

QUANTITATIVE SURVEY
HOUSEHOLD QUESTIONNAIRE
MALAWI FAMILY PLANNING SURVEY - WAVE I, 2016
HARVARD UNIVERSITY, IPA MALAWI

DATE _____

IDENTIFICATION (1)			
<p>NAME OF THE LOCATION _____</p> <p>AREA</p> <p>SECTOR</p> <p>NAME AND NO. OF THE DISTRICT _____</p> <p>CLUSTER NUMBER</p> <p>HOUSEHOLD ID NUMBER</p> <p>HOUSEHOLD ADDRESS _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>DESCRIPTION OF HOUSE/ LANDMARKS _____</p> <p>_____</p>	<div style="border: 1px solid black; width: 80px; height: 120px; margin: 0 auto; position: relative;"> <!-- Grid representation --> </div>		
<p>NAME OF HOUSEHOLD HEAD _____</p> <p>PRIMARY PHONE NO. OF HH HEAD _____</p> <p>NAME AND LINE NUMBER OF RESPONDENT _____</p> <p>PRIMARY PHONE NO. OF RESPONDENT _____</p> <p>ALTERNATE PHONE NO. OF RESPONDENT _____</p> <p>E-MAIL OF RESPONDENT _____</p>			
<p>GPS COORDINATES</p>	<p>LATITUDE</p>	<p>N/S</p> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	<p>D D X X X X X</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>
	<p>LONGITUDE</p>	<p>E/W</p> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	<p>D D X X X X X</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>

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INTRODUCTION

In this section, I would like to ask you some questions about your household. The questions in this section usually take about 15 to 30 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on the card that has been given to your household.

PRESENT CARD WITH CONTACT INFORMATION TO REMIND RESPONDENT

Do you have any questions?
May I begin the interview now?

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
				5	6		7	8	9	10
1	2	3	4	5	6	7	8	9	10	11
	<p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) stay here last night?</p>	<p>How old was (NAME) at his/her last birthday?</p> <p>IF 95 OR MORE, RECORD '95'.</p>	<p>What is (NAME)'s current marital status?</p> <p>1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER</p>	<p>CIRCLE LINE NUMBER OF THE ELIGIBLE WOMAN</p>	<p>CIRCLE LINE NUMBER OF THE RESPONDENT</p>	<p>CIRCLE LINE NUMBER OF ALL THE ELIGIBLE WOMAN'S CHILDREN BETWEEN AGE 0-5</p>
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	01	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	05	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	06	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	07	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	08	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	09	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	10	10	10

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = OTHER RELATIVE
10 = ADOPTED/FOSTER/STEPCHILD
11 = NOT RELATED
98 = DON'T KNOW

	IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS		IF AGE 0-4 YEARS
LINE NO.	EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION
	16	17	18	19	20
	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the (2016-2017) (2) school year?	During this/that school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
01	Y N 1 2 ↓ NEXT LINE	LEVEL GRADE [][] [][]	Y N 1 2 ↓ NEXT LINE	LEVEL GRADE [][] [][]	[]
02	1 2 ↓ NEXT LINE	[][] [][]	1 2 ↓ NEXT LINE	[][] [][]	[]
03	1 2 ↓ NEXT LINE	[][] [][]	1 2 ↓ NEXT LINE	[][] [][]	[]
04	1 2 ↓ NEXT LINE	[][] [][]	1 2 ↓ NEXT LINE	[][] [][]	[]
05	1 2 ↓ NEXT LINE	[][] [][]	1 2 ↓ NEXT LINE	[][] [][]	[]
06	1 2 ↓ NEXT LINE	[][] [][]	1 2 ↓ NEXT LINE	[][] [][]	[]
07	1 2 ↓ NEXT LINE	[][] [][]	1 2 ↓ NEXT LINE	[][] [][]	[]
08	1 2 ↓ NEXT LINE	[][] [][]	1 2 ↓ NEXT LINE	[][] [][]	[]
09	1 2 ↓ NEXT LINE	[][] [][]	1 2 ↓ NEXT LINE	[][] [][]	[]
10	1 2 ↓ NEXT LINE	[][] [][]	1 2 ↓ NEXT LINE	[][] [][]	[]

CODES FOR Qs. 17 AND 19: EDUCATION

LEVEL	GRADE
1 = PRIMARY	00 = LESS THAN 1 YEAR COMPLETED
2 = SECONDARY	(USE '00' FOR Q. 17 ONLY.
3 = HIGHER	THIS CODE IS NOT ALLOWED
6 = PRE-PRIMARY	FOR Q. 19)
8 = DON'T KNOW	98 = DON'T KNOW

							IF AGE 15 OR OLDER			
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY		
1	2	3	4	5	6	7	8	9	10	11
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old was (NAME) at his/her last birthday? IF 95 OR MORE, RECORD '95'.	What is (NAME)'s current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF THE ELIGIBLE WOMAN	CIRCLE LINE NUMBER OF THE RESPONDENT	CIRCLE LINE NUMBER OF ALL THE ELIGIBLE WOMAN'S CHILDREN BETWEEN AGE 0-5
11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	11	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	19	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	20	20	20

TICK HERE IF CONTINUATION SHEET USED ☐

2A) Just to make sure that I have a complete listing: are there any other persons such as small children or infants that we have not listed?

YES ☐ → ADD TO TABLE NO ☐

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?

YES ☐ → ADD TO TABLE NO ☐

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?

YES ☐ → ADD TO TABLE NO ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- | | |
|------------------------------------|-------------------------------|
| 01 = HEAD | 08 = BROTHER OR SISTER |
| 02 = WIFE OR HUSBAND | 09 = OTHER RELATIVE |
| 03 = SON OR DAUGHTER | 10 = ADOPTED/FOSTER/STEPCHILD |
| 04 = SON-IN-LAW OR DAUGHTER-IN-LAW | 11 = NOT RELATED |
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| 06 = PARENT | |
| 07 = PARENT-IN-LAW | |

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18	1 2 ↓ NEXT LINE	[][] [][]	1 2 ↓ NEXT LINE	[][] [][]	[][]
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6 = PRE-PRIMARY	FOR Q. 19)
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
102	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STANDPIPE 13 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 BOTTLED WATER 91 OTHER _____ 96 (SPECIFY)	<div style="position: relative; height: 100px;"> → 105 → 105 </div>
107	What kind of toilet facility do members of your household usually use? (3)	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT 23 COMPOSTING TOILET 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE 51 NO FACILITY/BUSH/FIELD 61 OTHER _____ 96 (SPECIFY)	<div style="position: relative; height: 100px;"> → 110 </div>
108	Do you share this toilet facility with other households?	YES 1 NO 2	<div style="position: relative; height: 100px;"> → 110 </div>
109	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <div style="text-align: right;"> <input type="text" value="0"/> <input type="text"/> </div> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																		
110	Does your household have: (4)	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr><td>Electricity?</td><td>ELECTRICITY</td><td>1 2</td></tr> <tr><td>Koloboyi?</td><td>KOLOBOYI</td><td>1 2</td></tr> <tr><td>A paraffin lamp other than a koloboyi?</td><td>PARAFFIN LAMP</td><td>1 2</td></tr> <tr><td>A radio?</td><td>RADIO</td><td>1 2</td></tr> <tr><td>A television?</td><td>TELEVISION</td><td>1 2</td></tr> <tr><td>A cellular phone?</td><td>CELL PHONE</td><td>1 2</td></tr> <tr><td>A telephone (landline)?</td><td>TELEPHONE (LANDLINE) ...</td><td>1 2</td></tr> <tr><td>A bed with mattress?</td><td>BED WITH MATTRESS</td><td>1 2</td></tr> <tr><td>A sofa set?</td><td>SOFA SET</td><td>1 2</td></tr> <tr><td>A refrigerator?</td><td>REFRIGERATOR</td><td>1 2</td></tr> <tr><td>A dinner table?</td><td>DINNER TABLE</td><td>1 2</td></tr> <tr><td>Chairs?</td><td>CHAIRS</td><td>1 2</td></tr> <tr><td>A cabinet/cupboard?</td><td>CABINET/CUPBOARD</td><td>1 2</td></tr> <tr><td>A stove?</td><td>STOVE</td><td>1 2</td></tr> <tr><td>A washing machine?</td><td>WASHING MACHINE</td><td>1 2</td></tr> <tr><td>A fan/air conditioner?</td><td>FAN/AIR CONDITIONER</td><td>1 2</td></tr> <tr><td>A generator?</td><td>GENERATOR</td><td>1 2</td></tr> <tr><td>A computer?</td><td>COMPUTER</td><td>1 2</td></tr> <tr><td>A VCR?</td><td>VCR</td><td>1 2</td></tr> <tr><td>A CD/cassette player?</td><td>CD/CASSETTE PLAYER</td><td>1 2</td></tr> <tr><td>A camera?</td><td>CAMERA</td><td>1 2</td></tr> </tbody> </table> <p>[ADD ADDITIONAL ITEMS. SEE FOOTNOTE 4.]</p>		YES	NO	Electricity?	ELECTRICITY	1 2	Koloboyi?	KOLOBOYI	1 2	A paraffin lamp other than a koloboyi?	PARAFFIN LAMP	1 2	A radio?	RADIO	1 2	A television?	TELEVISION	1 2	A cellular phone?	CELL PHONE	1 2	A telephone (landline)?	TELEPHONE (LANDLINE) ...	1 2	A bed with mattress?	BED WITH MATTRESS	1 2	A sofa set?	SOFA SET	1 2	A refrigerator?	REFRIGERATOR	1 2	A dinner table?	DINNER TABLE	1 2	Chairs?	CHAIRS	1 2	A cabinet/cupboard?	CABINET/CUPBOARD	1 2	A stove?	STOVE	1 2	A washing machine?	WASHING MACHINE	1 2	A fan/air conditioner?	FAN/AIR CONDITIONER	1 2	A generator?	GENERATOR	1 2	A computer?	COMPUTER	1 2	A VCR?	VCR	1 2	A CD/cassette player?	CD/CASSETTE PLAYER	1 2	A camera?	CAMERA	1 2	
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111	What type of fuel does your household mainly use for cooking?	<table border="0"> <tbody> <tr><td>ELECTRICITY</td><td>01</td></tr> <tr><td>LPG</td><td>02</td></tr> <tr><td>NATURAL GAS</td><td>03</td></tr> <tr><td>BIOGAS</td><td>04</td></tr> <tr><td>KEROSENE</td><td>05</td></tr> <tr><td>COAL, LIGNITE</td><td>06</td></tr> <tr><td>CHARCOAL</td><td>07</td></tr> <tr><td>WOOD</td><td>08</td></tr> <tr><td>STRAW/SHRUBS/GRASS</td><td>09</td></tr> <tr><td>AGRICULTURAL CROP</td><td>10</td></tr> <tr><td>ANIMAL DUNG</td><td>11</td></tr> <tr><td>NO FOOD COOKED IN HOUSEHOLD</td><td>95</td></tr> <tr><td>OTHER</td><td>96</td></tr> <tr><td colspan="2">(SPECIFY)</td></tr> </tbody> </table>	ELECTRICITY	01	LPG	02	NATURAL GAS	03	BIOGAS	04	KEROSENE	05	COAL, LIGNITE	06	CHARCOAL	07	WOOD	08	STRAW/SHRUBS/GRASS	09	AGRICULTURAL CROP	10	ANIMAL DUNG	11	NO FOOD COOKED IN HOUSEHOLD	95	OTHER	96	(SPECIFY)		→ 114																																						
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112	Is the cooking usually done in the house, in a separate building, or outdoors?	<table border="0"> <tbody> <tr><td>IN THE HOUSE</td><td>1</td></tr> <tr><td>IN A SEPARATE BUILDING</td><td>2</td></tr> <tr><td>OUTDOORS</td><td>3</td></tr> <tr><td>OTHER</td><td>6</td></tr> <tr><td colspan="2">(SPECIFY)</td></tr> </tbody> </table>	IN THE HOUSE	1	IN A SEPARATE BUILDING	2	OUTDOORS	3	OTHER	6	(SPECIFY)		→ 114																																																								
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113	Do you have a separate room which is used as a kitchen?	<table border="0"> <tbody> <tr><td>YES</td><td>1</td></tr> <tr><td>NO</td><td>2</td></tr> </tbody> </table>	YES	1	NO	2																																																															
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WOOD PLANKS	21																																																																				
PALM/BAMBOO	22																																																																				
FINISHED FLOOR																																																																					
PARQUET OR POLISHED																																																																					
WOOD	31																																																																				
VINYL OR ASPHALT STRIPS	32																																																																				
CERAMIC TILES	33																																																																				
CEMENT	34																																																																				
CARPET	35																																																																				
OTHER	96																																																																				
(SPECIFY)																																																																					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
115	MAIN MATERIAL OF THE ROOF. (3) RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF 12 SOD 13 RUDIMENTARY ROOFING RUSTIC MAT 21 PALM/BAMBOO 22 WOOD PLANKS 23 CARDBOARD 24 FINISHED ROOFING METAL 31 LOCAL TILES 32 WOOD 33 CALAMINE/CEMENT FIBER 34 CERAMIC TILES 35 CEMENT 36 ROOFING SHINGLES 37 OTHER 96 (SPECIFY)																						
116	MAIN MATERIAL OF THE EXTERIOR WALLS. (3) RECORD OBSERVATION.	NATURAL WALLS NO WALLS 11 CANE/PALM/TRUNKS 12 DIRT 13 RUDIMENTARY WALLS BAMBOO WITH MUD 21 STONE WITH MUD 22 UNCOVERED ADOBE 23 PLYWOOD 24 CARDBOARD 25 REUSED WOOD 26 FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT 32 BRICKS 33 CEMENT BLOCKS 34 COVERED ADOBE 35 WOOD PLANKS/SHINGLES 36 OTHER 96 (SPECIFY)																						
117	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>																						
118	Does any member of this household own: A watch? A bicycle? A motorcycle or motor scooter? An animal-drawn cart (oxcart)? A car or truck? A boat with a motor?	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>WATCH</td><td>1</td><td>2</td></tr> <tr> <td>BICYCLE</td><td>1</td><td>2</td></tr> <tr> <td>MOTORCYCLE/SCOOTER ...</td><td>1</td><td>2</td></tr> <tr> <td>ANIMAL-DRAWN CART</td><td>1</td><td>2</td></tr> <tr> <td>CAR/TRUCK</td><td>1</td><td>2</td></tr> <tr> <td>BOAT WITH MOTOR</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	WATCH	1	2	BICYCLE	1	2	MOTORCYCLE/SCOOTER ...	1	2	ANIMAL-DRAWN CART	1	2	CAR/TRUCK	1	2	BOAT WITH MOTOR	1	2	
	YES	NO																						
WATCH	1	2																						
BICYCLE	1	2																						
MOTORCYCLE/SCOOTER ...	1	2																						
ANIMAL-DRAWN CART	1	2																						
CAR/TRUCK	1	2																						
BOAT WITH MOTOR	1	2																						
119	Does any member of this household own any agricultural land?	YES 1 NO 2	→ 126																					
120	How much agricultural land do members of this household own? RECORD IN UNITS RESPONDENT USES.	ACRES 1 <input type="text"/> <input type="text"/> <input type="text"/> HECTARES 2 <input type="text"/> <input type="text"/> <input type="text"/> FOOTBALL PITCHES ... 3 <input type="text"/> <input type="text"/> <input type="text"/> 95 OR MORE ACRES/HECTARES/FOOTBALL PITCHES 9995 DON'T KNOW 9998																						

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
126	Does any member of this household have a bank account?	YES 1 NO 2	
126A	At any time in the past 12 months, has anyone come into your house to spray the interior walls of your dwelling against mosquitoes?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 127
126B	How many months ago was the house sprayed? IF LESS THAN 1 MONTH AGO, RECORD '00'	MONTHS <input type="text"/> <input type="text"/>	
126C	Who sprayed the house?	ARMY/POLICE 1 OTHER GOVERNMENT WORKER/ PROGRAMME 2 PRIVATE COMPANY 3 OTHER 6 (SPECIFY) DON'T KNOW 8	
127	Does your household have any mosquito nets that can be used while sleeping?	YES 1 NO 2	→ M1
128	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS <input type="text"/>	

FOOTNOTES

- (1) This section should be adapted for country-specific survey design.
- (2) In Q. 18, the year should refer to the school year that is in session at the time the survey begins. If the survey begins between two school years, then the year should refer to the school year that just ended.
- (3) Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.
- (4) Each country should add to the list at least five items of furniture (such as a table, a chair, a sofa, a bed, an armoire, or a cupboard or cabinet). In addition, each country should add at least four additional household appliances so that the list includes at least three items that even a poor household may have, at least three items that a middle income household may have, and at least three items that a high income household may have. Some possible additions are clock, water pump, grain grinder, fan, blender, water heater, generator, washing machine, microwave oven, computer, VCR or DVD player, cassette or CD player, camera, air conditioner or cooler, color TV, sewing machine.
- (5) Add other country-specific animals, such as oxen, water buffalo, camels, llamas, alpacas, pigs, ducks, geese or elephants.
- (6) The question should be deleted in countries that do not have an organized spraying program to prevent the transmission of malaria.
- (7) The question should be deleted in countries that are not affected by malaria.
- (8) There are many different kinds of iodine testing kits available. The proper test kit should be selected in each country depending on the type of iodine additive used in the country (potassium iodate or potassium iodide). If both of these additives are used in a country, then both types of test kits should be used.
- (9) Year of fieldwork is assumed to be 2010. For fieldwork beginning in 2011 or 2012, the year should be 2006 or 2007, respectively.
- (10) In countries where the weighing scale shows the weight to only one decimal place, retain only one box after the decimal point and delete the first '9' from the other three codes.
- (11) In countries where some enumeration areas are higher than 1,000 meters, altitude information should be collected on a separate form for each enumeration area higher than 1,000 meters so that the anemia estimate can be adjusted appropriately.
- (12) Questions should be omitted in countries in which HIV testing is not a component of the survey.

HOUSEHOLD EXPENSES

This section will be answered by a person who is knowledgeable about the household's expenses.

Questions	AMOUNT IN BIF
Clothing Expenses	
M1. How much has the household spent in the last 30 days on :	
a. Cloth	_____
b. Dresses	_____
c. Shirts	_____
d. Pants	_____
e. Coats	_____
f. Jackets	_____
g. Sweaters/Woolwear	_____
h. Cottonwear	_____
i. Shoes	_____
j. Making and/or repairing clothes and shoes	_____
Shelter Expenses	
M2. How much has the household spent in the last 30 days on :	
a. Rent / Mortgage	_____
b. House repairs	_____
c. Purchase of equipment for the house (furniture, blankets, sheets, tablecloths, curtains, toiletries, etc.)	_____
d. Water and electricity	
i. Water	_____
ii. Electricity	_____
e. Construction and maintenance of fences	_____
Expenses on Leisure Activities and Ceremonies	
M3. How much has the household spent in the last 30 days on :	
a. Cinema/Theater	_____
b. Sports	_____
c. Lectures	_____
d. Dowry, bride price (<i>lobola</i>), and marriage	_____
e. Birth and baptism	_____
f. Other various ceremonies (i.e., death, mourning, birthdays, etc.)	_____
Transportation and Communication Expenses	
M4. How much has the household spent in the last 30 days on :	
a. Travel, including daily transportation, vacations, etc.	_____
b. Purchase of fuel, lubricants, and maintenance	_____
c. Telephone, Fax, Telex, Internet	_____
d. Radio, TV	_____
e. Postal correspondence fees	_____
Health and Education Expenditures	
M5. How much has the household spent in the last 30 days on :	
a. Health expenses, including consultations, medications, exams, transport, hospitalization, insurance, etc.	_____
b. Education expenses, including tuition, books, uniforms, transport, etc.	_____
Transfers and Other Expenditures	
M6. How much has the household spent in the last 30 days on :	
a. Payments for domestic help, maids, nannies, watchmen	_____
b. Transfers paid to other households	_____
c. Council rates (i.e. Market fees)	_____
d. Fines or legal fees	_____
e. Losses due to theft	_____
f. Other expenses	_____

HOUSEHOLD EXPENSES (END) – CURRENT CONSUMPTION OF GOODS OVER THE PAST 7 DAYS

To be answered by the woman or a person who is knowledgeable about the household's purchases. The woman and the financially knowledgeable person may answer this section together.

NO.	GOODS	M11. In the last 7 days, did your household consume (NAME OF GOOD)?	M12. How much did you buy?		M13. Did you buy it?	M14. How much did you pay for it?
		1. Yes 2. No → NEXT GOOD	Qty.	Unit	1. Yes 2. No → NEXT GOOD	Amount (in MKW)
CEREALS, GRAINS AND CEREAL PRODUCTS						
1	Maize <i>ufa mgaiwa</i> (normal flour)	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2	Maize <i>ufa</i> refined (fine flour)	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3	Maize <i>ufa madeya</i> (bran flour)	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4	Maize grain (not as <i>ufa</i>)	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5	Green maize	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6	Rice	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7	Finger millet (<i>mawere</i>)	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8	Sorghum (<i>mapira</i>)	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9	Pearl millet (<i>mchewere</i>)	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
10	Wheat flour	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
11	Bread	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
12	Buns, scones	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
13	Biscuits	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
14	Spaghetti, macaroni, pasta	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
15	Breakfast cereal	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
16	Infant feeding cereals	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
SUGAR, FATS, AND OILS						
18	Sugar	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
19	Sugar Cane	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
20	Cooking oil	<input type="checkbox"/>		L	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ROOTS, TUBERS, AND PLANTAINS						
22	Cassava tubers	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
23	Cassava flour	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

NO.	GOODS	M11. In the last 7 days, did your household consume (NAME OF GOOD)?	M12. How much did you buy?		M13. Did you buy it?	M14. How much did you pay for it?
		1. Yes 2. No → NEXT GOOD	Qty.	Unit	1. Yes 2. No → NEXT GOOD	Amount (in MKW)
24	White sweet potato	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
25	Orange sweet potato	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
26	Irish potato	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
27	Potato crisps	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
28	Plantain, cooking banana	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
29	Cocoyam (<i>masimbi</i>)	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
NUTS AND PULSES						
31	Bean, white	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
32	Bean, brown	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
33	Pigeonpea (<i>nandolo</i>)	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
34	Groundnut	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
35	Groundnut flour	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
36	Soyabean flour	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
37	Soya Pieces	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
38	Ground bean (<i>nzama</i>)	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
39	Cowpea (<i>khobwe</i>)	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
40	Macadamia nuts	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
41	Elephant Beans (Kalongonda)	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
VEGETABLES						
43	Onion	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
44	Cabbage	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
45	<i>Tanaposi</i> / Rape	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
46	<i>Nkhwani</i>	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
47	Chinese cabbage	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
48	Other cultivated green leafy vegetables	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
49	Gathered wild green leaves	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

NO.	GOODS	M11. In the last 7 days, did your household consume (NAME OF GOOD)?	M12. How much did you buy?		M13. Did you buy it?	M14. How much did you pay for it?
		1. Yes 2. No → NEXT GOOD	Qty.	Unit	1. Yes 2. No → NEXT GOOD	Amount (in MKW)
50	Tomato	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
51	Cucumber	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
52	Pumpkin	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
53	Okra / <i>Therere</i>	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
54	Tinned vegetables	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
55	Mushroom	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
FRUITS						
57	Mango	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
58	Banana	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
59	Citrus – naartje, orange, etc.	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
60	Pineapple	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
61	Papaya	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
62	Guava	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
63	Avocado	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
64	Wild fruit (<i>masau, malambe, etc.</i>)	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
65	Apple	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
MEATS, FISH, AND ANIMAL PRODUCTS						
67	Eggs	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
68	Dried fish	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
69	Fresh fish	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
70	Beef	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
71	Goat	<input type="checkbox"/>		No.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
72	Pork	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
73	Mutton	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
74	Chicken	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
75	Other poultry - guinea fowl, doves, etc.	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

NO.	GOODS	M11. In the last 7 days, did your household consume (NAME OF GOOD)?	M12. How much did you buy?		M13. Did you buy it?	M14. How much did you pay for it?
		1. Yes 2. No ➔ NEXT GOOD	Qty.	Unit	1. Yes 2. No ➔ NEXT GOOD	Amount (in MKW)
76	Small animal – rabbit, mice, etc.	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
77	Termites, other insects (eg Ngumbi, caterpillar)	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
78	Tinned meat or fish	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
79	Smoked fish	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
80	Fish Soup/Sauce	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
COOKED FROM VENDOR						
82	Maize - boiled or roasted (vendor)	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
83	Chips (vendor)	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
84	Cassava - boiled (vendor)	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
85	Eggs - boiled (vendor)	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
86	Chicken (vendor)	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
87	Meat (vendor)	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
88	Fish (vendor)	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
89	Mandazi, zitumbuwa, chigumu or scones, biscuits, doughnut (vendor)	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
90	Samosa (vendor), wampunga or wambates	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
91	Meal eaten at restaurant	<input type="checkbox"/>		No.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
MILK AND MILK PRODUCTS						
93	Fresh milk	<input type="checkbox"/>		L	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
94	Powdered milk	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
95	Margarine - Blue band	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
96	Butter	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
97	Chambiko - soured milk	<input type="checkbox"/>		L	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
98	Yoghurt	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
99	Cheese	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
100	Infant feeding formula (for bottle)	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
BEVERAGES						

NO.	GOODS	M11. In the last 7 days, did your household consume (NAME OF GOOD)?	M12. How much did you buy?		M13. Did you buy it?	M14. How much did you pay for it?
		1. Yes 2. No → NEXT GOOD	Qty.	Unit	1. Yes 2. No → NEXT GOOD	Amount (in MKW)
102	Tea	<input type="checkbox"/>		L	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
103	Coffee	<input type="checkbox"/>		L	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
104	Cocoa, Milo	<input type="checkbox"/>		L	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
105	Squash (Sobo drink concentrate)	<input type="checkbox"/>		L	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
106	Fruit juice	<input type="checkbox"/>		L	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
107	Freezes (flavored ice)	<input type="checkbox"/>		L	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
108	Soft drinks (Coca-cola, Fanta, Sprite, etc.)	<input type="checkbox"/>		L	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
109	Chibuku (commercial traditional-style beer)	<input type="checkbox"/>		L	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
110	Bottled water	<input type="checkbox"/>		L	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
111	Maheu	<input type="checkbox"/>		L	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
112	Bottled / canned beer (Carlsberg, etc.)	<input type="checkbox"/>		L	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
113	Thobwa	<input type="checkbox"/>		L	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
114	Traditional beer (<i>masese</i>)	<input type="checkbox"/>		L	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
115	Wine or commercial liquor (gudugu, pineapple wine, kachaso, tyson)	<input type="checkbox"/>		L	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
116	Locally brewed liquor (<i>kachasu</i>)	<input type="checkbox"/>		L	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
SPICES AND MISCELLANEOUS						
117	Salt	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
118	Spices	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
119	Yeast, baking powder, bicarbonate of soda	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
120	Tomato sauce (bottle)	<input type="checkbox"/>		L	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
121	Hot sauce (Nali, etc.)	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
122	Jam, jelly	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
123	Sweets, candy, chocolates	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
124	Honey	<input type="checkbox"/>		L	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
NON-FOOD ITEMS						
126	Charcoal	<input type="checkbox"/>		kg	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

NO.	GOODS	M11. In the last 7 days, did your household consume (NAME OF GOOD)?	M12. How much did you buy?		M13. Did you buy it?	M14. How much did you pay for it?
		1. Yes 2. No ➔ NEXT GOOD	Qty.	Unit	1. Yes 2. No ➔ NEXT GOOD	Amount (in MKW)
127	Paraffin or kerosene	<input type="checkbox"/>		No.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
128	Firewood	<input type="checkbox"/>		No. pieces	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
129	Cigarettes or other tobacco	<input type="checkbox"/>		No.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
130	Candles	<input type="checkbox"/>		No.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
131	Matches	<input type="checkbox"/>		No. boxes	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
132	Batteries	<input type="checkbox"/>		No.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
133	Newspapers or magazines	<input type="checkbox"/>		No.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
134	Public transport - Bicycle Taxi	<input type="checkbox"/>		No. tickets	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
135	Public transport - Bus/Minibus	<input type="checkbox"/>		No. tickets	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
136	Public transport - Other (Truck, Oxcart, Etc.)	<input type="checkbox"/>		No. tickets	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
137	Soap bar	<input type="checkbox"/>		No.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
143	Church fees / Tithes	<input type="checkbox"/>		No. fees	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
145	Telephone airtime	<input type="checkbox"/>		No. credits	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

FOLLOW-UP INFORMATION

FOLLOW-UP INFORMATION

Thank you for participating in this section of the survey. We may contact your household again in a few years to learn more about how life changes for Malawian families. Could you please give us information about two people who **DO NOT LIVE IN THE HOUSEHOLD** and who would know where you or other household members are, or how to reach you, in the future?

CONTACT 1

FULL NAME: _____

RELATIONSHIP TO YOU: _____

FULL ADDRESS: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

CONTACT 2

FULL NAME: _____

RELATIONSHIP TO YOU: _____

FULL ADDRESS: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

OTHER HOUSEHOLD CONTACT:

What is the name and phone number of someone else within your household?

NAME: _____

PHONE: _____

RELATIONSHIP TO YOU: _____

PLANS TO MOVE:

Does your family/household have any plans to move in the next two years?

YES

NO

IF YES: Where do you plan to move to?

ADDRESS: _____

PHOTO OF HOUSEHOLD:

With your permission, I would now like to take a photo of the front of your house.
Taking this photo will help us to find your house again in the future.

May I take a photo of the front of your house?

YES

NO

IF YES, PLEASE PROCEED TO THE EXTERIOR OF THE HOUSE AND TAKE A PHOTO OF THE FRONT OF THE HOUSE.

PHOTO OF RESPONDENT:

With your permission, I would now like to take a photo of you. Taking your photo
will help us to find you again in the future.

May I take your photo now?

YES

NO

IF YES, PLEASE TAKE A PHOTO OF THE RESPONDENT. BE SURE TO CLEARLY CAPTURE THE RESPONDENT'S FACE FROM
THE NECK UP.

END OF HOUSEHOLD SECTION:

You have now reached the end of the household section of the survey. We will now proceed to the woman's section of the survey. Thank you
for your time and ideas. This has been extremely helpful. I want to remind you that all of your responses will remain confidential. I also ask
that you not share the details of what was said here.

How does that sound to you? Do you have any further questions for me at this time?

Thank you again for your help.

END OF HOUSEHOLD SECTION. PROCEED TO WOMAN'S SECTION.

QUANTITATIVE SURVEY
WOMAN'S QUESTIONNAIRE
MALAWI FAMILY PLANNING SURVEY - WAVE I, 2016
HARVARD UNIVERSITY, IPA MALAWI

DATE _____

IDENTIFICATION (1)											
NAME OF THE LOCATION _____ AREA SECTOR NAME AND NO. OF THE DISTRICT _____ CLUSTER NUMBER HOUSEHOLD NUMBER	<table border="1" style="margin: auto;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>										
NAME OF HOUSEHOLD HEAD _____ PRIMARY PHONE NO. OF HH HEAD _____ NAME AND LINE NUMBER OF WOMAN _____											
IS THE WOMAN WHO IS ANSWERING THE SAME PERSON WHO ANSWERED THE HOUSEHOLD SECTION? IF YES, SKIP FOLLOWING THREE QUESTIONS ON PHONE NUMBER AND E-MAIL INFORMATION.											
PRIMARY PHONE NO. OF WOMAN _____ ALTERNATE PHONE NO. OF WOMAN _____ E-MAIL OF WOMAN _____											

--	--

Y N

INTERVIEWER VISITS										
	1	2	3	FINAL VISIT						
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
RESULT*	_____	_____	_____	YEAR <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>						
				INT. NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>						
				RESULT <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td></tr> <tr><td></td></tr> </table>						
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td></tr> </table>						
TIME	_____	_____								
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED (SPECIFY) _____										

COUNTRY-SPECIFIC INFORMATION:

LANGUAGE OF QUESTIONNAIRE, LANGUAGE OF INTERVIEW, NATIVE LANGUAGE OF RESPONDENT, AND WHETHER TRANSLATOR USED

FIELD MANAGER	FIELD EDITOR	OFFICE EDITOR	KEYED BY										
NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td><td></td></tr> </table>				NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td><td></td></tr> </table>				<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> </table>			<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> </table>		

(1) This section should be adapted for country-specific survey design.

Note: Questions with blue highlighting in the question number column are HIV related questions that may be deleted in some circumstances (see footnotes). Questions with pink highlighting in the question number column are malaria related questions that may be deleted in some circumstances (see footnotes). Questions with yellow highlighting in the question number column are other questions that may be deleted in some circumstances (see footnotes).

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION

In this section, I will ask you questions about your health and well-being. The questions in this section usually take about 60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

Do you have any questions? May I begin the interview now?

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
104	Have you ever attended school?	YES 1 NO 2	→ 108
105	What is the highest level of school you attended: primary, secondary, or higher? (1)	PRIMARY 1 SECONDARY 2 HIGHER 3	
106	What is the highest (class/form/year) you completed at that level? (1) IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	CLASS/FORM/YEAR <input type="text"/> <input type="text"/>	
107	CHECK 105 (SCHOOL CODE): PRIMARY <input type="checkbox"/> <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/> <input type="checkbox"/>		→ 113

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	<p>Now I would like you to read this sentence to me.</p> <p>SHOW CARD TO RESPONDENT. (2) IF RESPONDENT SPEAKS MULTIPLE LANGUAGES, SELECT ALL THAT APPLIES.</p> <p>IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?</p>	<p>ENGLISH CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3</p> <p>CHICHEWA CANNOT READ AT ALL 4 ABLE TO READ ONLY PARTS OF SENTENCE 5 ABLE TO READ WHOLE SENTENCE 6</p> <p>TUMBUKA CANNOT READ AT ALL 7 ABLE TO READ ONLY PARTS OF SENTENCE 8 ABLE TO READ WHOLE SENTENCE 9</p> <p>NO CARD WITH REQUIRED LANGUAGE 21 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 31</p>	
109	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES 1 NO 2	
113	What is your religion?	CATHOLIC 1 CCAP 2 ANGLICAN 3 SEVENTH DAY ADVENTIST / BAPTIST 4 OTHER CHRISTIAN 5 MUSLIM 6 NO RELIGION 7 OTHER 96 (SPECIFY)	
114	What is your tribe or ethnic group?	CHEWA 1 TUMBUKA 2 LOMWE 3 TONGA 4 YAO 5 SENA 6 NKHONDE 7 NGONI 8 OTHER 96 (SPECIFY)	

- (1) Revise according to the local education system.
- (2) Each card should have four simple sentences appropriate to the country (e.g., "Parents love their children.", "Farming is hard work.", "The child is reading a book.", "Children work hard at school."). Cards should be prepared for every language in which respondents are likely to be literate.
- (3) The question may be considered for deletion in countries with a very low HIV prevalence.

CODES FOR 106: HIGHEST EDUCATION LEVEL ATTAINED

Description	Code
Some schooling but not Completed Primary (Ecole Primaire) 1st Year (P.1)	10
Completed P.1	11
Completed P.2	12
Completed P.3	13
Completed P.4	14
Completed P.5	15
Completed P.6	16
Completed Middle/College 1st Year (M.1) (Ecole Secondaire, 1er Cycle)	21
Completed M.2	22
Completed M.3	23
Completed M.4	24
Completed Secondary/Lycees General (S.1) (Ecole Secondaire, 2eme Cycle)	31
Completed S.2	32
Completed S.3	33
Completed Vocational/Enseignants du primaire (V.1)(Superieur)	41
Completed V.2	42
Completed V.3	43
Completed V.4	44
Completed Premier cycle universitaire	51
Completed Enseignant secondaire	61
Completed Degree and above (2eme, 3eme cycle universitaire)	71
Don't Know	99

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2	→ 208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> → 226										

<p>211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS. (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).</p>									
212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/next) baby? RECORD NAME. BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: When is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (NEXT BIRTH)	DAYS ... 1 MONTHS 2 YEARS ... 3	
02	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES 1 ADD ↙ BIRTH NO 2 NEXT ↙ BIRTH
03	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES 1 ADD ↙ BIRTH NO 2 NEXT ↙ BIRTH
04	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES 1 ADD ↙ BIRTH NO 2 NEXT ↙ BIRTH
05	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES 1 ADD ↙ BIRTH NO 2 NEXT ↙ BIRTH
06	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES 1 ADD ↙ BIRTH NO 2 NEXT ↙ BIRTH
07	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES 1 ADD ↙ BIRTH NO 2 NEXT ↙ BIRTH

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your next baby? RECORD NAME. BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: When is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
08	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 220	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/> 220	YES ... 1 NO ... 2 ↓ 220	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/> 220	YES ... 1 ADD BIRTH NO ... 2 NEXT BIRTH ↓ 220
09	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 220	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/> 220	YES ... 1 NO ... 2 ↓ 220	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/> 220	YES ... 1 ADD BIRTH NO ... 2 NEXT BIRTH ↓ 220
10	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 220	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/> 220	YES ... 1 NO ... 2 ↓ 220	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/> 220	YES ... 1 ADD BIRTH NO ... 2 NEXT BIRTH ↓ 220
11	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 220	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/> 220	YES ... 1 NO ... 2 ↓ 220	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/> 220	YES ... 1 ADD BIRTH NO ... 2 NEXT BIRTH ↓ 220
12	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 220	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/> 220	YES ... 1 NO ... 2 ↓ 220	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/> 220	YES ... 1 ADD BIRTH NO ... 2 NEXT BIRTH ↓ 220
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.					YES 1 NO 2			
223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)								
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN JANUARY 2016 (1) OR LATER.					NUMBER OF BIRTHS <input type="text"/> NONE 0 → 226			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
225	<p>C FOR EACH BIRTH SINCE JANUARY 2016 (1), ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)</p>								
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	<input type="checkbox"/> → 230						
227	<p>How many months pregnant are you?</p> <p>RECORD NUMBER OF COMPLETED MONTHS.</p> <p>C ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.</p>	MONTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>							
228	When you got pregnant, did you want to get pregnant at that time?	YES 1 NO 2	→ 230						
229	Did you want to have a baby later on or did you not want any (more) children?	LATER 1 NO MORE 2							
230	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES 1 NO 2	→ 302						
231	When did the last such pregnancy end?	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table>							

(1) Year of fieldwork is assumed to be 2010. For fieldwork beginning in 2011 or 2012, the year should be 2006 or 2007, respectively.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
232 (1)	<p>CHECK 231:</p> <p>LAST PREGNANCY ENDED AFTER JANUARY 2016 <input type="checkbox"/></p> <p>LAST PREGNANCY ENDED IN 2015 OR EARLIER <input type="checkbox"/></p>			<p>→ 234</p> <p>→ 302</p>
LINE NO.	233 In what month and year did the preceding such pregnancy end?	234 How many months pregnant were you when that pregnancy ended?	235 (1) Since January 2016, have you had any other pregnancies that did not result in a live birth?	
01		<input type="text"/> <input type="text"/> NUMBER OF MONTHS	YES 1 NO 2	<p>→ NEXT LINE</p> <p>→ 236</p>
02	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR	<input type="text"/> <input type="text"/> NUMBER OF MONTHS	YES 1 NO 2	<p>→ NEXT LINE</p> <p>→ 236</p>
03	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR	<input type="text"/> <input type="text"/> NUMBER OF MONTHS	YES 1 NO 2	<p>→ NEXT LINE</p> <p>→ 236</p>
04	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR	<input type="text"/> <input type="text"/> NUMBER OF MONTHS	YES 1 NO 2	<p>→ 236</p>
236 (1)	<p>C FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN JANUARY 2016 OR LATER, ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY.</p> <p>IF THERE ARE MORE THAN FOUR PREGNANCIES THAT DID NOT END IN A LIVE BIRTH, USE AN ADDITIONAL QUESTIONNAIRE STARTING ON THE SECOND LINE.</p>			

(1) Year of fieldwork is assumed to be 2010. For fieldwork beginning in 2011 or 2012, the year should be 2006 or 2007, respectively.

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
302	CHECK 226: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>NOT PREGNANT OR UNSURE</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">↓</div> <div>PREGNANT</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">→</div> </div>		→ 311												
303	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 311												
304	Which method are you using? (4) CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	MALE STERILIZATION B IUD C INJECTABLES D IMPLANTS E PILL F CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J STANDARD DAYS METHOD K LACTATIONAL AMEN. METHOD L RHYTHM METHOD M WITHDRAWAL N OTHER MODERN METHOD X OTHER TRADITIONAL METHOD Y	→ 308 → 308A → 306 → 308A												
305	What is the brand name of the pills you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	LOFEMINOL 01 MICROGYNON 02 OVRETTE 03 OTHER 96 (SPECIFY) _____ DON'T KNOW 98	→ 308A												
306	What is the brand name of the condoms you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	CHISHANGO 01 MANYUCHI 02 CARE (FEMALE CONDOM) 03 OTHER 96 (SPECIFY) _____ DON'T KNOW 98	→ 308A												
308	In what month and year was the sterilization performed?														
308A	Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>													

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
309	<p>CHECK 308/308A, 215 AND 231:</p> <p>ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308/308A</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>GO BACK TO 308/308A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).</p>		
310	<p>CHECK 308/308A:</p> <p>JANUARY 2016 (6) OR LATER <input type="checkbox"/></p> <p>YEAR IS 2015 (7) OR EARLIER <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2016 (6).</p> <p>THEN SKIP TO → 322</p>		
311	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last year.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2016. (6)</p> <p>USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>C IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ul style="list-style-type: none"> * When was the last time you used a method? Which method was that? * When did you start using that method? How long after the birth of (NAME)? * How long did you use the method then? <p>IN COLUMN 2, ENTER CODES FOR DISCONTINUATION NEXT TO THE LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 2 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.</p> <p>ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ul style="list-style-type: none"> * Why did you stop using the (METHOD)? Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason? * IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1. 		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
312	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH NO METHOD USED <input type="checkbox"/> ANY METHOD USED <input type="checkbox"/> ↓		→ 316
313	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→ 326
314	Which method(s) have you ever used? (4) CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	MALE STERILIZATION B IUD C INJECTABLES D IMPLANTS E PILL F CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J STANDARD DAYS METHOD K LACTATIONAL AMEN. METHOC L RHYTHM METHOD M WITHDRAWAL N OTHER MODERN METHOD X OTHER TRADITIONAL METHOD Y	→ 326
316	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED 00 MALE STERILIZATION 02 IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM 09 FOAM/JELLY 10 STANDARD DAYS METHOD 11 LACTATIONAL AMEN. METHOC 12 RHYTHM METHOD 13 WITHDRAWAL 14 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOC 96	→ 326 → 326 → 323 → 320 → 326 → 326
317	At that time, were you told about side effects or problems you might have with the method?	YES 1 NO 2	→ 319
318	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES 1 NO 2	→ 320
319	Were you told what to do if you experienced side effects or problems?	YES 1 NO 2	
320	CHECK 317: CODE '1' CIRCLED <input type="checkbox"/> CODE '1' NOT CIRCLED <input type="checkbox"/> ↓ ↓ At that time, were you told about other methods of family planning that you could use? When you obtained (CURRENT METHOD FROM 314) from (SOURCE OF METHOD FROM 307 OR 315), were you told about other methods of family planning that you could use?	YES 1 NO 2	→ 322

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
326	In the last 12 months, were you visited by a fieldworker who talked to you about family planning? (8)	YES 1 NO 2	
327	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	YES 1 NO 2	→ 401
328	Did any staff member at the health facility speak to you about family planning methods?	YES 1 NO 2	

- (1) If Standard Days Method is commonly used, it may be added to the table before Lactational Amenorrhea. **"Standard Days Method** (use local term, such as CycleBeads™, as appropriate) PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse." If Standard Days Method is added to Q. 301, it should also be added before LAM to Qs. 304, 314, 316, 322, and Column 1 of the calendar.
- (2) The LAM method should be deleted in countries that do not have a LAM program. In these countries, LAM should also be deleted as a coding category in Qs. 304, 314, 316, 322, and Column 1 of the calendar. A description of LAM should not be provided in Q. 301.
- (3) Studies have indicated emergency contraception can be effective up to five days. Verify country program recommendations and modify wording if appropriate.
- (4) Other commonly used methods may be added to the list, such as contraceptive patch, contraceptive vaginal ring, or sponge. Any codes added in Q. 304 must also be added to Qs. 314, 316, 322, and Column 1 of the calendar. These methods should not be added to Q. 301.
- (5) Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.
- (6) Year of fieldwork is assumed to be 2010. For fieldwork beginning in 2011 or 2012, the year should be 2006 or 2007, respectively.
- (7) Year of fieldwork is assumed to be 2010. For fieldwork beginning in 2011 or 2012, the year should be 2005 or 2006, respectively.
- (8) In countries without national fieldworker programs that include family planning, Q. 326 should be deleted.

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 224: <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> ONE OR MORE BIRTHS IN 2016 (1) OR LATER <input type="checkbox"/> </div> <div style="text-align: center;"> NO BIRTHS IN 2016 (1) OR LATER <input type="checkbox"/> </div> </div> <div style="text-align: right; margin-top: -20px;">→ 601</div>	
402	CHECK 215: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF THE LAST BIRTH IN 2015. ASK THE QUESTIONS ABOUT THIS BIRTH. Now I would like to ask some questions about your last birth.	
403	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>
404	FROM 212 AND 216	NAME <input type="text"/> LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
405	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES 1 (SKIP TO 430) ← NO 2
406	Did you want to have a baby later on, or did you not want any (more) children?	LATER 1 NO MORE 2 (SKIP TO 430) ←
407	How much longer did you want to wait?	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998
430	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8
431	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 447) ← DON'T KNOW 8
432	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____
447	Has your menstrual period returned since the birth of (NAME)?	YES 1 (SKIP TO 449) ← NO 2 (SKIP TO 450) ←
448	Did your period return between the birth of (NAME) and your next pregnancy?	
449	For how many months after the birth of (NAME) did you not have a period?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98
450	CHECK 226: IS RESPONDENT PREGNANT?	NOT <input type="checkbox"/> PREGNANT PREG- OR <input type="checkbox"/> NANT UNSURE (SKIP TO 452) ←
451	Have you had sexual intercourse since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 453) ←
452	For how many months after the birth of (NAME) did you not have sexual intercourse?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98
453	Did you ever breastfeed (NAME)?	YES 1 (SKIP TO 455) ← NO 2
454	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ ↓ (SKIP TO 601) (GO TO 601)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____									
455	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY . . . 000 HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
456	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO 458) ←									
457	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) A PLAIN WATER . . . B SUGAR OR GLU- COSE WATER . . . C GRIPE WATER . . . D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA/INFUSIONS . . . H COFFEE I HONEY J OTHER _____ X (SPECIFY)									
458	CHECK 404: IS CHILD LIVING?	LIVING <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> (GO TO 601) ↓									
459	Are you still breastfeeding (NAME)?	YES 1 NO 2									

- (1) Year of fieldwork is assumed to be 2010. For fieldwork beginning in 2011 or 2012, the year should be 2006 or 2007, respectively.
- (2) Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.
- (3) Vaccination practices may vary; this question should specify where the injection is given, e.g. arm or shoulder.
- (4) Syrup should be deleted in countries where syrup is not used.
- (5) In countries where it is important to know the number of iron tablets taken per day, an appropriate question may be added.
- (6) The question should be deleted in surveys in countries where there is no program for intermittent preventive treatment against malaria during pregnancy.

SECTION 6. MARRIAGE AND SEXUAL ACTIVITY

	<p>Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.</p> <p>CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</p>		
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	<input type="checkbox"/> → 604
602	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	<input type="checkbox"/> → 612
603	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	<input type="checkbox"/> → 609
604	Is your (husband/partner) living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
605	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME LINE NO. <input type="text"/> <input type="text"/>	
606 (1)	Does your (husband/partner) have other wives or does he live with other women as if married?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 609
607 (1)	Including yourself, in total, how many wives or live-in partners does he have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	
608 (1)	Are you the first, second, ... wife?	RANK <input type="text"/> <input type="text"/>	
609	Have you been married or lived with a man only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
610	CHECK 609: <div style="display: flex; justify-content: space-around;"> <div> MARRIED/ LIVED WITH A MAN ONLY ONCE <input type="checkbox"/> </div> <div> MARRIED/ LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-around;"> <div> In what month and year did you start living with your (husband/partner)? </div> <div> Now I would like to ask about your first (husband/partner). In what month and year did you start living with him? </div> </div>	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	<input type="checkbox"/> → 612
611	How old were you when you first started living with him?	AGE <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
613	<p>Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues.</p> <p>How old were you when you had sexual intercourse for the very first time?</p>	<p>NEVER HAD SEXUAL INTERCOURSE 00</p> <p>AGE IN YEARS <input type="text"/> <input type="text"/></p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95</p>	→ 701
615	<p>When was the <u>last</u> time you had sexual intercourse?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO 1 <input type="text"/> <input type="text"/></p> <p>WEEKS AGO 2 <input type="text"/> <input type="text"/></p> <p>MONTHS AGO 3 <input type="text"/> <input type="text"/></p> <p>YEARS AGO 4 <input type="text"/> <input type="text"/></p>	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 304: NEITHER <input type="checkbox"/> STERILIZED <input type="checkbox"/> HE <input type="checkbox"/> STERILIZED		→ 712
702	CHECK 226: PREGNANT <input type="checkbox"/> NOT PREGNANT <input type="checkbox"/> OR UNSURE		→ 704
703	Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	→ 705 → 711
704	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT 3 UNDECIDED/DON'T KNOW 8	→ 707 → 712 → 710
705	CHECK 226: NOT PREGNANT <input type="checkbox"/> OR UNSURE PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 YEARS 2 SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE 995 OTHER 996 (SPECIFY) DON'T KNOW 998	→ 710 → 712 → 710
706	CHECK 226: NOT PREGNANT <input type="checkbox"/> OR UNSURE PREGNANT <input type="checkbox"/>		→ 711
707	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT <input type="checkbox"/> CURRENTLY USING CURRENTLY <input type="checkbox"/> USING		→ 712
708	CHECK 705: NOT <input type="checkbox"/> ASKED 24 OR MORE MONTHS <input type="checkbox"/> OR 02 OR MORE YEARS 00-23 MONTHS <input type="checkbox"/> OR 00-01 YEAR		→ 711

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
709	<p>CHECK 704:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want (a/another) child soon. Can you tell me why you are not using a method to prevent pregnancy? Any other reasons?</p> </div> <div style="text-align: center;"> <p>WANTS NO MORE/ NONE <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want any (more) children. Can you tell me why you are not using a method to prevent pregnancy? Any other reasons?</p> </div> </div> <p style="text-align: center;">RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY D</p> <p>CAN'T GET PREGNANT E</p> <p>NOT MENSTRUATED SINCE LAST BIRTH F</p> <p>BREASTFEEDING G</p> <p>UP TO GOD/FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/PARTNER OPPOSED J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS O</p> <p>FEAR OF SIDE EFFECTS P1</p> <p>LACK OF ACCESS/TOO FAR P2</p> <p>TOO LONG OF A WAIT P3</p> <p>TOO BUSY/NO TIME P4</p> <p>COSTS TOO MUCH Q</p> <p>PREFERRED METHOD</p> <p>NOT AVAILABLE R</p> <p>NO METHOD AVAILABLE S</p> <p>INCONVENIENT TO USE T</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES U</p> <p>OTHER X</p> <p style="text-align: center;">(SPECIFY)</p> <p>DON'T KNOW Z</p>	
710	<p>CHECK 303: USING A CONTRACEPTIVE METHOD?</p> <div style="display: flex; justify-content: space-around;"> <p>NOT ASKED <input type="checkbox"/></p> <p>NO, NOT CURRENTLY USING <input type="checkbox"/></p> <p>YES, CURRENTLY USING <input type="checkbox"/></p> </div>		→ 712
711	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
712	<p>CHECK 216:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>↓</p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> </div> <div style="text-align: center;"> <p>NO LIVING CHILDREN <input type="checkbox"/></p> <p>↓</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> </div> </div> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00</p> <p>NUMBER <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/></p> <p>OTHER 96</p> <p style="text-align: center;">(SPECIFY)</p>	<p>→ 716</p> <p>→ 716</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
713	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	<table border="1"> <thead> <tr> <th></th><th>BOYS</th><th>GIRLS</th><th>EITHER</th></tr> </thead> <tbody> <tr> <td>NUMBER</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr> <td>OTHER</td><td colspan="2"><input type="text"/></td><td>96</td></tr> <tr> <td></td><td colspan="3">(SPECIFY)</td></tr> </tbody> </table>		BOYS	GIRLS	EITHER	NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>	OTHER	<input type="text"/>		96		(SPECIFY)														
	BOYS	GIRLS	EITHER																											
NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>																											
OTHER	<input type="text"/>		96																											
	(SPECIFY)																													
714A	In the last few months have you heard about family planning: On the radio? On the television? In a newspaper or magazine? On a poster? On clothing (i.e., cap, chitenji, t-shirt)? In a drama? Somewhere else?	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>RADIO</td><td>1</td><td>2</td></tr> <tr> <td>TELEVISION</td><td>1</td><td>2</td></tr> <tr> <td>NEWSPAPER OR MAGAZINE</td><td>1</td><td>2</td></tr> <tr> <td>POSTER</td><td>1</td><td>2</td></tr> <tr> <td>CLOTHING</td><td>1</td><td>2</td></tr> <tr> <td>DRAMA</td><td>1</td><td>2</td></tr> <tr> <td>OTHER</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	RADIO	1	2	TELEVISION	1	2	NEWSPAPER OR MAGAZINE	1	2	POSTER	1	2	CLOTHING	1	2	DRAMA	1	2	OTHER	1	2				
	YES	NO																												
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POSTER	1	2																												
CLOTHING	1	2																												
DRAMA	1	2																												
OTHER	1	2																												
714B	In the last few months, have you listened to any of the following program series about family planning or health on the radio? Safe motherhood? Phukusi la Moyo? Radio Doctor/Doctor wapawairesi? Umoyo M'Malawi? Tikuferanji? Chitukuku M'Malawi? Uku ndiko kudya? Other?	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>SAFE MOTHERHOOD</td><td>1</td><td>2</td></tr> <tr> <td>PHUKUSI LA MOYO</td><td>1</td><td>2</td></tr> <tr> <td>RADIO DOCTOR</td><td>1</td><td>2</td></tr> <tr> <td>UMOYO M'MALAWI</td><td>1</td><td>2</td></tr> <tr> <td>TIKUFERANJI</td><td>1</td><td>2</td></tr> <tr> <td>CHITUKUKU M'MALAWI</td><td>1</td><td>2</td></tr> <tr> <td>UKU NDIKO KUDYA</td><td>1</td><td>2</td></tr> <tr> <td>OTHER</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	SAFE MOTHERHOOD	1	2	PHUKUSI LA MOYO	1	2	RADIO DOCTOR	1	2	UMOYO M'MALAWI	1	2	TIKUFERANJI	1	2	CHITUKUKU M'MALAWI	1	2	UKU NDIKO KUDYA	1	2	OTHER	1	2	
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CHITUKUKU M'MALAWI	1	2																												
UKU NDIKO KUDYA	1	2																												
OTHER	1	2																												
716	CHECK 601: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>YES, CURRENTLY MARRIED <input type="checkbox"/></div> <div>YES, LIVING WITH A MAN <input type="checkbox"/></div> <div>NO, NOT IN UNION <input type="checkbox"/></div> </div>		→ 801																											
717	CHECK 303: USING A CONTRACEPTIVE METHOD? <div style="display: flex; justify-content: space-around; align-items: center;"> <div>CURRENTLY USING <input type="checkbox"/></div> <div>NOT CURRENTLY USING <input type="checkbox"/></div> </div> OR NOT ASKED		→ 720																											
718A	Does your husband/partner know that you are using a method of family planning?	<table border="1"> <tbody> <tr> <td>YES</td><td>1</td></tr> <tr> <td>NO</td><td>2</td></tr> <tr> <td>DON'T KNOW</td><td>8</td></tr> </tbody> </table>	YES	1	NO	2	DON'T KNOW	8																						
YES	1																													
NO	2																													
DON'T KNOW	8																													
718B	Would you say that using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together?	<table border="1"> <tbody> <tr> <td>MAINLY RESPONDENT</td><td>1</td></tr> <tr> <td>MAINLY HUSBAND/PARTNER</td><td>2</td></tr> <tr> <td>JOINT DECISION</td><td>3</td></tr> <tr> <td>OTHER</td><td>6</td></tr> <tr> <td></td><td>(SPECIFY)</td></tr> </tbody> </table>	MAINLY RESPONDENT	1	MAINLY HUSBAND/PARTNER	2	JOINT DECISION	3	OTHER	6		(SPECIFY)																		
MAINLY RESPONDENT	1																													
MAINLY HUSBAND/PARTNER	2																													
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OTHER	6																													
	(SPECIFY)																													
719	CHECK 304: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>NEITHER STERILIZED <input type="checkbox"/></div> <div>HE OR SHE STERILIZED <input type="checkbox"/></div> </div>		→ 801																											
720	Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want?	<table border="1"> <tbody> <tr> <td>SAME NUMBER</td><td>1</td></tr> <tr> <td>MORE CHILDREN</td><td>2</td></tr> <tr> <td>FEWER CHILDREN</td><td>3</td></tr> <tr> <td>DON'T KNOW</td><td>8</td></tr> </tbody> </table>	SAME NUMBER	1	MORE CHILDREN	2	FEWER CHILDREN	3	DON'T KNOW	8																				
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FEWER CHILDREN	3																													
DON'T KNOW	8																													

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
721	If you were to not use any family planning method, how likely do you think it is that you will become pregnant during the next year?	VERY UNLIKELY 1 SOMEWHAT UNLIKELY 2 NEUTRAL 3 SOMEWHAT LIKELY 4 VERY LIKELY 5	
722	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/> OR NOT ASKED		→ 725
723	If you were to continue to use your family planning method, how likely do you think it is that you would become pregnant during the next year?	VERY UNLIKELY 1 SOMEWHAT UNLIKELY 2 NEUTRAL 3 SOMEWHAT LIKELY 4 VERY LIKELY 5	
724A	Different methods of family planning vary in how effective or ineffective they are in preventing pregnancy. How effective do you think that your family planning method is in preventing pregnancy?	VERY EFFECTIVE 1 PRETTY EFFECTIVE 2 UNSURE/NEUTRAL 3 PRETTY INEFFECTIVE 4 VERY INEFFECTIVE 5	
724B	Different methods of family planning vary in how convenient they are to use. How convenient is it to use your family planning method?	VERY CONVENIENT 1 PRETTY CONVENIENT 2 UNSURE/NEUTRAL 3 PRETTY INCONVENIENT 4 VERY INCONVENIENT 5	
725	If you were to get pregnant within the next year, would it be: READ OUT OPTIONS AND CHOOSE ONE RESPONSE.	THE WORST THING THAT COULD HAPPEN TO YOU 1 VERY BAD 2 SORT OF BAD, BUT NOT TERRIBLE 3 OKAY 4 SORT OF GOOD, BUT NOT TERRIFIC 5 VERY GOOD 6 THE BEST THING THAT COULD HAPPEN TO YOU 7	

(1) These questions have been added by the researchers to identify sources of non-use and intention to use.

SECTION 8. HUSBAND'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
802	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
803	Did your (last) (husband/partner) ever attend school?	YES 1 NO 2	→ 1008
804	What was the highest level of school he attended: primary, secondary, or higher? (1)	PRIMARY 1 SECONDARY 2 HIGHER 3 DON'T KNOW 8	→ 1008
805	What was the highest (class/form/year) he completed at that level? (1) IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	CLASS <input type="text"/> <input type="text"/> DON'T KNOW 98	

(1) Revise according to the local educational system.

SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
1008	<p>Many different factors can prevent women from getting family planning advice or treatment for themselves. When you want to get family planning advice or treatment, is each of the following a big problem or not?</p> <p>Getting permission to go to the doctor?</p> <p>Getting money needed for advice or treatment?</p> <p>The distance to the health facility?</p> <p>Not wanting to go alone?</p> <p>Not having time because of work?</p>	<table> <tr> <td></td><td align="center">BIG PROB- LEM</td><td align="center">NOT A BIG PROB- LEM</td></tr> <tr> <td>PERMISSION TO GO ...</td><td align="center">1</td><td align="center">2</td></tr> <tr> <td>GETTING MONEY</td><td align="center">1</td><td align="center">2</td></tr> <tr> <td>DISTANCE</td><td align="center">1</td><td align="center">2</td></tr> <tr> <td>GO ALONE</td><td align="center">1</td><td align="center">2</td></tr> <tr> <td>NO TIME DUE TO WORK ..</td><td align="center">1</td><td align="center">2</td></tr> </table>		BIG PROB- LEM	NOT A BIG PROB- LEM	PERMISSION TO GO ...	1	2	GETTING MONEY	1	2	DISTANCE	1	2	GO ALONE	1	2	NO TIME DUE TO WORK ..	1	2	
	BIG PROB- LEM	NOT A BIG PROB- LEM																			
PERMISSION TO GO ...	1	2																			
GETTING MONEY	1	2																			
DISTANCE	1	2																			
GO ALONE	1	2																			
NO TIME DUE TO WORK ..	1	2																			
1009	Are you covered by any health insurance? (2)	<p>YES 1</p> <p>NO 2</p>	→ 1011																		
1010	<p>What type of health insurance are you covered by? (2)</p> <p>RECORD ALL MENTIONED.</p>	<p>MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE A</p> <p>HEALTH INSURANCE THROUGH EMPLOYER B</p> <p>SOCIAL SECURITY C</p> <p>OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p>																			
1011	RECORD THE TIME.	<p>HOUR <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>MINUTES <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>																			

(1) Add local terms.

(2) If a health service prepayment plan or other types of plans are available in the country, add those types of plans to the question.

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
COLUMN 1 REQUIRES A CODE IN EVERY MONTH.

INFORMATION TO BE CODED FOR EACH COLUMN

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE**

B BIRTHS

P PREGNANCIES

T TERMINATIONS

0 NO METHOD

1 FEMALE STERILIZATION

2 MALE STERILIZATION

3 IUD

4 INJECTABLES

5 IMPLANTS

6 PILL

7 CONDOM

8 FEMALE CONDOM

9 DIAPHRAGM

J FOAM OR JELLY

K STANDARD DAYS METHOD/CYCLEBEADS

L LACTATIONAL AMENORRHEA METHOD

M RHYTHM METHOD

N WITHDRAWAL

X OTHER MODERN METHOD

Y OTHER TRADITIONAL METHOD

COLUMN 2: DISCONTINUATION OF CONTRACEPTIVE USE

0 INFREQUENT SEX/HUSBAND AWAY

1 BECAME PREGNANT WHILE USING

2 WANTED TO BECOME PREGNANT

3 HUSBAND/PARTNER DISAPPROVED

4 WANTED MORE EFFECTIVE METHOD

5 SIDE EFFECTS/HEALTH CONCERNS

6 LACK OF ACCESS/TOO FAR

7 COSTS TOO MUCH

8 INCONVENIENT TO USE

F UP TO GOD/FATALISTIC

A DIFFICULT TO GET PREGNANT/MENOPAUSAL

D MARITAL DISSOLUTION/SEPARATION

X OTHER

(SPECIFY)

Z DON'T KNOW

* Year of fieldwork is assumed to be 2010. For fieldwork beginning in 2011 or 2012, the years should be adjusted.

** Response categories may be added for other methods, including fertility awareness methods.

			1	2	
	12	DEC	01		
	11	NOV	02		
	10	OCT	03		
	09	SEP	04		
2	08	AUG	05		2
0	07	JUL	06		0
1	06	JUN	07		1
6	05	MAY	08		6
*	04	APR	09		*
	03	MAR	10		
	02	FEB	11		
	01	JAN	12		

SECTIONS 12 - 13. LABOR AND TIME USE

INTRODUCTION

As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business.

In this section, I will ask you questions about work and time use. The questions in this section usually take about 30 to 45 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

Do you have any questions? May I begin the interview now?

SECTION 12. LABOR FORCE STATUS (FOR THE WOMAN AND HER PARTNER/SPOUSE ONLY)

Ask the following questions to the woman about herself and her partner/spouse only

CHECK HH SCHEDULE FOR LINE NUMBERS. LINE NO.	INTERVIEWER:		In the last week, did [NAME] work for a wage, salary, commission or any payment in kind; including doing paid domestic work, even if it was for only for one hour? 1 = Yes 2 = No → 1206	Did [NAME] do this type of work in the last 12 months? 1 = Yes 2 = No	In the last week, did [NAME] run a business of any size, for themselves or another household member, even if it was for only one hour? 1 = Yes 2 = No → 1208	Did [NAME] run a business in the last 12 months? 1 = Yes 2 = No	In the last week, did [NAME] help without being paid in any kind of business run by this household, even if it was only for one hour? 1 = Yes 2 = No → 1210	Did [NAME] do this in the last 12 months? 1 = Yes 2 = No	In the last week, was [NAME] an apprentice? INCLUDE APPRENTICESHIPS THAT ARE PAID CASH, PAID IN KIND, UNPAID, OR FOR WHICH THE APPRENTICE PAYS TO PARTICIPATE 1 = Yes 2 = No → 1212	Was [NAME] an apprentice in the last 12 months? 1 = Yes 2 = No	CHECK HH QUESTION 119. IF 'NO', SKIP TO 1214 In the last week, did [NAME] work on this household's farm? EXAMPLE: TENDING CROPS, FEEDING 1 = Yes 2 = No → 1214	Did [NAME] work on the household's farm in the past 12 months? 1 = Yes 2 = No	AMONG THE ANSWERS TO 1204, 1206, 1208, 1210 AND 1212, IS THERE A "YES" (CODE 1)? 1 = Yes → 1219 2 = No	Even if [NAME] did not do any work for pay or profit, did not help without pay in household business and did not participate in an apprenticeship in the last 7days, did [NAME] have a job or business they will definitely return to? 1 = Yes → 1219 2 = No
	IS THE RESPONDENT ANSWERING FOR HERSELF? 1 = Yes → 1204 2 = No	WHAT IS THE ID CODE OF THE PERSON RESPONDING FOR [NAME]? 1201 1202 1203												
1201	1202	1203	1204	1205	1206	1207	1208	1209	1210	1211	1212	1213	1214	1215

SECTION 12. LABOR FORCE STATUS CONT'D (FOR THE WOMAN AND HER PARTNER/SPOUSE ONLY)

Ask the following questions to the woman about herself and her partner/spouse only

LINE NO.	In the last four weeks, was [NAME] looking for any kind of job? 1 = Yes 2 = No	In the last four weeks, was [NAME] trying to start any kind of business? 1 = Yes → 1259 2 = No	What best describes [NAME]'s situation at this time? For example, [NAME] is ill, disabled, in school, taking care of household family, or something else? 2 = Disabled 3 = In school 4 = Taking care of house or family 5 = Retired 6 = Waiting for reply from employer 7 = Waiting for busy season 8 = Other (specify) [→ 1259]	MAIN JOB					
				What kind of work does [NAME] usually do in the (main) job/business that [NAME] had during the last week? FOR THE CODE FOR QUESTION 1219, USE ANNEX 1.	What are the main goods/services produced at [NAME]'s place of work or its main function? FOR THE CODE FOR QUESTION 1220, USE ANNEX 2.	When did [NAME] start to work for this employer or start running the business?	In this (main) job/business that [NAME] had during the last week, was [NAME] 1 = Working for someone else for pay? 2 = An employer? → 1232 3 = An own-account worker? → 1232 4 = Helping without pay in a household business? → 1232 5=An apprentice? → 1234 6 = Working on the household farm or with household livestock?	YEAR	MONTH
								CODE	CODE
1201	1216	1217	1218	1219	1220	1221A	1221B	1222	

SECTION 12. LABOR FORCE STATUS CONT'D (FOR THE WOMAN AND HER PARTNER/SPOUSE ONLY)

Ask the following questions to the woman about herself and her partner/spouse only

MAIN JOB														
FOR EMPLOYEES											FOR EMPLOYERS, OWN ACCOUNT WORKERS, AND UNPAID FAMILY WORKERS		FOR APPRENTICES	
LINE NO.	Does this employer contribute to any pension/retirement fund for [NAME]?	Is [NAME] entitled to any paid leave from this employer?	Is [NAME] entitled to medical benefits from this employer?	Does this employer deduct or pay income tax (PAYE) from [NAME]'s salary/wage?	Is [NAME]'s employment agreement	Is [NAME]'s position... 1 = Permanent and pensionable → 1230 2 = An open-ended appointment → 1230 3 = A fixed term	What is the duration of [NAME]'s employment agreement? 1 = A week or less 2 = More than a week but less than a month 3 = One to six months 4 = Seven to eleven months 5 = One to five years 6 = More than 5 years	During the last 12 months, for how many months did [NAME] work in this job? MONTHS	How much was [NAME]'s last cash payment and the estimated value of what [NAME] last received in kind for the main job during the last week? What period of time did this payment cover? CASH PAYMENTS SHOULD INCLUDE SET RATE, COMMISSIONS, TIPS AND CASH ALLOWANCES. IF NOT CASH OR IN-KIND PAYMENT WAS RECEIVED, RECORD '0' IN COL 1231A & 1231B.			Is [NAME]'s business (or household business where [NAME] works) registered for VAT?	Is [NAME]'s business (or household business where [NAME] works) registered for income tax?	In this apprenticeship was [NAME]? READ TO RESPONDENT AND MARK UP TO 2. A = Unpaid B = Paid cash C = Paid in kind D = Required to pay to participate
	1 = Yes 2 = No	1 = Yes 2 = No	1 = Yes 2 = No	1 = Yes 2 = No	1 = Written 2 = Verbal				Cash	Estimated cash value of in-kind payments	Time 1 = Hour 2 = Day 3 = Week 4 = Month 5 = Other (specify)	1 = Yes 2 = No 8 = Don't know 9 = Refused	1 = Yes 2 = No 8 = Don't know 9 = Refused	1234A 1234B
1201	1223	1224	1225	1226	1227	1228	1229	1230	1231A	1231B	1231C	1232	1233	1234A 1234B

SECTION 12. LABOR FORCE STATUS CONT'D (FOR THE WOMAN AND HER PARTNER/SPOUSE ONLY)

Ask the following questions to the woman about herself and her partner/spouse only

LINE NO.	MAIN JOB								In the last week, did [NAME] have more than one economic activity, such as a job, business, household enterprise or farm? 1 = Yes 2 = No → 1246	SECOND JOB				
	Is [NAME]'s employer /business (at [NAME]'s main job) 1 = National Government 2 = Local government 3 = Government controlled business 4 = A commercial bank 5 = A private enterprise (other than a commercial bank) 6 = Non-profit organization (NGO/CBO) 7 = A private household	During the last 7 days, how many hours did [NAME] work on each day? ACTUAL NUMBER OF HOURS WORKED STARTING FROM THE PREVIOUS DAY AND GOING BACKWARDS ON MAIN JOB.								What kind of work do [NAME] usually do in the secondary job/business that [NAME] had during the last week? FOR THE CODE FOR QUESTION 1238, USE ANNEX 1.	What are the main goods/services produced at [NAME]'s second place of work or its main function? FOR THE CODE FOR QUESTION 1239, USE ANNEX 2.	When did [NAME] start to work for this employer or start running the business?	In this (second) job/business that [NAME] had during the last week, was [NAME] 1 = Working for someone else for pay? 2 = An employer? 3 = An own-account worker? 4 = Helping without pay in a household business? 5 = An apprentice? 6 = Working on the household farm or with household livestock? → 1243	
			SUN	MON	TUES	WED	THU	FRI						SAT
1201	1235	1236A	1236B	1236C	1236D	1236E	1236F	1236G	1237	1238	1239	1240A	1240B	1241

SECTION 12. LABOR FORCE STATUS CONT'D (FOR THE WOMAN AND HER PARTNER/SPOUSE ONLY)

Ask the following questions to the woman about herself and her partner/spouse only

LINE NO.	SECOND JOB CONT'D					Last week, would [NAME] have liked to work more hours than [NAME] actually worked, provided the extra hours had been paid?	
	Is [NAME]'s employer /business (at second job)	Last week, how many hours did [NAME] actually work at the second job?	During the last 12 months, for how many months did [NAME] work in this job?	How much was [NAME]'s last cash payment and the estimated value of what [NAME] last received in kind for the main job during the last week?			
				Cash	Estimated cash value of in-kind payments		Time 1 = Hour 2 = Day 3 = Week 4 = Month 5 = Other (specify)
	1 = National Government 2 = Local government 3 = Government controlled business 4 = A commercial bank 5 = A private enterprise (other than a commercial bank) 6 = Non-profit organization (NGO/CBO) 7 = A private household						1 = Yes, in the current job 2 = Yes, in taking an additional job 3 = Yes, in a different job with more hours 4 = No 9 = Don't know
		HOURS	MONTHS				
1201	1242	1243	1244	1245A	1245B	1245C	1246

SECTION 12. LABOR FORCE STATUS CONT'D (FOR THE WOMAN AND HER PARTNER/SPOUSE ONLY)

Ask the following questions to the woman about herself and her partner/spouse only

LINE NO.	NON-MARKET LABOR ACTIVITIES								Does [NAME] get income or support from any of the following sources? LIST ALL THAT APPLY A = Remittances B = Charity/church C = Retirement pension D = NSSF E = Welfare grants F = Bursary/study loan G = Other (specify) H = None
	In the last 7 days, how much time in hours did [NAME] spend collecting firewood for the household, including travel time?	In the last 7 days, how much time in hours did [NAME] spend fetching water for the household, including travel time?	In the last 7 days, how much time in hours did [NAME] spend constructing your dwelling, farm buildings, private roads, or wells?	In the last 7 days, how much time in hours did [NAME] spend making major repairs to their dwelling, farm buildings, private roads, or wells?	In the last 7 days, how much time in hours did [NAME] spend on milling and other food processing for the household? (This includes threshing and milling grain, making butter and cheese, slaughtering livestock, curing hides and skins, preserving food for later consumption, making beer and alcohol, and other similar activities. It does not include preparing food for immediate consumption)	In the last 7 days, how much time in hours did [NAME] spend making handicrafts for household use? (This includes making furniture, clothing, clay pots, baskets, mats, and other similar activities.)	In the last 7 days, how much time in hours did [NAME] spend on agriculture? (This includes growing or gathering field crops, fruits, and vegetables; producing eggs and milk; burning charcoal; and other similar activities)	In the last 7 days, how much time in hours did [NAME] spend on hunting and fishing? (This includes hunting animals and birds; catching fish, crabs, and shellfish; and other similar activities.)	
	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	
1201	1259	1260	1261	1262	1263	1264	1265	1266	1267

SECTION 13. TIME USE IN THE LAST 24 HOURS

ASK THE FOLLOWING QUESTIONS TO THE WOMAN ABOUT HERSELF AND HER DAY. FOR EACH PERIOD, RECORD UP TO TWO ACTIVITIES.
Now, I would like to ask you about your day yesterday and how you spent your time.

Time Period	Activity 1 Code	
04h00 - 05h00		
05h00 - 06h00		
06h00 - 07h00		
07h00 - 08h00		
08h00 - 09h00		
09h00 - 10h00		
10h00 - 11h00		
11h00 - 12h00		
12h00 - 13h00		
13h00 - 14h00		
14h00 - 15h00		
15h00 - 16h00		
16h00 - 17h00		
17h00 - 18h00		
18h00 - 19h00		
19h00 - 20h00		
20h00 - 21h00		
21h00 - 22h00		
22h00 - 23h00		
23h00 - 0h00		
0h00 - 1h00		
1h00 - 2h00		
2h00 - 3h00		
3h00 - 4h00		

ACTIVITY CODES
Refer to Time Use Coding Book in the Appendix.

QUESTION NO.		CODES AND FILTERS	RESPONSE
1301	RECORD THE DAY OF THE WEEK FOR THE ACTIVITIES RECORDED ABOVE (THIS IS THE DAY BEFORE TODAY).	1 = Monday 2 = Tuesday 3 = Wednesday 4 = Thursday 5 = Friday 6 = Saturday 7 = Sunday	
1302	Was yesterday a typical day for you?	1 = Yes 2 = No, because I was ill. 3 = No, because it was a school/college/university holiday. 4 = No, because I was on leave from work. 5 = No, because there was a funeral, wedding, bereavement, etc. 6 = No, because I was looking after another family/household member. 7 = No, because there was some other family problem. 8 = No, because it was a weekend day (Saturday or Sunday). 9 = No, other reason.	
1303	Overall, how do you feel about the day that you just described?	1 = I was too busy/I had too much to do. 2 = I had a comfortable amount of things to do in the day. 3 = I was not busy enough/I did not have enough to do.	
1304	CHECK ACTIVITY CODES IN TIME USE SURVEY. DOES THE WOMAN REPORT ACTIVITY CODES '1' OR '2' IN ANY OF THE TIME SLOTS ABOVE?	1 = Yes 2 = No → END	
1305	CHECK QUESTIONS 216 - 218. DOES THE WOMAN REPORT HAVING AT LEAST ONE CHILD WHO IS 1) ALIVE (Q216 = '1'); 2) TWO YEARS OLD OR YOUNGER; AND 3) LIVING WITH THE WOMAN (Q218 = '1')?	1 = Yes 2 = No → END	
1306	Who took care of your youngest child(ren) during the day while you worked?	1 = Respondent → END 2 = Child's father → END 3 = Non-relative (daycare center, school, etc.) → END 4 = Older sibling 5 = Other relative (uncle/aunt, grandparent, etc.) 6 = Domestic worker/nanny 7 = Other	
1307	About how old is the person who cared for this child during this time?	1 = Under 12 years old 2 = 12 to 16 years old 3 = 17 to 64 years old 4 = 65 years or older	

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR ELIGIBLE WOMEN AGE 18-35

214	CHECK COLUMN 9 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ELIGIBLE WOMAN RESPONDENT IN 215.		
		ELIGIBLE WOMAN	
215	LINE NUMBER FROM COLUMN 9 NAME FROM COLUMN 2	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	
216	WEIGHT IN KILOGRAMS (10)	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	
217	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	
223	ASK CONSENT FOR ANEMIA TEST FROM RESPONDENT.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you take the anemia test?</p>	
224	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	<p>GRANTED 1 RESPONDENT REFUSED 2</p> <p>_____ ←</p> <p align="center">(SIGN)</p> <p align="center">(IF REFUSED, GO TO END)</p>	
225	PREGNANCY STATUS: CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	<p>YES 1 NO 2 DK 8</p>	
239	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE ANEMIA TEST FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST.		
240	RECORD HEMOGLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET (11).	<p>G/DL <input type="text"/><input type="text"/><input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996</p>	

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5

201	CHECK COLUMN 11 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER <input type="text"/> <input type="text"/> NAME	LINE NUMBER <input type="text"/> <input type="text"/> NAME	LINE NUMBER <input type="text"/> <input type="text"/> NAME
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
204	CHECK 203: CHILD BORN IN JANUARY 2016 (9) OR LATER?	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)
205	WEIGHT IN KILOGRAMS (10)	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996
206	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2 NOT MEASURED 3	LYING DOWN 1 STANDING UP 2 NOT MEASURED 3	LYING DOWN 1 STANDING UP 2 NOT MEASURED 3
208	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) OLDER 2
209	LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>

		CHILD 1	CHILD 2	CHILD 3
210	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>We ask that all children born in 2016 (9) or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions?</p> <p>You can say yes to the test, or you can say no. It is up to you to decide.</p> <p>Will you allow (NAME OF CHILD) to participate in the anemia test?</p>		
211	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) _____ REFUSED 2	GRANTED 1 _____ (SIGN) _____ REFUSED 2	GRANTED 1 _____ (SIGN) _____ REFUSED 2
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET (11) .	G/DL <input type="text"/> <input type="text"/> <input type="text"/> . NOT PRESENT994 REFUSED995 OTHER996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> . NOT PRESENT994 REFUSED995 OTHER996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> . NOT PRESENT994 REFUSED995 OTHER996
213	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 214.			

		CHILD 4	CHILD 5	CHILD 6
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER..... <input type="text"/> <input type="text"/> NAME _____
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date?	DAY..... <input type="text"/> <input type="text"/> MONTH..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY..... <input type="text"/> <input type="text"/> MONTH..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY..... <input type="text"/> <input type="text"/> MONTH..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
204	CHECK 203: CHILD BORN IN JANUARY 2016 (9) OR LATER?	YES..... 1 NO..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) ←	YES..... 1 NO..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) ←	YES..... 1 NO..... 2 (GO TO 203 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE CHILDREN, GO TO 214) ←
205	WEIGHT IN KILOGRAMS (10)	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESEN'..... 9994 REFUSED..... 9995 OTHER..... 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESEN'..... 9994 REFUSED..... 9995 OTHER..... 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESEN'..... 9994 REFUSED..... 9995 OTHER..... 9996
206	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT... 9994 REFUSED..... 9995 OTHER..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT... 9994 REFUSED..... 9995 OTHER..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT... 9994 REFUSED..... 9995 OTHER..... 9996
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN..... 1 STANDING UP..... 2 NOT MEASURED..... 3	LYING DOWN..... 1 STANDING UP..... 2 NOT MEASURED..... 3	LYING DOWN..... 1 STANDING UP..... 2 NOT MEASURED..... 3
208	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) ← OLDER..... 2	0-5 MONTHS..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) ← OLDER..... 2	0-5 MONTHS..... 1 (GO TO 203 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE CHILDREN, GO TO 214) ← OLDER..... 2
209	LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER..... <input type="text"/> <input type="text"/>	LINE NUMBER..... <input type="text"/> <input type="text"/>	LINE NUMBER..... <input type="text"/> <input type="text"/>

		CHILD 4	CHILD 5	CHILD 6
210	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>We ask that all children born in 2016 (9) or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions?</p> <p>You can say yes to the test, or you can say no. It is up to you to decide.</p> <p>Will you allow (NAME OF CHILD) to participate in the anemia test?</p>		
211	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) _____ REFUSED 2	GRANTED 1 _____ (SIGN) _____ REFUSED 2	GRANTED 1 _____ (SIGN) _____ REFUSED 2
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET (11) .	G/DL <input type="text"/> <input type="text"/> <input type="text"/> . NOT PRESEN'994 REFUSED995 OTHER996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> . NOT PRESEN'994 REFUSED995 OTHER996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> . NOT PRESEN'994 REFUSED995 OTHER996
213	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 214.			

FOLLOW-UP INFORMATION AND END OF SURVEY

FOLLOW-UP INFORMATION

IS THE WOMAN WHO IS ANSWERING THIS SECTION THE SAME PERSON WHO ANSWERED THE HOUSEHOLD SECTION? ☐ YES ☐ NO
IF YES, SKIP BELOW TO END OF SURVEY.

Thank you for participating in this survey. We may contact your household again in the future to learn more about how life changes for Malawian families. Could you please give us information about two people who **DO NOT LIVE IN THE HOUSEHOLD** and who would know where you or other household members are, or how to reach you, in the future?

CONTACT 1

FULL NAME: _____

RELATIONSHIP TO YOU: _____

FULL ADDRESS: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

CONTACT 2

FULL NAME: _____

RELATIONSHIP TO YOU: _____

FULL ADDRESS: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

OTHER HOUSEHOLD CONTACT:

What is the name and phone number of someone else within your household?

NAME: _____

PHONE: _____

RELATIONSHIP TO YOU: _____

PLANS TO MOVE:

Does your family/household have any plans to move in the next two years? ☐ YES ☐ NO

IF YES: Where do you plan to move to? ADDRESS: _____

PHOTO OF RESPONDENT:

With your permission, I would now like to take a photo of you. Taking your photo will help us to find you again in the future.

May I take your photo now?

YES

NO

IF YES, PLEASE TAKE A PHOTO OF THE RESPONDENT. BE SURE TO CLEARLY CAPTURE THE RESPONDENT'S FACE FROM THE NECK UP.

END OF SURVEY:

You have now reached the end of the survey. Thank you for your time and ideas. This has been extremely helpful. As I said in the beginning, the purpose of this discussion was to help me learn about women's health in Malawi. I also want to remind you that all of your responses will remain confidential. Finally, I ask that you not share the details of what was said here. If you are asked about this study, please use only general descriptions, such as "I was gathering information about women and men and health issues."

How does that sound to you? Do you have any further questions for me at this time? If you would like to speak with me in private, I will stay here after we end.

Thank you again for your help.

SIGNATURE OF INTERVIEWER: _____ DATE: _____

END. GO TO INTERVIEWER OBSERVATIONS.

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____