



Malawi Government
National Statistical Office

MALAWI - HIGH FREQUENCY PHONE SURVEY

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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: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| 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"/> |
| A18_1. PREVIOUS ROUND DATE OF INTERVIEW: | <input type="text"/> <input type="text"/> <input type="text"/> | A17. SUPERVISOR CODE: | <input type="text"/> <input type="text"/> <input type="text"/> |
| | DD MM YYYY | A18. DATE OF INTERVIEW: | <input type="text"/> <input type="text"/> <input type="text"/> |
| | | | DD MM YYYY |

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 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 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 |
|----------------------------|---|--|---|---|--|--|
| | | | X | | X | |
| | | | X | | X | |
| | | | X | | X | |
| | | | X | | X | |
| | | | X | | X | |
| | | | X | | X | |
| | | | X | | X | |
| | | | X | | X | |
| | | | X | | X | |
| | | | X | | X | |

| QUESTIONS 10-14 WILL BE ENABLED ONLY FOR SERVICES RECEIVED BY MAIN PHONE SURVEY RESPONDENT | 10. During the visit for [SERVICE], the provider treated you with courtesy and respect. | 11. During the visit for [SERVICE], the provider listened to you carefully. | 12. During the visit for [SERVICE], the provider explained things in a way you could understand. | 13. You waited for an acceptable amount of time before seeing a provider for [SERVICE]. | 14. Did you receive all needed drugs and tests during the visit for [SERVICE]? | QUESTION 15 WILL BE ASKED OF ALL INDIVIDUALS, REGARDING ALL SERVICES RECEIVED | 15. Overall, taking everything into account, how would you rate [NAME]'S experience at the facility during the visit for [SERVICE]? | QUESTION 16 WILL BE ENABLED ONLY FOR SERVICES RECEIVED BY MAIN PHONE SURVEY RESPONDENT | 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) | MARK RANDOMLY SELECTED HOUSEHOLD MEMBER 15 YEARS AND ABOVE |
|--|--|--|---|--|---|---|--|--|--|--|
| X | STRONGLY DISAGREE...1 DISAGREE.....2 AGREE.....3 STRONGLY AGREE.....4 | STRONGLY DISAGREE..1 DISAGREE.....2 AGREE.....3 STRONGLY AGREE.....4 | STRONGLY DISAGREE..1 DISAGREE.....2 AGREE.....3 STRONGLY AGREE.....4 | STRONGLY DISAGREE..1 DISAGREE.....2 AGREE.....3 STRONGLY AGREE.....4 | YES...1 NO....2 | X | VERY BAD....1 BAD.....2 GOOD.....3 VERY GOOD....4 | X | 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 | X |
| X | | | | | | X | | X | | X |
| X | | | | | | X | | X | | X |
| X | | | | | | X | | X | | X |
| X | | | | | | X | | X | | X |
| X | | | | | | X | | X | | X |
| X | | | | | | X | | X | | X |
| X | | | | | | X | | X | | X |
| X | | | | | | X | | X | | X |

Section 6. Employment

| | | STATUS IN EMPLOYMENT | | JOB SEARCH |
|---|--|--|--|--|
| 1. | 1a. | 1b. | 1c. | 3a. |
| <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 >> Q3a</p> | <p>When do you expect to return to this work/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</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 LAID OFF BY EMPLOYER TEMPORARILY/LEAVE OF ABSENCE (FURLOUGHED)4 VACATION5 ILL / QUARANTINED6 MATERNITY LEAVE.....18 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>>> Q5a</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 >> FILTER</p> |
| | | | | |

Section 6. Employment

| ACTUAL JOB | | |
|--|--|---|
| 3b. | 5a. | 5b. |
| <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 style="text-align: center;">>> FILTER</p> | <p>Please provide a description of the primary activity/tasks you performed in your main work/job last week. The main work/job is the one where you work the highest number of hours.</p> <p>(IF Q1A=1) Please provide a description of the primary activity/tasks you perform in the main work/job which you were absent from last week but are planning to go back to. The main work/job is the one where you work the highest number of hours.</p> <p>PLEASE WRITE A SHORT DESCRIPTION OF THE PRIMARY ACTIVITY</p> | <p>INTERVIEWER: WHICH OF THE FOLLOWING BEST DESCRIBES THE SECTOR OF THE BUSINESS OR ORGANIZATION FOR WHICH [NAME] WORKED LAST WEEK?</p> <p>DO NOT READ OPTIONS</p> <p>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</p> |
| | <p>YES..1 >> Q6 NO..2</p> | |
| | | |

Section 6. Employment

| 6. | 6a. | 8b1. |
|---|--|---|
| <p>In the work/job you did <u>last week</u>, did you work....</p> <p>(IF Q1A=1) In the work/job that you were absent from last week but is planning to return to, do you work....</p> <p>READ OPTIONS</p> <p>In 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 a private company or another individual (not household member).....4 >> Q8b1 As an employee for the government..5 >> Q8b1</p> | <p>Thinking about all the family [farming products/animals/fish] you worked on, are they intended...</p> <p>READ OPTIONS</p> <p>Only for sale.....1 Only for family consumption2 Some will be sold, some will be consumed by the family3</p> <p>IF Q1A=1 >> FILTER</p> | <p>How many hours did you work last week doing [PRIMARY ACTIVITY]?</p> <p>>> FILTER</p> |
| | | HOURS |

Section 4B. Patient Health Questionnaire

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

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

Section 8. FOOD INSECURITY EXPERIENCE SCALE

Section 8. FOOD INSECURITY EXPERIENCE SCALE

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

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

Section 10. SHOCKS/COPING

I'D LIKE TO ASK YOU ABOUT EVENTS THAT MAY HAVE AFFECTED YOUR HOUSEHOLD SINCE MAY 2022

| S10Q1 | | S10Q3 |
|---|---|---|
| S H O C K C O D E | Has your household been affected by.... Since May 2022? READ OUT RESPONSES | How did your household cope with the [shock]? 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 | | |
| 96 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) | 96 |

Section 13. Agriculture

Section 13. Agriculture

| | | | | | | | |
|--|---|---|---|--|------|--|------|
| <p>1</p> <p>Since the beginning of the agricultural season 2022, have you or any member of your household grown crops?</p> <p>YES1 >>Q8 NO, MY HOUSEHOLD HAS A FARM BUT DID NOT WORK2 NO, MY HOUSEHOLD DOESN'T HAVE A FARM3 >> NEXT SECTION</p> | <p>4 - PREFILLED</p> <p>What is the main crop you have planted this agricultural season?</p> <p>SEE CROP CODES</p> | <p>8</p> <p>Based on how your farm activities went was your output of [MAIN CROP]...</p> <p>Exceptionally good / much better than normal.....1 Good / better than normal....2 Average / normal.....3 Not good, less than normal.....4 Very bad, much less than normal.....5</p> | <p>8_1</p> <p>Have you completed the harvest of the [MAIN CROP]?</p> <p>YES.1 NO..2 >> Q9_1</p> | <p>9</p> <p>How much [MAIN CROP] did you harvest this [REFERENCE SEASON]</p> <p>>> Q10</p> | | <p>9_1</p> <p>How much [MAIN CROP] do you expect harvest this [REFERENCE SEASON]</p> | |
| | | | | AMOUNT | UNIT | AMOUNT | UNIT |
| | | | | | | | |

Section 13. Agriculture

| 10 | 10_1 | 11 | 11_1 | 12 |
|--|--|--|--|--|
| <p>Speaking now about your farm production in general, do you normally sell any of your agricultural products, including crops and livestock?</p> <p>YES..1 NO..2 >> Q12</p> | <p>Have you finished the sale of the agricultural products for this [REFERENCE SEASON]</p> <p>YES..1 NO..2 >> Q11_1</p> <p>8_1 == 1</p> | <p>Compared to what you normally sell, were the revenues from farm sales at the end of [THIS AGRICULTURAL SEASON] ...</p> <p>READ OPTIONS</p> <p>Exceptionally good / much better than normal.....1 Good / better than normal....2 Average / normal.....3 Not good, less than normal.....4 Very bad, much less than normal.....5</p> <p>8_1 == 1 & 10_11==1</p> | <p>Compared to what you normally sell, do you expect the revenues from farm sales at the end of [THIS AGRICULTURAL SEASON] will be ...</p> <p>READ OPTIONS</p> <p>Exceptionally good / much better than normal.....1 Good / better than normal....2 Average / normal.....3 Not good, less than normal.....4 Very bad, much less than normal.....5</p> <p>10_1==2 or 8_1 ==2</p> | <p>Did you or any household members apply inorganic fertilizers this season?</p> <p>YES..1 NO...2 >> Q16</p> |
| | | | | |

Section 13. Agriculture

| 13 | 16 | 17 | 18 |
|---|---|---|---|
| <p>What types of fertilizers were applied?</p> <p>SELECT ALL</p> <p>23:21:0+4S/CHITOWE...1 DAP.....2 CAN.....3 UREA.....4 D COMPOUND.....5 OTHER FERTILIZER (SPECIFY).....6</p> <p style="text-align: center;">>> Q17</p> | <p>What is the main reason your household is not applying any inorganic fertilizer this season?</p> <p>No need.....1 They are not effective..2 Cannot afford them.....3 They are not available in the market/shops.....4 Other (specify).....5</p> <p style="text-align: center;">>>Q19</p> | <p>Were you able to acquire the full amount of fertilizer you desired?</p> <p>YES..1 >> Q19 NO...2</p> | <p>How did you adapt cultivation given that you aquired less fertilizer than desired?</p> <p>READ OPTIONS AND SELECT ALL THAT APPLY.</p> <p>ONLY FERTILIZED PART OF THE CULTIVATED AREA.....1 USED LESS FERTILIZER PER HECTARE THAN RECOMMENDED..2 CULTIVATED A SMALLER AREA.....3 Other (specify).....4</p> |
| | | | |

Section 13. Agriculture

| 19 | 19a_1 | 20_filt | 20 | 20b_1 |
|---|--|---|---|--|
| <p>What is the current price of the primary fertilizer you used or would have liked to use?</p> <p>23:21:0+4S/CHITOWE..1 DAP.....2 CAN.....3 UREA.....4 D COMPOUND.....5 OTHER FERTILIZER (SPECIFY).....6</p> | <p>In the last month did the price of [19A]...</p> <p>Increase.....1 Stay the Same....2 Decrease.....3</p> | <p>Did you use or would you have liked to use more than one type of fertilizer?</p> <p>YES..1 NO...2 >> NEXT MODULE</p> | <p>What is the current price of the secondary fertilizer you used or would have liked to use?</p> <p>23:21:0+4S/CHITOWE..1 DAP.....2 CAN.....3 UREA.....4 D COMPOUND.....5 OTHER FERTILIZER (SPECIFY).....6</p> | <p>In the last month did the price of [20A]...</p> <p>Increase.....1 Stay the Same....2 Decrease.....3</p> |
| FERTILIZER TYPE UNIT PRICE UNIT CODE | | | FERTILIZER TYPE UNIT PRICE UNIT CODE | |
| | | | | |

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 THURDAY....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 | | |

| | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | S12_END_TIME |
|---|---|---|---|---|--|--|---|--|--------------------------|---------------------------------|
| <p>INTERVIEWER CONFIRM THAT ALL QUESTIONS HAVE BEEN ANSWERED.</p> <p>READ OUT: That's it for now. Thank you very much for answering all questions and helping us to understand the current situation with COVID19 in Malawi and worldwide. This is really important.</p> <p>I will transfer you the 1000 Malawi Kwacha after this call. If you have any question about the survey you can call +XXX XXX XX XX XX. If you have any questions about COVID19 please call the CDC at X XXX XXX XXXX.</p> | <p>WHAT IS THE RESULT OF THE INTERVIEW?</p> <p>COMPLETE.....1 >> Q9 PARTIALLY COMPLETE.....2 REFUSED.....3 >> Q7 DON'T SPEAK THE LANGAUGE.....4 >> Q8 NOBODY ANSWERING.....5 >> Q12 NUMBER DOES NOT EXIST...6 >> Q12 PHONE TURNED OFF.....7 >> Q12 DON'T KNOW THE HOUSEHOLD.....8 >> Q7 REFERENCE PERSON CAN'T CONNECT TO HH...9 >> Q7</p> | <p>COULD THE HOUSEHOLD BE REACHED / THE INTERVIEW BE COMPLETED IF ANOTHER INTERVIEWER TRIED TO CALL LATER?</p> <p>YES.....1 NO.....2</p> | <p>INTERVIEWER: PLEASE GIVE DETAILS ON WHY THE HOUSEHOLD CANNOT BE REACHED, WHY THEY REFUSED, OR WHY THE INTERVIEW COULD NOT BE COMPLETED</p> <p>IF PARTIALLY COMPLETE >> Q9 ELSE >> Q12</p> | <p>INTERVIEWER: WHICH LANGUAGE DO YOU THINK THE RESPONDENT SPEAKS</p> <p>WRITE "DK" IF DON'T KNOW</p> <p>>> Q12</p> | <p>INTERVIEWER: PLEASE SELECT THE ID OF THE RESPONDENT</p> | <p>INTERVIEWER: IN WHICH LANGUAGE DID YOU MAINLY CONDUCT THE INTERVIEW?</p> <p>CHEWA.....1 TUMBUKA 12 YAO3 LHOMWE4 SENA..5 OTHER, SPECIFY..96</p> | <p>INTERVIEWER: PLEASE CONFIRM THE NUMBER YOU REACHED THE RESPONDENT ON</p> | <p>INTERVIEWER: DO YOU HAVE ANY NOTES THAT ARE RELEVANT WHEN CALLING THIS HOUSEHOLD IN THE FUTURE?</p> <p>YES.....1 NO.....2 >> Q14</p> | <p>INTERVIEWER: NOTE</p> | <p>RECORD END DATE AND TIME</p> |
| | | | | | | | | | | |