



Malawi Government
National Statistical Office



TELEPHONE SURVEY ON THE ECONOMIC AND SOCIAL IMPACT OF COVID-19 IN MALAWI, 2020

THIS SURVEY IS BEING CONDUCTED BY THE NATIONAL STATISTICAL OFFICE UNDER THE AUTHORITY OF THE 2013 STATISTICS ACT.

THIS INFORMATION IS STRICTLY CONFIDENTIAL AND IS TO BE USED FOR STATISTICAL PURPOSES ONLY.

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD IDENTIFICATION

WRITE CODES FOR TA, STA, OR TOWN; EA; AND HH ID. WRITE NAME OF DISTRICT; TA; VILLAGE; AND HOUSEHOLD HEAD.

	CODE	NAME
A01. DISTRICT:	<input type="text"/> <input type="text"/> <input type="text"/>
A02. TA, STA, or TOWN:	<input type="text"/> <input type="text"/>
A03. ENUMERATION AREA:	<input type="text"/> <input type="text"/> <input type="text"/>
A04. PLACE / VILLAGE NAME:	
A07. NAME OF HOUSEHOLD HEAD:	

A08: IHPS 2019 Y4-HHID: -

A10. LOCATION OF HOUSEHOLD:

A14. LANGUAGE PREVIOUS INTERVIEW WAS MAINLY CONDUCTED (**PREFILLED**)

SURVEY STAFF DETAILS

A16.1. PREVIOUS ROUND ENUMERATOR CODE:	<input type="text"/> <input type="text"/>	A16. ENUMERATOR CODE:	<input type="text"/> <input type="text"/> <input type="text"/>
		A17. SUPERVISOR CODE:	<input type="text"/> <input type="text"/> <input type="text"/>
A18.1. PREVIOUS ROUND DATE OF INTERVIEW:	<input type="text"/> <input type="text"/> <input type="text"/>	A18. DATE OF INTERVIEW:	<input type="text"/> <input type="text"/> <input type="text"/>
	DD MM YYYY		DD MM YYYY

1. Interview Information Panel

INTERVIEWER: RECORD A NEW ATTEMPT EVERY TIME YOU CALL A NUMBER (EVEN IF YOU ARE CALLING THE

[illegible]

[illegible]

Section 2A. Household Roster Update

INTERVIEWER READ OUT: Let's begin. First, I would like to check with you if the people we recorded during our last visit are still members of your household. By household I mean people who normally sleep in the same dwelling and share their meals together.

		1.	2.	3.	4.
I N D I V I D U A L I D	<p>INTERVIEWER: ALL HOUSEHOLD MEMBERS RECORDED DURING THE [LAST INTERVIEW] ARE PRE-FILLED IN Q1.</p> <p>FOR ALL PRE-FILLED MEMBERS, ASK QUESTIONS Q3 AND Q4.</p> <p>AFTER YOU HAVE ASKED ABOUT ALL PRE-FILLED MEMBERS, THEN ASK: "Is there anyone who is a member of your household that i haven't mentioned?"</p> <p>IF YES, THEN ASK, RECORD THEIR NAMES AND ASK Q5 - Q7.</p>	<p>NAME</p> <p>CAP: PRE-FILLED NAMES FROM LAST INTERVIEW</p> <p>INTERVIEWER: ADD NEW MEMBERS HERE</p>	<p>CAP/INTERVIEWER: IS [NAME] A NEW MEMBER ADDED IN THIS INTERVIEW?</p> <p>YES..1 >> Q5 NO..2</p>	<p>Is [NAME] still a member of the household?</p> <p>YES..1 >>NEXT PERSON NO..2</p>	<p>Why did [NAME] leave the household?</p> <p>DIVORCE/SEPARATION.....1 LEFT FOR STUDIES/EDUCATIONAL OPPORTUNITY.....2 LEFT FOR WORK.....3 LEFT TO FIND BETTER LAND.....4 HEALTH REASONS.....5 SECURITY REASONS.....6 FOR MARRIAGE/ COHABITATION.....7 TO JOIN THEIR FAMILY ALREADY LIVING IN ANOTHER LOCATION...8 MOVED WITH FAMILY.....9 LEFT TO SET UP OWN HOME.....10 UNABLE TO STAY DUE TO CONFLICT (MILITANCY/INSURGENCY)....11 DISPUTE WITH OTHER HOUSEHOLD MEMBERS/COMMUNITY.....12 ABDUCTED/KIDNAPPED.....13 DEAD.....14 OTHER, (SPECIFY).....15 REFUSED.....99</p> <p>>> NEXT PERSON</p>
1					
2					
3					
4					
5					
6					
7					
8					
10					

[illegible]

[illegible]

Section 4. BEHAVIOR AND SOCIAL DISTANCING

INTERVIEWER READ: Now I want to ask you about some measures that you may have taken since the government put guidelines and restrictions in place for corona virus

7.	8.	8a	8b	8b_1	8b_2
<p>In the last week, how often did you wash your hands with soap after being in public?</p> <p>More than you used to.....1 About the same as you typically do.....2 Less than you typically do.....3 Did not do at all...4</p>	<p>In the last week, how often did you wear a mask when in public?</p> <p>All of the time.....1 Most of the time.....2 About half of the time..3 Some of the time.....4 None of the time.....5 I have not been in public during the last 7 days.....6</p>	<p>If you could get tested for free for the COVID-19 virus, would you be willing to get tested?</p> <p>Yes.....1 No.....2 NOT SURE...3</p>	<p>Are you aware that COVID-19 vaccine is available in the country right now and people are receiving doses/jabs at different health clinics and/or designated places?</p> <p>Yes.....1 No.....2</p>	<p>Have you been vaccinated?</p> <p>Yes.....1 No.....2</p> <p>8b==2</p>	<p>Do you have plans on being immunized with the COVID-19 vaccine in months to come?</p> <p>Yes.....1 No.....2 Not Sure...3</p>

8c	8d
<p>What are the reasons you would not agree to be vaccinated?</p> <p>I DONT THINK IT WILL WORK.....1 I DONT THINK IT WILL BE SAFE.....2 I AM WORRIED ABOUT THE SIDE EFFECTS.....3 I AM AGAINST VACCINE IN GENERAL.....4 IT IS AGAINST MY RELIGION.....5 I AM NOT AT RISK OF CONTRACTING COVID-19...6 OTHER, SPECIFY.....55</p> <p>8b_2==2</p>	<p>What are the reasons you are not sure whether you would agree to be vaccinated?</p> <p>I DONT THINK IT WILL WORK.....1 I DONT THINK IT WILL BE SAFE.....2 I AM WORRIED ABOUT THE SIDE EFFECTS.....3 I AM AGAINST VACCINE IN GENERAL.....4 IT IS AGAINST MY RELIGION.....5 I AM NOT AT RISK OF CONTRACTING COVID-19...6 OTHER, SPECIFY.....55</p> <p>8b_2==3</p>

Section 4B. Patient Health Questionnaire

INTERVIEWER

	1	2	3	4
<p>In the next set of questions, please answer <i>"Not at all"</i> or <i>"Several days"</i> or <i>"More than half the days"</i> or <i>"Nearly every day"</i>.</p> <p>Over the last 2 weeks, how often have you been bothered by any of the following problems?</p>	<p>Little interest or pleasure in doing things</p> <p>Not at all1 Several days.....2 More than half the days.....3 Nearly every day....4</p>	<p>Feeling down, depressed, or hopeless</p> <p>Not at all1 Several days.....2 More than half the days.....3 Nearly every day....4</p>	<p>Trouble falling or staying asleep, or sleeping too much</p> <p>Not at all1 Several days.....2 More than half the days.....3 Nearly every day....4</p>	<p>Feeling tired or having little energy</p> <p>Not at all1 Several days.....2 More than half the days.....3 Nearly every day....4</p>

5	6	7	8
<p>Poor appetite or overeating</p> <p>Not at all1 Several days.....2 More than half the days.....3 Nearly every day....4</p>	<p>Feeling bad about yourself — or that you are a failure or have let yourself or your family down</p> <p>Not at all1 Several days.....2 More than half the days.....3 Nearly every day....4</p>	<p>Trouble concentrating on things, such as reading the newspaper or watching television</p> <p>Not at all1 Several days.....2 More than half the days.....3 Nearly every day....4</p>	<p>Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual</p> <p>Not at all1 Several days.....2 More than half the days.....3 Nearly every day....4</p>

Section 5. ACCESS

STAPLE FOODS

						Health
2	2a	2b	2c	2d	3	3b
INTERVIEWER:PLEASE, FIRST ASK THE RESPONDENT WHAT IS THE MAIN STAPLE FOOD USUALLY CONSUMED BY THE HOUSEHOLD, THEN SELECT IT FROM THE LIST BELOW AND ASK QUESTION 2a AND 2b WITH RESPECT TO THAT FOOD MAIZE1 RICE2 CASSAVA.....3 SORGHUM.....4 SESAME.....5 MILLET.....6	In the last week, has your household been unable to buy [Staple Food]? YES1 NO2 >>Q2d	Were you or someone in your household able to buy [Staple Food]? YES1>>Q2d NO2	Why was your household not able to buy [Staple Food]? DO NOT READ OPTIONS SHOPS/LOCAL MARKETS HAVE RUN OUT OF STOCK.....1 SHOPS/LOCAL MARKETS NOT OPERATING / CLOSED..2 LIMITED / NO TRANSPORTATION.....3 RESTRICTION TO GO OUTSIDE.....4 INCREASE IN PRICES.....5 LACK OF MONEY.....6 OTHER, SPECIFY.....555	Have prices of [Staple Food] increased compared to prices in April last year? YES.....1 REMAINED THE SAME...2 NO.....3 DONT KNOW.....555	Have you or any member of your household needed any medical services (treatment or consultation) in the past 4 weeks whether there was illness or not? YES1 NO.....2 >>Q6 DON'T KNOW..98>>Q6 REFUSED..99 >>Q6	What type of service did you or any member of your household need? DO NOT READ OUT SELECT ALL THAT APPLY FAMILY PLANNING.....1 VACCINATION.....2 MATERNAL HEALTH/PREGANCY CARE.3 CHILD HEALTH.....5 ADULT HEALTH.....6 EMERGENCY CARE.....7 PHARMACY.....7 OTHER (SPECIFY).....96

Preventive Measures at Shops/Supermarkets

4	5	6	7	8	9	10
Were you or the member of your household able to access the medical treatment/services? YES1 >>NEXT SECTION NO2 REFUSED..99>>NEXT SECTION	What was the main reason you or the member of your household were not able to access the medical treatment/services? DO NOT READ OUT LACK OF MONEY1 NO MEDICAL PERSONNEL AVAILABLE2 TURNED AWAY BECAUSE FACILITY WAS FULL3 FACILITY WAS CLOSED.....4 LIMITED/NO TRANSPORTATION5 RESTRICTION TO GO OUTSIDE6 AFRAID OF GOING AND GETTING THE VIRUS7 HEALTH FACILITY IS TOO FAR8 HOSPITAL/CLINIC NOT HAVING ENOUGH SUPPLIES OR TESTS...9 OTHER...555	Over the past 7 days, did you need to access a shop/supermarket? YES1 NO2>>NEXT MODULE	Before entering the shop, were you asked to Wear Mask? YES1 NO2	Before entering the shop, were you asked to Wash Hands? YES1 NO2	Before entering the shop, were you asked to Sanitize your Hands? YES1 NO2	Before entering the shop, were you asked to wait on a line till space was available? YES1 NO2

Section 6B. Employment

	STATUS IN EMPLOYMENT			WHY NOT CURRENTLY WORKING	
FILTER	1	1a	1b	1c	3
TWO CASES BASED ON RESPONSE IN LAST INTERVIEW:	Last week, that is from Monday [DATE] up to Sunday [DATE], did you do any work for pay, do any kind of business, farming or other activity to generate income, even if only for one hour?	Even though you did not work last week, do you have a job, business or family farm from which you were absent last week to which you expect to return?	When do you expect to return to this job?	Why did you not work last week?	Why did you stop working?
CASE 1: RESPONDENT WAS WORKING IN [LAST_INTERVIEW]				DO NOT READ OPTIONS BUSINESS / OFFICE CLOSED DUE TO CORONAVIRUS LEGAL RESTRICTIONS.....1 BUSINESS / OFFICE CLOSED FOR ANOTHER REASON.....2 LAI D OFF WHILE BUSINESS CONTINUES.....3 TEMPORARILY LAID OFF/LEAVE OF ABSENCE (FURLOUGHED)4 VACATION5 ILL / QUARANTINED6 NEED TO CARE FOR ILL RELATIVE7 SEASONAL WORKER8 RETIRED9 NOT ABLE TO GO TO FARM DUE TO MOVEMENT RESTRICTIONS10 NOT ABLE TO FARM DUE TO LACK OF INPUTS ..11 NOT FARMING SEASON12 ROTATION OF PERSONEL DUE TO CORONAVIRUS (MY TURN IS NEXT WEEK) ...13 OTHER (SPECIFY)96	DO NOT READ OPTIONS BUSINESS / GOV'T CLOSED DUE TO CORONAVIRUS LEGAL RESTRICTIONS1 BUSINESS / GOV'T CLOSED FOR ANOTHER REASON2 LAI D OFF WHILE BUSINESS CONTINUES3 TEMPORARILY LAID OFF/LEAVE OF ABSENCE (FURLOUGHED)4 VACATION5 ILL / QUARANTINED6 NEED TO CARE FOR ILL RELATIVE7 SEASONAL WORKER8 RETIRED9 NOT ABLE TO GO TO FARM DUE TO MOVEMENT RESTRICTIONS10 NOT ABLE TO FARM DUE TO LACK OF INPUTS ..11 NOT FARMING SEASON12 ROTATION OF PERSONEL DUE TO CORONAVIRUS (MY TURN IS NEXT WEEK)13 OTHER (SPECIFY)96
CASE 2: RESPONDENT WAS NOT WORKING [LAST_INTERVIEW]	YES...1 IF CASE 1 >>Q4A IF CASE 2 >>Q5 NO....2	YES...1 NO....2 >> Q3 IF CASE 1, Q3a IF CASE 2	WITHIN ONE WEEK.....1 WITHIN ONE MONTH.....2 WITHIN THREE MONTHS.....3 IN MORE THAN THREE MONTHS...4 DON'T KNOW.....96	DO NOT READ OPTIONS BUSINESS / OFFICE CLOSED DUE TO CORONAVIRUS LEGAL RESTRICTIONS.....1 BUSINESS / OFFICE CLOSED FOR ANOTHER REASON.....2 LAI D OFF WHILE BUSINESS CONTINUES.....3 TEMPORARILY LAID OFF/LEAVE OF ABSENCE (FURLOUGHED)4 VACATION5 ILL / QUARANTINED6 NEED TO CARE FOR ILL RELATIVE7 SEASONAL WORKER8 RETIRED9 NOT ABLE TO GO TO FARM DUE TO MOVEMENT RESTRICTIONS10 NOT ABLE TO FARM DUE TO LACK OF INPUTS ..11 NOT FARMING SEASON12 ROTATION OF PERSONEL DUE TO CORONAVIRUS (MY TURN IS NEXT WEEK) ...13 OTHER (SPECIFY)96 >> Q4a IF CASE=1, >> Q4a IF CASE=2, OR >> Q5 IF CASE=3	DO NOT READ OPTIONS BUSINESS / GOV'T CLOSED DUE TO CORONAVIRUS LEGAL RESTRICTIONS1 BUSINESS / GOV'T CLOSED FOR ANOTHER REASON2 LAI D OFF WHILE BUSINESS CONTINUES3 TEMPORARILY LAID OFF/LEAVE OF ABSENCE (FURLOUGHED)4 VACATION5 ILL / QUARANTINED6 NEED TO CARE FOR ILL RELATIVE7 SEASONAL WORKER8 RETIRED9 NOT ABLE TO GO TO FARM DUE TO MOVEMENT RESTRICTIONS10 NOT ABLE TO FARM DUE TO LACK OF INPUTS ..11 NOT FARMING SEASON12 ROTATION OF PERSONEL DUE TO CORONAVIRUS (MY TURN IS NEXT WEEK)13 OTHER (SPECIFY)96

JOB SEARCH		CHANGE IN JOBS		ACTUAL JOB	
3a	3b	4a.	4b.	5a.	5
<p>During the last four weeks, did you do anything to find a paid job or start a business?</p> <p>YES.1 NO..2 >>NEXT MODULE</p>	<p>What did you mainly do in the last four weeks to find a paid job or start a business?</p> <p>DO NOT READ OPTIONS</p> <p>APPLY TO PROSPECTIVE EMPLOYERS.....1 PLACE OR ANSWER JOB ADVERTISEMENTS.....2 STUDY OR READ JOB ADVERTISEMENTS.....3 REGISTER WITH (EMPLOYMENT CENTER).....4 REGISTER WITH PRIVATE RECRUITMENT OFFICES.....5 TAKE A TEST OR INTERVIEW.....6 SEEK HELP FROM RELATIVES, FRIENDS, OTHERS.....7 CHECK AT FACTORIES, WORK SITES.....8 WAIT ON THE STREET TO BE RECRUITED.....9 SEEK FINANCIAL HELP TO START A BUSINESS..10 LOOK FOR LAND, BUILDING, EQUIPMENT, MATERIALS TO START A BUSINESS.....11 APPLY FOR PERMIT OR LICENSE TO START A BUSINESS.....12 OTHER (SPECIFY).....96 >>NEXT MODULE</p>	<p>CASE 1: Is this the same job you were doing when we last spoke on [LAST_INTERVIEW DATE]?</p> <p>YES.1 >>Q6 NO..2</p>	<p>Why did you change jobs?</p> <p>DO NOT READ OPTIONS</p> <p>PREVIOUS BUSINESS / JOB CLOSED DUE TO CORONAVIRUS LEGAL RESTRICTIONS.....1 PREVIOUS BUSINESS / JOB CLOSED FOR ANOTHER REASON.....2 LAID OFF WHILE BUSINESS CONTINUES IN PREVIOUS JOB.....3 TEMPORARILY LAID OFF/LEAVE OF ABSENCE FROM PREVIOUS JOB (FURLOUGHED).....4 ILL / QUARANTINED.....6 NEED TO CARE FOR ILL RELATIVE.....7 SEASONAL WORKER.....8 NOT ABLE TO GO TO FARM DUE TO MOVEMENT RESTRICTIONS.....10 NOT ABLE TO FARM DUE TO LACK OF INPUTS.....11 NOT FARMING SEASON.....12 OTHER (PLEASE SPECIFY).....96</p>	<p>Please provide a description of the primary activity/tasks you performed in your main work last week.</p> <p>PLEASE WRITE A SHORT DESCRIPTION OF THE PRIMARY ACTIVITY</p>	<p>What is the main activity of the business or organization in which you worked <u>last week</u>?</p> <p>DO NOT READ OPTIONS</p> <p>AGRICULTURE.....1 MINING.....2 MANUFACTURING.....3 PROFESSIONAL/ SCIENTIFIC/TECHNICAL ACTIVITIES.....4 ELECTRICITY/WATER/GAS/WASTE.....5 CONSTRUCTION.....6 TRANSPORTATION.....7 BUYING AND SELLING.....8 FINANCIAL/INSURANCE/ REAL EST. SERVICES.....9 PERSONAL SERVICES.....10 EDUCATION.....11 HEALTH.....12 PUBLIC ADMINISTRATION.....13 TOURISM.....14 FOOD PROCESSING.....15 OTHER, SPECIFY.....16</p>

6	6a.	7.	8.	8a	8b
<p>In the work you did <u>last week</u>, did you work....</p> <p>READ RESPONSES</p> <p>In your own business1 >>NEXT MODULE</p> <p>In a business operated by a household or family member2 >>NEXT MODULE</p> <p>In a family farm growing crops, raising livestock, or fishing.....3</p> <p>As an employee for someone else4 >>Q7</p> <p>As an apprentice, trainee, intern5 >>Q7</p>	<p>Thinking about all the family (farming products/animals/fish) you worked on, are they intended...</p> <p>READ OPTIONS</p> <p>Only for sale.....1</p> <p>Only for family consumption2</p> <p>Some will be sold, some will be consumed by the family3</p>	<p>In the last week, were you able to work as usual in your wage job either at your place of work or remotely?</p> <p>Yes.....1 >>NEXT MODULE</p> <p>No.....2</p>	<p>Even though you were not able to work as usual, will you be paid/were you paid</p> <p>Full normal payment.....1</p> <p>Partial payment.....2</p> <p>No payment.....3</p>	<p>Why were you not able to work as usual?</p> <p>BUSINESS / GOV'T CLOSED DUE TO CORONAVIRUS LEGAL RESTRICTIONS.....1</p> <p>BUSINESS / GOV'T CLOSED FOR ANOTHER REASON.....2</p> <p>FURLOUGH.....3</p> <p>ILL / QUARANTINED.....4</p> <p>NEED TO CARE FOR ILL RELATIVE.....5</p> <p>SEASONAL WORKER.....6</p> <p>NOT ABLE TO GO TO PLACE OF WORK DUE TO MOVEMENT RESTRICTIONS.....7</p> <p>OTHER (PLEASE SPECIFY).....96</p>	<p>How many hours did you work in your main job last week?</p>

Section 6B. Non-Farm Enterprise

CASES	11.	11a.	11b.	11c.	12.	13.	14.
FIVE CASES BASED ON LAST INTERVIEW AND EMPLOYMENT RESPONSES:	Since last phone call on [LAST INTERVIEW DATE], did you or any member of your household operate a non-farm family business?	CASE 1: What is the current status of your family business, the one you said was temporarily closed when we spoke on [LAST INTERVIEW DATE]? CASE 2 OR 4: What is the current status of your family business, the one you were operating when we spoke last time on [LAST INTERVIEW DATE]? CASE 3 OR 5: What is the current status of your family business?	Why is your family business closed? USUAL PLACE OF BUSINESS CLOSED DUE TO CORONAVIRUS LEGAL RESTRICTIONS1 USUAL PLACE OF BUSINESS CLOSED FOR ANOTHER REASON2 NO CUSTOMERS / FEWER CUSTOMERS3 CAN'T GET INPUTS4 CAN'T TRAVEL / TRANSPORT GOODS FOR TRADE5 ILL / QUARANTINED DUE TO CORONAVIRUS6 ILL WITH ANOTHER DISEASE7 NEED TO TAKE CARE OF A FAMILY MEMBER8 SEASONAL CLOSURE9 VACATION10 OTHER, SPECIFY96	Please describe the main activity of this family business. PLEASE WRITE A SHORT DESCRIPTION OF THE PRIMARY ACTIVITY IF Q11==1 OR Q11b (CASE 1)==1	Which of the following best describes the sector of the family business? DO NOT READ OPTIONS AGRICULTURE1 MINING2 MANUFACTURING3 PROFESSIONAL/ SCIENTIFIC/TECHNICAL ACTIVITIES4 ELECTRICITY/WATER/GAS/WASTE5 CONSTRUCTION6 TRANSPORTATION7 BUYING AND SELLING8 FINANCIAL/INSURANCE/ REAL EST. SERVICES9 PERSONAL SERVICES10 EDUCATION11 HEALTH12 PUBLIC ADMINISTRATION13 TOURISM14 FOOD PROCESSING15 OTHER, SPECIFY16	Compared to when we last spoke, are the revenue from sales from the non-farm family business... READ OPTIONS Higher1 >> Q15 The same2 >> Q15 Less3 No revenue4	Q13=4: Why was there no revenue from sales? Q13=3: Why was the revenue from the business sales less than in [LAST MONTH]? DO NOT READ OPTIONS USUAL PLACE OF BUSINESS CLOSED DUE TO CORONAVIRUS LEGAL RESTRICTIONS1 USUAL PLACE OF BUSINESS CLOSED FOR ANOTHER REASON2 NO CUSTOMERS / FEWER CUSTOMERS3 CAN'T GET INPUTS4 CAN'T TRAVEL / TRANSPORT GOODS FOR TRADE5 ILL / QUARANTINED DUE TO CORONAVIRUS6 ILL WITH ANOTHER DISEASE7 NEED TO TAKE CARE OF A FAMILY MEMBER8 SEASONAL CLOSURE9 VACATION10 OTHER, SPECIFY96
CASE 1: HOUSEHOLDS THAT HAD AN NFE TEMPORARILY CLOSED AT LAST INTERVIEW >> Q11a							
CASE 2: HOUSEHOLDS THAT WERE OPERATING AT [LAST INTERVIEW] >> Q11a	YES.1 NO..2 >> Q16	Open1 >> Q15 IF CASE=1, Q13 IF CASE=2, Q12 IF CASE=3, Q13 IF CASE=4, Q12 IF CASE=5 Temporarily closed ..2 Permanently closed ..3	IF CASE=3, 5 >> Q12 IF CASE=1,2,4 & Q11a=2 >> Q15 IF CASE=1,2,4 & Q11a=3 >> Q16				
3. HOUSEHOLDS THAT WERE NOT OPERATING AT [LAST INTERVIEW] AND THOSE THAT REPORTED BEING PERMANENTLY CLOSED LAST INTERVIEW >> Q11							
CASE 4: RESPONDENTS THAT WORKED ON A FAMILY BUSINESS LAST WEEK (IF Q6=1 or Q6=2) AND WERE OPERATING AT [LAST INTERVIEW] >> Q11a							
CASE 5: RESPONDENTS THAT WORKED ON A FAMILY BUSINESS LAST WEEK (IF Q6=1 or Q6=2) AND WERE NOT OPERATING AT [LAST INTERVIEW]							

Section 7. INCOME LOSS

	1	2
I T E M C O D E	<p>In the last 12 months, which of the following were your household's sources of livelihood?</p> <p>SELECT ALL THAT APPLY</p>	<p>Since JANUARY 2021 has income from [INCOME SOURCE] ..?</p> <p>Increased1 Stayed the same.....2 Reduced3 Not received4</p>
1	Family farming, livestock or fishing	
2	Non-farm family business, including family business	
3	Wage employment of household members	
4	Remittances from abroad	
5	Assistance from family within the country	
6	Assistance from other non-family individuals	
7	Income from properties, investments or savings	
8	Pension	
9	Assistance from the Government	
10	Assistance from NGOs / charitable organization/religious bodies	
96	Other income source (SPECIFY)	
99	Total Household Income	

Section 8. FOOD INSECURITY EXPERIENCE SCALE

Now I would like to ask you some questions about food . During the **last 30 days**, was there a time when:

1	2	3	4	5	6	7	8
You or others in your household <u>were worried about not having enough food to eat because of lack of money or other resources?</u>	You, or others in your household, were <u>unable</u> to eat healthy and <u>nutritious/ preferred foods</u> because of a lack of money or other resources?	You, or any other adult in your household, <u>ate only a few kinds of foods</u> because of a lack of money or other resources?	You, or any other adult in your household, had to <u>skip a meal</u> because there was not enough money or other resources to get food?	You, or any other adult in your household, <u>ate less than you thought you should</u> because of a lack of money or other resources?	Your household <u>ran out of food</u> because of a lack of money or other resources?	You, or any other adult in your household, were <u>hungry but did not eat</u> because there was not enough money or other resources for food?	You, or any other adult in your household, <u>went without eating for a whole day</u> because of a lack of money or other resources?
YES..1 NO..2	YES..1 NO..2	YES..1 NO..2	YES..1 NO..2	YES..1 NO..2	YES..1 NO..2	YES..1 NO..2	YES..1 NO..2

Section 9. CONCERNS

1	2
How do you feel about the possibility that you or someone in your immediate family might become seriously ill from COVID-19 (corona virus disease)? READ OUT ANSWER OPTIONS Very worried1 Somewhat worried2 Not too worried3 Not worried at all ..4	How much of a threat would you say the corona virus outbreak is to your household's finances? READ OUT ANSWER OPTIONS A substantial threat1 A moderate threat2 Not much of a threat3 Not a threat at all4

Section 12. Interview Result

	1	2	3	4
<p>INTERVIEWER READ OUT: Thank you very much for your participation in this survey! I will be transferring 1000 Malawi Kwacha Airtime to your phone shortly as a thank you for your time today.</p> <p>I may try to contact you in future for another short interview. Before you go, I have a couple of questions to help in case I need to contact you in future.</p>	<p>Is this number the best one to reach you or your household in the future or would it be better to use another number?</p> <p>THIS NUMBER.....1 >> q3 ANOTHER NUMBER...2</p>	<p>Which number would be best?</p>	<p>What day of the week will be best to reach you?</p> <p>SELECT ALL THAT APPLY</p> <p>MONDAY.....1 TUESDAY.....2 WEDNESDAY...3 THURSDAY.....4 FRIDAY.....5 SATURDAY....6 SUNDAY.....7</p>	<p>What time of the day would be best to call you?</p> <p>SELECT ALL THAT APPLY</p> <p>ANYTIME OF THE DAY.....0 MORNING.....1 AFTERNOON.....2 EVENING.....3</p>
		PHONE NUMBER		

[illegible]