Reference Number

C W I Q

Core Welfare Indicators Questionnaire

National Statistical Office
ZOMBA, MALAWI

A - INTERVIEW INFORMATION

Shade Circles Like This--> ●
Not Like This--> ⊗ ⊘

O.1 INTERVIEWER'S NAME

O.2 NAME OF HEAD OF HOUSEHOLD

O.3 DISTRICT NAME

O.4 VILLAGE/PLACE

A.1 CLUSTER	A.2 HOUSEHOLD	A.3 INTERVIEWER	A.4 DATE	A.5 TIME	A.6 RESPONDENT	A.7 SEQ.
			Day Month Year	Hour Min.	Member No.	Quest. No.

AM
PM

IMPORTANT
Create a reference number by combining the cluster, household and questionnaire numbers.
Write this number NOW on the top of all pages.

Comments

A.8 RESULT

① Complete with selected household
② Complete with replacement - refusal
③ Complete with replacement - not found
④ Incomplete

A.9 INTERVIEW END
Hour Min.

AM
PM

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B - LIST OF HOUSEHOLD MEMBERS

Reference Number

MEMBER NUMBER	1	2	3	4	5	6	7	8	9	10

WRITE DOWN THE NAMES OF ALL PERSONS WHO NORMALLY LIVE AND EAT TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD.

Head

B.1 Is [NAME] male or female?

Male (M)
Female (F)

B.2 How long has [NAME] been away in the last 12 months?

Never (1)
Less than 6 months (2)
6 months or more (3)

B.3 Does [NAME] contribute to household income?

Yes (Y)
No (N)

B.4 What is [NAME]'s relationship to the head of household?

Head (1)
Spouse (2)
Child (3)
Parent (4)
Other relative (5)
Not related (6)

B.5 How old was [NAME] at last birthday?

RECORD AGE IN COMPLETED YEARS.

(0)(0) (1)(1) (2)(2) (3)(3) (4)(4) (5)(5) (6)(6) (7)(7) (8)(8) (9)(9)

B.6 What is [NAME]'s marital status?

Never married (1)
Married(monogamous) (2)
Married(polygamous) (3)
Divorced/Separated (4)
Widowed (5)

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C - EDUCATION

MEMBER NUMBER	1	2	3	4	5	6	7	8	9	10

C.1 Can [NAME] read and write?

Yes (Y) / No (N) — for members 1 through 10

IF PERSON IS UNDER AGE 15 GO TO C2.

C.2 Has [NAME] ever attended school?

Yes (Y) / No (N) — for members 1 through 10

IF NO GO TO NEXT PERSON.

Level codes:
- 00 None
- 01 Pre-school
- 11 P1
- 12 P2
- 13 P3
- 14 P4
- 15 P5
- 16 P6
- 17 P7
- 18 P8
- 21 S1
- 22 S2
- 23 S3
- 24 S4
- 25 S5
- 26 S6
- 31 University
- 41 Vocational
- 42 Teacher training
- 43 Technical

C.3 What is the highest level [NAME] completed?

(Two-digit coded response boxes with bubbles 0–9 for each of members 1 through 10)

C.4 Did [NAME] attend school last academic year?

Yes (Y) / No (N) — for members 1 through 10

C.5 Is [NAME] currently in school?

Yes (Y) / No (N) — for members 1 through 10

IF NO GO TO C9.

Level codes:
- 01 Pre-school
- 11 P1
- 12 P2
- 13 P3
- 14 P4
- 15 P5
- 16 P6
- 17 P7
- 18 P8
- 21 S1
- 22 S2
- 23 S3
- 24 S4
- 25 S5
- 26 S6
- 31 University
- 41 Vocational
- 42 Teacher training
- 43 Technical

C.6 What is the current level [NAME] is attending?

(Two-digit coded response boxes with bubbles 0–9 for each of members 1 through 10)

C.7 Who runs the school [NAME] is attending?

- 1 Government
- 2 Religious Institutions
- 3 Private

(for members 1 through 10)

C.8 Did [NAME] have any problems with the school?

- No problem (satisfied)
- Lack of books/supplies
- Poor teaching
- Lack of teachers
- Facilities in bad condition
- Other problem

(Y bubbles for members 1 through 10)

YOU MAY MARK MORE THAN ONE ANSWER.

GO TO NEXT PERSON.

C.9 Why is [NAME] not currently in school?

- Too old/completed school
- Too far away
- Too expensive
- Is working (home or job)
- Useless/uninteresting
- Illness/pregnancy
- Failed exam
- Got married
- Lack of food in household
- Other

(Y bubbles for members 1 through 10)

YOU MAY MARK MORE THAN ONE ANSWER.

D - HEALTH

Reference Number

MEMBER NUMBER	1	2	3	4	5	6	7	8	9	10	

D.1 Did [NAME] have a live birth in the last 12 months?

IF MALE OR UNDER 12 GO TO D3.

Yes (Y) No (N)

IF NO GO TO D3.

D.2 Did [NAME] receive pre-natal care during the pregnancy?

Yes (Y) No (N)

D.3 Is [NAME] physically or mentally handicapped or disabled?

Yes (Y) No (N)

Include person only if handicap prevents him or her from maintaining a significant activity or schooling.

D.4 Was [NAME] sick or injured in the last 4 weeks?

Yes (Y) No (N)

IF NO GO TO D7.

D.5 What sort of sickness/injury did [NAME] suffer?

Fever/Malaria
Diarrhea
Accident
Dental
Skin condition
Eye
Ear, nose or throat
Other

YOU MAY MARK MORE THAN ONE ANSWER.

D.6 How many days of work/school did [NAME] miss due to illness/injury?

None (1)
Less than 1 week (2)
Between 1 to 2 weeks (3)
More than 2 weeks (4)

D.7 Did [NAME] consult a health provider or traditional healer for any reason in the last 4 weeks?

Yes (Y) No (N)

IF NO GO TO D11.

D.8 What kind of health provider did [NAME] see?

Private clinic/hospital (1)
Public dispensary/hospital (2)
Health center (3)
Traditional healer (4)
Central hospital (5)
Mission hospital/disp. (6)
Shop/Pharmacy/chemist (7)
Mobile Clinic (8)
Other (9)

D.9 How many times did [NAME] use the service in the last 4 weeks?

1 to 3 (1)
4 to 6 (2)
More than 6 (3)

D.10 Did [NAME] have any problems at the time of the visit?

No problem (satisfied)
Facilities were not clean
Long waiting time
No trained professionals
Service too expensive
No drugs available
Treatment unsuccessful
Other

YOU MAY MARK MORE THAN ONE ANSWER.

GO TO NEXT PERSON

D.11 Why did [NAME] not use medical care in the last 4 weeks?

No need
Too expensive
Too far
Other

YOU MAY MARK MORE THAN ONE ANSWER.

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Reference   Number

MEMBER NUMBER	1	2	3	4	5	6	7	8	9	10

E.1 Did [NAME] do any type of work in the last 7 days?

Yes ⓨ ⓨ ⓨ ⓨ ⓨ ⓨ ⓨ ⓨ ⓨ ⓨ
No ⓝ ⓝ ⓝ ⓝ ⓝ ⓝ ⓝ ⓝ ⓝ ⓝ

IF PERSON IS UNDER 5 GO TO NEXT PERSON

IF YES GO TO E5.

E.2 Was [NAME] absent from work in the last 7 days?

Yes ⓨ ⓨ ⓨ ⓨ ⓨ ⓨ ⓨ ⓨ ⓨ ⓨ
No ⓝ ⓝ ⓝ ⓝ ⓝ ⓝ ⓝ ⓝ ⓝ ⓝ

IF YES GO TO E5.

E.3 Has [NAME] been looking for work and ready for work in the last 4 weeks?

Yes ⓨ ⓨ ⓨ ⓨ ⓨ ⓨ ⓨ ⓨ ⓨ ⓨ
No ⓝ ⓝ ⓝ ⓝ ⓝ ⓝ ⓝ ⓝ ⓝ ⓝ

E.4 What was the main reason [NAME] was not working in the last 7 days?

No work available — ①
Seasonal inactivity — ②
Student — ③
Household/family duties — ④
Too old/too young — ⑤
Infirmity — ⑥
Other — ⑦

GO TO NEXT PERSON.

E.5 How many jobs did [NAME] have in the last 7 days?

One — ①
Two — ②
More than two — ③

E.6 How was [NAME] paid in the main job?

Mlimi -not paid — ①
Wages/salary/payment in kind — ②
Casual (hourly/daily) — ③
Family business worker — ④
Self-employed — ⑤

E.7 For whom did [NAME] work in the main job?

Government — ①
Parastatal — ②
Private business — ③
Private person or household — ④

E.8 What is the main activity at the place of [NAME's] main job?

Agriculture — ⓪
Mining/quarrying — ①
Manufacturing/processing — ②
Construction — ③
Transport — ④
Trade/selling — ⑤
Services — ⑥
Education/health — ⑦
Administration — ⑧
Other — ⑨

E.9 Did [NAME] seek to increase his or her earnings in the last 7 days?

Yes ⓨ ⓨ ⓨ ⓨ ⓨ ⓨ ⓨ ⓨ ⓨ ⓨ
No ⓝ ⓝ ⓝ ⓝ ⓝ ⓝ ⓝ ⓝ ⓝ ⓝ

IF NO GO TO NEXT PERSON.

E.10 How did [NAME] seek to increase earnings in the last 7 days?

More hours current activity — ①
More hours additional activity — ②
Change activity — ③
Other — ④

E.11 Is [NAME] ready to take additional work in the next 4 weeks?

Yes ⓨ ⓨ ⓨ ⓨ ⓨ ⓨ ⓨ ⓨ ⓨ ⓨ
No ⓝ ⓝ ⓝ ⓝ ⓝ ⓝ ⓝ ⓝ ⓝ ⓝ

F - HOUSEHOLD ASSETS

Reference Number ☐☐☐☐☐☐☐

F.1 Does the household or a household member own the dwelling unit?

Owns the dwelling ①
Rents the dwelling ②
Uses without paying rent ③
Temporary dwelling ④

F.2 How many separate rooms are there in your dwelling unit?

☐ ⓪①②③④⑤⑥⑦⑧⑨
  ⓪①②③④⑤⑥⑦⑧⑨

F.3 How many hectares of land are owned by the household? (with one decimal, e.g. 24.7)

☐ ⓪①②③④⑤⑥⑦⑧⑨
☐ ⓪①②③④⑤⑥⑦⑧⑨
  ⓪①②③④⑤⑥⑦⑧⑨

F.4 How does the amount of land owned compare with one year ago?

Less now ①
Same now ②
More now ③
Don't know ④

F.5 Does the household use land it does not own?

No ①
Rented ②
Sharecropped ③
Private land provided free ④
Open access land ⑤

F.6 How many hectares of land does the household use that it does not own? (with one decimal, e.g. 24.7)

☐ ⓪①②③④⑤⑥⑦⑧⑨
☐ ⓪①②③④⑤⑥⑦⑧⑨
  ⓪①②③④⑤⑥⑦⑧⑨

F.7 How does the amount of other land used compare with one year ago?

Less now ①
Same now ②
More now ③
Don't know ④

F.8 How many head of cattle are currently owned by the household?

☐ ⓪①②③④⑤⑥⑦⑧⑨
  ⓪①②③④⑤⑥⑦⑧⑨
  ⓪①②③④⑤⑥⑦⑧⑨

F.9 How does this number of cattle compare to the number one year ago?

Less now ①
Same now ②
More now ③
Don't know ④

F.10 How many sheep, goats and pigs are currently owned by the household?

Sheep
☐ ⓪①②③④⑤⑥⑦⑧⑨
  ⓪①②③④⑤⑥⑦⑧⑨
  ⓪①②③④⑤⑥⑦⑧⑨

Goats
☐ ⓪①②③④⑤⑥⑦⑧⑨
  ⓪①②③④⑤⑥⑦⑧⑨
  ⓪①②③④⑤⑥⑦⑧⑨

Pigs
☐ ⓪①②③④⑤⑥⑦⑧⑨
  ⓪①②③④⑤⑥⑦⑧⑨
  ⓪①②③④⑤⑥⑦⑧⑨

F.11 How does this number of animals compare to the number one year ago?

Less now ①
Same now ②
More now ③
Don't know ④

F.12 Does the household own any of the following?

Lantern Ⓨ Ⓝ
Telephone Ⓨ Ⓝ
Iron Ⓨ Ⓝ
Refrigerator Ⓨ Ⓝ
Television Ⓨ Ⓝ
Mattress or bed Ⓨ Ⓝ
Radio Ⓨ Ⓝ
Watch or clock Ⓨ Ⓝ
Sewing machine Ⓨ Ⓝ
Morden Stove Ⓨ Ⓝ
Bicycle Ⓨ Ⓝ
Motorcycle Ⓨ Ⓝ
Car or truck Ⓨ Ⓝ

Include items only if they are in working condition

F.13 Does the household have electricity?

Yes Ⓨ
No Ⓝ

F.14 How often in the last year did you have problems satisfying the food needs of the household?

Never ①
Seldom/Sometimes ②
Often ③
Always ④

F.15 How do you compare the overall economic situation of the HOUSEHOLD with one year ago?

Much worse now ①
A little worse now ②
Same ③
A little better now ④
Much better now ⑤
Don't know ⑥

F.16 How do you compare the overall economic situation of the COMMUNITY with one year ago?

Much worse now ①
A little worse now ②
Same ③
A little better now ④
Much better now ⑤
Don't know ⑥

F.17 Who contributes most to household income? (record member number from section B).

☐ ⓪①②③④⑤⑥⑦⑧⑨
  ⓪①②③④⑤⑥⑦⑧⑨

F.18 How many chicken, turkey and guinea fowls are currently owned by the household?

Chicken
☐ ⓪①②③④⑤⑥⑦⑧⑨
  ⓪①②③④⑤⑥⑦⑧⑨
  ⓪①②③④⑤⑥⑦⑧⑨

Turkeys
☐ ⓪①②③④⑤⑥⑦⑧⑨
  ⓪①②③④⑤⑥⑦⑧⑨
  ⓪①②③④⑤⑥⑦⑧⑨

Guinea Fowls
☐ ⓪①②③④⑤⑥⑦⑧⑨
  ⓪①②③④⑤⑥⑦⑧⑨
  ⓪①②③④⑤⑥⑦⑧⑨

G - HOUSEHOLD AMENITIES

Reference Number ☐☐☐☐☐☐

G.1 What is the main material of the roof of the dwelling unit?

Thatch ①
Iron sheets ②
Cement/concrete ③
Roofing tiles ④
Asbestos ⑤
Other _____ ⑥
Specify

G.2 What is the main material of the walls of the dwelling unit?

Mud ①
Unburnt bricks ②
Stone ③
Burnt bricks ④
Cement/sandcrete ⑤
Wood/bamboo ⑥
Iron sheets ⑦
Cardboard ⑧
Other_____ ⑨
Specify

G.3 What is the main source of drinking water this time?

Piped into dwelling or compound ①
Communal standpipe or borehole ②
Protected well ③
Unprotected well, rain water ④
Spring , river, lake, pond ⑤
Vendor or truck ⑥
Other _____ ⑦
Specify

G.4a. What kind of toilet facility does your household use?

None ①
Flush to sewer or septic tank ②
Pan/bucket ③
Covered pit latrine ④
Uncovered pit latrine ⑤
Ventilated improved pit latrine ⑥
Other_____ ⑦
Specify

G.4b. Does the household own the toilet facility it is using?

Yes, exclusive ①
Yes, Shared ②
No ③

G.5 What is the main source of fuel used for cooking?

Firewood ①
Charcoal ②
Paraffin ③
Gas ④
Electricity ⑤
Straw/crop residue/sawdust ⑥
Animal waste ⑦
Solar energy ⑧
Other_____ ⑨
Specify

G.6 What is the main source of fuel used for lighting?

Paraffin ①
Gas ②
Electricity ③
Solar ④
Grass ⑤
Candles ⑥
Firewood ⑦
Other_____ ⑧
Specify

G.7 How long in minutes does it take from here to reach the nearest ...?

	0-14	15-29	30-44	45-59	60+
A. Supply of drinking water	①	②	③	④	⑤
B. Food market	①	②	③	④	⑤
C. Public transportation	①	②	③	④	⑤
D. Primary school	①	②	③	④	⑤
E. Secondary school	①	②	③	④	⑤
F. Health clinic or hospital	①	②	③	④	⑤
G. Telephone Facility	①	②	③	④	⑤

H -POVERTY PREDICTORS

H.1 Does the household grow tobacco?

Yes ⓨ
No ⓝ

H.2 Does the household grow hybrid maize?

Yes ⓨ
No ⓝ

H.3 Does the household cook over collected firewood?

Yes ⓨ
No ⓝ

H.4 Does any member of this household own a sofa?

Yes ⓨ
No ⓝ

H5. Does any member of this household use cosmetics?

Yes ⓨ
No ⓝ

H.6 Has the household used sugar in the past two weeks?

Yes ⓨ
No ⓝ

H.7 How many working radios does the household own?

☐ ⓪①②③④⑤⑥⑦⑧⑨
⓪①②③④⑤⑥⑦⑧⑨

H.8 How many members in this household receive a salary ?

☐ ⓪①②③④⑤⑥⑦⑧⑨
⓪①②③④⑤⑥⑦⑧⑨

H.9 How many hectares of land are cultivated by the household?

☐ ⓪①②③④⑤⑥⑦⑧⑨
⓪①②③④⑤⑥⑦⑧⑨
⓪①②③④⑤⑥⑦⑧⑨

H.10 How many household members have been doing Ganyu the past one month?

☐ ⓪①②③④⑤⑥⑦⑧⑨
⓪①②③④⑤⑥⑦⑧⑨

I - CHILDREN UNDER 5

Reference Number

I.1 For each child under 5 enter the child and mother's number from the list of household members.
Enter 00 if the child's mother is deceased or is not a member of the household.

Child Mother   Child Mother   Child Mother   Child Mother

I.2 Enter the child's date of birth.

Day Month Year   Day Month Year   Day Month Year   Day Month Year

I.3 Where was the child delivered?

Hospital/maternity 1
At home 2
Other 3

I.4 Who delivered the child?

Cliinical Off/Doctor 1
Midwife/Nurse 2
T.B.A. 3
HSAs/Ward att. 4
Other/self 5

I.5 Record each child's weight (kg with one decimal, e.g. 4.6 kg) and height (cm with one decimal, e.g. 51.3 cm).

Weight Height   Weight Height   Weight Height   Weight Height

I.6 Did the child participate in the following?

Nutrition program Y N   Y N   Y N   Y N
Under Five Clinic Y N   Y N   Y N   Y N

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J -FOOD SECURITY

Reference Number

J.1 What is the main staple food for this household?

Maize ①
Rice ②
Cassava ③
Sorghum/Millet ④

J.2 How do you rate food availablity in markets within or around your community?

Adequate/Plenty ①
Inadequate ②
Not available ③
Dont Know ④

J.3 What is the main source of food for the household?

Own-farm Produce ①
Other ②

IF OTHER, GO TO NEXT SECTION.

J.4 Did you run out of food last agricultural season?

Yes ⓨ
No ⓝ

IF NO GO TO J8.

J.5 In which month did you ran out of food?

☐ ⓪①②③④⑤⑥⑦⑧⑨
⓪①②③④⑤⑥⑦⑧⑨

J.6 When the food ran out, how did the household survive until the next harvest?

Admark/Buy from market ①
Obtain from relatives ②
Handouts from Govt. or NGOS ③
Exchange/Barter ④
Food for work ⑤
Wild plants ⑥

J.7 Why did the household not receive free food from government or non-governmental organisations?

No free maize in the area ①
Favouritism ②
Not enough to cover all ③
Did not know about free food ④
No Need ⑤
Not applicable ⑥
Other ⑦

J.8 How does your harvest this season compare with last season's?

Less now ①
Same now ②
More now ③
Dont know ④

J.9 Do you have food now from this year's harvest?

Yes ⓨ
No ⓝ

IF NO, GO TO J11.

J.10 In which month do you think your food will run out?

☐ ⓪①②③④⑤⑥⑦⑧⑨
⓪①②③④⑤⑥⑦⑧⑨

GO TO NEXT SECTION

J.11 What is the main source of food that your household is eating now?

Buy from market ①
Obtain from relatives ②
Handouts from Govt. or NGOS ③
Exchange/Barter ④
Food for work ⑤
Other ⑥

J.12 What is the main source of income used to buy food?

Sale of livestock ①
Sale of Produce ②
Ganyu labour ③
Wage/salary ④
Financial Support ⑤
Exchange/Barter ⑥
Other ⑦

K - SAFETY AND SECURITY

Reference Number

K.1 What type of crimes have been common in your community during the past 12 months?

Fights ⊙Y
Rape ⊙Y
Murder ⊙Y
Theft of household goods ⊙Y
Theft of liveststock ⊙Y
Stealing of crop produce ⊙Y
Armed robbery ⊙Y
Other ⊙Y
None ⊙Y
Dont Know ⊙Y

YOU MAY MARK MORE THAN ONE ANSWER.

K.2 Why do people hide information to the police concerning culprits?

Fear of arrest ⊙Y
Harassment/Interrogated too much ⊙Y
No good reason ⊙Y
Police do not take action ⊙Y
Fear of being implicated ⊙Y
Fear of repraisal ⊙Y
No Police Unit around ⊙Y
Dont Know ⊙Y

YOU MAY MARK MORE THAN ONE ANSWER.

K.3 How safe do you feel in your own house or walking alone in your neighbourhood during the night?

	Own House	Neighbourhood
Very safe	①	①
Fairly safe	②	②
Unsafe	③	③
Very unsafe	④	④

IF SAFE, GO TO K5.

YOU MAY MARK MORE THAN ONE ANSWER IN THIS COLUMN.

K.4 What are the reasons you feel insecure in your area?

Robberies/theft ⊙Y
Political harassment ⊙Y
Misinterpretation of Human rights ⊙Y
Lack of security services ⊙Y
Other ⊙Y

K.5 What steps have you taken to protect yourselves from crime?

Establish community policing ⊙Y
Neighbourhood watch ⊙Y
Employed watchman ⊙Y
Changed location ⊙Y
Keeping dogs ⊙Y
Fencing premises ⊙Y
Other ⊙Y
None ⊙Y

L - SOCIAL PROJECTS

L.1 Have the following projects or changes occurred in your community the last five years?

Building/rehabilitation of school ⊙Y ⊙N
Building/rehabilitation of roads ⊙Y ⊙N
Building/rehabilitation of health facility ⊙Y ⊙N
Piping of water/Sinking of boreholes ⊙Y ⊙N
Agriculture credit facility ⊙Y ⊙N
Business credit facility ⊙Y ⊙N
Police Unit ⊙Y ⊙N
Postal Unit ⊙Y ⊙N
Building/rehabilitation of Market ⊙Y ⊙N

IF NO, GO TO L5.

L.2 Have these projects or changes improved the way you live?

Building/rehabilitation of school ⊙Y ⊙N
Building/rehabilitation of roads ⊙Y ⊙N
Building/rehabilitation of health facility ⊙Y ⊙N
Piping of water/Sinking of boreholes ⊙Y ⊙N
Agriculture credit facility ⊙Y ⊙N
Business credit facility ⊙Y ⊙N
Police Unit ⊙Y ⊙N
Postal Unit ⊙Y ⊙N
Building/rehabilitation of Market ⊙Y ⊙N

L.3 Who financed these projects ?

Government ⊙Y
MASAF ⊙Y
Selfhelp/Community ⊙Y
NGO ⊙Y
Private ⊙Y
Religous Organisations ⊙Y
Other ⊙Y

L.4 Was anybody in your household involved in deciding what was built/ rehabilitated ?

Yes ⊙Y
No ⊙N
DK ⊙X

L.5 Which of the following facilities would you like to be provided or improved in this community?

School ⊙Y ⊙N
Health ⊙Y ⊙N
Roads ⊙Y ⊙N
Borehole/Well ⊙Y ⊙N
Piped water ⊙Y ⊙N
Transportation ⊙Y ⊙N
Police/Security services ⊙Y ⊙N
Agricultural Credit Facility ⊙Y ⊙N
Busines Credit Facility ⊙Y ⊙N
Postal Unit ⊙Y ⊙N
ADMARC ⊙Y ⊙N
Telephone Facility ⊙Y ⊙N
Dont Know ⊙Y ⊙N

Household information

M - HIV/AIDS

Reference Number

M.1. Has anyone in this household aged 15-49 years been too ill to perform their normal duties for 3 months or more out of the past 12 months?

Yes ⓨ
No ⓝ

IF NO GO TO M3.

M. 2. During the past 12 months, did this household use any of the following sources of help in caring for the chronically ill person aged 15-49 years mentioned above?

No need ⓨ
Family members or neighbours ⓨ
Religious organisations ⓨ
Community-based organisations ⓨ
Private services/programs/clinics ⓨ
Government services/programs/clinics ⓨ   **YOU MAY MARK MORE**
Non-governmental organisations (NGOs) ⓨ   **THAN ONE ANSWER**
Traditional healers ⓨ
Other ⓨ
Don't know ⓨ

M.3. Has anyone died in this household in the past 12 months?

Yes ⓨ
No ⓝ

IF NO, GO TO M5.

M.4. Was he/she chronically ill for 3 months or more during the past 12 months before death?

Yes ⓨ
No ⓝ

M.5. How many children aged 15 years and below do you have in this household that have lost their parent/parents ?

Both parents died   ☐ ⓪①②③④⑤⑥⑦⑧⑨

One parent alive   ☐ ⓪①②③④⑤⑥⑦⑧⑨

IF 0, GO TO M7.

M.6. During the past 12 months, did this household use any of the following sources for help in caring for a child under the age of 15 whose mother, father or both parents died?

No need ⓨ
Family members or neighbours ⓨ
Religious organisations ⓨ
Community-based organisations ⓨ
Private services/programs/clinics ⓨ   **YOU MAY MARK MORE THAN**
Government services/programs/clinics ⓨ   **ONE ANSWER**
Non-governmental organisations (NGOs) ⓨ
Traditional healers ⓨ
Other ⓨ
Don't know ⓨ

M - HIV/AIDS

Individual information

Member Number from List of
Household members

M.7 Tell me all the ways you know that the virus that causes
AIDS/HIV can be transmitted between 2 people.

Blood Transfusion	Ⓨ	Ⓨ	Ⓨ	Ⓨ
Infected woman to unborn child	Ⓨ	Ⓨ	Ⓨ	Ⓨ
Infected woman to breast feeding child	Ⓨ	Ⓨ	Ⓨ	Ⓨ
Unprotected sex with an infected partner	Ⓨ	Ⓨ	Ⓨ	Ⓨ
Injection with an infected needle	Ⓨ	Ⓨ	Ⓨ	Ⓨ
Incorrect methods	Ⓨ	Ⓨ	Ⓨ	Ⓨ
Don't know	Ⓨ	Ⓨ	Ⓨ	Ⓨ

YOU MAY MARK MULTIPLE RESPONSES

M.8 In your opinion, which cultural or traditional practices influence
the transmition of the AIDS virus ?

Chinamwali/Jando	Ⓨ	Ⓨ	Ⓨ	Ⓨ
Kuchotsa Fumbi/misinda	Ⓨ	Ⓨ	Ⓨ	Ⓨ
Fisi	Ⓨ	Ⓨ	Ⓨ	Ⓨ
Mitala	Ⓨ	Ⓨ	Ⓨ	Ⓨ
Chokolo	Ⓨ	Ⓨ	Ⓨ	Ⓨ
Mitala/Hlazi/Mbiligha	Ⓨ	Ⓨ	Ⓨ	Ⓨ
Other	Ⓨ	Ⓨ	Ⓨ	Ⓨ
Dont Know	Ⓨ	Ⓨ	Ⓨ	Ⓨ

M.9 What are the signs/ symptoms of AIDS?

Loss of appetite	Ⓨ	Ⓨ	Ⓨ	Ⓨ
Wasting	Ⓨ	Ⓨ	Ⓨ	Ⓨ
Perpertual Diarrhoea	Ⓨ	Ⓨ	Ⓨ	Ⓨ
Fur Hair	Ⓨ	Ⓨ	Ⓨ	Ⓨ
Other	Ⓨ	Ⓨ	Ⓨ	Ⓨ
DK	Ⓨ	Ⓨ	Ⓨ	Ⓨ

M.10. Is it possible in your community for someone to get a
<u>confidential</u> test to find out if they are infected with HIV?
By confidential, I mean that no one will know the result if you
don't want them to know.

Yes	Ⓨ	Ⓨ	Ⓨ	Ⓨ
No	Ⓝ	Ⓝ	Ⓝ	Ⓝ
Don't know	Ⓧ	Ⓧ	Ⓧ	Ⓧ

M.11. Have you had an HIV test in the last 12 months?

Yes	Ⓨ	Ⓨ	Ⓨ	Ⓨ
No	Ⓝ	Ⓝ	Ⓝ	Ⓝ
Don't know	Ⓧ	Ⓧ	Ⓧ	Ⓧ

IF YES GO TO M.13.

M.12. Have you ever had an HIV test?

Yes	Ⓨ	Ⓨ	Ⓨ	Ⓨ
No	Ⓝ	Ⓝ	Ⓝ	Ⓝ
Don't know	Ⓧ	Ⓧ	Ⓧ	Ⓧ

IF NO OR DON'T KNOW GO TO M.15.

M.13 Please do not tell me the result, but did you go back for the result
of your test?

Yes	Ⓨ	Ⓨ	Ⓨ	Ⓨ
No	Ⓝ	Ⓝ	Ⓝ	Ⓝ

M.14 Did you have any problems at the time of your visits for testing or
counselling?

Not counselled	Ⓨ	Ⓨ	Ⓨ	Ⓨ
No problem	Ⓨ	Ⓨ	Ⓨ	Ⓨ
Providers were rude	Ⓨ	Ⓨ	Ⓨ	Ⓨ
No privacy/embarrassment	Ⓨ	Ⓨ	Ⓨ	Ⓨ
Long waiting time	Ⓨ	Ⓨ	Ⓨ	Ⓨ
Too expensive	Ⓨ	Ⓨ	Ⓨ	Ⓨ
Other	Ⓨ	Ⓨ	Ⓨ	Ⓨ

YOU MAY MARK MULTIPLE RESPONSES

M.15 Reason for not having an HIV test.

Not available	Ⓨ	Ⓨ	Ⓨ	Ⓨ
Not interested	Ⓨ	Ⓨ	Ⓨ	Ⓨ
Not at risk/no need	Ⓨ	Ⓨ	Ⓨ	Ⓨ
Scared of outcome	Ⓨ	Ⓨ	Ⓨ	Ⓨ
Results take too long	Ⓨ	Ⓨ	Ⓨ	Ⓨ
Test center too far	Ⓨ	Ⓨ	Ⓨ	Ⓨ
No privacy	Ⓨ	Ⓨ	Ⓨ	Ⓨ
Other (specify)	Ⓨ	Ⓨ	Ⓨ	Ⓨ

YOU MAY MARK MULTIPLE RESPONSES