIC FEMALE QUESTIONNAIRE -BETA TESTING



Questionnaire (Visit #: 1 Household #: 1) > FORM A

*** Please obtain verbal consent.**

I, Interviewer Beta Testing Name, have taken a verbal consent to proceed

OK. Please continue.



Questionnaire (Visit #: 1 Household #: 1) > FORM A

*** Name of Interviewer Obtaining Verbal Consent:**

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Mobile keyboard interface with various icons (undo, emojis, GIF, microphone, settings) and a QWERTY keyboard layout. The keyboard includes standard alphanumeric keys, function keys like 'Ctrl', 'Del', and 'Enter', and a language indicator showing 'English (US)'.

DOMESTIC FEMALE QUESTIONNAIRE -BETA TESTING



Questionnaire (Visit #: 1 Household #: 1) > FORM A

*** Date:**

Select date

No date selected



Questionnaire (Visit #: 1 Household #: 1) > FORM A

*** THIS INFORMATION FORM WILL BE READ TO THE PARTICIPATING HEAD OF HOUSEHOLD**

(INTERVIEWER: IF THE HEAD OF HOUSEHOLD COMPLETED HH LISTING FORM WITH YOU THEN THERE IS NO NEED TO REPEAT THIS INFORMATION AND YOU CAN SKIP TO THE NEXT PARAGRAPH)

INFORMATION AND CONSENT FORM FOR HEADS OF HOUSEHOLD FOR PARTICIPATION IN HOUSEHOLD QUESTIONNAIRE WHERE PARTICIPANT IS NON-DEPENDANT (Form C)

Thank you for allowing me to talk to you and members of this household. As I mentioned earlier, I am a survey interviewer from NORC at the University of Chicago for a research study supported by the [Baltimore City/Garrett County Health Department] in partnership with the U.S. Centers for Disease Control and Prevention. We are conducting a survey across [Baltimore/Garrett County] to find out more about the health, educational, and life experiences of young people here. The goal of this survey research is to make health and education programs for young people in Baltimore better.

OK. Please continue.

Sorry, this response is required!



DOMESTIC FEMALE QUESTIONNAIRE -BETA TESTING



Questionnaire (Visit #: 1 Household #: 1) > FORM A > AUX_FC2_N

*** As part of the survey, we would like to ask you some questions about your household and some of the people in it. This short survey will also help us to learn more about health and education for young people in your community. There is little or no risk to either you or your family for participating in this survey. Some of the questions in the survey ask about access to water, toilet facilities and different household items. There are no consequences for not participating. There are no direct benefits to you from participating in this survey. You will not get anything, such as money or gifts, for being in this survey.**

OK. Please continue.

*** As part of the study, I am going to invite the young woman to answer some questions about health and life experiences for young people in Baltimore.**

OK. Please continue.



DOMESTIC FEMALE QUESTIONNAIRE -BETA TESTING



Questionnaire (Visit #: 1 Household #: 1) > FORM A

*** Would it be alright for me to ask you some questions? The questions should take only about 15 minutes to complete.**

- 1. AGREES TO ANSWER THE HEAD OF HOUSEHOLD QUESTIONNAIRE
- 2. DOES NOT AGREE TO ANSWER HOUSEHOLD QUESTIONNAIRE



DOMESTIC FEMALE QUESTIONNAIRE -BETA TESTING



Questionnaire (Visit #: 1 Household #: 1) > FORM A

*** Do you have any questions?**

1. YES

2. NO



DOMESTIC FEMALE QUESTIONNAIRE -BETA TESTING



Questionnaire (Visit #: 1 Household #: 1) > FORM A

*** Is now a good time to talk?**

1. YES

2. NO



DOMESTIC FEMALE QUESTIONNAIRE -BETA TESTING



Questionnaire (Visit #: 1 Household #: 1) > FORM A

*** For any further concerns about your rights in this survey or the procedures I am following, you may contact: [XXXXXXXXXXXXXXXXX from the Baltimore City Health Department at (410) XXX-XXXX/XXXXXXXX from Garrett County Health Department at (XXX) XXX-XXXX] or XXXXXXXXXXXX at NORC @ the University of Chicago at (301) XXX-XXXX, who are prepared to address your concerns or refer you to someone who can. Please feel free to write down this information for future reference.**

OK. Please continue.



Questionnaire (Visit #: 1 Household #: 1) > FORM A

*** Name of Interviewer Obtaining Verbal Consent:**

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Mobile keyboard interface with various icons (undo, emojis, GIF, microphone, settings) and a QWERTY keyboard layout. The keyboard includes standard alphanumeric keys, function keys like 'Ctrl', 'Del', and 'Enter', and a language indicator showing 'English (US)'.

DOMESTIC FEMALE QUESTIONNAIRE -BETA TESTING



Questionnaire (Visit #: 1 Household #: 1) > FORM A > HEAD OF THE HOUSEHOLD QUESTIONNAIRE > H1

HEAD OF THE HOUSEHOLD QUESTIONNAIRE

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**

Select time

No time selected



DOMESTIC FEMALE QUESTIONNAIRE -BETA TESTING



Questionnaire (Visit #: 1 Household #: 1) > FORM A > HEAD OF THE HOUSEHOLD QUESTIONNAIRE

*** INTERVIEWER: PLEASE RECORD IF YOU ARE INTERVIEWING THE HEAD OF THE HOUSEHOLD OR AN ACTING HEAD OF THE HOUSEHOLD:**

- 1. PARTICIPANT IS THE HEAD OF THE HOUSEHOLD
- 2. PARTICIPANT IS AN ACTING HEAD OF THE HOUSEHOLD



DOMESTIC FEMALE QUESTIONNAIRE -BETA TESTING



Questionnaire (Visit #: 1 Household #: 1) > FORM A > HEAD OF THE HOUSEHOLD QUESTIONNAIRE

*** H2. RECORD THE SEX OF THE HEAD OF HOUSEHOLD:**

1. MALE
-
2. FEMALE
-



DOMESTIC FEMALE QUESTIONNAIRE -BETA TESTING



Questionnaire (Visit #: 1 Household #: 1) > FORM A > HEAD OF THE HOUSEHOLD QUESTIONNAIRE

* I would like to start by asking you about yourself:

H3. How old are you?

Enter '998' if participant Doesn't Know age, or '999' if Declines to answer

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1	2	3	
4	5	6	Done
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DOMESTIC FEMALE QUESTIONNAIRE -BETA TESTING



Questionnaire (Visit #: 1 Household #: 1) > FORM A > HEAD OF THE HOUSEHOLD QUESTIONNAIRE

* Now, I will continue by asking you questions about your household.

H4. What is the main source(s) of food for members of your household/ where do you primarily get the food your household needs?

- 1. SUPERMARKET OR LARGE GROCERY STORE (GIANT FOOD, SAFEWAY, WHOLE FOODS)
- 2. SMALL SUPERMARKET (EDDIE'S, MARS, FOOD KING)
- 3. LIMITED SUPERMARKET (SAVE-A-LOT, STOP, SHOP, & SAVE, ALDI, ETC.)
- 4. CONVENIENCE STORE/GAS STATION
- DISCOUNT STORE (FAMILY DOLLAR, ETC.)
- 5. FARMER'S MARKET OR OTHER LOCAL PRODUCER
- 6. RESTAURANTS/DRIVE-THROUGH
- 98. DON'T KNOW
- 99. DECLINED
- STOP**

Sorry, this response is required!



DOMESTIC FEMALE QUESTIONNAIRE -BETA TESTING



Questionnaire (Visit #: 1 Household #: 1) > FORM A > HEAD OF THE HOUSEHOLD QUESTIONNAIRE

*** H5. Does your household have access to:**

(Read the response options and choose all responses that apply)

- A. SMARTPHONE
- B. CELL PHONE (WITHOUT SMARTPHONE/INTERNET CAPABILITIES)
- C. DESKTOP OR LAPTOP
- D. TABLET OR OTHER WIRELESS COMPUTER
- E. A CELLULAR DATA PLAN
- F. BROADBAND (HIGH SPEED) INTERNET INSTALLED IN THE HOME
- G. DIAL-UP INTERNET SERVICE INSTALLED IN THE HOME
- Y. DON'T KNOW
- Z. DECLINED
- STOP**



DOMESTIC FEMALE QUESTIONNAIRE -BETA TESTING



Questionnaire (Visit #: 1 Household #: 1) > FORM A > HEAD OF THE HOUSEHOLD QUESTIONNAIRE

*** H6. How many bedrooms are in this home?**

(1-15) Enter '98' if participant Doesn't Know, or '99' if Declines to answer

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DOMESTIC FEMALE QUESTIONNAIRE -BETA TESTING



Questionnaire (Visit #: 1 Household #: 1) > FORM A > HEAD OF THE HOUSEHOLD QUESTIONNAIRE

*** 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?

- 0. NONE
- 1. 1
- 2. 2
- 3. 3
- 4. 4
- 5. 5 OR MORE
- 98. DON'T KNOW
- 99. DECLINED
- STOP**

Sorry, this response is required!



DOMESTIC FEMALE QUESTIONNAIRE -BETA TESTING



Questionnaire (Visit #: 1 Household #: 1) > FORM A > HEAD OF THE HOUSEHOLD QUESTIONNAIRE

*** H7B. What mode(s) of transportation do most members of this household typically use for daily activities?**

(Choose all responses that apply)

- A. CAR, TRUCK OR VAN
- B. BUS
- C. TRAIN/SUBWAY/COMMUTER RAIL
- D. TAXI, UBER, OR LYFT
- E. MOTORCYCLE OR MOTORIZED SCOOTER
- F. BICYCLE
- G. WALK
- X. OTHER
- Y. DON'T KNOW
- Z. DECLINED
- STOP**



DOMESTIC FEMALE QUESTIONNAIRE -BETA TESTING



Questionnaire (Visit #: 1 Household #: 1) > FORM A > HEAD OF THE HOUSEHOLD QUESTIONNAIRE

*** H8. Does any member of this household have a bank account at a bank, credit union or online?**

- 1. YES
- 2. NO
- 98. DON'T KNOW
- 99. DECLINED
- STOP**



DOMESTIC FEMALE QUESTIONNAIRE -BETA TESTING



Questionnaire (Visit #: 1 Household #: 1) > FORM A > HEAD OF THE HOUSEHOLD QUESTIONNAIRE

*** 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))?**

- 1. YES
- 2. NO
- 98. DON'T KNOW
- 99. DECLINED
- STOP**



DOMESTIC FEMALE QUESTIONNAIRE -BETA TESTING



Questionnaire (Visit #: 1 Household #: 1) > FORM A > HEAD OF THE HOUSEHOLD QUESTIONNAIRE

*** 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?**

1. YES

2. NO

98. DON'T KNOW

99. DECLINED

STOP



DOMESTIC FEMALE QUESTIONNAIRE -BETA TESTING



Questionnaire (Visit #: 1 Household #: 1) > FORM A > HEAD OF THE HOUSEHOLD QUESTIONNAIRE

*** 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?**

1. VERY OFTEN

2. OFTEN

3. SOMETIMES

4. SELDOM

5. NEVER

98. DON'T KNOW

99. DECLINED

STOP



DOMESTIC FEMALE QUESTIONNAIRE -BETA TESTING



Questionnaire (Visit #: 1 Household #: 1) > FORM A > HEAD OF THE HOUSEHOLD QUESTIONNAIRE

*** 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)?**

- 1. YES
- 2. NO
- 98. DON'T KNOW
- 99. DECLINED
- STOP**

Sorry, this response is required!



DOMESTIC FEMALE QUESTIONNAIRE -BETA TESTING



Questionnaire (Visit #: 1 Household #: 1) > FORM A > HEAD OF THE HOUSEHOLD QUESTIONNAIRE

* H13. Now, I would like to ask you and your family's experiences with moving.

- 1. YES
- 2. NO
- 98. DON'T KNOW
- 99. DECLINED
- STOP



DOMESTIC FEMALE QUESTIONNAIRE -BETA TESTING



Questionnaire (Visit #: 1 Household #: 1) > FORM A > HEAD OF THE HOUSEHOLD QUESTIONNAIRE

*** H14. What were the main reasons for you living in another country?**

(Choose all responses that apply)

- A. BORN ABROAD

- B. FAMILY REASONS

- C. ECONOMIC / WORK

- D. FORCED BY VIOLENCE IN THE FAMILY

- E. FORCED BY VIOLENCE IN THE COMMUNITY

- F. FORCED BY NATURAL DISASTER

- G. FORCED BY OTHER CIRCUMSTANCES

- Y. DON'T KNOW

- Z. DECLINED

- STOP**



DOMESTIC FEMALE QUESTIONNAIRE -BETA TESTING



Questionnaire (Visit #: 1 Household #: 1) > FORM A > HEAD OF THE HOUSEHOLD QUESTIONNAIRE

* H15. Did you live in the United States prior to living in another country?

- 1. YES
- 2. NO
- 98. DON'T KNOW
- 99. DECLINED
- STOP



Questionnaire (Visit #: 1 Household #: 1) > FORM A > HEAD OF THE HOUSEHOLD QUESTIONNAIRE

*** H16. What were the main reasons for moving from another country to here?**

(Choose all responses that apply)

- 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

- Y. DON'T KNOW

- Z. DECLINED

- STOP**



DOMESTIC FEMALE QUESTIONNAIRE -BETA TESTING



Questionnaire (Visit #: 1 Household #: 1) > FORM A > HEAD OF THE HOUSEHOLD QUESTIONNAIRE

* H17. Have you ever lived in another state?

- 1. YES
- 2. NO
- 98. DON'T KNOW
- 99. DECLINED
- STOP



DOMESTIC FEMALE QUESTIONNAIRE -BETA TESTING



Questionnaire (Visit #: 1 Household #: 1) > FORM A > HEAD OF THE HOUSEHOLD QUESTIONNAIRE

*** H18. What were the main reasons for you moving from another state to here?**

(Choose all responses that apply)

- 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

- Y. DON'T KNOW

- Z. DECLINED

- STOP**



DOMESTIC FEMALE QUESTIONNAIRE -BETA TESTING



Questionnaire (Visit #: 1 Household #: 1) > FORM A > HEAD OF THE HOUSEHOLD QUESTIONNAIRE > THIS HOUSEHOLD HAS 1 OR MORE RESIDENTS LESS THAN 18 YEARS

*** Now I will ask you about the health and wellness of the members of your household: H19. In the past year, have any of the adults in the household been ill for 3 or more months?**

- 1. YES
- 2. NO
- 98. DON'T KNOW
- 99. DECLINED
- STOP**



DOMESTIC FEMALE QUESTIONNAIRE -BETA TESTING



Questionnaire (Visit #: 1 Household #: 1) > FORM A > HEAD OF THE HOUSEHOLD QUESTIONNAIRE > THIS HOUSEHOLD HAS 1 OR MORE RESIDENTS LESS THAN 18 YEARS

* H20. Within the past 5 years, has there been a death in the household?

- 1. YES

- 2. NO

- 98. DON'T KNOW

- 99. DECLINED

- STOP**



DOMESTIC FEMALE QUESTIONNAIRE -BETA TESTING



Questionnaire (Visit #: 1 Household #: 1) > FORM A > HEAD OF THE HOUSEHOLD QUESTIONNAIRE > THIS HOUSEHOLD HAS 1 OR MORE RESIDENTS LESS THAN 18 YEARS

*** 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?**

- 1. YES
- 2. NO
- 98. DON'T KNOW
- 99. DECLINED
- STOP**



DOMESTIC FEMALE QUESTIONNAIRE -BETA TESTING



Questionnaire (Visit #: 1 Household #: 1) > FORM A > HEAD OF THE HOUSEHOLD QUESTIONNAIRE > THIS HOUSEHOLD HAS 1 OR MORE RESIDENTS LESS THAN 18 YEARS

*** H22. In the past 5 years, did people in your household ever skip meals because there was not enough food or money?**

- 1. YES
- 2. NO
- 98. DON'T KNOW
- 99. DECLINED
- STOP**



Questionnaire (Visit #: 1 Household #: 1) > FORM A > HEAD OF THE HOUSEHOLD QUESTIONNAIRE > >PARTICIPANT HAS BEEN SELECTED AND IS LESS THAN 18 YEARS

*** H23. Is the [20] year old female born on [2001-10-12] currently living in this household because his/her own parent is sick, has died or has moved away?**

- 1. YES, PARENT IS SICK
- 2. YES, PARENT DIED
- 3. YES, PARENT MOVED AWAY
- 4. YES, PARENT INCARCERATED
- 5. YES, PARENT UNABLE TO PROVIDE CARE
- 98. DON'T KNOW
- 99. DECLINED
- STOP**



DOMESTIC FEMALE QUESTIONNAIRE -BETA TESTING



Questionnaire (Visit #: 1 Household #: 1) > FORM A > HEAD OF THE HOUSEHOLD QUESTIONNAIRE > THERE IS ANOTHER HOUSEHOLD MEMBER LESS THAN 18 YEARS

*** 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?**

- 1. YES, PARENT IS SICK
- 2. YES, PARENT DIED
- 3. YES, PARENT MOVED AWAY
- 4. YES, PARENT INCARCERATED
- 5. YES, PARENT UNABLE TO PROVIDE CARE
- 98. DON'T KNOW
- 99. DECLINED
- STOP**



DOMESTIC FEMALE QUESTIONNAIRE -BETA TESTING



Questionnaire (Visit #: 1 Household #: 1) > FORM A > HEAD OF THE HOUSEHOLD QUESTIONNAIRE > PARTICIPANT HAS BEEN SELECTED AND IS LESS THAN 18 YEARS

*** H25. Has the [20] year old female born on [2001-10-12] 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.**

- 1. YES
- 2. NO
- 98. DON'T KNOW
- 99. DECLINED
- STOP**



DOMESTIC FEMALE QUESTIONNAIRE -BETA TESTING



Questionnaire (Visit #: 1 Household #: 1) > FORM A > HEAD OF THE HOUSEHOLD QUESTIONNAIRE > THERE IS ANOTHER HOUSEHOLD MEMBER LESS THAN 18 YEARS

* H26. Has the [20] year old female born on [2001-10-12] lived on the street in the last 5 years?

- 1. YES
- 2. NO
- 98. DON'T KNOW
- 99. DECLINED
- STOP**



DOMESTIC FEMALE QUESTIONNAIRE -BETA TESTING



Questionnaire (Visit #: 1 Household #: 1) > FORM A > HEAD OF THE HOUSEHOLD QUESTIONNAIRE

*** RECORD THE TIME THE INTERVIEW FINISHED**

Select time

No time selected



Questionnaire (Visit #: 1 Household #: 1) > FORM A

*

FOR THE INTERVIEWER

Did you complete the Head of the Household Questionnaire?

- 1. YES, HEAD OF HOUSEHOLD QUESTIONNAIRE COMPLETED AND PROCEED TO THE PARTICIPANT QUESTIONNAIRE

- 2. NO, BUT WANT TO CONTINUE THE HEAD OF HOUSEHOLD QUESTIONNAIRE LATER/ HEAD OF THE HOUSEHOLD NOT AVAILABLE

- 3. NO, THE HEAD OF THE HOUSEHOLD DECLINED THE HEAD OF THE HOUSEHOLD QUESTIONNAIRE

- 4. NO, THE HEAD OF THE HOUSEHOLD HAS A DISABILITY

- 5. NO, THE HEAD OF THE HOUSEHOLD DOES NOT SPEAK ANY LANGUAGE OF THE SURVEY



DOMESTIC FEMALE QUESTIONNAIRE -BETA TESTING

Questionnaire (Visit #: 1 Household #: 1) > FORM A > Callback Date/Time/HHHQ

*** What date can I come back to continue the head of household questionnaire?**

Select date

No date selected

*** What time can I come back to continue the head of household questionnaire?**

Select time

No time selected



Questionnaire (Visit #: 1 Household #: 1) > FORM A

*

FOR THE INTERVIEWER

Can you proceed to the Participant Questionnaire?

- 1. YES, PROCEED TO THE PARTICIPANT QUESTIONNAIRE NOW
- 2. THE SELECTED PARTICIPANT WANTS TO CONTINUE LATER
- 3. NO, THE SELECTED PARTICIPANT REFUSED TO CONTINUE
- 4. NO, THE SELECTED PARTICIPANT HAS A DISABILITY
- 5. NO, THE SELECTED PARTICIPANT DOES NOT SPEAK ANY OF THE LANGUAGES OF THE SURVEY

(FOR DEPENDENT PARTICIPANTS ONLY, 13-17 YEARS OLD)

- 6. NO, THE HEAD OF HOUSEHOLD/ACTING HEAD OF THE HOUSEHOLD HAS A DISABILITY OR DOES NOT SPEAK ANY OF THE LANGUAGES OF THE SURVEY AND I WAS NOT ABLE TO GET THE PARENT/GUARDIAN PERMISSION TO TALK TO THE SELECTED PARTICIPANT

