



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.

A01. DISTRICT:

--	--	--

CODE NAME

A02. TA, STA, or TOWN:

--	--

A03. ENUMERATION AREA:

--	--	--

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:

--	--

 A16. ENUMERATOR CODE:

--	--	--

A17.1. PREVIOUS ROUND SUPERVISOR CODE:

--	--

 A17. SUPERVISOR CODE:

--	--	--

A18.1. PREVIOUS ROUND DATE OF INTERVIEW:

--	--	--

DD MM YYYY A18. DATE OF INTERVIEW:

--	--	--

DD MM YYYY

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 NO, DON'T KNOW THE HOUSEHOLD.....1 >> NEXT ATTEMPT NO, CAN'T/WON'T CONNECT TO HOUSEHOLD.....2 >> NEXT ATTEMPT YES, PHONE NUMBER.....3 >> RECORD IN PHONE NUMBER ROSTER YES, VISIT HOUSEHOLD...4 >> Q11a</p>	<p>INTERVIEWER READ TO THE RESPONDENT: 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 >> Q10 NO, REFUSED...3 >> 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 NO, DIFFERENT RESPONDENT.....2 YES.....1 NO.....2 >> INTERVIEW RESULT</p>	<p>On what day?</p>	<p>What time?</p>

Section 2A. Household Roster Update

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.

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

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 >> Q3</p>	<p>Who pays for the health insurance (partially or fully) of the household members?</p> <p>READ OPTIONS</p> <p>SELECT ALL THAT APPLY</p> <p>Employer - Government.....1 Employer - Non-Government Organization..2 Employer - Private business/company....3 Community4 Private (individually acquired).....5 Other (Specify).....96</p>	<p>Have you or any member of your household needed any health services (treatment or consultation) in the past 4 weeks whether there was illness or not?</p> <p>YES1 NO2 >> NEXT SECTION</p>	<p>What type of service(s) or care did you or any member of your household need?</p> <p>READ ALL OPTIONS/DO NOT READ OPTIONS</p> <p>SELECT ALL THAT APPLY</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.
<p>Who in the household needed the service? [LIST HOUSEHOLD MEMBER IDs FROM THE ROSTER FOR EACH SERVICE]</p>			<p>Were you or the member of your household able to get [SERVICE] in the past 4 weeks?</p> <p>ASK THE QUESTION FOR EACH DIFFERENT SERVICE MARKED "YES" IN Q4</p> <p>YES ...1 >> Q7 NO2</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 "YES" IN Q4</p> <p>DO NOT READ OUT OPTIONS</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>Where was [SERVICE] received?</p> <p>ASK THE QUESTION FOR EACH SERVICE MARKED "YES" IN Q4</p> <p>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 HOME9 OTHER (SPECIFY)...96</p>
Member ID	Member ID	Member ID			

Section 5f. Access to Health Services

<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>	<p>9.</p> <p>How much did your household pay out-of-pocket for [ITEM] for the [SERVICE] received in the past 4 weeks?</p> <p>ASK THE QUESTION FOR EACH SERVICE MARKED "YES" IN Q4</p> <p>RECORD -9999 IF DON'T KNOW</p>						<p>10.</p> <p>How satisfied were you with this [SERVICE] received?</p> <p>ASK THE QUESTION FOR EACH SERVICE MARKED "YES" IN Q5</p> <p>Very satisfied.....1 Satisfied.....2 Unsatisfied.....3 Very unsatisfied.....4 DON'T KNOW.....5</p>
	<p>Examination /Medical visits</p>	<p>Prescription drugs or drugs recommended by a health professional</p>	<p>Non-prescription drugs obtained over-the-counter (without health professional recommendation)</p>	<p>Emergency (ambulance)</p>	<p>Non-emergency Transport</p>	<p>Other expenses (Specify)</p>	

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 M

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 Community4 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? YES1 NO2 >> 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 text, 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
			X		X	
			X		X	
			X		X	
			X		X	
			X		X	
			X		X	
			X		X	
			X		X	
			X		X	

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 >> 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 >> Q4 Not vaccinated...2 >> 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 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 >> 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 >> Q5e Yes, other proof.....2 Yes, but I lost it.....3 >>Q5e No.....4 >>Q5c</p>	<p>IF Q6a==2: SPECIFY OTHER PROOF RECEIVED</p> <p>>>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 & Q5c != 3 >> Q5e</p>

5d.	5e.	5f.	6a.	6b.	7
<p>IF Q5c==3: SPECIFY OTHER REASON</p> <p>IF FILTER 2 == 1 >> Q7</p>	<p>IF Q4==1: What type of vaccine did you receive?</p> <p>EACH COUNTRY CAN CHOOSE TYPES OF VACCINES AS APPLICABLE</p> <p>DO NOT READ OPTIONS</p> <p>Pfizer.....1 Moderna.....2 AstraZeneca.....3 Sinovac.....4 Sputnik.....5 Johnson&Johnson.....6 Covid Shield7 Other (specify).....96 Don't know.....99</p> <p>>>Q6a</p>	<p>IF Q4==2or Q4 ==3: What type of vaccine did you receive?</p> <p>SELECT ALL THAT APPLY</p> <p>DO NOT READ OPTIONS</p> <p>Pfizer.....1 Moderna.....2 AstraZeneca.....3 Sinovac.....4 Sputnik.....5 Johnson&Johnson.....6 Covid Shield7 Other (specify).....96 Don't know.....99</p> <p>>>Q6b</p>	<p>Where did you get vaccinated?</p> <p>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</p> <p>>>Q7</p>	<p>Where did you get vaccinated?</p> <p>SELECT ALL THAT APPLY</p> <p>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</p>	<p>Will you need another shot of the COVID-19 vaccine?</p> <p>Yes.....1 No.....2 Do not know.....3</p> <p>IF FILTER 2 ==2 & Q7! =1 >> Q9</p> <p>IF FILTER 2 ==1 & Q7! =1 >> Q19</p>

8	9	10	11	12	13
<p>Are you planning on getting another shot?</p> <p>Yes.....1 No.....2 Do not know...3</p> <p>IF FILTER 2 ==1 >> Q19</p>	<p>What are your main reasons for getting vaccinated for COVID-19 apart from protecting your health?</p> <p>RECORD UP TO TWO REASONS</p> <p>DO NOT READ OPTIONS</p> <p>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</p>	<p>How likely are you to encourage others to get the COVID-19 vaccine?</p> <p>READ OPTIONS</p> <p>Very likely.....1 Somewhat likely.....2 Neither likely nor unlikely.....3 Somewhat unlikely...4 Very unlikely.....5</p> <p>>> Q19</p>	<p>Are you planning to be vaccinated for COVID-19?</p> <p>YES.....1 >> Q13 NO.....2 >> Q17 NOT SURE.....3 >> Q17</p>	<p>When a vaccine to protect you from COVID-19 is available to you, are you planning to be vaccinated?</p> <p>YES.....1 NO.....2 >> Q17 NOT SURE.....3 >> Q17</p>	<p>What are the main reasons why you want to get vaccinated for COVID-19 apart from protecting your health?</p> <p>RECORD UP TO TWO REASONS</p> <p>DO NOT READ THE OPTIONS</p> <p>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</p>

<p>14</p> <p>How likely are you to encourage others to get the COVID-19 vaccine?</p> <p>Very likely.....1 Somewhat likely.....2 Neither likely nor unlikely3 Somewhat unlikely4 Very unlikely.....5</p>	<p>15</p> <p>How important is getting vaccinated as soon as possible to you?</p> <p>Very important.....1 Somewhat important....2 Neither important nor unimportant 3 Not very important.....4 Not important at all.....5</p>	<p>16</p> <p>Why have you not received the COVID-19 vaccine yet?</p> <p>RECORD UP TO TWO REASONS</p> <p>DO NOT READ THE OPTIONS</p> <p>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 TRANSPORT5 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</p> <p>>> Q19</p>	<p>17a</p> <p>Why are you not sure or not planning to be vaccinated?</p> <p>DO NOT READ THE OPTIONS</p> <p>I DON'T THINK IT WILL WORK1 I AM WORRIED ABOUT THE SIDE EFFECTS2 I ALREADY HAD COVID-193 I AM NOT ENOUGH AT RISK OF CONTRACTING COVID-194 IN GENERAL, I DON'T TRUST VACCINES.....5 IT IS AGAINST MY RELIGION6 I AM WORRIED TO GET INFECTED WITH COVID-19 AT THE HEALTH FACILITY7 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 VACCINATED9 I DON'T THINK THE VACCINES AVAILABLE IN MY COUNTRY ARE EFFECTIVE10 I AM NOT SURE I WILL GET THE VACCINE I WANT11 IT'S NOT A PRIORITY12 COVID-19 DOES NOT EXIST IN MY COMMUNITY.....13 MEDICAL REASONS.....14 OTHER (SPECIFY)96</p>	<p>17b</p> <p>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?</p> <p>READ OPTIONS AND SELECT ALL THAT APPLY</p> <p>I am not familiar with different COVID-19 vaccines.....1 if YES: stop reading options and >> Q18a The vaccine manufacturer does not matter for my decision to get vaccinated.....2 if YES: stop reading options and >> Q18a Pfizer.....3 Moderna.....4 AstraZeneca.....5 Sinovac.....6 Sinopharm.....7 Sputnik.....8 Johnson&Johnson.....9 Covaxin.....10 Other (specify).....96</p>
---	--	---	---	--

<p>18a.</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>READ OPTIONS AND PROVIDE YES/NO FOR EACH</p> <p>Neighbors / family / friends.....1 Religious leaders.....2 Doctors/nurses/pharmacist/chemists/ health workers3 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>18b.</p> <p>Whose recommendation to get vaccinated for COVID-19 would you trust the most?</p> <p>ONLY THOSE OPTIONS FOR WHICH RESPONDENT ANSWERED 'YES' IN Q18a</p> <p>Neighbors / family / friends.....1 Religious leaders.....2 Doctors/nurses/pharmacist/chemists/ health workers3 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>19</p> <p>Has anyone (else) in your household been vaccinated for COVID-19?</p> <p>Yes.....1 No.....2 >> Q21a</p>	<p>20a.</p> <p>Who in your household has been vaccinated for COVID-19?</p> <p>SELECT ALL RELEVANT HOUSEHOLD MEMBERS, EXCLUDING THE RESPONDENT</p> <p>One.....1 Two.....2 More than two.....3</p> <p>[HH ROSTER IDs]</p>	<p>20b.</p> <p>ASK FOR THOSE HH MEMBERS SELECTED IN Q20a:</p> <p>How many shots of COVID-19 vaccine has [NAME] received?</p> <p>Yes.....1 No.....2 Not sure.....3 Do not know.....4</p>
--	---	--	--	---

<p>20c.</p> <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>21a</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 >>Q22a All adults together.....2 >>Q22a Household head.....3 >>Q22a Other household member (specify).....4</p>	<p>21b.</p> <p>IF Q21a = 4: RECORD HH ROSTER ID OF HH MEMBER WHO MAINLY DECIDES</p>	<p>22a.</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>ENCOURAGE RESPONDENT TO GIVE THEIR SUBJECTIVE GUESS BUT RECORD 99 IF THEY REFUSE TO</p>	<p>22b.</p> <p>Out of 10 people in your community, how many do you think are already vaccinated against COVID-19?</p> <p>ENCOURAGE RESPONDENT TO GIVE THEIR SUBJECTIVE GUESS BUT RECORD 99 IF THEY REFUSE TO</p> <p>IF FILTER 1 == 1 >> NEXT SECTION</p>	<p>23</p> <p>Do you think that COVID-19 vaccines should be mandatory if they are available to everyone?</p> <p>Yes.....1 >> NEXT SECTION No.....2</p>	<p>24</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 WORK1 I AM WORRIED ABOUT THE SIDE EFFECTS.....2 IN GENERAL, I DON'T TRUST VACCINES.....3 RELIGIOUS REASONS4 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>
--	--	--	--	---	---	---

<p>25</p> <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>READ OUT ANSWER OPTIONS</p> <p>Very worried.....1 Somewhat worried.....2</p>	<p>26</p> <p>How much of a threat would you say the corona virus outbreak is to your household's finances?</p> <p>READ OUT ANSWER OPTIONS</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? YES...1 NO.....2(▶ NEXT ITEM)	LIST THE MOST COMMON UNIT/SIZE COMBOS FOR EACH ITEM SEE UNIT & SIZE CODES		What is the current price for UNIT/SIZE for [ITEM]?	What was the price for UNIT/SIZE for [ITEM] 30 days ago?
			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

S H O C K C O D E	S10Q1	S10Q3
	Since Early March 2022, has your household been affected by....? READ OUT RESPONSES YES...1 NO...2 (▶ NEXT SHOCK)	How did your household cope with the [shock]? DO NOT READ OPTIONS SEE CODES. SELECT ALL THAT APPLY
	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

START INTERVIEWS WITH THE RANDOMLY SELECTED RESPONDENT	CVQ8		CVQ9	CVQ10	CVQ11	CVQ12	CV1_END_TIME
	Am I talking to [NAME]?	INTERVIEWER READ TO THE RESPONDENT: 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 >> NEXT SECTION 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 >> INTERVIEW RESULT	On what day?	What time? >> NEXT ATTEMPT	SECTION CV END TIME INTERVIEWER: ENTER CURRENT TIME
	YES.....1 NO.....2 >> END OF INTERVIEW						

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.	2.	3.	4.
	Are you currently covered by any health insurance? YES..1 NO..2 >> Q3	Who pays for your health insurance (partially or fully)? READ OUT ALL OPTIONS SELECT ALL THAT APPLY Employer - Government.....1 Employer - Non-Government Organization..2 Employer - Private business/company.....3 Community4 Private (individually acquired).....5 Other (Specify).....96	Did you need any health services (treatment or consultation) in the past 4 weeks whether there was an illness or not? YES1 NO2 >> NEXT SECTION	What type of service(s) or care did you 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 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.	6.	7.	8.	9.				
	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	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 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 >> NEXT SECTION	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 HOME9 OTHER (SPECIFY)...96	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	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		Transportation	
					Prescription drugs or drugs recommended by a health professional	Non-prescription drugs obtained over-the-counter (without health professional recommendation)	Emergency (ambulance)	Non-emergency	

<p>10. During the visit for [SERVICE], the provider treated you with courtesy and respect.</p> <p>STRONGLY DISAGREE..1 DISAGREE.....2 AGREE3 STRONGLY AGREE.....4</p>	<p>11. During the visit for [SERVICE], the provider listened to you carefully.</p> <p>STRONGLY DISAGREE..1 DISAGREE.....2 AGREE3 STRONGLY AGREE.....4</p>	<p>12. During the visit for [SERVICE], the provider explained things in a way you could understand.</p> <p>STRONGLY DISAGREE..1 DISAGREE.....2 AGREE3 STRONGLY AGREE.....4</p>	<p>13. You waited for an acceptable amount of time before seeing a provider for [SERVICE].</p> <p>STRONGLY DISAGREE..1 DISAGREE.....2 AGREE3 STRONGLY AGREE.....4</p>	<p>14. Did you receive all needed drugs and tests during the visit for [SERVICE]?</p> <p>YES...1 NO....2</p>	<p>15. Overall, taking everything into account, how would you rate your experience at the facility during the visit for [SERVICE]?</p> <p>VERY BAD.....1 BAD.....2 GOOD3 VERY GOOD....4</p>	<p>16. In your opinion, what is the most important part of the experience of getting care at the facility that should be improved? (Select 1)</p> <p>HOURS OF OPERATION.....1 WAITING TIME.....2 INFRASTRUCTURE AND AMENITIES.....3 COMMUNICATION WITH PATIENTS.....4 COURTESY AND RESPECT SHOWN TO PATIENTS.....5 AMOUNT OF TIME SPENT WITH PATIENTS.....6 AVAILABILITY OF FEMALE STAFF.....7 AVAILABILITY OF MALE STAFF.....8 AVAILABILITY OF DRUGS, TESTS, SUPPLIES AND EQUIPMENT9 ABILITY TO PROVIDE CARE ACCORDING TO BEST CLINICAL PRACTICE10 PRIVACY.....11 SAFETY.....12 COST.....13 OTHER (SPECIFY).....14</p>	<p>NEXT : INDIVIDUAL-LEVEL VACCINATION MODULE TO BE ANSWERED BY THE RANDOMLY SELECTED HOUSEHOLD MEMBER</p>

Section 9. COVID-19 Vaccine - Randomly Selected Individual

FILTER 1	1	2		3	4a.
<p>PRELOAD: IS RANDOMLY SELECTED RESPONDENT SAME AS MAIN RESPONDENT FOR FULL VACCINE MODULE?</p> <p>YES...1 >> end of module NO...2 >> Q1</p>	<p>Have you been vaccinated for COVID-19?</p> <p>Yes.....1 No 2 >> Q7</p>	<p>When did you receive the first shot of your COVID-19 vaccine?</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 >> Q5 Yes, other proof.....2 Yes, but I lost it.....3 >> Q5 No.....4 >> Q4c</p>
		<p>MONTH</p>	<p>YEAR</p>		

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

<p>8</p> <p>When a vaccine to protect you from COVID-19 is available to you, are you planning to be vaccinated?</p> <p>YES.....1 NO.....2 >> Q12 NOT SURE.....3 >> Q12</p>	<p>9</p> <p>What are the main reasons why you want to get vaccinated for COVID-19 apart from protecting your health?</p> <p>RECORD UP TO TWO REASONS</p> <p>DO NOT READ THE OPTIONS</p> <p>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</p>	<p>10</p> <p>How important is getting vaccinated as soon as possible to you?</p> <p>Very likely.....1 Somewhat likely.....2 Neither likely nor unlikely3 Somewhat unlikely4 Very unlikely.....5</p>	<p>11</p> <p>Why have you not received the COVID-19 vaccine yet?</p> <p>RECORD UP TO TWO REASONS</p> <p>DO NOT READ THE OPTIONS</p> <p>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 TRANSPORT5 NOT ENOUGH VACCINES.....6 NOT ABLE TO REGISTER/ COMPLICATIONS DURING REGISTRATION.....7 WORK COMMITMENTS8 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</p> <p>>> Q14a</p>	<p>12</p> <p>Why are you not sure or not planning to be vaccinated?</p> <p>DO NOT READ THE OPTIONS</p> <p>I DON'T THINK IT WILL WORK1 I AM WORRIED ABOUT THE SIDE EFFECTS.....2 I ALREADY HAD COVID-193 I AM NOT ENOUGH AT RISK OF CONTRACTING COVID-194 IN GENERAL, I DON'T TRUST VACCINES.....5 IT IS AGAINST MY RELIGION6 I AM WORRIED TO GET INFECTED WITH COVID-19 AT THE HEALTH FACILITY7 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 VACCINATED9 I DON'T THINK THE VACCINES AVAILABLE IN MY COUNTRY ARE EFFECTIVE10 I AM NOT SURE I WILL GET THE VACCINE I WANT11 IT'S NOT A PRIORITY.....12 COVID-19 DOES NOT EXIST IN MY COMMUNITY.....13 MEDICAL REASONS.....14 OTHER (SPECIFY)96</p>
--	---	---	---	--

<p>13a.</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>READ OPTIONS AND PROVIDE YES/NO FOR EACH</p> <p>Neighbors / family / friends.....1 Religious leaders.....2 Doctors/nurses/pharmacist/chemists/ health workers3 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>13b.</p> <p>Whose recommendation to get vaccinated for COVID-19 would you trust the most?</p> <p>ONLY THOSE OPTIONS FOR WHICH RESPONDENT ANSWERED 'YES' IN Q13a</p> <p>Neighbors / family / friends.....1 Religious leaders.....2 Doctors/nurses/pharmacist/chemists/ health workers3 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>14a.</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 >> end of module All adults together.....2 >> end of module Household head.....3 >> end of module Other household member (specify).....4</p>	<p>14b.</p> <p>IF Q14a = 4: RECORD HH ROSTER ID OF HH MEMBER WHO MAINLY DECIDES</p>
---	--	--	--

<p>13a.</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>READ OPTIONS AND PROVIDE YES/NO FOR EACH</p> <p>Neighbors / family / friends.....1 Religious leaders.....2 Doctors/nurses/pharmacist/chemists/ health workers3 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>13b.</p> <p>Whose recommendation to get vaccinated for COVID-19 would you trust the most?</p> <p>ONLY THOSE OPTIONS FOR WHICH RESPONDENT ANSWERED 'YES' IN Q13a</p> <p>Neighbors / family / friends.....1 Religious leaders.....2 Doctors/nurses/pharmacist/chemists/ health workers3 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>14a.</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 >> end of module All adults together.....2 >> end of module Household head.....3 >> end of module Other household member (specify).....4</p>	<p>14b.</p> <p>IF Q14a = 4: RECORD HH ROSTER ID OF HH MEMBER WHO MAINLY DECIDES</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 >> 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		

