

VIOLENCE AGAINST CHILDREN SURVEY – MOZAMBIQUE HOUSEHOLD QUESTIONNAIRE

H1	RECORD THE TIME THE INTERVIEW BEGAN (00:00):	<input type="text"/>		
H2	RECORD THE SEX OF THE HEAD OF HOUSEHOLD: MALE OR FEMALE	MALE..... FEMALE	1 2	
H3	I would like to start by asking you some questions about yourself: How old are you?	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW..... DECLINED	98 99	
H4	Now, I will continue by asking you questions about your household. What is the <u>main source</u> of drinking water for members of your household? <i>If response is "neighbor", ask where does the neighbor get drinking water?</i>	PIPED WATER INSIDE THE HOUSE OUTSIDE THE HOUSE BUT INSIDE THE BACKYARD IN THE NEIGHBORHOOD HOUSE FOUNTAIN WATER..... WATER FROM THE WELL PROTECTED DUG WELL..... PROTECTED DUG WELL WITH MANUAL PUMP..... UNPROTECTED DUG WELL..... HOLE WITH MANUAL PUMP RAIN WATER TANKER WATER..... SURFACE WATER (RIVER/DAM/LAKE/POND/STREAM)..... WATER FROM SPRING..... BOTTLED/MINERAL WATER..... OTHER..... (SPECIFY) DON'T KNOW..... DECLINED	1 2 3 4 5 6 7 8 9 10 11 12 13 88 98 99	 → H4b → H4b → H4b
H4a	How far is it from your home to the place where you get water to drink? Interviewer probe: How many meters round trip?	METERS: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW..... DECLINED	1 98 99	
H4b	How long does it take to walk there and back to get water? Interviewer probe: How many minutes round trip?	MINUTES: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW..... DECLINED	1 98 99	

H4C	What is the distance (in meters) you travel/walk from your home to the nearest health facility	METERS: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW..... DECLINED	1 98 99	
H4d	How long does it take in total (in minutes, including round trip and waiting time)?	MINUTES: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW..... DECLINED	1 98 99	
H4e	What is the distance (in meters) you travel/ walk from your home to the nearest police station	METERS: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW..... DECLINED	1 98 99	
H4f	How long does it take in total (in minutes, including round trip and waiting time)?	MINUTES: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW..... DECLINED	1 98 99	
H4g	What is the distance (in meters) you travel/ walk from your home to the nearest school	METERS: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW..... DECLINED	1 98 99	

H4h	How long does it take in total (in minutes, including round trip)?	<p>MINUTES: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW.....</p> <p>DECLINED</p>	1 98 99																																									
H5	<p>What kind of toilet facility do members of your household <u>mostly use</u>?</p> <p><i>IF "FLUSH" OR "POUR FLUSH", PROBE:</i> Where does it flush to?</p> <p><i>If response is "neighbor", ask what does the neighbor use for a toilet?</i></p>	<p>FLUSH TOILET.....</p> <p>TOILET WITHOUT FLUSH</p> <p>PIT LATRINE WITH SLAB</p> <p>TRADITIONAL IMPROVED PIT LATRINE</p> <p>PIT LATRINE WITHOUT SLAB/OPEN PIT.....</p> <p>NO FACILITY/BUSH/FIELD.....</p> <p>DON'T KNOW.....</p> <p>DECLINED</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>8 → H7</p> <p>98 → H7</p> <p>99</p>																																									
H6	Do you share this facility with other households?	<p>YES.....</p> <p>NO</p> <p>DON'T KNOW.....</p> <p>DECLINED</p>	<p>1</p> <p>2 → H7</p> <p>98</p> <p>99</p>																																									
H6a	How many households share the toilets	<p>N^O OF HOUSEHOLDS <input type="text"/> <input type="text"/></p> <p>(IF LESS THAN 10)</p> <p>10 OR MORE HOUSEHOLDS</p> <p>DON'T KNOW.....</p> <p>DECLINED</p>	<p>95</p> <p>98</p> <p>99</p>																																									
H7	Does your household have:																																											
	<p>A. Electricity</p> <p>B. Computer</p> <p>C. Radio</p> <p>D. Television</p> <p>E. Mobile/cell telephone</p> <p>F. Non-Mobile Telephone (landline)</p> <p>G. Refrigerator</p>		<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> <th>DTA</th> </tr> </thead> <tbody> <tr> <td>A. ELECTRICITY</td> <td>1</td> <td>2</td> <td>98</td> <td>99</td> </tr> <tr> <td>B. COMPUTER</td> <td>1</td> <td>2</td> <td>98</td> <td>99</td> </tr> <tr> <td>C. RADIO</td> <td>1</td> <td>2</td> <td>98</td> <td>99</td> </tr> <tr> <td>D. TELEVISION</td> <td>1</td> <td>2</td> <td>98</td> <td>99</td> </tr> <tr> <td>E. MOBILE/CELL TELEPHONE</td> <td>1</td> <td>2</td> <td>98</td> <td>99</td> </tr> <tr> <td>F. LANDLINE</td> <td>1</td> <td>2</td> <td>98</td> <td>99</td> </tr> <tr> <td>G. REFRIGERATOR</td> <td>1</td> <td>2</td> <td>98</td> <td>99</td> </tr> </tbody> </table>		YES	NO	DK	DTA	A. ELECTRICITY	1	2	98	99	B. COMPUTER	1	2	98	99	C. RADIO	1	2	98	99	D. TELEVISION	1	2	98	99	E. MOBILE/CELL TELEPHONE	1	2	98	99	F. LANDLINE	1	2	98	99	G. REFRIGERATOR	1	2	98	99	
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H8	What type of fuel does your household mainly use for cooking ?	<p>ELECTRICITY.....</p> <p>LIQUEFIED PETROLEUM GAS (LPG).....</p> <p>PETROLEUM/ PARAFFIN/ KEROSENE.....</p> <p>MINERAL/COAL</p> <p>CHARCOAL</p> <p>WOOD.....</p> <p>ANIMAL DUNG.....</p> <p>NO FOOD COOKED IN HOUSEHOLD</p> <p>OTHER.....</p> <p>(SPECIFY)</p> <p>DON'T KNOW.....</p> <p>DECLINED</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>88</p> <p>98</p> <p>99</p>																																									
H8a	What type of fuel does your household mainly use for illumination ?	<p>ELECTRICITY.....</p> <p>LIQUEFIED PETROLEUM GAS (LPG).....</p> <p>PETROLEUM/ PARAFFIN/ KEROSENE.....</p> <p>CANDLE</p> <p>BATTERY</p> <p>PILE.....</p> <p>FIREWOOD</p> <p>OTHER.....</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>88</p>																																									

		(SPECIFY) DON'T KNOW 98 DECLINED 99																																					
H8b	To whom does the house belong that your household currently lives?	TO ME (OWN) 1 I RENT 2 IT WAS GIVEN TO ME 3 DON'T KNOW 98 DECLINED 99																																					
H9	RECORD THE <u>MAIN</u> MATERIAL OF THE DWELLING FLOOR. (OBSERVE OR ASK)	COMPACTED EARTH/SAND 1 EARTH/SAND NOT COMPACTED 2 ADOBE 3 WOOD PLANKS 4 PARQUET /POLISHED WOOD 5 CERAMIC TILES 6 CEMENT 7 OTHER 96 (SPECIFY) DON'T KNOW 98 DECLINED 99																																					
H10	RECORD THE <u>MAIN</u> MATERIAL OF THE ROOF. (OBSERVE OR ASK)	NO ROOF 1 THATCH/PALM LEAF/GRASS 2 IRON SHEETS/ ZINK 3 FIBER CEMENT SHEET 4 ROOFING SHINGLES 5 CEMENT/CONCRETE 6 OTHER 88 (SPECIFY) DON'T KNOW 98 DECLINED 99																																					
H11	RECORD THE <u>MAIN</u> MATERIAL OF THE WALLS. (OBSERVE OR ASK)	NO WALLS 1 REED/STICKS/ BAMBOO/PALM 2 TIN/ CARDBOARD/TARP/PLASTICS/SACKS.... 3 STICKS WITH DIRT 4 BARK 5 WOOD/ ZINK 6 EARTH BLOCKS 7 BURNT BRICKS 8 CEMENT BLOCKS 9 OTHER 88 (SPECIFY) DON'T KNOW 98 DECLINED 99																																					
H12	How many rooms are there in this household?	NO. OF ROOMS: <input type="text"/> <input type="text"/> DON'T KNOW 98 DECLINED 99																																					
H13	How many rooms in this household are used for sleeping?	NO. OF ROOMS: <input type="text"/> <input type="text"/> DON'T KNOW 98 DECLINED 99																																					
H14	Now, I would like to ask you about your belongings/financial assistance Does any member of your household own: A. Watch B. Bicycle C. Motorcycle or Scooter D. Motorbike taxi E. Oxcart F. Car or Truck	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> <th>DTA</th> </tr> </thead> <tbody> <tr> <td>A. WATCH</td> <td>1</td> <td>2</td> <td>98</td> <td>99</td> </tr> <tr> <td>B. BICYCLE</td> <td>1</td> <td>2</td> <td>98</td> <td>99</td> </tr> <tr> <td>C. MOTORCYCLE OR SCOOTER</td> <td>1</td> <td>2</td> <td>98</td> <td>99</td> </tr> <tr> <td>D. MOTORBIKE TAXI</td> <td>1</td> <td>2</td> <td>98</td> <td>99</td> </tr> <tr> <td>E. OXCART</td> <td>1</td> <td>2</td> <td>98</td> <td>99</td> </tr> <tr> <td>F. CAR OR TRUCK</td> <td>1</td> <td>2</td> <td>98</td> <td>99</td> </tr> </tbody> </table>		YES	NO	DK	DTA	A. WATCH	1	2	98	99	B. BICYCLE	1	2	98	99	C. MOTORCYCLE OR SCOOTER	1	2	98	99	D. MOTORBIKE TAXI	1	2	98	99	E. OXCART	1	2	98	99	F. CAR OR TRUCK	1	2	98	99		
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H15	Does any member of this household own any agricultural land?	YES..... NO DON'T KNOW..... DECLINED	1 2 98 99	→ H16
H15a	How many hectares of agricultural land does your household have? <i>Put numerical value up to 94, 95 or more is a different option</i>	HECTARES..... <input type="text"/> <input type="text"/> 95 OR MORE DON'T KNOW..... DECLINED	95 98 99	
H16	Does this household own any livestock, herds, other farm animals or poultry?	YES..... NO DON'T KNOW..... DECLINED	1 2 98 99	→ H17
H16a	How many of these animals belong to this household A. Cows/Oxen B. Horses, Donkeys C. Goats D. Sheep E. Pigs F. Chicken/Ducks <i>Put numerical value up to 94, 95 or more is a different option</i>	A. COWS / OXEN? <input type="text"/> <input type="text"/> B. HORSES, DONKEYS <input type="text"/> <input type="text"/> C. GOATS? <input type="text"/> <input type="text"/> D. SHEEP? <input type="text"/> <input type="text"/> E. PIGS? <input type="text"/> <input type="text"/> F. CHICKENS / DUCKS? <input type="text"/> <input type="text"/> 95 OR MORE DON'T KNOW..... DECLINED	95 98 99	
H17	Does any member of this household have a bank account?	YES..... NO DON'T KNOW..... DECLINED	1 2 98 99	
H18	Does anyone in the household receive outside financial help from a government program?	YES..... NO DON'T KNOW..... DECLINED	1 2 98 99	
H19	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..... NO DON'T KNOW..... DECLINED	1 2 98 99	→ H20
H19a	If yes, from which institution?	NGO CHURCH..... COMMUNITY OTHER..... (SPECIFY) DON'T KNOW..... DECLINED	1 2 3 88 98 99	
H20	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	

H30	Now, I would like to ask you and your family's experience moving abroad or within Mozambique. Have you ever lived abroad? Where have you lived? (Choose all responses that apply)	YES, IN SOUTH AFRICA..... YES, IN ZIMBABWE..... YES, IN MALAWI..... YES, IN TANZANIA..... YES IN SWAZILAND..... YES, IN PORTUGAL..... YES, IN ZAMBIA..... YES, IN OTHER COUNTRIES..... NEVER LIVED ABROAD..... DON'T KNOW..... DECLINED.....	A B C D E F G H I Y Z	→ H32
H31	What were the main reasons for you living abroad? (Choose all responses that apply)	FAMILY REASONS..... ECONOMIC / WORK..... FORCED BY VIOLENCE IN THE FAMILY..... FORCED BY VIOLENCE IN THE COMMUNITY... FORCED BY NATURAL DISASTER..... FORCED BY OTHER CIRCUMSTANCES..... DON'T KNOW..... DECLINED.....	A B C D E F Y Z	
H32	Have you ever moved to another state or region in your country?	YES..... NO..... DON'T KNOW..... DECLINED.....	1 2 98 99	→ H50
H33	What were the main reasons for you moving from your home? (Choose all responses that apply)	FAMILY REASONS..... ECONOMIC / WORK..... FORCED BY VIOLENCE IN THE FAMILY..... FORCED BY VIOLENCE IN THE COMMUNITY... FORCED BY NATURAL DISASTER..... FORCED BY OTHER CIRCUMSTANCES..... DON'T KNOW..... DECLINED.....	A B C D E F Y Z	
H50-H59 ONLY FOR HOUSEHOLDS WITH 1 OR MORE RESIDENTS LESS THAN 18 YEARS, OTHERWISE SKIP TO H60				
H50	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	
H51	Have any adults in this household died in the past 12 months?	YES..... NO..... DON'T KNOW..... DECLINED.....	1 2 98 99	
H52	Did you ever cut the size of the meals of child(ren) living in your household because there was not enough food or money?	YES..... NO..... DON'T KNOW..... DECLINED.....	1 2 98 99	
H53	Did the child(ren) living in your household ever skip meals because there was not enough food or money?	YES..... NO..... DON'T KNOW..... DECLINED.....	1 2 98 99	
H54-H59 ONLY ASKED IF PARTICIPANT HAS BEEN SELECTED AND IS LESS THAN 18 YEARS				
H54	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..... YES, PARENT DIED..... YES, PARENT MOVED AWAY..... NO..... DON'T KNOW..... DECLINED.....	1 2 3 4 98 99	→ H56
ONLY ASKED IF THERE IS ANOTHER HOUSEHOLD MEMBER LESS THAN 18 YEARS				
H55	Are/is the (other) child(ren) living in this household because their own parent is sick, has died or has moved away?	YES, PARENT IS SICK..... YES, PARENT DIED..... YES, PARENT MOVED AWAY..... NO..... DON'T KNOW..... DECLINED.....	1 2 3 4 98 99	

ONLY ASKED IF PARTICIPANT HAS BEEN SELECTED AND IS LESS THAN 18 YEARS				
H56	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	→ H58
		NO	2	
		DON'T KNOW	98	
		DECLINED	99	
H56a	Where did he/she lived <i>(Choose all responses that apply)</i>	NURCERIES/ ALBERGUE CENTERS	A	
		FAMILY/ FRIENDS	B	
		IN THE STREET	C	
		OTHER	X	
		DON'T KNOW	Y	
		DECLINED	Z	
ONLY ASKED IF THERE IS ANOTHER HOUSEHOLD MEMBER LESS THAN 18 YEARS				
H57	Has/have the (other) child(ren) in this household 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	→ H58
		NO	2	
		DON'T KNOW	98	
		DECLINED	99	
H57a	Where did he/she lived <i>(Choose all responses that apply)</i>	NURCERIES/ ALBERGUE CENTERS	A	
		FAMILY/ FRIENDS	B	
		IN THE STREET	C	
		OTHER	X	
		DON'T KNOW	Y	
		DECLINED	Z	
ONLY ASKED IF PARTICIPANT HAS BEEN SELECTED AND IS LESS THAN 18 YEARS				
H58	Has the [AGE] year old [M/F] born on [DOB] lived on the street in the past 5 years?	YES	1	→ H60
		NO	2	
		DON'T KNOW	98	
		DECLINED	99	
ONLY ASKED IF THERE IS ANOTHER HOUSEHOLD MEMBER LESS THAN 18 YEARS				
H59	Has/have the other child(ren) in this household lived on the street at any point during the past 5 years?	YES	1	
		NO	2	
		DON'T KNOW	98	
		DECLINED	99	
FATAL AND NON-FATAL INJURIES				
H60	Now I would like to ask you about injury incidents that anyone in your household may have been involved in during the past 12 months. In the past year, did any people in your household die due to an injury incident? Examples of injury incidents include: road traffic accidents, burns, animal attacks, falls, drownings, poisonings, violent attacks, self-harm, or anything else. If so, how many people were killed in an injury incident in the past 12 months? <i>(If there were no injury deaths, put "00.")</i>	NUMBER: <input type="text"/> <input type="text"/>		
		DON'T KNOW	98	
		DECLINED	99	
H61	In the past year, were any people in your household injured severely enough that they were limited in their ability to carry out their regular daily activities? If so, how many people in your household were injured to an extent that their ability to carry out regular activities was limited in the past 12 months?	NUMBER: <input type="text"/> <input type="text"/>		
		DON'T KNOW	98	
		DECLINED	99	

	<i>(If there were no injuries among household members or injuries were not severe enough to limit daily activities, put "00.")</i>			
ONLY ASKED IF AT LEAST ONE HOUSEHOLD MEMBER WAS <u>KILLED IN AN INJURY INCIDENT IN THE PAST 12 MONTHS:</u> (FILL OUT FOR EACH HOUSEHOLD MEMBER WHO WAS KILLED IN AN INJURY INCIDENT/EVENT.)				
H62	In what type of injury incident was s/he killed?	ROAD TRAFFIC ACCIDENT.....	1	
		FIRE/BURNING	2	
		ANIMAL BITE/ANIMAL ATTACK.....	3	
		ACCIDENTAL FALL.....	4	
		DROWNING.....	5	
		POISONING.....	6	
		VIOLENCE/ASSAULT	7	
		SUICIDE/SELF-HARM.....	8	
		OTHER (SPECIFY)	88	

		DON'T KNOW	98	
		DECLINED	99	
ONLY ASKED IF AT LEAST ONE HOUSEHOLD MEMBER WAS <u>INJURED BUT DID NOT DIE</u> IN THE PAST 12 MONTHS: (FILL OUT FOR EACH HOUSEHOLD MEMBER WHO WAS INJURED IN AN INJURY INCIDENT/EVENT.)				
H63	In what type of incident was s/he injured?	ROAD TRAFFIC ACCIDENT.....	1	
		FIRE/BURNING	2	
		ANIMAL BITE/ANIMAL ATTACK.....	3	
		ACCIDENTAL FALL.....	4	
		DROWNING.....	5	
		POISONING.....	6	
		VIOLENCE/ASSAULT	7	
		SUICIDE/SELF-HARM.....	8	
		OTHER (SPECIFY)	88	

		DON'T KNOW	98	
		DECLINED	99	
	<i>(If the person had more than one injury in the past 12 months, ask about the injury that limited them the most in their daily activities.)</i>			