

Section 14: Violence

Questionnaire

Note:

This module is geared toward a very limited group of risk factors, beliefs, attitudes, and perceptions of people regarding violence.

With respect to accidents, questions were selected that were used previously in the CARMEN surveys in Chile and Costa Rica and on the BRFSS questionnaire.

Most of the questions on violence (in contrast to accidents) were selected from the ACTIVA questionnaire (Pan American Journal of Public Health ;4-5, 1999).

Experts on this topic are encouraged to take up the debate on determining the minimum number of core questions that need to be included, taking into account the context of this questionnaire.

14.1	How many hours of television do you watch per day?	1. On an average weekday?							
		2. On an average weekend day?							
14.2	Based on the violence that currently exists in your neighborhood, do you think that TV shows	1. Show more violence than ordinarily exists?						<input type="checkbox"/>	
		2. Are an accurate reflection of existing violence?						<input type="checkbox"/>	
		3. Show less violence than really exists?						<input type="checkbox"/>	
14.3	I will now read for you a series of statements. Please tell me if you agree or disagree with each.		Strongly agree	Agree somewhat	Not sure	Disagree somewhat	Strongly disagree		
		1.	Corporal punishment is needed to teach children.						
		2.	If a woman cheats on her husband, she deserves to be beaten by him.						
		3.	A woman has the right to assault another woman who is trying to steal her husband.						
		4.	If the authorities fail, people have the right to take justice into their own hands.						



			Strongly agree	Agree somewhat	Not sure	Disagree somewhat	Strongly disagree		
14.4	I will now read more statements. Please tell me if you agree or disagree with each.	1. A person has the right to kill in order to defend his/her family.							
		2. A person has the right to kill in order to defend his/her home or property.							
		3. Having a weapon in the house makes it a safer place.							
		4. Carrying a weapon makes a person safer.							
14.5	When you was a child how often do you receive spank to correct your behavior?	1. Never						<input type="checkbox"/>	
		2. Seldom						<input type="checkbox"/>	
		3. More or less once a month						<input type="checkbox"/>	
		4. More or less once a week						<input type="checkbox"/>	
		5. Almost everyday						<input type="checkbox"/>	
14.6	I'm going to read some situations you may have experienced with you or your child. Please tell me how many times they occurred in the past month.		Almost every day (>3 times per week)	Once a week (1-2 times per week)	Several times a month (<4 times)	Never; at least not in the past month			
		1. How many times in the past month have you had to punish your child by forbidding him/her from doing something he/she likes to do?							
		2. How many times in the past month have you had to raise your voice in anger at your child?							
		3. How many times in the past month have you had to spank you child?							
		4. How many times in the past month have you had to hit your child on a part of the body besides their rear end with an object like a belt or stick?							



14.7	<p>V. If have a couple ↓ If no → 14.8 Couples have different ways of managing their differences. I'm going to read to you some things that can happen when couples have differences of opinion, problems, or disagreements. Please tell me how many times you did each of the following things when you had disagreements during the past two months.</p>		Almost every day (>3 times per week)	Once a week (1-2 times per week)	Several times a month (<4 times)	Never; at least not in the past month			
		1.	How many times during the past two months did you raise your voice in anger at your spouse?						
		2.	How many times during the past two months did your spouse raise his/her voice in anger at you?						
		3.	How many times during the past two months did you slap your spouse?						
		4.	How many times during the past two months did your spouse slap you?						
14.8	<p>The following question refers to acts of violence you may have experienced over the past 12 months. Please think about what has happened over the past 12 months and answer these questions.</p>			Yes	No	How many times?	Did you report the last incident?		
							(1) Yes	(2) No	
		1.	Have you been the victim of an armed robbery during the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>				
		2.	Have you witnessed the armed robbery of another person during the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>				
		3.	During the past 12 months, has anyone threatened to force you to move somewhere else, change your opinions, or stay silent about something you know?	<input type="checkbox"/>	<input type="checkbox"/>				
		4.	Have you been struck/beaten by another person or persons during the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>				
	5.	During the past 12 months, has a close relative committed suicide?	<input type="checkbox"/>	<input type="checkbox"/>					



14.9	<i>How do you feel in the following places?</i>		Very safe	Somewhat safe	Somewhat unsafe	Very unsafe
		1. In your house or apartment				
		2. In the streets of your community during the day				
		3. In the streets of your community at night				
		4. Using public transportation (buses, taxis, etc)				
		5. In the downtown area of the city				
14.10	Due to fear of becoming a victim of a violent act, you currently...			Very much	A little bit	Not at all
		1. Limit your shopping to a few places.				
		2. Limit recreational activities that you previously enjoyed.				
		3. Have felt the need to buy weapons to protect yourself.				
		4. Have felt the need to move to another city or area within or outside the country.				



14.11	How often do you use the seatbelt when you drive or ride in a car?	1. Always	<input type="checkbox"/>
		2. Almost always.	<input type="checkbox"/>
		3. Sometimes.	<input type="checkbox"/>
		4. Seldom	<input type="checkbox"/>
		5. Never	<input type="checkbox"/>
		6. Don't know/not sure/not worried	<input type="checkbox"/>
		7. I never drive or ride in cars	<input type="checkbox"/>
14.12	How often do you wear a helmet when you operate or ride on a bicycle or motorcycle?	8. Always	<input type="checkbox"/>
		9. Almost always.	<input type="checkbox"/>
		10. Sometimes.	<input type="checkbox"/>
		11. Seldom	<input type="checkbox"/>
		12. Never	<input type="checkbox"/>
		13. Don't know/not sure/not worried	<input type="checkbox"/>
		14. I never drive or ride in cars	<input type="checkbox"/>

