

VIOLENCE AGAINST CHILDREN SURVEY — UGANDA: Head of Household Questionnaire

	HEAD OF HOUSEHOLD QUESTIONNAIRE COMPLETED FOR THIS HOUSEHOLD: YES <input type="checkbox"/> NO <input type="checkbox"/>																																	
H1	RECORD THE TIME THE INTERVIEW BEGAN (00:00):	<table border="1" style="display: inline-table; width: 100px; height: 30px; vertical-align: middle;"><tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr></table>																																
H2	RECORD THE SEX OF THE HEAD OF HOUSEHOLD: MALE OR FEMALE	MALE..... 1 FEMALE..... 2																																
H3	How old are you?	YEARS OLD: <table border="1" style="display: inline-table; width: 60px; height: 25px; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW/DECLINED..... 99																																
H4	What is the <u>main source</u> of drinking water for members of your household?	PIPED WATER..... 1 TUBE WELL/BOREHOLE..... 2 PROTECTED WELL..... 3 UNPROTECTED WELL..... 4 WATER FROM SPRING..... 5 RAINWATER..... 6 TANKER WATER..... 7 CART WITH SMALL TANK..... 8 SURFACE WATER (RIVER/DAM/LAKE/POND/STREAM) 9 BOTTLED WATER..... 10 OTHER (SPECIFY)..... 88 DON'T KNOW/DECLINED..... 99																																
H5	What kind of toilet facility do members of your household usually use?	FLUSH TOILET 1 PIT LATRINE VENTILATED..... 2 PIT LATRINE WITH SLAB 3 PIT LATRINE WITHOUT SLAB/OPEN PIT..... 4 COMPOSITING TOILET/ECOSAN..... 5 BUCKET TOILET 6 HANGING TOILET/ HANGING LATRINE..... 7 NO FACILITY/BUSH/FIELD..... 8 → H7 OTHER (SPECIFY) 88 DON'T KNOW/DECLINED..... 99 → H7																																
H6	Do you share this facility with other households?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99																																
H7	Does your household have: A. Electricity B. A paraffin lamp C. Radio D. Television E. Mobile telephone F. Non-Mobile Telephone (landline) G. Refrigerator INTERVIEWER: PLEASE CIRCLE THE APPROPRIATE RESPONSE FOR QUESTION A THROUGH G.	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"><thead><tr><th></th><th>YES</th><th>NO</th><th>DK/ DTA</th></tr></thead><tbody><tr><td>A. ELECTRICITY</td><td>1</td><td>2</td><td>99</td></tr><tr><td>B. PARAFFIN LAMP</td><td>1</td><td>2</td><td>99</td></tr><tr><td>C. RADIO</td><td>1</td><td>2</td><td>99</td></tr><tr><td>D. TELEVISION</td><td>1</td><td>2</td><td>99</td></tr><tr><td>E. MOBILE TELEPHONE</td><td>1</td><td>2</td><td>99</td></tr><tr><td>F. LANDLINE</td><td>1</td><td>2</td><td>99</td></tr><tr><td>G. REFRIGERATOR</td><td>1</td><td>2</td><td>99</td></tr></tbody></table>		YES	NO	DK/ DTA	A. ELECTRICITY	1	2	99	B. PARAFFIN LAMP	1	2	99	C. RADIO	1	2	99	D. TELEVISION	1	2	99	E. MOBILE TELEPHONE	1	2	99	F. LANDLINE	1	2	99	G. REFRIGERATOR	1	2	99
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H8	What type of fuel does your household <u>mainly</u> use for cooking?	ELECTRICITY..... 1 LIQUEFIED PETROLEUM GAS (LPG)..... 2 BIOGAS..... 3 KEROSENE..... 4 CHARCOAL..... 5 WOOD..... 6 STRAW/SHRUB/GRASS..... 7 ANIMAL DUNG..... 8 NO FOOD COOKED IN HOUSEHOLD..... 9 BRICKETS..... 10 OTHER (SPECIFY)..... 88 DON'T KNOW/DECLINED..... 99	
H9	RECORD THE <u>MAIN</u> MATERIAL OF THE DWELLING FLOOR. <i>(Observe or ask)</i>	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 OTHER (SPECIFY)..... 88 DON'T KNOW/DECLINED..... 99	
H10	RECORD THE <u>MAIN</u> MATERIAL OF THE ROOF. <i>(Observe or ask)</i>	NO ROOF..... 1 THATCH/PALM LEAF..... 2 PALM/BAMBOO/GRASS..... 3 WOOD PLANKS..... 4 CARDBOARD..... 5 IRON SHEETS..... 6 WOOD..... 7 CERAMIC TILES..... 9 CEMENT..... 10 ROOFING SHINGLES..... 11 OTHER (SPECIFY)..... 88 DON'T KNOW/DECLINED..... 99	
H11	RECORD THE <u>MAIN</u> MATERIAL OF THE WALLS. <i>(Observe or ask)</i>	NO WALLS..... 1 CANE/PALM/TRUNKS..... 2 DIRT/MUD WATTLE..... 3 BAMBOO/TREE TRUNKS WITH MUD 4 STONE WITH MUD..... 5 PLYWOOD..... 6 CARDBOARD..... 7 REUSED WOOD..... 8 CEMENT..... 9 STONE WITH LIME CEMENT..... 10 BURNT BRICKS..... 11 UNBURNT BRICKS..... 12 CEMENT BLOCKS..... 13 WOOD PLANKS..... 14 OTHER (SPECIFY)..... 88 DON'T KNOW/DECLINED..... 99	H14
H12	How many rooms are there in this household?	NO. OF ROOMS: <input type="text"/> <input type="text"/> DON'T KNOW/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/DECLINED..... 99	

H14	<p>Does any member of your household own:</p> <p>A. Watch B. Bicycle C. Motorcycle or Scooter D. Oxcart E. Car or Truck</p> <p>INTERVIEWER: PLEASE CIRCLE THE APPROPRIATE RESPONSE FOR QUESTION A THROUGH E.</p>				
					DK/ DTA
					YES NO
		A. WATCH	1	2	99
		B. BICYCLE	1	2	99
		C. MOTORCYCLE OR SCOOTER	1	2	99
D. OXCART	1	2	99		
E. CAR OR TRUCK	1	2	99		
H15	Does any member of this household own any agricultural land?	YES.....	1		
		NO.....	2		
		DON'T KNOW/DECLINED.....	99		
H16	Does this household own any livestock, herds, other farm animals or poultry?	YES.....	1		
		NO.....	2		
		DON'T KNOW/DECLINED.....	99		
H17	Does any member of this household have a bank account?	YES.....	1		
		NO.....	2		
		DON'T KNOW/DECLINED.....	99		
H18	ONLY FOR HOUSEHOLDS WITH 1 OR MORE RESIDENTS LESS THAN 18 YEARS	YES.....	1		
	In the past year, have any of the adults in the household been ill for 3 or more months?	NO.....	2		
		DON'T KNOW/DECLINED.....	99		
H19	ONLY FOR HOUSEHOLDS WITH 1 OR MORE RESIDENTS LESS THAN 18 YEARS	YES.....	1		
	Have any adults in this household died in the past 12 months?	NO.....	2		
		DON'T KNOW/DECLINED.....	99		
H20	ONLY FOR HOUSEHOLDS WITH 1 OR MORE RESIDENTS LESS THAN 18 YEARS	YES.....	1		
	Did you ever cut the size of the meals of child(ren) living in your household because there was not enough food or money?	NO.....	2		
		DON'T KNOW/DECLINED.....	99		
H21	ONLY FOR HOUSEHOLDS WITH 1 OR MORE RESIDENTS LESS THAN 18 YEARS	YES.....	1		
	Did the child(ren) living in your household ever skip meals because there was not enough food or money?	NO.....	2		
		DON'T KNOW/DECLINED.....	99		
H22	ONLY ASKED IF RESPONDENT HAS BEEN SELECTED AND IS LESS THAN 18 YEARS	YES.....	1	→ H24	
	Is the [AGE] year old [M/F] born on [DOB] currently living in this household because his/her own parent is sick or has died?	NO.....	2		
		DON'T KNOW/DECLINED.....	99		
H23	ONLY ASKED IF THERE IS ANOTHER HOUSEHOLD MEMBER LESS THAN 18 YEARS	YES.....	1		
	Are/is the (other) child(ren) living in this household because their own parent is sick or has died?	NO.....	2		
		DON'T KNOW/DECLINED.....	99		
H24	ONLY ASKED IF RESPONDENT HAS BEEN SELECTED AND IS LESS THAN 18 YEARS	YES.....	1	→ H26	
	Has the [AGE] year old [M/F] born on [DOB] lived outside of nuclear family care –with one or both biological parents in the last five years? For example an orphanage, shelter or foster care, or with other relatives/families/friends (ADAPT TO LOCAL CONTEXT)	NO.....	2		
		DON'T KNOW/DECLINED.....	99		

H25	<p>ONLY ASKED IF THERE IS ANOTHER HOUSEHOLD MEMBER LESS THAN 18 YEARS</p> <p>Has/have the (other) child(ren) in this household lived outside of nuclear family care - with one or both biological parents - in the last five years? For example an orphanage, shelter or foster care, or with other relatives/families/friends</p>	<p>YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99</p>	
H26	<p>ONLY ASKED IF RESPONDENT HAS BEEN SELECTED AND IS LESS THAN 18 YEARS</p> <p>Has the [AGE] year old [M/F] born on [DOB] lived on the street in the last 5 years?</p>	<p>YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99</p>	<p>END</p>
H27	<p>ONLY ASKED IF THERE IS ANOTHER HOUSEHOLD MEMBER LESS THAN 18 YEARS</p> <p>Has/have the other child(ren) in this household lived on the street at any point during the last 5 years?</p>	<p>YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99</p>	