

**VIOLENCE AGAINST CHILDREN SURVEY — COTE d'IVOIRE: Head of Household Questionnaire**

H1	<b>RECORD THE TIME THE INTERVIEW BEGAN (00:00):</b> <input type="text"/> <input type="text"/> <input type="text"/> <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?	PIPED WATER..... TUBE WELL..... PROTECTED DUG WELL..... UNPROTECTED DUG WELL..... WATER FROM SPRING..... RAINWATER..... TANKER WATER..... CART WITH SMALL TANK..... SURFACE WATER (RIVER/DAM/LAKE/POND/STREAM/IRRIGATION CANAL)..... BOTTLED WATER..... BAGGED WATER..... DON'T KNOW..... DECLINED.....	1 2 3 4 5 6 7 8  9 10 11 98 99																																																									
H5	What kind of toilet facility do members of your household <u>mostly use</u> ?  <i>IF "FLUSH" OR "POUR FLUSH", PROBE: Where does it flush to?</i>	FLUSH TOILET..... PIT LATRINE VENTILATED..... PIT LATRINE WITH SLAB..... PIT LATRINE WITHOUT SLAB/OPEN PIT..... COMPOSTING TOILET..... BUCKET TOILET..... HANGING TOILET/ HANGING LATRINE..... NO FACILITY/BUSH/FIELD..... DON'T KNOW..... DECLINED.....	1 2 3 4 5 6 7 8 98 99	→ H7																																																								
H6	Do you share this facility with other households?	YES..... NO..... DON'T KNOW..... DECLINED.....	1 2 98 99																																																									
H7	Does your household have:	<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. PARAFFIN LAMP</td><td>1</td><td>2</td><td>98</td><td>99</td></tr> <tr><td>C. GAS LAMP</td><td>1</td><td>2</td><td>98</td><td>99</td></tr> <tr><td>D. FLASHLIGHT</td><td>1</td><td>2</td><td>98</td><td>99</td></tr> <tr><td>E. RADIO</td><td>1</td><td>2</td><td>98</td><td>99</td></tr> <tr><td>F. TELEVISION</td><td>1</td><td>2</td><td>98</td><td>99</td></tr> <tr><td>G. MOBILE/CELL TELEPHONE</td><td>1</td><td>2</td><td>98</td><td>99</td></tr> <tr><td>H. LANDLINE</td><td>1</td><td>2</td><td>98</td><td>99</td></tr> <tr><td>I. REFRIGERATOR</td><td>1</td><td>2</td><td>98</td><td>99</td></tr> <tr><td>J. FREEZER</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. PARAFFIN LAMP	1	2	98	99	C. GAS LAMP	1	2	98	99	D. FLASHLIGHT	1	2	98	99	E. RADIO	1	2	98	99	F. TELEVISION	1	2	98	99	G. MOBILE/CELL TELEPHONE	1	2	98	99	H. LANDLINE	1	2	98	99	I. REFRIGERATOR	1	2	98	99	J. FREEZER	1	2	98	99
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H8	What type of fuel does your household mainly use for cooking?	ELECTRICITY..... LIQUEFIED PETROLEUM GAS (LPG)..... BIOGAS..... KEROSENE..... COAL, LIGNITE..... CHARCOAL..... WOOD.....	1 2 3 4 5 6 7																																																									

		STRAW/SHRUBS/GRASS .....	8	
		ANIMAL DUNG .....	9	
		NO FOOD COOKED IN HOUSEHOLD .....	10	
		DON'T KNOW .....	98	
		DECLINED .....	99	
H9	RECORD THE MAIN MATERIAL OF THE DWELLING FLOOR.  (OBSERVE OR ASK)	EARTH/SAND .....	1	
		DUNG.....	2	
		WOOD PLANKS.....	3	
		PALM/BAMBOO.....	4	
		BROKEN BRICKS.....	5	
		PARQUET/POLISHED WOOD.....	6	
		VINYL/ASPHALT STRIPS .....	7	
		CERAMIC TILES .....	8	
		CEMENT.....	9	
		CARPET .....	10	
		DON'T KNOW.....	98	
		DECLINED .....	99	
H10	RECORD THE MAIN MATERIAL OF THE ROOF.  (OBSERVE OR ASK)	NO ROOF.....	1	
		THATCH/PALM LEAF .....	2	
		RUSTIC MAT .....	3	
		PALM/BAMBOO/GRASS .....	4	
		WOOD PLANKS.....	5	
		CARDBOARD .....	6	
		IRON SHEETS .....	7	
		WOOD.....	8	
		CALAMINE/CEMENT FIBER.....	9	
		CERAMIC TILES .....	10	
		CEMENT.....	11	
		ROOFING SHINGLES.....	12	
		DON'T KNOW.....	98	
		DECLINED .....	99	
H11	RECORD THE MAIN MATERIAL OF THE WALLS.  (OBSERVE OR ASK)	NO WALLS .....	1	
		CANE/PALM/TRUNKS .....	2	
		PLASTERED DIRT.....	3	
		UNPLASTERED DIRT.....	4	
		BAMBOO/TREE TRUNKS WITH MUD.....	5	
		STONE WITH MUD .....	6	
		PLYWOOD .....	7	
		CARDBOARD/TARP/TIN/PLASTICS/CONSTRUCTION WASTE .....	8	
		REUSED WOOD.....	9	
		CEMENT.....	10	
		STONE WITH LIME CEMENT .....	11	
		BURNT BRICKS.....	12	
		UNBURNT BRICKS.....	13	
		CEMENT BLOCKS .....	14	
		WOOD PLANKS.....	15	
		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. Oxcart E. Car or Truck F. Cow G. Goats/Sheep H. Poultry (ex. Duck, chicken) I. Dogs J. Other animals (camels, horses, donkeys)		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. OXCART	1	2	98	99
		E. CAR OR TRUCK	1	2	98	99
		F. COW	1	2	98	99
		G. GOATS/SHEEP	1	2	98	99
		H. POULTRY (ex. duck, chicken)	1	2	98	99
		I. DOGS	1	2	98	99
		J. OTHER ANIMALS (camels, horses, donkeys)	1	2	98	99
H15	Does any member of this household own any agricultural land?	YES..... NO ..... DON'T KNOW..... DECLINED .....			1 2 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	Does any member of this household have a bank account, including a Mobile Money 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	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	
H21	Now, I will continue by asking you questions about remittances  Have you or someone living in your HH received money or goods from other countries in the last year? (Choose all responses that apply)	YES, FROM THE UNITED STATES..... YES, FROM CANADA..... YES, FROM COUNTRIES IN SOUTH AMERICA... YES, FROM FRANCE..... YES, FROM OTHER COUNTRIES IN EUROPE..... YES, FROM COUNTRIES IN THE WEST AFRICA REGION..... DID NOT RECEIVE MONEY ..... DON'T KNOW..... DECLINED .....			A B C D E F G Y Z	
H30	Now, I would like to ask you and your family's experience moving abroad or within Cote d'Ivoire.  Have you ever lived abroad? Where have you lived? (Choose all responses that apply)	YES, IN THE UNITED STATES..... YES, IN CANADA ..... YES, IN A COUNTRY IN SOUTH AMERICA ..... YES, IN FRANCE..... YES, IN OTHER COUNTRIES IN EUROPE..... YES, FROM COUNTRIES IN THE WEST AFRICA REGION..... NEVER LIVED ABROAD ..... DON'T KNOW ..... DECLINED .....			A B C D E F G Y Z	H32

H31	What were the main reasons for you living abroad? <i>(Choose all responses that apply)</i>	FAMILY REASONS..... ECONOMIC / WORK..... FORCED BY VIOLENCE IN THE FAMILY ..... FORCED BY VIOLENCE IN THE CITY/COUNTRY ..... FORCED BY NATURAL DISASTER ..... FORCED BY OTHER CIRCUMSTANCES..... DON'T KNOW ..... DECLINED .....	A B C D E F Y Z	
H32	Do you have relatives who are now living abroad? Where do they currently live? <i>(Choose all responses that apply)</i>	YES, IN THE UNITED STATES..... YES, IN CANADA ..... YES, IN A COUNTRY IN SOUTH AMERICA..... YES, IN FRANCE..... YES, IN OTHER COUNTRIES IN EUROPE..... YES, FROM COUNTRIES IN THE WEST AFRICA REGION..... NO, NO RELATIVE LIVES ABROAD ..... DON'T KNOW ..... DECLINED .....	A B C D E F G Y Z	
H32a	Have you ever moved to another city or region of your country?	YES ..... NO..... DON'T KNOW ..... DECLINED.....	1 2 98 99	→ H50
H33	What were the main reasons for you moving to another city or region of your country? <i>(Choose all responses that apply)</i>	FAMILY REASONS..... ECONOMIC / WORK..... ADMINISTRATIVE MUTATION..... FORCED BY VIOLENCE IN THE FAMILY ..... FORCED BY VIOLENCE IN THE CITY/COUNTRY ..... FORCED BY NATURAL DISASTER ..... FORCED BY OTHER CIRCUMSTANCES..... DON'T KNOW ..... DECLINED .....	A B C D E F G Y Z	
<b>ONLY FOR HOUSEHOLDS WITH 1 OR MORE RESIDENTS LESS THAN 18 YEARS, OTHERWISE SKIP TO H53A</b>				
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	
H53A	Now I would like to ask you about injury incidents that anyone in your household may have been involved in during the last 12 months.  In the past year, were any people in your household killed in an injury incident? Examples of injury incidents include: road traffic accidents, burns, animal attacks, falls, drownings, poisonings, violent attacks, self-harm, or anything else.	NUMBER: <input type="text"/> <input type="text"/>  DON'T KNOW ..... DECLINED .....	98 99	→ H53C

	<p>If so, how many people were killed in an injury incident during the last 12 months?</p> <p><i>(If there were no injury deaths, put "00" and skip to H53C)</i></p>			
H53B	<p>In what type of injury incident was s/he/they killed?</p> <p><i>(Choose all responses that apply)</i></p>	<p>ROAD TRAFFIC ACCIDENT.....</p> <p>FIRE/BURNING .....</p> <p>ANIMAL BITE/ANIMAL ATTACK.....</p> <p>ACCIDENTAL FALL.....</p> <p>DROWNING .....</p> <p>POISONING.....</p> <p>VIOLENCE/ASSAULT .....</p> <p>SUICIDE/SELF-HARM.....</p> <p>OTHER (SPECIFY).....</p> <p>DON'T KNOW .....</p> <p>DECLINED.....</p>	<p>A</p> <p>B</p> <p>C</p> <p>D</p> <p>E</p> <p>F</p> <p>G</p> <p>H</p> <p>I</p> <p>Y</p> <p>Z</p>	
H53C	<p>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?</p> <p>If so, how many people were injured during the last 12 months?</p> <p><i>(If there were no injuries or injuries were not severe enough to limit daily activities, put "00" and skip to H54)</i></p> <p><i>(If the person had more than one injury in the last 12 months, ask about the injury that limited them the most in their daily activities.)</i></p>	<p>NUMBER: <input type="text"/> <input type="text"/></p> <p>DON'T KNOW .....</p> <p>DECLINED .....</p>	<p>98</p> <p>99</p>	<p>H54</p>
H53D	<p>In what type of incident was s/he injured?</p> <p><i>(Choose all responses that apply)</i></p>	<p>ROAD TRAFFIC ACCIDENT.....</p> <p>FIRE/BURNING .....</p> <p>ANIMAL BITE/ANIMAL ATTACK.....</p> <p>ACCIDENTAL FALL.....</p> <p>DROWNING .....</p> <p>POISONING.....</p>	<p>A</p> <p>B</p> <p>C</p> <p>D</p> <p>E</p> <p>F</p>	

		VIOLENCE/ASSAULT .....	G	
		ATTEMPTED SUICIDE/SELF-HARM .....	H	
		OTHER (SPECIFY)_____ .....	I	
		DON'T KNOW .....	Y	
		DECLINED	Z	
<b>H54-59: ONLY ASKED IF RESPONDENT HAS BEEN SELECTED AND IS LESS THAN 18 YEARS</b>				
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 .....	1 2 3	→ H56
		NO .....	4	
		DON'T KNOW .....	98	
		DECLINED .....	99	
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 .....	1 2 3	
		NO .....	4	
		DON'T KNOW .....	98	
		DECLINED .....	99	
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 [Adapt to country context]	YES .....	1	→ H58
		NO .....	2	
		DON'T KNOW .....	98	
		DECLINED .....	99	
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 [Adapt to country context]	YES .....	1	
		NO .....	2	
		DON'T KNOW .....	98	
		DECLINED .....	99	
H58	Has the [AGE] year old [M/F] born on [DOB] lived on the street in the last 5 years?	YES .....	1	→ END
		NO .....	2	
		DON'T KNOW .....	98	
		DECLINED .....	99	
H59	Has/have the other child(ren) in this household lived on the street at any point during the last 5 years?	YES .....	1	
		NO .....	2	
		DON'T KNOW .....	98	
		DECLINED .....	99	