

Appendix 9: Household Questionnaire

VIOLENCE AGAINST CHILDREN AND YOUTH SURVEY – RWANDA: HOUSEHOLD QUESTIONNAIRE

	HEAD OF HOUSEHOLD QUESTIONNAIRE COMPLETED FOR THIS HOUSEHOLD: YES NO		
H1	RECORD THE TIME THE INTERVIEW BEGAN (00:00):		
H2	RECORD THE SEX OF THE HEAD OF HOUSEHOLD: MALE OR FEMALE	MALE..... 1 FEMALE..... 2	
H3	How old are you?	YEARS OLD: DON'T KNOW/DECLINED..... 99	
H4	What is the <u>main source</u> of drinking water for members of your household?	PIPED WATER: INTO DWELLING 1 PIPED WATER: TO YARD/PLOT..... 2 PIPED WATER: PUBLIC TAPS/STANDPIPE... 3 TUBE WELL OR BOREHOLE..... 4 PROTECTED DUG WELL..... 5 UNPROTECTED DUG WELL..... 6 WATER FROM SPRING..... 7 RAINWATER..... 8 TANKER WATER..... 9 CART WITH SMALL TANK..... 10 SURFACE WATER (RIVER/DAM/LAKE/POND/STREAM) 11 BOTTLED WATER..... 12 OTHER (SPECIFY)..... 88 DON'T KNOW/DECLINED..... 99	
H5	What kind of toilet facility do members of your household <u>usually use</u> ? <i>IF "FLUSH" OR "POUR FLUSH", PROBE:</i> Where does it flush to?	FLUSH OR POUR-FLUSH TOILET 1 PIT LATRINE VENTILATED..... 2 PIT LATRINE WITH SLAB 3 PIT LATRINE WITHOUT SLAB/OPEN PIT 4 COMPOSITING TOILET..... 5 BUCKET TOILET 6 HANGING TOILET/ HANGING LATRINE 7 NO FACILITY/BUSH/FIELD..... 8 OTHER (<i>SPECIFY</i>)..... 88 DON'T KNOW/DECLINED..... 99	H8 H8
H6	Do you share this facility with other households?	YES 1 NO 2 DON'T KNOW/DECLINED..... 99	

H7	<p>Does your household have:</p> <p>A. Electricity B. A paraffin lamp C. Radio D. Television E. Mobile telephone F. Non-Mobile Telephone (landline) G. Refrigerator H. Computer</p> <p><i>INTERVIEWER: PLEASE CIRCLE THE APPROPRIATE RESPONSE FOR QUESTION A THROUGH HH.</i></p>	<table border="1"> <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. NON-MOBILE TELEPHONE</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> <tr> <td>H. COMPUTER</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. NON-MOBILE TELEPHONE	1	2	99	G. REFRIGERATOR	1	2	99	H. COMPUTER	1	2	99	
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H8	<p>What type of fuel does your household <u>mainly</u> use for cooking?</p>	<p>ELECTRICITY..... 1 LIQUEFIED PETROLEUM GAS (LPG)..... 2 NATURAL GAS..... 3 BIOGAS..... 4 KEROSENE..... 5 COAL, LIGNITE..... 6 CHARCOAL..... 7 WOOD..... 8 STRAW/SHRUB/SGRASS..... 9 AGRICULTURAL CROP..... 10 ANIMAL DUNG..... 11 NO FOOD COOKED IN HOUSEHOLD..... 12 OTHER (SPECIFY)..... 88 DON'T KNOW/DECLINED..... 99</p>																																					
H9	<p>RECORD THE <u>MAIN</u> MATERIAL OF THE DWELLING FLOOR. ADAPT RESPONSE OPTIONS TO COUNTRY CONTEXT</p> <p><i>(Observe or ask)</i></p>	<p>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</p>																																					
H10	<p>RECORD THE <u>MAIN</u> MATERIAL OF THE ROOF. ADAPT RESPONSE OPTIONS TO COUNTRY CONTEXT</p> <p><i>(Observe or ask)</i></p>	<p>NO ROOF..... 1 THATCH/PALM LEAF..... 2 RUSTIC MAT..... 3 PALM/BAMBOO/GRASS..... 4 WOOD PLANKS..... 5 CARDBOARD..... 6 METAL/IRON SHEETS..... 7 WOOD..... 8 CALAMINE/CEMENT FIBER..... 9 CERAMIC TILES..... 10 CEMENT..... 11 ROOFING SHINGLES..... 12 OTHER (SPECIFY)..... 88 DON'T KNOW/DECLINED..... 99</p>																																					
H11	<p>RECORD THE <u>MAIN</u> MATERIAL OF THE WALLS. ADAPT RESPONSE OPTIONS TO COUNTRY CONTEXT</p> <p><i>(Observe or ask)</i></p>	<p>NO WALLS..... 1 CANE/PALM/TRUNKS..... 2 DIRT..... 3 BAMBOO/TREE TRUNKS WITH MUD..... 4 STONE WITH MUD..... 5</p>																																					

		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																																	
H12	How many rooms are there in this household?	NO. OF ROOMS: DON'T KNOW/DECLINED..... 99																																	
H13	How many rooms in this household are used for sleeping?	NO. OF ROOMS: DON'T KNOW/DECLINED..... 99																																	
H14	Does any member of your household own: A. Watch B. Bicycle C. Motorcycle or Scooter D. Animal-drawn Cart E. Car or Truck F. Boat without a Motor G. Boat with a Motor <i>INTERVIEWER: PLEASE CIRCLE THE APPROPRIATE RESPONSE FOR QUESTION A THROUGH GG.</i>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK/ DTA</th> </tr> </thead> <tbody> <tr> <td>A. WATCH</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>B. BICYCLE</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>C. MOTORCYCLE OR SCOOTER</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>D. ANIMAL-DRAWN CART</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>E. CAR OR TRUCK</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>F. BOAT WITHOUT A MOTOR</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>G. BOAT WITH A MOTOR</td> <td>1</td> <td>2</td> <td>99</td> </tr> </tbody> </table>		YES	NO	DK/ DTA	A. WATCH	1	2	99	B. BICYCLE	1	2	99	C. MOTORCYCLE OR SCOOTER	1	2	99	D. ANIMAL-DRAWN CART	1	2	99	E. CAR OR TRUCK	1	2	99	F. BOAT WITHOUT A MOTOR	1	2	99	G. BOAT WITH A MOTOR	1	2	99	
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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	Is (HOH) covered by any health insurance?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99																																	
H18a	What is (HOH's) main type of health insurance?	MUTUELLE / COMMUNITY-BASED HEALTH INSURANCE..... 1 RAMA..... 2 MMI 3 PRIVATELY PURCHASED/COMMERCIAL HEALTH INSURANCE..... 4 OTHER..... 5 DON'T KNOW..... 99																																	

H19	ONLY FOR HOUSEHOLDS WITH 1 OR MORE RESIDENTS LESS THAN 18 YEARS 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/DECLINED..... 99	
H20	ONLY FOR HOUSEHOLDS WITH 1 OR MORE RESIDENTS LESS THAN 18 YEARS Have any adults in this household died in the past 12 months?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	
H21	ONLY FOR HOUSEHOLDS WITH 1 OR MORE RESIDENTS LESS THAN 18 YEARS 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..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	
H22	ONLY FOR HOUSEHOLDS WITH 1 OR MORE RESIDENTS LESS THAN 18 YEARS Did the child(ren) living in your household ever skip meals because there was not enough food or money?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	
H23	ONLY ASKED IF RESPONDENT HAS BEEN SELECTED AND IS LESS THAN 18 YEARS 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?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	1 → H25
H24	ONLY ASKED IF THERE IS ANOTHER HOUSEHOLD MEMBER LESS THAN 18 YEARS Are/is the (other) child(ren) living in this household because their own parent is sick or has died?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	
H25	ONLY ASKED IF RESPONDENT HAS BEEN SELECTED AND IS LESS THAN 18 YEARS 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, or with other relatives/families/friends?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	1 → H27
H26	ONLY ASKED IF THERE IS ANOTHER HOUSEHOLD MEMBER LESS THAN 18 YEARS 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, or with other relatives/families/friends?	YES..... 1 NO..... 2 DON'T KNOW/DECLINED..... 99	
H27	ONLY ASKED IF RESPONDENT HAS BEEN SELECTED AND IS LESS THAN 18 YEARS 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/DECLINED..... 99	1 → END

H28	<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</p> <p>NO..... 2</p> <p>DON'T KNOW/DECLINED..... 99</p>	
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