



Malawi Government  
National Statistical Office

## MALAWI - HIGH FREQUENCY PHONE SURVEY

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 &gt;&gt;  <b>NEXT ATTEMPT</b>  NO, CAN'T/WON'T CONNECT TO HOUSEHOLD.....2 &gt;&gt;  <b>NEXT ATTEMPT</b>  YES, PHONE NUMBER.....3 &gt;&gt;  <b>RECORD IN PHONE NUMBER ROSTER</b>  YES, VISIT HOUSEHOLD...4 &gt;&gt;  <b>Q11a</b></p>	<p><b>INTERVIEWER READ TO THE RESPONDENT:</b>  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  NO, NOT NOW...2 &gt;&gt;  <b>Q10</b>  NO, REFUSED...3 &gt;&gt;  <b>INTERVIEW RESULT</b></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>&gt;&gt; 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  NO, DIFFERENT RESPONDENT.....2  YES.....1  NO.....2 &gt;&gt;  <b>INTERVIEW RESULT</b></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.
<b>I N D I V I D U A L  I D</b>	<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>CAPI: PRE-FILLED NAMES FROM LAST INTERVIEW</p> <p>INTERVIEWER: ADD NEW MEMBERS HERE</p>	<p>CAPI/INTERVIEWER: IS [NAME] A NEW MEMBER ADDED IN THIS INTERVIEW?</p> <p>YES..1 &gt;&gt; Q5 NO..2</p>	<p>Is [NAME] still a member of the household?</p> <p>YES..1 &gt;&gt;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>&gt;&gt; NEXT PERSON</p>
1					
2					
3					
4					
5					
6					
7					
8					
10					

## Section 2A. Household Roster Update

[illegible]

## Section 2A. Household Roster Update

[illegible]

## Section 5f. Access to Health Services

Instruction: read/don't read - 50/50

1.	2.	3.	4.
<p>Are you or any member of your household currently covered by any health insurance?</p> <p>YES..1 NO...2 &gt;&gt; Q3</p>	<p>Who pays for the health insurance (partially or fully) of the household members?</p> <p><b>READ OPTIONS</b></p> <p><b>SELECT ALL THAT APPLY</b></p> <p>Employer - Government.....1 Employer - Non-Government Organization..2 Employer - Private business/company.....3 Community .....4 Private (individually acquired).....5 Other (Specify).....96</p>	<p>Have you or any member of your household needed any health services (treatment or consultation) <b>in the past 4 weeks</b> whether there was illness or not?</p> <p>YES ....1 NO ....2 &gt;&gt; <b>NEXT SECTION</b></p>	<p>What type of service(s) or care did you or any member of your household need?</p> <p><b>READ ALL OPTIONS/DO NOT READ OPTIONS</b></p> <p><b>SELECT ALL THAT APPLY</b></p> <p>COVID-19 related service (screening/diagnostic test, vaccination, treatment).....1 Family planning services.....2 Vaccination services (non-COVID).....3 Maternal health/ pregnancy care.....4 Non-COVID Health Care for Household Members Less Than 5 Years Old.....5 Non-COVID Health Care for Household Members 5 Years and Older.....6 Emergency (non-COVID).....7 Pharmacy / Chemist services.....8 Other (SPECIFY).....96</p>

## Section 5f. Access to Health Services

4b.			5.	6.	7.
Who in the household needed the service? [LIST HOUSEHOLD MEMBER IDs FROM THE ROSTER FOR EACH SERVICE]			Were you or the member of your household able to get [SERVICE] in the past 4 weeks?  <b>ASK THE QUESTION FOR EACH DIFFERENT SERVICE MARKED "YES" IN Q4</b>  YES ...1 >> Q7 NO ....2	What was the main reason you or the member of your household were not able to get [SERVICE] in the past 4 weeks?  <b>ASK THE QUESTION FOR EACH SERVICE MARKED "YES" IN Q4</b>  <b>DO NOT READ OUT OPTIONS</b>  LACK OF MONEY .....1 NO MEDICAL PERSONNEL AVAILABLE.....2 TURNED AWAY BECAUSE FACILITY WAS FULL .....3 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  >> NEXT SECTION	Where was [SERVICE] received?  <b>ASK THE QUESTION FOR EACH SERVICE MARKED "YES" IN Q4</b>  HOSPITAL.....1 CLINIC/HEALTH POST.....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
Member ID	Member ID	Member ID			



## Section 5f. Access to Health Services

8.	9.						10.
<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><b>ASK THE QUESTION FOR EACH SERVICE MARKED "YES" IN Q4</b></p> <p>YES..1 NO..2 &gt;&gt; Q10</p>	<p>How much did your household pay out-of-pocket for [ITEM] for the [SERVICE] received in the past 4 weeks?</p> <p><b>ASK THE QUESTION FOR EACH SERVICE MARKED "YES" IN Q4</b></p> <p><b>RECORD -9999 IF DON'T KNOW</b></p>						<p>How satisfied were you with this [SERVICE] received?</p> <p><b>ASK THE QUESTION FOR EACH SERVICE MARKED "YES" IN Q5</b></p> <p>Very satisfied.....1 Satisfied.....2 Unsatisfied.....3 Very unsatisfied.....4 DON'T KNOW.....5</p>
	Examination /Medical visits	Prescription drugs or drugs recommend ed by a health professional	Non- prescription drugs obtained over-the- counter (without health professional recommend ation)	Emergency (ambulance)	Non-emergency Transport	Other expenses (Specify)	

Section 5g. Access to Health Services (ALL HOUSEHOLD MEMBERS, REPORTED BY MAIN PHONE SURVEY RESPONDENT)

INTERVIEWER: THE RESPONDENT TO THIS MODULE IS THE MAIN RESPONDENT IDENTIFIED DURING THE INTRODUCTION OF THIS INTERVIEW. THE RESPONDENT WILL ANSWER QUESTIONS ABOUT HIM/HER AND OTHER MEMBERS OF YOUR HOUSEHOLD.  
INTERVIEWER: Now I would like to ask you some questions relating to access to health services for you and other members of your household.

HOUSEHOLD ROSTER ID NUMBER	1. Is [NAME] currently covered by any health insurance?  ASK OF ALL HHOLD MEMBERS  YES..1 NO..2 >> Q3	2. Who pays for the health insurance (partially or fully) of [NAME]?  READ OUT ALL OPTIONS  SELECT ALL THAT APPLY  Employer - Government.....1 Employer - Non-Government Organization..2 Employer - Private business/company.....3 Community .....4 Private (individually acquired).....5 Other (Specify).....96	ADMINISTER Q3 MEMBER BY MEMBER, BEFORE PROCEEDING TO Q4	3. Has [NAME] needed any health services (treatment or consultation) in the past 4 weeks whether there was an illness or not?  YES .....1 NO .....2 >> NEXT PERSON	ADMINISTER Q4 MEMBER BY MEMBER BEFORE MOVING TO INDIVIDUAL-SERVICE-LEVEL DATA COLLECTION	4. What type of service(s) or care did [NAME] need?  READ OUT ALL OPTIONS  SELECT ALL THAT APPLY  COVID 19 related service (screening/diagnostic test, vaccination, treatment)....1 Family planning services.....2 Vaccination services (non-covid).....3 Maternal health /pregnancy care.....4 Outpatient health care (Non-COVID).....5 Inpatient care (Non-COVID).....6 Other health services (e.g Purchase, repair, rental/maintenance of (glasses for vision; hearing aids; crutches & wheelchairs, face masks) and all other assistive health products.....7

MEMBERS OF THE HOUSEHOLD.

HOUSEHOLD ROSTER ID NUMBER	SERVICE ID NUMBER	5. Was [NAME] able to get [SERVICE] in the past 4 weeks?  ASK THE QUESTION FOR EACH DIFFERENT SERVICE MARKED "YES" IN Q4  YES ...1 >> Q7 NO ....2	6. What was the main reason [NAME] was not able to get [SERVICE] in the past 4 weeks?  ASK THE QUESTION FOR EACH SERVICE MARKED "YES" IN Q4  DO NOT READ OUT OPTIONS  LACK OF MONEY .....1 NO MEDICAL PERSONNEL AVAILABLE.....2 TURNED AWAY BECAUSE FACILITY WAS FULL .....3 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  >> NEXT SECTION	7. Where did [NAME] receive [SERVICE]?  ASK THE QUESTION FOR EACH SERVICE MARKED "YES" IN Q5  HOSPITAL.....1 CLINIC/HEALTH POST.....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	8. Did [NAME] pay any out-of-pocket fees to use this [SERVICE] in the past 4 weeks?  ASK THE QUESTION FOR EACH SERVICE MARKED "YES" IN Q5  YES.1 NO..2 >> Q10	9. How much did [NAME] pay out-of-pocket expenses for [SERVICE] received in the past 4 weeks?  ASK THE QUESTION FOR EACH SERVICE MARKED "YES" IN Q5  RECORD -9999 IF DON'T KNOW						



## Section 9. COVID-19 Vaccine

THIS SECTION TO BE ADMINISTERED IF VACCINE MODULE WAS ALREADY FIELDIED IN A PRIOR ROUND

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

FILTER 1	FILTER 2:	1a	1b.	1c.	2
<p>PRELOAD: WAS RESPONDENT ALREADY INTERVIEWED IN [LAST ROUND VACCINE MODULE WAS ADMINISTERED]?</p> <p>YES...1 NO...2 &gt;&gt; Q1</p>	<p>PRELOAD: WHAT WAS RESPONDENT'S VACCINATION STATUS AT THE TIME OF LAST INTERVIEW?</p> <p>Vaccinated with at least one dose...1 &gt;&gt; Q4 Not vaccinated...2 &gt;&gt; Q2</p>	<p>Who/what (institution/body/entity) are your sources of information regarding COVID-19 vaccines?</p> <p>DO NOT READ OPTIONS SELECT ALL THAT APPLY</p> <p>DOCTORS/NURSES/PHARMACISTS/CHEMISTS/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 FEDERAL GOVERNMENT AUTHORITY.....7 STATE GOVERNMENT AUTHORITY.....8 NEIGHBORS / FAMILY / FRIENDS / COLLEAGUES.....9 RELIGIOUS ORGANIZATIONS.....10 TRADITIONAL HEALER.....11 TRADITIONAL RULER.....12 MEDIA.....13 OTHER (SPECIFY).....96 TRUST ALL EQUALLY.....98 NONE.....99</p>	<p>Which source of information do you trust the most for reliable information on COVID-19 vaccines?</p> <p>ONLY AMONG THOSE SOURCES SELECTED IN Q2</p> <p>DOCTORS/NURSES/PHARMACISTS/CHEMISTS/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 FEDERAL GOVERNMENT AUTHORITY.....7 STATE GOVERNMENT AUTHORITY.....8 NEIGHBORS / FAMILY / FRIENDS / COLLEAGUES.....9 RELIGIOUS ORGANIZATIONS.....10 TRADITIONAL HEALER.....11 TRADITIONAL RULER.....12 MEDIA.....13 OTHER (SPECIFY).....96 TRUST ALL EQUALLY.....98 NONE.....99</p>	<p>Through what channels do you receive the information from the source you trust the most?</p> <p>DO NOT READ OPTIONS</p> <p>SELECT ALL THAT APPLY</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 &gt;&gt; Q11</p>

3	4	5a.	5b.	5c.
<p>When did you receive the first shot of your COVID-19 vaccine?</p> <p>MONTH YEAR</p>	<p>How many shots have you received?</p> <p>One.....1 Two.....2 More than two.....3</p>	<p>Did you receive any proof of vaccination when you were vaccinated against COVID-19?</p> <p>Yes, I have a vaccination certificate.....1 &gt;&gt; Q5e Yes, other proof.....2 Yes, but I lost it.....3 &gt;&gt;Q5e No.....4 &gt;&gt;Q5c</p>	<p>IF Q6a==2: SPECIFY OTHER PROOF RECEIVED</p> <p>&gt;&gt;Q5e</p>	<p>Why did you not receive any proof of vaccination?</p> <p>I was not asked to provide any personal details (e.g. name, ID number, existing vaccine certificate) to receive the COVID-19 vaccine.....1 I was told that I could not receive proof of vaccination.....2 Other (specify).....3</p> <p>IF FILTER 2 == 2 &amp; Q5c != 3 &gt;&gt; Q5e</p>

5d.	5e.	5f.	6a.	6b.	7
IF Q5c==3: SPECIFY OTHER REASON	IF Q4==1: What type of vaccine did you receive?  EACH COUNTRY CAN CHOOSE TYPES OF VACCINES AS APPLICABLE  DO NOT READ OPTIONS Pfizer.....1 Moderna.....2 AstraZeneca.....3 Sinovac.....4 Sputnik.....5 Johnson&Johnson.....6 Covid Shield .....7 Other (specify).....96 Don't know.....99	IF Q4==2or Q4 ==3: What type of vaccine did you receive?  SELECT ALL THAT APPLY  DO NOT READ OPTIONS  Pfizer.....1 Moderna.....2 AstraZeneca.....3 Sinovac.....4 Sputnik.....5 Johnson&Johnson.....6 Covid Shield .....7 Other (specify).....96 Don't know.....99 >>>Q6a	Where did you get vaccinated?  SELECT ALL THAT APPLY  Hospital.....1 Clinic.....2 Local health center.....3 Pharmacy.....4 Senior living center.....5 Mass vaccination site.....6 Workplace.....7 Religious Worship Centres.....8 At home.....9 Village head office.....10 Government office.....11 Other (specify).....96  >>>Q7	Where did you get vaccinated?  SELECT ALL THAT APPLY  Hospital.....1 Clinic.....2 Local health center.....3 Pharmacy.....4 Senior living center.....5 Mass vaccination site.....6 Workplace.....7 Religious Worship Centres.....8 At home.....9 Village head office.....10 Government office.....11 Other (specify).....96	Will you need another shot of the COVID-19 vaccine?  Yes.....1 No.....2 Do not know.....3  IF FILTER 2 ==2 & Q7!=1 >> Q9  IF FILTER 2 ==1 & Q7!=1 >> Q19
8	9	10	11	12	13
Are you planning on getting another shot?  Yes.....1 No.....2 Do not know...3  IF FILTER 2 ==1 >> Q19	What are your main reasons for getting vaccinated for COVID-19 apart from protecting your health?  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	How likely are you to encourage others to get the COVID-19 vaccine?  READ OPTIONS  Very likely.....1 Somewhat likely.....2 Neither likely nor unlikely.....3 Somewhat unlikely.....4 Very unlikely.....5  >>> Q19	Are you planning to be vaccinated for COVID-19?  YES.....1 >> Q13 NO.....2 >> Q17 NOT SURE.....3 >> Q17	When a vaccine to protect you from COVID-19 is available to you, are you planning to be vaccinated?  YES.....1 NO.....2 >> Q17 NOT SURE.....3 >> Q17	What are the main reasons why you want to get vaccinated for COVID-19 apart from protecting your health?  RECORD UP TO TWO REASONS  DO NOT READ THE 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

<b>14</b> How likely are you to encourage others to get the COVID-19 vaccine?  Very likely.....1 Somewhat likely.....2 Neither likely nor unlikely .....3 Somewhat unlikely .....4 Very unlikely.....5	<b>15</b> How important is getting vaccinated as soon as possible to you?  Very important.....1 Somewhat important....2 Neither important nor unimportant 3 Not very important.....4 Not important at all.....5	<b>16</b> Why have you not received the COVID-19 vaccine yet?  <b>RECORD UP TO TWO REASONS</b>  <b>DO NOT READ THE OPTIONS</b>  INELIGIBLE FOR VACCINE IN CURRENT PHASE.....1 DO NOT KNOW HOW TO GET/REGISTER FOR VACCINE.....2 TOO CROWDED/LONG LINES AT VACCINATION CENTERS.....3 FACILITY INACCESSIBLE (FOR PEOPLE WITH DISABILITIES).....4 NO AFFORDABLE TRANSPORT .....5 NOT ENOUGH VACCINES.....6 NOT ABLE TO REGISTER/ COMPLICATIONS DURING REGISTRATION.....7 WORK COMMITMENTS.....8 DOMESTIC COMMITMENTS (CHILDCARE, TAKING CARE OF FAMILY MEMBER, ETC.).....9 RELIGIOUS REASONS.....10 MEDICAL REASONS.....11 WAITING FOR MY APPOINTMENT.....12 AFRAID OF THE SIDE EFFECTS.....13 IT IS NOT A PRIORITY.....14 VACCINE IS NOT AVAILABLE IN OR NEAR MY COMMUNITY.....15 I AM NOT SURE I WILL GET THE VACCINE I WANT.....16 OTHER (SPECIFY).....96  <b>&gt;&gt; Q19</b>	<b>17a</b> Why are you not sure or not planning to be vaccinated?  <b>DO NOT READ THE OPTIONS</b>  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 IN MY COMMUNITY.....13 MEDICAL REASONS.....14 OTHER (SPECIFY).....96	<b>17b</b> Would you be more likely to get vaccinated for COVID-19 if the COVID-19 vaccine from any of the following manufacturers was offered to you?  <b>READ OPTIONS AND SELECT ALL THAT APPLY</b>  I am not familiar with different COVID-19 vaccines.....1 if YES: <b>stop reading options and &gt;&gt; Q18a</b> The vaccine manufacturer does not matter for my decision to get vaccinated.....2 if YES: <b>stop reading options and &gt;&gt; Q18a</b> Pfizer.....3 Moderna.....4 AstraZeneca.....5 Sinovac.....6 Sinopharm.....7 Sputnik.....8 Johnson&Johnson.....9 Covaxin.....10 Other (specify).....96
<b>18a.</b> Would you be more likely to receive the COVID-19 vaccine if any of the following individuals/authorities receive or recommend the vaccine?  <b>READ OPTIONS AND PROVIDE YES/NO FOR EACH</b>  Neighbors / family / friends.....1 Religious leaders.....2 Doctors/nurses/pharmacist/chemists/ health workers .....3 Community leaders (e.g. traditional leaders, local government councilors).....4 Equivalent of a traditional healer.....5 Scientists and epidemiologists.....6 Celebrities and social media influencers.....7 Other.....96	<b>18b.</b> Whose recommendation to get vaccinated for COVID-19 would you trust the most?  <b>ONLY THOSE OPTIONS FOR WHICH RESPONDENT ANSWERED 'YES' IN Q18a</b>  Neighbors / family / friends.....1 Religious leaders.....2 Doctors/nurses/pharmacist/chemists/ health workers .....3 Community leaders (e.g. traditional leaders, local government councilors).....4 Equivalent of a traditional healer.....5 Scientists and epidemiologists.....6 Celebrities and social media influencers.....7 Other.....96	<b>19</b> Has anyone (else) in your household been vaccinated for COVID-19?  Yes.....1 No.....2 >> <b>Q21a</b>	<b>20a.</b> Who in your household has been vaccinated for COVID-19?  <b>SELECT ALL RELEVANT HOUSEHOLD MEMBERS, EXCLUDING THE RESPONDENT</b>  One.....1 Two.....2 More than two.....3  [HH ROSTER IDs]	<b>20b.</b> ASK FOR THOSE HH MEMBERS SELECTED IN Q20a:  How many shots of COVID-19 vaccine has [NAME] received?  Yes.....1 No.....2 Not sure.....3 Do not know.....4

20c.	21a	21b.	22a.	22b.	23	24
<p>IF HH MEMBER SELECTED FOR INDIVIDUAL INTERVIEW NOT LISTED IN Q20a:</p> <p>Is [NAME] planning to be vaccinated?</p> <p>Yes.....1 No.....2 Not sure.....3 Do not know.....4</p>	<p>Who in your household <u>MAINLY</u> decides whether the adult household members will get vaccinated for COVID-19?</p> <p>Each adult for themselves..1 &gt;&gt;Q22a All adults together.....2 &gt;&gt;Q22a Household head.....3 &gt;&gt;Q22a Other household member (specify).....4</p>	<p><b>IF Q21a = 4: RECORD HH ROSTER ID OF HH MEMBER WHO MAINLY DECIDES</b></p>	<p>Out of 10 people in your community, how many do you think would get vaccinated against COVID-19 if offered the vaccine right now?</p> <p><b>ENCOURAGE RESPONDENT TO GIVE THEIR SUBJECTIVE GUESS BUT RECORD 99 IF THEY REFUSE TO</b></p>	<p>Out of 10 people in your community, how many do you think are already vaccinated against COVID-19?</p> <p><b>ENCOURAGE RESPONDENT TO GIVE THEIR SUBJECTIVE GUESS BUT RECORD 99 IF THEY REFUSE TO</b></p> <p>IF FILTER 1 == 1 &gt;&gt; NEXT SECTION</p>	<p>Do you think that COVID-19 vaccines should be mandatory if they are available to everyone?</p> <p>Yes.....1 &gt;&gt; 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 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>
25	26					
<p>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)?</p> <p><b>READ OUT ANSWER OPTIONS</b></p> <p>Very worried.....1 Somewhat worried.....2</p>	<p>How much of a threat would you say the corona virus outbreak is to your household's finances?</p> <p><b>READ OUT ANSWER OPTIONS</b></p> <p>A substantial threat.....1 A moderate threat.....2 Not much of a threat..3 Not a threat at all.....4</p>					



## Section 11 Food Prices

FOOD ITEM	I T E M  C O D E	1.	2.		3.	4.
		Is [ITEM] available for sale in your community or nearby at the present time?	LIST THE MOST COMMON UNIT/SIZE COMBOS FOR EACH ITEM		What is the current price for UNIT/SIZE for [ITEM]?	What was the price for UNIT/SIZE for [ITEM] 30 days ago?
		YES...1 NO.....2(► NEXT ITEM)	SEE UNIT & SIZE	CODES		
			UNIT	SIZE	LCU	LCU
ITEM						
Maize	10					
Rice	11					
Cassava	12					
Irish potatoes	13					
Sweet potatoes	14					
Maize flour	15					
Cassava flour	16					

## Section 10. SHOCKS/COPING

I'D LIKE TO ASK YOU ABOUT EVENTS THAT MAY HAVE AFFECTED YOUR HOUSEHOLD SINCE MID MARCH 2020

S10Q1		S10Q3
S H O C K  C O D E	Since Early March 2022, has your household been affected by....?	How did your household cope with the [shock]?
	READ OUT RESPONSES	
		DO NOT READ OPTIONS
		SEE CODES. SELECT ALL THAT APPLY
	YES...1	
	NO...2 (► NEXT SHOCK)	
1	Job loss	
2	Nonfarm business closure	
3	Theft/looting of cash and other property	
4	Disruption of farming, livestock, fishing activities	
5	Increase in price of farming/business inputs	
6	Fall in the price of farming/business output	
7	Lack of availability of farming/business inputs	
8	Increase in price of major food items consumed	
9	Illness, injury, or death of income earning member of household	
10	Death of Any Other HH member due to COVID-19	
95	Other (specify)	

### CODES FOR Q2.

SALE OF ASSETS (AG AND NO-AG) .....1

ENGAGED IN ADDITIONAL INCOME GENERATING ACTIVITIES...2

RECEIVED ASSISTANCE FROM FRIENDS & FAMILY .....3

BORROWED FROM FRIENDS & FAMILY .....4

TOOK A LOAN FROM A FINANCIAL INSTITUTION.....5

CREDITED PURCHASES .....6

DELAYED PAYMENT OBLIGATIONS .....7

SOLD HARVEST IN ADVANCE .....8

REDUCED FOOD CONSUMPTION .....9

REDUCED NON-FOOD CONSUMPTION .....10

RELIED ON SAVINGS .....11

RECEIVED ASSISTANCE FROM NGO .....12

TOOK ADVANCED PAYMENT FROM EMPLOYER .....13

RECEIVED ASSISTANCE FROM GOVERNMENT .....14

WAS COVERED BY INSURANCE POLICY .....15

DID NOTHING .....16

OTHER (SPECIFY) .....95

## 1B. Interview Information - Randomly Selected Respondent

**NOTE:** This module and subsequent modules will only be available if MAIN RESPONDENT is different from RANDOMLY SELECTED RESPONDENT

ASK QUESTIONS Q0-Q7 TO THE MAIN RESPONDENT	CV1_START_TIME			CVQ0.	CVQ1	CVQ2	CVQ3	CVQ4
	START TIME	<b>INTERVIEWER CONFIRM THAT ALL QUESTIONS HAVE BEEN ANSWERED.</b>	<b>INTERVIEWER: READ THE FOLLOWING TO THE MAIN RESPONDENT:</b>	Is [NAME] available for interviews now?	Can I call [NAME] later at a time that works better for him/her? It is really important for us to speak to [NAME].	On what day?	What time?	Does [NAME] own a phone?
	INTERVIEWER: ENTER CURRENT TIME	<b>READ OUT:</b> Thank you very much for answering all questions and helping us to understand the impact of and responses to COVID-19 on the people of Malawi and worldwide. This is really important.  I will transfer you the 1000 Malawi Kacha credit after this call. If you have any question about the survey you can call +265 882 16 87 11.	However, I would like to have further interviews with [NAME] who has been randomly selected amongst the members of your household.	YES.....1 >> Q4 NO.....2	YES.....1 NO.....2 >> <b>END OF INTERVIEW</b>	MONDAY.....1 TUESDAY.....2 WEDNESDAY...3 THURSDAY....4 FRIDAY.....5 SATURDAY....6 SUNDAY.....7	>> <b>NEXT ATTEMPT</b>	YES.....1 >> Q6 NO.....2

CVQ5	CVQ6	CVQ7
<p>INTERVIEWER: Could you please pass your phone to [NAME]?</p> <p>YES.....1 &gt;&gt; Q8 NO, USE HIS/HER NUMBER.....2 NO, CALL ON A DIFFERENT NUMBER.....3 &gt;&gt; Q7</p>	<p>What is the phone number of [NAME]?</p> <p><b>ENTER PHONE NUMBER 09... OR 08...</b></p> <p>&gt;&gt; Q8</p>	<p>Which phone number should we use?</p> <p><b>ENTER PHONE NUMBER 09... OR 08...</b></p>

START INTERVIEWS WITH THE RANDOMLY SELECTED RESPONDENT	CVQ8		CVQ9	CVQ10	CVQ11	CVQ12	CV1_END_TIME
	Am I talking to [NAME]?	<b>INTERVIEWER READ TO THE RESPONDENT:</b> Hello, my name is [INTERVIEWER NAME] and I work for the National Statistics Office (NSO). The NSO is carrying out a High Frequency Phone Surveys in Malawi. The purpose of this study is to examine the impact of and responses to the coronavirus in the country.  At first, I had an interview with [MAIN RESPONDENT] and now I would like to collect further information from you. The interview can take about 15 to 20 minutes.  Do you agree to be interviewed?	INTERVIEWER: DOES THE RESPONDENT AGREE TO BE INTERVIEWED?   YES.....1 >> <b>NEXT SECTION</b> NO, NOT NOW.....2 NO, REFUSED.....3	Can I call you back later at a time that works better for you? It is really important for us to speak to you.   YES.....1 NO.....2 >> <b>INTERVIEW RESULT</b>	On what day?	What time?	SECTION CV END TIME
	YES.....1 NO.....2 >> <b>END OF INTERVIEW</b>					>> <b>NEXT ATTEMPT</b>	INTERVIEWER: ENTER CURRENT TIME

**Section 5h. Access to Health Services (RANDOMLY SELECTED ADULT HOUSEHOLD MEMBER, SELF-REPORTED)**

**INTERVIEWER:** THE RESPONDENT TO THIS MODULE IS ANY RANDOMLY SELECTED HOUSEHOLD MEMBER AGED 15 YEARS OR OVER. THE MODULE IS ENABLED FOR THE RANDOMLY SELECTED RESPONDENT ONLY IF HE/SHE

**INTERVIEWER:** I would like to ask you some questions relating to your access to health services

RANDOMLY SELECTED HOUSEHOLD MEMBER ROSTER ID NUMBER	1. Are you currently covered by any health insurance?  YES..1 NO..2 >> Q3	2. Who pays for your health insurance (partially or fully)?  <b>READ OUT ALL OPTIONS</b>  <b>SELECT ALL THAT APPLY</b>  Employer - Government.....1 Employer - Non-Government Organization..2 Employer - Private business/company....3 Community .....4 Private (individually acquired).....5 Other (Specify).....96	3. Did you need any health services (treatment or consultation) <b>in the past 4 weeks</b> whether there was an illness or not?     YES ....1 NO ....2 >> <b>NEXT SECTION</b>	4. What type of service(s) or care did you need?  <b>READ OUT ALL OPTIONS</b>  <b>SELECT ALL THAT APPLY</b>  COVID 19 related service (screening/diagnostic test, vaccination, treatment).....1 Family planning services.....2 Vaccination services (non-COVID).....3 Maternal health / pregnancy care.....4 Non-COVID outpatient health care for HH member.....5 Emergency inpatient care (non-COVID).....7 Other health services (e.g Purchase, repair, rental/maintenance of (glasses for vision; hearing aids; crutches & wheelchairs, face masks) and all other assistive health products ....8 Other (Specify).....96

IF IS DIFFERENT THAN MAIN PHONE SURVEY RESPONDENT.

SERVICE ID NUMBER	5. Were you able to get [SERVICE] in the past 4 weeks?  ASK THE QUESTION FOR EACH DIFFERENT SERVICE MARKED "YES" IN Q4  YES ...1 >> Q7 NO ....2	6. What was the main reason you were not able to get [SERVICE] in the past 4 weeks?  ASK THE QUESTION FOR EACH SERVICE MARKED "YES" IN Q4  DO NOT READ OUT OPTIONS  LACK OF MONEY .....1 NO MEDICAL PERSONNEL AVAILABLE.....2 TURNED AWAY BECAUSE FACILITY WAS FULL .....3 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  >> NEXT SECTION	7. Where did you receive [SERVICE]?  ASK THE QUESTION FOR EACH SERVICE MARKED "YES" IN Q5  HOSPITAL.....1 CLINIC/HEALTH POST.....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	8. Did you pay any out-of-pocket fees to use this [SERVICE] in the past 4 weeks?  ASK THE QUESTION FOR EACH SERVICE MARKED "YES" IN Q5  YES.1 NO..2 >> Q10	9. How much did you pay out-of-pocket expenses for the [SERVICE] received in the past 4 weeks?  ASK THE QUESTION FOR EACH SERVICE MARKED "YES" IN Q5  RECORD -9999 IF DON'T KNOW								
					Examination /Medical visits	Drugs Prescription drugs or drugs recommended by a health professional		Non-prescription drugs obtained over-the-counter (without health professional recommendation)		Transportation Emergency (ambulance)		Non-emergency	Other expenses (Specify)





### Section 9. COVID-19 Vaccine - Randomly Selected Individual

<b>FILTER 1</b>	<b>1</b>	<b>2</b>		<b>3</b>	<b>4a.</b>
<b>PRELOAD: IS RANDOMLY SELECTED RESPONDENT SAME AS MAIN RESPONDENT FOR FULL VACCINE MODULE?</b>  YES...1 >> end of module NO...2 >> <b>Q1</b>	Have you been vaccinated for COVID-19?  Yes.....1 No ..... 2 >> <b>Q7</b>	When did you receive the first shot of your COVID-19 vaccine?		How many shots have you received?  One.....1 Two.....2 More than two.....3	Did you receive any proof of vaccination when you were vaccinated against COVID-19?  Yes, I have a vaccination certificate.....1 >> <b>Q5</b> Yes, other proof.....2 Yes, but I lost it.....3 >> <b>Q5</b> No.....4 >> <b>Q4c</b>
		MONTH	YEAR		

4b.	4c.	4d.	5	6	7
<p>IF Q4a==2: SPECIFY OTHER PROOF RECEIVED</p> <p><b>&gt;&gt;Q5</b></p>	<p>Why did you not receive any proof of vaccination?</p> <p>I was not asked to provide any personal details (e.g. name, ID number, existing vaccine certificate) to receive the COVID-19 vaccine.....1 &gt;&gt;<b>Q5</b></p> <p>I was told that I could not receive proof of vaccination.....2 &gt;&gt;<b>Q5</b></p> <p>Other (specify).....3</p>	<p>IF Q4c==3: SPECIFY OTHER REASON</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>What are your main reasons for getting vaccinated for COVID-19 apart from protecting your health?</p> <p><b>RECORD UP TO TWO REASONS</b></p> <p><b>DO NOT READ OPTIONS</b></p>	<p>How likely are you to encourage others to get the COVID-19 vaccine?</p> <p><b>READ OPTIONS</b></p> <p>Very likely.....1</p> <p>Somewhat likely.....2</p> <p>Neither likely nor unlikely.....3</p> <p>Somewhat unlikely..4</p> <p>&gt;&gt;<b>Q12</b></p>	<p>Are you planning to be vaccinated for COVID-19?</p> <p>YES.....1 &gt;&gt; <b>Q9</b></p> <p>NO.....2 &gt;&gt; <b>Q12</b></p> <p>NOT SURE.....3 &gt;&gt; <b>Q12</b></p>

8	9	10	11	12
When a vaccine to protect you from COVID-19 is available to you, are you planning to be vaccinated?	What are the main reasons why you want to get vaccinated for COVID-19 apart from protecting your health?	How important is getting vaccinated as soon as possible to you?	Why have you not received the COVID-19 vaccine yet?	Why are you not sure or not planning to be vaccinated?
YES.....1 NO.....2 >> Q12 NOT SURE.....3 >> Q12	<b>RECORD UP TO TWO REASONS</b>  <b>DO NOT READ THE OPTIONS</b>  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	<b>RECORD UP TO TWO REASONS</b>  <b>DO NOT READ THE OPTIONS</b>  INELIGIBLE FOR VACCINE IN CURRENT PHASE.....1 DO NOT KNOW HOW TO GET/REGISTER FOR VACCINE.....2 TOO CROWDED/LONG LINES AT VACCINATION CENTERS.....3 FACILITY INACCESSIBLE (FOR PEOPLE WITH DISABILITIES).....4 NO AFFORDABLE TRANSPORT .....5 NOT ENOUGH VACCINES.....6 NOT ABLE TO REGISTER/ COMPLICATIONS DURING REGISTRATION.....7 WORK COMMITMENTS.....8 DOMESTIC COMMITMENTS (CHILDCARE, TAKING CARE OF FAMILY MEMBER, ETC.).....9 RELIGIOUS REASONS.....10 MEDICAL REASONS.....11 WAITING FOR MY APPOINTMENT.....12 AFRAID OF THE SIDE EFFECTS.....13 IT IS NOT A PRIORITY.....14 VACCINE IS NOT AVAILABLE IN OR NEAR MY COMMUNITY.....15 OTHER (SPECIFY) .....96  >> Q14a	<b>DO NOT READ THE OPTIONS</b>  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 IN MY COMMUNITY.....13 MEDICAL REASONS.....14 OTHER (SPECIFY) .....96

13a.	13b.	14a.	14b.
Would you be more likely to receive the COVID-19 vaccine if any of the following individuals/authorities receive or recommend the vaccine?	Whose recommendation to get vaccinated for COVID-19 would you trust the most?	Who in your household <u>MAINLY</u> decides whether the adult household members will get vaccinated for COVID-19?	IF Q14a = 4: RECORD HH ROSTER ID OF HH MEMBER WHO MAINLY DECIDES
<b>READ OPTIONS AND PROVIDE YES/NO FOR EACH</b>  Neighbors / family / friends.....1 Religious leaders.....2 Doctors/nurses/pharmacist/chemists/health workers .....3 Community leaders (e.g. traditional leaders, local government councilors).....4 Equivalent of a traditional healer.....5 Scientists and epidemiologists.....6 Celebrities and social media influencers.....7 Other.....96	<b>ONLY THOSE OPTIONS FOR WHICH RESPONDENT ANSWERED 'YES' IN Q13a</b>  Neighbors / family / friends.....1 Religious leaders.....2 Doctors/nurses/pharmacist/chemists/health workers .....3 Community leaders (e.g. traditional leaders, local government councilors).....4 Equivalent of a traditional healer.....5 Scientists and epidemiologists.....6 Celebrities and social media influencers.....7 Other.....96	Each adult for themselves..1 >> end of module All adults together.....2 >> end of module Household head.....3 >> end of module Other household member (specify).....4	

<p><b>13a.</b></p> <p>Would you be more likely to receive the COVID-19 vaccine if any of the following individuals/authorities receive or recommend the vaccine?</p> <p><b>READ OPTIONS AND PROVIDE YES/NO FOR EACH</b></p> <p>Neighbors / family / friends.....1          Religious leaders.....2          Doctors/nurses/pharmacist/chemists/health workers .....3          Community leaders (e.g. traditional leaders, local government councilors).....4          Equivalent of a traditional healer.....5          Scientists and epidemiologists.....6          Celebrities and social media influencers.....7          Other.....96</p>	<p><b>13b.</b></p> <p>Whose recommendation to get vaccinated for COVID-19 would you trust the most?</p> <p><b>ONLY THOSE OPTIONS FOR WHICH RESPONDENT ANSWERED 'YES' IN Q13a</b></p> <p>Neighbors / family / friends.....1          Religious leaders.....2          Doctors/nurses/pharmacist/chemists/health workers .....3          Community leaders (e.g. traditional leaders, local government councilors).....4          Equivalent of a traditional healer.....5          Scientists and epidemiologists.....6          Celebrities and social media influencers.....7          Other.....96</p>	<p><b>14a.</b></p> <p>Who in your household <u>MAINLY</u> decides whether the adult household members will get vaccinated for COVID-19?</p> <p>Each adult for themselves..1 &gt;&gt; end of module          All adults together.....2 &gt;&gt; end of module          Household head.....3 &gt;&gt; end of module          Other household member (specify).....4</p>	<p><b>14b.</b></p> <p><b>IF Q14a = 4: RECORD HH ROSTER ID OF HH MEMBER WHO MAINLY DECIDES</b></p>

## 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 &gt;&gt; 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]