



Malawi Government
National Statistical Office



TELEPHONE SURVEY ON THE ECONOMIC AND SOCIAL IMPACT OF COVID-19 IN MALAWI, 2022

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]

6	7	8	9	10	11a.	11b.
<p>INTERVIEWER READ OUT: Could you give me their number or visit them so I can call them using your phone? It is really important for me to be able to speak to them.</p> <p>RECORD RESPONSE</p> <p>NO, DON'T KNOW THE HOUSEHOLD.....1 >></p> <p>NEXT ATTEMPT</p> <p>NO, CAN'T/WON'T CONNECT TO HOUSEHOLD.....2 >></p> <p>NEXT ATTEMPT</p> <p>YES, PHONE NUMBER.....3 >></p> <p>RECORD IN PHONE NUMBER ROSTER</p> <p>YES, VISIT HOUSEHOLD...4 >></p> <p>Q11a</p>	<p>INTERVIEWER READ TO THE RESPONDENT:</p> <p>As you may recall, we recently talked through a phone interview regarding a survey on the corona virus pandemic.</p> <p>As I indicated last time, we will be following up with you to have more information regarding the impact of the Corona virus on your well-being.</p> <p>This interview will take around 25 minutes. Any information you share with me will be kept strictly confidential and only be used for statistical purposes and will not be used to determine if your household is eligible to receive any assistance from the government. If at any point there are any questions you do not feel comfortable answering, you can choose not to answer them. You can also choose to stop the interview at any point.</p> <p>This call will not cost you any airtime. To thank you for your participation, we will also transfer airtime to your phone. Are you willing to participate?</p>	<p>INTERVIEWER: DOES THE RESPONDENT AGREE TO BE INTERVIEWED?</p> <p>YES.....1</p> <p>NO, NOT NOW...2 >></p> <p>Q10</p> <p>NO, REFUSED...3 >></p> <p>INTERVIEW RESULT</p>	<p>INTERVIEWER: RECORD THE NAME OF THE RESPONDENT</p> <p>IF THE PERSON IS A NEW MEMBER, ADD TO THE ROSTER FIRST</p> <p>>> NEXT SECTION</p>	<p>Can I call you back later at a time that works better for you? It is really important for us to speak to you or anyone else in your household.</p> <p>YES, SAME RESPONDENT.....1</p> <p>NO, DIFFERENT RESPONDENT.....2</p> <p>YES.....1</p> <p>NO.....2 >></p> <p>INTERVIEW RESULT</p>	<p>On what day?</p>	<p>What time?</p>

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	INTERVIEWER: ALL HOUSEHOLD MEMBERS RECORDED DURING THE [LAST INTERVIEW] ARE PRE-FILLED IN Q1.	NAME	CAP/INTERVIEWER: IS [NAME] A NEW MEMBER ADDED IN THIS INTERVIEW?	Is [NAME] still a member of the household?	Why did [NAME] leave the household?
	FOR ALL PRE-FILLED MEMBERS, ASK QUESTIONS Q3 AND Q4.	CAP: PRE-FILLED NAMES FROM LAST INTERVIEW			
	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?"	INTERVIEWER: ADD NEW MEMBERS HERE			
	IF YES, THEN ASK, RECORD THEIR NAMES AND ASK Q5 - Q7.		YES..1 >> Q5 NO..2	YES..1 >>NEXT PERSON NO..2	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 >> NEXT PERSON
1					
2					
3					
4					
5					
6					
7					
8					
10					

[illegible]

Section 5f. Health Access

Instruction changes read/don't read - 50/50 - household id: odd/even

1.	2.	3.	4.	5.
Are you or any member of your household currently covered by a health insurance?	Who covers your health insurance (partially or fully)? READ OPTIONS SELECT ALL THAT APPLY YES.1 NO..2 >> Q3 YES.1 NO..2 >> Q3 Employer - Government.....1 Employer - Non-Government Organization..2 Employer - Private business/company....3 Community Based Health Insurance (CBHI)..4 Private (individually acquired).....5 Other (Specify).....96	Have you or any member of your household needed any health services (treatment or consultation) in the <u>past 4 weeks</u> whether there was illness or not? YES1 NO2 >> NEXT SECTION	What type of service(s) or care did you or any member of your household need? READ ALL OPTIONS/DO NOT READ OPTIONS SELECT ALL THAT APPLY COVID-19 related service (screening/diagnostic test, vaccination, treatment).....1 Family planning service.....2 Vaccination services (non-COVID)....3 Maternal health / pregnancy care...4 Child care (non-COVID).....5 Adult care (non-COVID).....6 Emergency (non-COVID).....7 Pharmacy / Chemist services.....8 Other (SPECIFY).....96	Were you or the member of your household able to get [SERVICE] in the past 4 weeks? ASK THE QUESTION FOR EACH DIFFERENT SERVICE MARKED "YES" IN Q4 YES ...1 >> Q7 NO2

<p>6.</p> <p>What was the main reason you or the member of your household were not able to get [SERVICE] in the past 4 weeks?</p> <p>ASK THE QUESTION FOR EACH SERVICE MARKED "NO" IN Q5</p> <p>READ ALL OPTIONS/DO NOT READ OPTIONS - (DATE OR SURVEY ROUND FOR EXPERIMENT TO BE DISCUSSED WITH GFF AND DETERMINED)</p> <p>LACK OF MONEY1 NO MEDICAL PERSONNEL AVAILABLE.....2 TURNED AWAY BECAUSE FACILITY WAS FULL3 TURNED AWAY BECAUSE FACILITY WAS CLOSED.....4 HOSPITAL/CLINIC NOT HAVING ENOUGH SUPPLIES OR TESTS...5 HEALTH FACILITY IS TOO FAR.....6 FEAR OF CONTRACTING CORONAVIRUS.....7 LOCKDOWN/TRAVEL RESTRICTIONS.....8 LACK OF TRANSPORTATION.....9 OTHER (SPECIFY)96</p> <p>>> NEXT SECTION</p>	<p>7.</p> <p>Where was [SERVICE] received? ASK THE QUESTION FOR EACH SERVICE MARKED "YES" IN Q4</p> <p>HOSPITAL.....1 CLINIC/HEALTH POST /PRIMARY HEALTH CARE.....2 PHARMACY.....3 CHEMIST SHOP (DRUG SHOP)....4 MATERNITY HOME/ MATERNAL AND CHILD HEALTH POST.....5 CONSULTANT'S HOME.....6 PATIENT'S HOME.....7 TRADITIONAL HEALER'S HOME...8 FAITH BASED HOME.....9 OTHER, SPECIFY.....96</p>	<p>8.</p> <p>Did you, or any member of your household, have to pay out of your own pocket fees to use this [SERVICE] in the past 4 weeks?</p> <p>ASK THE QUESTION FOR EACH SERVICE MARKED "YES" IN Q4</p> <p>YES.1 NO..2 >> Q10</p>

9.				10.
How much did your household pay out-of-pocket for [ITEM] for the [SERVICE] received in the past 4 weeks?				How satisfied were you from this [SERVICE] received?
ASK THE QUESTION FOR EACH SERVICE MARKED "YES" IN Q4				ASK THE QUESTION FOR EACH SERVICE MARKED "YES" IN Q4
RECORD -9999 IF DON'T KNOW				
				Very satisfied.....1 Satisfied.....2 Unsatisfied.....3 Very unsatisfied.....4
Examination /Medical visits	Drugs	Transportation	Other (Specify) _____	

SECTION 6: EMPLOYMENT

Section 6. Employment

STATUS IN EMPLOYMENT		WHY NOT CURRENTLY WORKING		JOB SEARCH	
1.	1a.	1b.	1c.	3a.	3b.
<p>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?</p> <p>YES...1 >> Q5a NO....2</p>	<p>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?</p> <p>YES...1 NO....2 >> Q3</p>	<p>When do you expect to return to this job?</p> <p>WITHIN ONE WEEK.....1 WITHIN ONE MONTH.....2 WITHIN THREE MONTHS.....3 IN MORE THAN THREE MONTHS....4 ONCE RESTRICTIONS ARE LIFTED..5 DON'T KNOW.....98</p>	<p>Why did you not work last week?</p> <p>DO NOT READ OPTIONS</p> <p>BUSINESS / OFFICE CLOSED DUE TO CORONAVIRUS RECOMMENDATIONS.....1 BUSINESS / OFFICE CLOSED DUE TO ENDSARS PROTESTS.....15 BUSINESS / OFFICE CLOSED FOR ANOTHER REASON2 LAID OFF WHILE BUSINESS CONTINUES.....3 TEMPORARILY LAID OFF/LEAVE OF ABSENCE (FURLOUGHED).....4 VACATION5 ILL / QUARANTINED6 NEED TO CARE FOR ILL RELATIVE7 SEASONAL WORKER.....8 RETIRED.....9 NOT ABLE TO GO TO FARM DUE TO MOVEMENT RESTRICTIONS10 NOT ABLE TO FARM DUE TO LACK OF INPUTS ..11 NOT ABLE TO OPERATE BUSINESS DUE TO LACK OF BUSINESS INPUTS.....17 NOT FARMING SEASON/WAITING FOR HARVEST ..12 ROTATION OF PERSONEL DUE TO CORONAVIRUS (MY TURN IS NEXT WEEK)13 CONFLICT/INSURGENCY.....14 OTHER (SPECIFY)96</p>	<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 >> Q9</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</p> <p>>>Q9</p>

SECTION 6: EMPLOYMENT

ACTUAL JOB				
5a. Please provide a description of the primary activity/tasks you performed in your main work last week. The main job is the one where you usually work the highest number of hours (even if you were temporarily absent last week). PLEASE WRITE A SHORT DESCRIPTION	5. INTERVIEWER: WHICH OF THE FOLLOWING BEST DESCRIBES THE SECTOR OF THE BUSINESS OR ORGANIZATION FOR WHICH [NAME] WORKED LAST WEEK? DO NOT READ OPTIONS AGRICULTURE, HUNTING, FISHING1 MINING, MANUFACTURING2 ELECTRICITY, GAS, WATER SUPPLY3 CONSTRUCTION4 BUYING & SELLING GOODS, REPAIR OF GOODS, HOTELS & RESTAURANTS5 TRANSPORT, DRIVING, POST, TRAVEL AGENCIES6 PROFESSIONAL ACTIVITIES: FINANCE, LEGAL, ANALYSIS, COMPUTER, REAL ESTATE7 PUBLIC ADMINISTRATION8 PERSONAL SERVICES, EDUCATION, HEALTH, CULTURE, SPORT, DOMESTIC WORK, OTHER..9	6. In the work you did <u>last week</u> , did you work.... READ OPTIONS In your own business1 >> Q8b1 In a business operated by a household or family member2 >> Q8b1 In a family farm growing crops, raising livestock, or fishing.....3 As an employee for someone else4 >> Q8b1 As an apprentice, trainee, intern5 >> Q8b1	6a. Thinking about all the family [farming products/animals/fish] you worked on, are they intended... READ OPTIONS Only for sale.....1 Only for family consumption2 Some will be sold, some will be consumed by the family3	8b1. How many hours did you work last week doing [PRIMARY ACTIVITY]? >>Q10 HOURS

SECTION 6: EMPLOYMENT

9.	10.	10b
Have you ever worked?	Did you lose your job due to the pandemic that started in March 2020?	In which month(s) did you not work due to job loss?
YES.1 NO..2 >> NEXT SECTION	YES.1 NO..2 >> NEXT SECTION	March 2020.....1 April 2020.....2 May 2020.....3 June 2020.....4 July 2020.....5 August 2020.....6 September 2020...7 October 2020....8 November 2020...9 December 2020...10 January 2021....11 February 2021....12 March 2021.....13 April 2021.....14 May 2021.....15 June 2021.....16 July 2021.....17 August 2021.....18 September 2021...19 October 2021....20 November 2021...21 December 2021...22 January 2022....23

Section 7. INCOME LOSS

	1	2
I T E M C O D E	In the last 3 months, which of the following were your household's sources of livelihood?	Since JANUARY 2022 has income from [INCOME SOURCE] ..?
	SELECT ALL THAT APPLY	Increased1 Stayed the same.....2 Reduced3 Not received4
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 9a. COVID-19 Vaccine

INTERVIEWER READ OUT: Now I'd like to ask you some questions on COVID-19 vaccine to understand people's attitudes towards COVID-19 vaccines. This will not be used to de

1.	2.	2a	2b	3.
<p>Do you know if your country has started COVID-19 vaccination?</p> <p>YES...1 NO....2 >> Q10</p>	<p>Who/what (institution/body/entity) are your sources of information regarding COVID-19 vaccines?</p> <p>DO NOT READ OPTIONS</p> <p>SELECT ALL THAT APPLY</p> <p>DOCTORS/NURSES/PHARMACISTS/CHEMIST/HEALTH WORKERS.....1 SCIENTISTS AND EPIDEMIOLOGISTS..2 CELEBRITIES AND SOCIAL MEDIA INFLUENCERS.....3 NGO OUTREACH PROGRAMS.....4 OTHER OUTREACH PROGRAMS.....5 LOCAL GOVERNMENT AUTHORITY.....6 CENTRAL GOVERNMENT AUTHORITY...7 NEIGHBORS / FAMILY / FRIENDS / COLLEAGUES.....9 RELIGIOUS ORGANIZATIONS.....10 TRADITIONAL HEALER.....11 TRADITIONAL RULER.....12 MEDIA.....13 OTHER (SPECIFY).....96</p>	<p>Which source of information do you trust the most?</p> <p>DO NOT READ OPTIONS</p> <p>DOCTORS/NURSES/PHARMACISTS/CHEMIST/HEALTH WORKERS.....1 SCIENTISTS AND EPIDEMIOLOGISTS..2 CELEBRITIES AND SOCIAL MEDIA INFLUENCERS.....3 NGO OUTREACH PROGRAMS.....4 OTHER OUTREACH PROGRAMS.....5 LOCAL GOVERNMENT AUTHORITY.....6 CENTRAL GOVERNMENT AUTHORITY...7 NEIGHBORS / FAMILY / FRIENDS / COLLEAGUES.....9 RELIGIOUS ORGANIZATIONS.....10 TRADITIONAL HEALER.....11 TRADITIONAL RULER.....12 MEDIA.....13 OTHER (SPECIFY).....96</p>	<p>Through what channels did you receive this information?</p> <p>IN-PERSON.....1 POSTER / BILLBOARD / FLYER.....2 RADIO.....3 TELEVISION.....4 SMS.....5 PHONE.....6 NEWSPAPER.....7 SOCIAL MEDIA (FACEBOOK, INSTAGRAM, WHATSAPP, ETC.)....8 OTHER INTERNET SOURCE.....9 OTHER (SPECIFY).....96</p>	<p>Have you been vaccinated for COVID-19?</p> <p>YES...1 NO....2 >> Q9</p>

determine your eligibility to receive COVID-19 vaccine or to provide you with COVID-19 vaccine.

4.		5.	6.	7	8.
When did you receive the first shot of COVID-19 vaccine?		How many shots of COVID-19 vaccine have you received?	Where did you get vaccinated for COVID-19?	What are your main reasons for getting vaccinated for COVID-19 apart from protecting your health?	How likely are you to encourage others to get the COVID-19 vaccine?
		ONE.....1 TWO.....2 MORE THAN TWO..3	HOSPITAL.....1 CLINIC.....2 LOCAL HEALTH CENTER..3 PHARMACY.....4 SENIOR LIVING CENTER.5 MASS VACCINATION SITE.6 WORKPLACE.....7 RELIGIOUS WORSHIP CENTERS.....8 OTHER (SPECIFY).....96	RECORD UP TO TWO REASONS DO NOT READ OPTIONS PROTECTING MY HEALTH IS THE ONLY REASON.....1 PROTECTING COMMUNITY'S HEALTH....2 GOVERNMENT MANDATE.....3 REQUIRED FOR SCHOOL ATTENDANCE...4 EMPLOYER MANDATE.....5 AVOID PUBLIC HEALTH MEASURES FOR UNVACCINATED.....6 TAKE PART IN PUBLIC LIFE / SOCIAL EVENTS.....7 BE ABLE TO TRAVEL.....8 PEOPLE IN MY COMMUNITY / FAMILY DID IT TOO.....9 RECEIVED FINANCIAL OR IN-KIND INCENTIVE.....10 OTHER (SPECIFY).....96	Very likely.....1 Somewhat likely.....2 Neither likely nor unlikely...3 Somewhat unlikely.....4 Very unlikely.....5
MONTH	YEAR				

9.	10.	11.	12.	13.
Are you planning to be vaccinated for COVID-19?	When a vaccine to protect you from COVID-19 is available to you, are you planning to be vaccinated?	What are the primary reasons why you want to get vaccinated for COVID-19 apart from protecting your health?	How likely are you to encourage others to get the COVID-19 vaccine?	Why have you not received the COVID-19 vaccine yet?
<p>YES1</p> <p>NO.....2 >> Q13</p> <p>NOT SURE.3 >> Q13</p>	<p>YES1</p> <p>NO.....2 >> Q13</p> <p>NOT SURE.3 >> Q13</p>	<p>RECORD UP TO TWO REASONS</p> <p>DO NOT READ THE OPTIONS</p> <p>PROTECTING MY HEALTH IS THE ONLY REASON.....1</p> <p>PROTECTING COMMUNITY'S HEALTH.....2</p> <p>GOVERNMENT MANDATE.....3</p> <p>REQUIRED FOR SCHOOL ATTENDANCE.....4</p> <p>EMPLOYER MANDATE.....5</p> <p>AVOID PUBLIC HEALTH MEASURES FOR UNVACCINATED.....6</p> <p>TAKE PART IN PUBLIC LIFE / SOCIAL EVENTS.....7</p> <p>BE ABLE TO TRAVEL.....8</p> <p>PEOPLE IN MY COMMUNITY / FAMILY DID IT TOO.....9</p> <p>RECEIVED FINANCIAL OR IN-KIND INCENTIVE.....10</p> <p>OTHER (SPECIFY).....96</p>	<p>DO NOT READ THE OPTIONS</p> <p>VERY LIKELY.....1</p> <p>SOMEWHAT LIKELY.....2</p> <p>NEITHER LIKELY NOR UNLIKELY...3</p> <p>SOMEWHAT UNLIKELY.....4</p> <p>VERY UNLIKELY.....5</p>	<p>DO NOT READ OPTIONS</p> <p>INELIGIBLE FOR VACCINE IN CURRENT PHASE....1</p> <p>DO NOT KNOW HOW OR WHERE TO GET/REGISTER FOR VACCINE.....2</p> <p>TOO CROWDED/LONG LINES AT VACCINATION CENTERS.....3</p> <p>FACILITY INACCESSIBLE (FOR PEOPLE WITH DISABILITIES).....4</p> <p>TOO FAR/NO TRANSPORT.....5</p> <p>NOT ENOUGH VACCINES.....6</p> <p>NOT ABLE TO REGISTER/ COMPLICATIONS DURING REGISTRATION.....7</p> <p>WORK COMMITMENTS.....8</p> <p>DOMESTIC COMMITMENTS (CHILDCARE, TAKING CARE OF FAMILY MEMBER, ETC.).....9</p> <p>RELIGIOUS REASONS.....10</p> <p>MEDICAL REASONS.....11</p> <p>WAITING FOR MY APPOINTMENT.....12</p> <p>AFRAID OF THE SIDE EFFECTS.....13</p> <p>OTHER (SPECIFY).....96</p>

14.	15.	15a	16.	17.
<p>Why are you not sure or not planning to be vaccinated for COVID-19?</p> <p>DO NOT READ THE OPTIONS</p> <p>I DON'T THINK IT WILL WORK.....1 I AM WORRIED ABOUT THE SIDE EFFECTS.....2 I ALREADY HAD COVID-19.....3 I AM NOT ENOUGH AT RISK OF CONTRACTING COVID-19.....4 IN GENERAL, I DON'T TRUST VACCINES.....5 IT IS AGAINST MY RELIGION.....6 I AM WORRIED TO GET INFECTED WITH COVID-19 AT THE HEALTH FACILITY.....7 HEALTH FACILITY TOO FAR OR TOO HARD TO GET TO.....8 IT WILL TAKE TOO LONG TO GET VACCINATED/I DON'T HAVE TIME TO GET VACCINATED.....9 I DON'T THINK THE VACCINES AVAILABLE IN MY COUNTRY ARE EFFECTIVE.....10 I AM NOT SURE I WILL GET THE VACCINE I WANT.....11 IT'S NOT A PRIORITY.....12 COVID-19 DOES NOT EXIST.....13 MEDICAL REASONS.....14 DISTRUST IN GOVERNMENT AND HEALTH</p>	<p>Would you be more likely to get the COVID-19 vaccine if any of the following individual/authorities get or recommend the vaccine?</p> <p>READ OPTIONS AND PROVIDE YES/NO FOR EACH</p> <p>Family and friends.....1 Religious leaders.....2 Doctors/nurses/Pharmacists/Chemists/health workers.....3 Community leaders.....4 Equivalent of a traditional healer..5 Scientists and epidemiologists.....6 Celebrities and social media influencers.....7 Other (SPECIFY).....96</p>	<p>Who do you trust the most?</p> <p>Family and friends.....1 Religious leaders.....2 Doctors/nurses/Pharmacists/Chemists/health workers.....3 Community leaders.....4 Equivalent of a traditional healer..5 Scientists and epidemiologists.....6 Celebrities and social media influencers.....7 Other (SPECIFY).....96</p>	<p>ASK ONLY IF Q1=1: Has anyone (else) in your household been vaccinated for COVID-19?</p> <p>YES...1 NO....2 >> Q17</p>	<p>ASK ONLY IF Q1=1: Who in your household has been vaccinated for COVID-19?</p> <p>SELECT FROM THE ROSTER ALL THAT APPLY</p>
				HH ROSTER ID

18.	19.	20.	21.
<p>ASK ONLY IF Q1=1: Who in your household MAINLY decides whether the adult household members will get vaccinated for COVID-19?</p> <p>EACH ADULT FOR THEMSELVES..1 ALL ADULTS TOGETHER.....2 HOUSEHOLD HEAD.....3 OTHER (SPECIFY)96</p>	<p>Out of 10 people in your community, how many do you think have been vaccinated or are willing to be vaccinated for COVID-19?</p>	<p>Do you think that COVID-19 vaccine should be mandatory if they are available to everyone?</p> <p>YES...1 >> NEXT SECTION NO....2</p>	<p>What is the main reason why you do not agree with COVID-19 vaccine mandates?</p> <p>I DON'T THINK ANY COVID-19 VACCINES WILL WORK.....1 I AM WORRIED ABOUT THE SIDE EFFECTS..2 IN GENERAL, I DON'T TRUST VACCINES...3 RELIGIOUS REASONS.....4 I DON'T THINK THE COVID-19 VACCINES AVAILABLE IN MY COUNTRY WOULD WORK...5 COVID-19 DOES NOT EXIST.....6 I DON'T THINK PEOPLE SHOULD BE FORCED.....7 OTHER (SPECIFY)96</p>
	NUMBER BETWEEN 0 AND 10		

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]