# 2005 WELFARE MONITORING SURVEY

## MALAWI GOVERNMENT

### NATIONAL STATISTICAL OFFICE
### ZOMBA

**CONFIDENTIAL**

| CLUSTER | HOUSEHOLD | QUESTIONNAIRE NUMBER | REFERENCE NUMBER |
|---|---|---|---|
| | | | |

**Important information for the interviewer:**

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

## A. Interview Information

| | |
|---|---|
| **A1. Interviewer's name** | |
| **A2. Interviewer number** | |
| **A3. Head of household** | |
| **A4. District code/District name** | |
| **A5. TA/STA/Town** | |
| **A6. Village/Place** | |

**A7. Date**

| Day | Month | Year |
|---|---|---|
| | | |

**A8. Interview start**

| Hour | Min |
|---|---|
| | |

**A9. Respondent**

Member number



## B. Characteristics of the Household Members

| **Member line number** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
|---|---|---|---|---|---|---|---|---|---|---|
| MAKE A COMPLETE LIST OF ALL INDIVIDUALS WHO NORMALLY LIVE AND EAT TOGETHER IN THIS HOUSEHOLD. STARTING WITH THE HEAD OF THE HOUSEHOLD. IF MORE THAN TEN MEMBERS, USE A NEW QUESTIONNAIRE | Head | | | | | | | | | |

**B1 What is [NAME]'s relationship to the head of the household?**

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| Head | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Spouse | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Son/Daughter | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Grandchild | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Brother/Sister | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Parent | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Other relative | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Not related | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**B2 Is [NAME] male or female?**

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| Male | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Female | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**B3 How old was name [NAME] at his/her last birthday?**

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| Completed years | | | | | | | | | | |

**B4 During the last 12 months, has any member of the household been away from the household for at least one month?**

Yes ☐

B6 ← No +

☐

**B5** **For how many months during the last 12 months has [NAME] been away from this household?**

+

Number of months



+

+

| **Member line number** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
|---|---|---|---|---|---|---|---|---|---|---|

TO PERSONS 12 YEARS AND ABOVE. OTHERS GO TO B7

**B6** **What is [NAME]'s marital status?**

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Never married | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Married, monogamous | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Married, polygamous | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Divorced | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Separated | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Widowed | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

TO PERSONS 20 YEARS AND BELOW. OTHERS GO TO B14

**B7** **Is [NAME]'s father still alive?**

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **B8** ← Yes | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **B9** ← No | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**B8** **Does [NAME]'s father live in the household?**

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| + Yes | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| No | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**B9** **Is [NAME]'s mother still alive?**

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **B10** ← Yes | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **B11** ← No | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**B10** **Does [NAME]'s mother live in the household?**

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Yes | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| No | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| Member line number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|

IF EITHER THE MOTHER OR THE FATHER IS DEAD. OTHERS GO TO B14

**B11 During the last 12 months, what was the main <u>type</u> of support received for caring for [NAME]?**

| B13 ← | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | No support | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Food/Nutrition | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Psychosocial | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Financial | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Medical | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Domestic | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Material | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**B12 During the last 12 months, what was the main <u>source</u> of support received for caring for [NAME]?**

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Household/Family member | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Neighbours | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Religious Organizations | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Community Organizations | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Pvt Services/Prog/Clinic | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Govt. Services /Prog/Clinic | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Non-Govt Organization | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**B13 To which institution is [NAME] enrolled/registered?**

MULTIPLE RESPONSE

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| None | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Orphanage Home | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Community Based Org | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Religious Organization | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Other | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**B14** **Did any member of this household pass away during the past 12 months before the survey?**

Yes ☐
C ← No ☐

**B15** **How many persons passed away?**

Number of persons passed away ☐



**B16** **Were any of those deceased persons chronically ill for 3 months or more before he/she died?**

Yes ☐
C ← No ☐
C ← Don't know ☐

**B17** **How many persons were chronically ill for 3 months or more before he/she died?**

Number of persons sick for 3 months or more ☐

Member line number 1 2 3 4 5 6 7 8 9 10

## C. Education

FOR ALL PERSONS AGED 5 YEARS AND ABOVE

**C1 Can [NAME] read and write a simple sentence in any language?**

Yes ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
No ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

**C2 Has [NAME] ever attended school?**

Yes ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
C13 ← No ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

**C3 What is the highest level of education [NAME] completed?**

+ Code list (MANUAL)

**C4 What is the highest educational qualification [NAME] has acquired?**

Code list (MANUAL)

**C5 Did [NAME] attend school last school year?**

Yes ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
C7 ← No ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

**C6 What level did [NAME] attend last school year?**

+ Code list (MANUAL)

**C7 Did [NAME] enrol in school this school year?**

Yes ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
C13 ← No ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

**C8 Is [NAME] currently attending school?**

Yes ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
C13 ← No ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

| Member line number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|

**C9 What is the current level of education [NAME] is attending?**

Code list (MANUAL)

**C10 Who runs the school [NAME] is attending?** READ OUT

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| Government | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Religious Institution | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Private Institution | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Private Individual | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**C11 Did [NAME] participate in a school-feeding program during the last 12 months?**

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| Yes | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| No | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**C12 Does [NAME] have any problems with the school?** MULTIPLE RESPONSE

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| No | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Yes, lack of books/supplies | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Yes, poor teaching | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Yes, lack of teachers | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Yes, facilities in bad conditions | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Yes, other reasons | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**C13 Why is [NAME] not currently attending school?** MULTIPLE RESPONSE

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| Completed school | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Is working (job/home) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Too old | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Too far away | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Too expensive | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Useless/no benefit | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Uninteresting | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Illness | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Failed exam | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Got married/ pregnancy | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Lack of food in household | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Other reasons | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Member line number 1 2 3 4 5 6 7 8 9 10

## D. Health and Nutrition

**D1** **How many <u>meals</u> did [NAME] eat yesterday?**

**D2** **How many <u>snacks</u> did [NAME] eat yesterday?**

**D3** **During the past 2 weeks, has [NAME] suffered from an illness or an injury?**

Yes ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
**D6** ← No ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

FOR THOSE SICK OR INJURED, OTHERS GO TO D6

**D4** **For how many days in the past 2 weeks did [NAME] have to stop his/her normal activities because of this illness?**
IF MORE THAN ONE BOUT OF ILLNESS, ADD UP TOTAL NUMBER OF DAYS

**D5** **What kind of illness or injury did [NAME] suffer from?** MULTIPLE RESPONSE

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Fever/Malaria | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Diarrhoea | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Accident | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Dental problem | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Skin condition | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Eye | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Ear, nose or throat | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Other | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**D6** **Did [NAME] consult any health provider or traditional healer for any reason during the last 2 weeks?**

Yes ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
**D8** ← No ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

| Member line number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|

**D7** **What type of health provider or traditional healer did [NAME] consult?**
MULTIPLE RESPONSE

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Government hospital | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Govt. health centre/ dispensary | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Mission hospital | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Mission health centres | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Private hospital/clinic | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Traditional healer | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Pharmacy/shop | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Mobile clinic | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Other | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

GO TO D9

**D8** **Why did [NAME] not use medical care?**
MULTIPLE RESPONSE

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| No need | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Too expensive | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Too far | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Other | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**D9** **Has [NAME] been continuously ill for 3 months or more during the last 12 months?**

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Yes | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| E ← | No | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| E ← | Don't know | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**D10** **During the illness, what was the main <u>type</u> of support received for caring for [NAME]?**

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| D12 ← | No support | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Food/Nutrition | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Psychosocial | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Financial | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Medical | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Domestic | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Material | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| Member line number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|

**D11** **During the illness, what was the main source of support received for caring for [NAME]?**

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Household/Family member | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Neighbours | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Religious Organizations | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Community Organizations | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Pvt Services/Prog/Clinic | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Govt. Services /Prog/Clinic | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Non-Govt Organization | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**D12** **To which institution is [NAME] enrolled/registered?** MULTIPLE RESPONSE

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| None | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Comm. Based Organization | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Home Based Care | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Religious Organization | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Other | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

## E. Employment

FOR PERSONS AGED 5 YEARS OR MORE

**E1** **Did [NAME] do any type of work during the last 7 days?**

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **E5** ← Yes | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| No | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**E2** **Was [NAME] absent from work during the last 7 days?**

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **E5** ← Yes | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| No | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**E3** **What was the main reason [NAME] did not work the last 7 days?**

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| No work available | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Seasonal inactivity | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Student | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Household/family duties | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Too old/Too young | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Infirmity | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Other reasons | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| | Member line number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| E4 | **Has [NAME] been looking for work and ready to work in the last 4 weeks?** | | | | | | | | | | |
| F ← | Yes | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| F ← | No | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| E5 | **How many jobs did [NAME] have in the last 7 days?** | | | | | | | | | | |
| | Number of jobs | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | **The next questions will be about <u>the main job</u>** | | | | | | | | | | |
| E6 | **For whom did [NAME] work in the main job?** | | | | | | | | | | |
| | Private business | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Private individual | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Parastatal | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Public/Government | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Mission/NGO | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Self employed | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Mlimi | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| E7 | **What was the main activity at the place of [NAME]'s work?** | | | | | | | | | | |
| | Agriculture, forestry, fishing | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Mining and quarrying | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Manufacturing | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Electricity, water, other utilities | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Construction | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Wholesale and retail marketing, hotel/restaurants | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Transport and communication | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Finance and business | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Social and community services | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| E8 | **How was [NAME] paid in the main job?** | | | | | | | | | | |
| | Mlimi – not paid | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Wages, salary | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Payment in kind | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Casual (hourly/daily), Ganyu | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

+ Unpaid family business worker ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Self-employed ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐



+ +

## F. Agricultural activities and production

**F1 Does your household do any crop farming?**

Yes ☐
G ← No ☐

**F2 What types of staple crops did your household grow during the 2004/2005 agricultural season?** MULTIPLE RESPONSE

F3 ← Maize ☐
F4 ← Rice ☐
F4 ← Cassava ☐
F4 ← Millet ☐
F4 ← Sorghum ☐

**F3 How many 50 kg bags of maize did you produce this season, 2004/2005?**

Number of 50 kg bags ☐☐☐☐

**F4 Do you still have staple food from your own harvest this season, 2004/2005?**

F5 ← Yes ☐ +
F6 ← No ☐

**F5 When do you think your staple food from your harvest from the season 2004/2005 will run out?**

Month Year
F7 ← ☐☐ ☐☐

**F6 When did your staple food from your own harvest from the season 2004/2005 run out?**

Month Year
☐☐ ☐☐

**F7 Did your household receive any seeds during this season 2004/2005?**

Yes ☐ +
G ← No ☐

**F8 How did you use the seeds you received during the agricultural season 2004/2005? Did you:** MULTIPLE RESPONSE

Use all of it ☐ Sell some of it ☐

| | | | | |
|---|---|---|---|---|
| Use all of it | ☐ | Sell some of it | ☐ | |
| Give some away | ☐ | Sell all of it | ☐ | |

## G. Housing condition and amenities

**G1 Does the household or a household member own the dwelling unit?**

| | |
|---|---|
| Owns the dwelling | ☐ |
| Rents the dwelling | ☐ |
| Uses dwelling without paying rent | ☐ |
| Other | ☐ |

**G2 How many <u>separate rooms</u> do the members of your household occupy? Do not count bathrooms, toilets, storerooms, or garage**

Number of rooms ☐☐

**G3 Does your household or any of the household members own any of the following items, in working condition?**

| | Yes | No |
|---|---|---|
| Wrist/wall watch | ☐ | ☐ |
| Bed | ☐ | ☐ |
| Table | ☐ | ☐ |
| Chair | ☐ | ☐ |
| Hoe | ☐ | ☐ |
| Iron | ☐ | ☐ |
| Refrigerator | ☐ | ☐ |
| TV | ☐ | ☐ |
| Axe | ☐ | ☐ |
| Sickle | ☐ | ☐ |
| Sowing machine | ☐ | ☐ |
| Oxcart | ☐ | ☐ |
| Bicycle | ☐ | ☐ |
| Modern stove | ☐ | ☐ |
| Car | ☐ | ☐ |
| Motorcycle | ☐ | ☐ |
| Radio | ☐ | ☐ |

G4 ←

G4

Number of radios ☐



**G5 What is your <u>main source</u> of fuel used for cooking?**

- Electricity ☐
- Solar energy ☐
- Gas ☐
- Paraffin ☐
- Charcoal ☐
- Firewood ☐
- Straw/Crop Residue/Saw dust ☐
- Animal waste ☐
- Other ☐

**G6 What is your <u>main source</u> of fuel used for lighting?**

- Electricity ☐
- Solar energy ☐
- Gas ☐
- Paraffin ☐
- Candles ☐
- Firewood ☐
- Grass ☐
- Other ☐

**G7 What is your <u>main source</u> of drinking water?**

- Piped into dwelling unit/compound ☐
- Communal standpipe/ borehole ☐
- Protected well ☐
- Rain water ☐
- Unprotected well ☐
- Spring/river/lake/pond ☐

**G8 What kind of toilet facilities does your household have?**

Flush to sewer ☐
Ventilated improved pit latrine ☐
Covered pit latrine ☐
Uncovered pit latrine ☐
None ☐



**G9 The roof of the main dwelling is predominantly made of what material?**

Grass ☐
Iron sheets ☐
Clay tiles ☐
Concrete ☐
Plastic sheeting ☐
Other ☐

**G10 The floor of the main dwelling is predominantly made of what material?**

Sand ☐
Smoothed mud ☐
Smooth cement ☐
Wood ☐
Tile ☐
Other ☐

**G11 The outer walls of the main dwelling are predominantly made of what material?**

Grass ☐
Mud (Yomata) ☐
Compacted earth (Yamdindo) ☐
Mud brick (unfired) ☐
Burnt bricks ☐
Concrete ☐
Wood ☐
Iron Sheets ☐
Other ☐

**G12 How many minutes does it take to walk from here to reach the nearest…..**

| | 0-14 | 15-29 | 30-44 | 45-59 | 60 + |
|---|---|---|---|---|---|
| Supply of drinking water | ☐ | ☐ | ☐ | ☐ | ☐ |
| Food market | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| Public transportation | ☐ | ☐ | ☐ | ☐ | ☐ |
| “All season” road | ☐ | ☐ | ☐ | ☐ | ☐ |
| Primary school | ☐ | ☐ | ☐ | ☐ | ☐ |
| Secondary school | ☐ | ☐ | ☐ | ☐ | ☐ |
| Health clinic or hospital | ☐ | ☐ | ☐ | ☐ | ☐ |

+ +

**G13** **Is there any organization in your area that cares for chronically ill persons or orphans?**

- Yes, for chronically ill ☐
- Yes, for orphans ☐
- Yes, both ☐
- No ☐

**G14** **Are there any home based care volunteers in your area who care for chronically ill, elderly persons or orphans?**

- Yes ☐
- No ☐
- Don't know ☐

**G15** **Did any household member take part in any of the following work programs during the last 12 months?**

| | Yes | No |
|---|---|---|
| MASAF | ☐ | ☐ |
| Food for work | ☐ | ☐ |
| Community policing | ☐ | ☐ |
| Neighbourhood watch | ☐ | ☐ |
| One Village One Product | ☐ | ☐ |

## H. Poverty predictors

**H1** **Does someone in the household own a cellular telephone (cell phone) in working condition?**

- Yes ☐
- No ☐

**H2** **How many changes of clothes do you (head) own?** RECORD NUMBER OF TROUSERS FOR MEN AND SKIRTS/DRESSES FOR WOMEN

Changes of clothes ☐☐

**H3** **What do you (head of household) sleep under in the cold season?**

- Blankets and sheets ☐
- Blanket only ☐
- Sheet only ☐
- Chitenje clothes ☐
- Fertilizer or grain sack ☐
- Clothes ☐
- Nothing ☐
- Other ☐

**H4** **Over the past <u>three months,</u> did you or any member of the household purchase or pay for any of the following?**

| | Yes | No |
|---|---|---|
| Men's trousers | ☐ | ☐ |
| Men's shirts | ☐ | ☐ |
| Men's jackets | ☐ | ☐ |
| Men's undergarments | ☐ | ☐ |
| Men's other clothing | ☐ | ☐ |

**H5** **Over the past <u>three months,</u> did you or any member of the household purchase or pay for any of the following?**

| | Yes | No |
|---|---|---|
| Boy's shoes | ☐ | ☐ |
| Men's shoes | ☐ | ☐ |
| Girl's shoes | ☐ | ☐ |
| Lady's shoes | ☐ | ☐ |

**H6** **Over the past <u>one month,</u> did you or any member of the household purchase or pay for toothpaste or toothbrush?**

- Yes ☐
- No ☐

+ +

**H7** **Over the past <u>one month,</u> did you or any member of the household purchase or pay for bar soap (body soap or clothes soap)?**

Yes ☐
H9 ← No ☐

**H8** **How much did you pay in total for bar soap?**

Kwacha ☐☐☐☐

**H9** **Over the past <u>7 days,</u> did you or any member of the household purchase or pay for public transport – bus fare, minibus fare or taxi fare?**

Yes ☐
No ☐

**H10** **Over the past <u>7 days,</u> did you or others in your household consume any of the following?**

| | Yes | No |
|---|---|---|
| Eggs | ☐ | ☐ |
| Beef | ☐ | ☐ |
| Goat | ☐ | ☐ |
| Pork | ☐ | ☐ |
| Chicken | ☐ | ☐ |
| Other poultry – guinea fowl, doves etc. | ☐ | ☐ |
| Rice | ☐ | ☐ |
| Bread | ☐ | ☐ |
| Fresh milk | ☐ | ☐ |
| Cooking oil | ☐ | ☐ |
| Sugar | ☐ | ☐ |

+

**H11** **How much did you or any member of the household spend in total on cooking oil (past 7 days)?**

Kwacha ☐☐☐☐ +

+ **H12** **How much did you or any member of the household spend in total on sugar (past 7 days)?**

Kwacha ☐☐☐☐

## I. Child module – Birth and anthropometric measures

| | Member line number | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|
| | FOR EACH CHILD UNDER 5 YEARS ENTER: | | | | |
| I1 | The child's member number from the household list | | | | |
| | Mother's member number from the household list | | | | |

ENTER 00 IF THE MOTHER IS DECEASED OR NOT A MEMBER OF THE HOUSEHOLD

**I2 When was the child born?**

| Day Month Year | Day Month Year | Day Month Year | Day Month Year |
|---|---|---|---|
| | | | |

**I3 Where was the child delivered?**

| | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| Hospital/maternity | ☐ | ☐ | ☐ | ☐ |
| Health clinic | ☐ | ☐ | ☐ | ☐ |
| Health centre | ☐ | ☐ | ☐ | ☐ |
| Health post | ☐ | ☐ | ☐ | ☐ |
| At home | ☐ | ☐ | ☐ | ☐ |
| Other | ☐ | ☐ | ☐ | ☐ |

**I4 Who assisted in the delivery of the child?**

| | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| Doctor/Clinical Officer | ☐ | ☐ | ☐ | ☐ |
| Midwife/nurse | ☐ | ☐ | ☐ | ☐ |
| Trained T.B.A | ☐ | ☐ | ☐ | ☐ |
| Other | ☐ | ☐ | ☐ | ☐ |
| Self | ☐ | ☐ | ☐ | ☐ |

20

| Member line number | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| I5 RECORD THE CHILD'S | | | | |
| Weight in kilograms (1 decimal) | | | | |
| Height in centimetres (1 decimal) | | | | |

PROBE FOR CHILDREN NOT WEIGHED AND MEASURED. OTHERS GO TO I7

**I6 Why was [NAME] not weighed and measured?**

| | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| Unwilling | ☐ | ☐ | ☐ | ☐ |
| Not at home | ☐ | ☐ | ☐ | ☐ |
| Too sick | ☐ | ☐ | ☐ | ☐ |

**I7 Did [NAME] participate in a nutrition programme the last 12 months?**

| | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| Yes | ☐ | ☐ | ☐ | ☐ |
| No | ☐ | ☐ | ☐ | ☐ |

## J. Child health – Malaria Protection and Treatment

**J1 Does [NAME] usually sleep under a bed net?**

| | | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|
| Yes | | ☐ | ☐ | ☐ | ☐ |
| No | J5 ← | ☐ | ☐ | ☐ | ☐ |

**J2 Did [NAME] sleep under a bed net last night?**

| | | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|
| Yes | | ☐ | ☐ | ☐ | ☐ |
| No | J5 ← | ☐ | ☐ | ☐ | ☐ |

**J3 Was the bed net acquired during the last 12 months or more than 12 months ago?**

| | | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|
| During last 12 months | J5 ← | ☐ | ☐ | ☐ | ☐ |
| More than 12 months ago | | ☐ | ☐ | ☐ | ☐ |

**J4 Has the bed net been treated with chemicals (soaked or dipped) during the last 12 months?**

| | | | | | |
|---|---|---|---|---|---|
| + | Yes | ☐ | ☐ | ☐ | ☐ |
| | No | ☐ | ☐ | ☐ | ☐ |



+

+

| **Member line number** | **1** | **2** | **3** | **4** |
|---|---|---|---|---|

**J5** **Has [NAME] been sick with fever/malaria during the last 4 weeks?**

| | | | | | |
|---|---|---|---|---|---|
| | Yes | ☐ | ☐ | ☐ | ☐ |
| K ← | No | ☐ | ☐ | ☐ | ☐ |

**J6** **Was [NAME] given any drugs in response to the last fever/malaria?**

| | | | | | |
|---|---|---|---|---|---|
| | Yes | ☐ | ☐ | ☐ | ☐ |
| K ← | No | ☐ | ☐ | ☐ | ☐ |

**J7** **Which drugs were given to [NAME]?** MULTIPLE RESPONSE

| | | | | | |
|---|---|---|---|---|---|
| | Fansidar/Novidar | ☐ | | ☐ | ☐ | ☐ |
| | Quinine | ☐ | | ☐ | ☐ | ☐ |
| | Cloroquine | ☐ | + | ☐ | ☐ | ☐ |
| | Amodiaquine | ☐ | | ☐ | ☐ | ☐ |
| | Halafan | ☐ | | ☐ | ☐ | ☐ |
| | Painkillers | ☐ | | ☐ | ☐ | ☐ |
| | Herbs | ☐ | | ☐ | ☐ | ☐ |

## K. Child health – Vaccination

**K1** **Do you have a card where [NAME's] vaccinations are written down?**

| | | | | |
|---|---|---|---|---|
| Yes | ☐ | ☐ | ☐ | ☐ |
| No | ☐ | ☐ | ☐ | ☐ |

**K2** **Which of the following vaccinations has [NAME] been given:** READ OUT

| | | | | |
|---|---|---|---|---|
| Measles | ☐ | ☐ | ☐ | ☐ |
| BCG | ☐ | ☐ | ☐ | ☐ |
| DPT1 | ☐ | ☐ | ☐ | ☐ |
| DPT2 | ☐ | ☐ | ☐ | ☐ |
| DPT3 | ☐ | ☐ | ☐ | ☐ |
| Polio 0 | ☐ | ☐ | ☐ | ☐ |
| Polio 1 | ☐ | ☐ | ☐ | ☐ |
| Polio 2 | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| | Polio 3 | ☐ | ☐ | ☐ | ☐ |
| | Vitamin A | ☐ | ☐ | ☐ | ☐ |

+ +



+ +

| | **Member line number** | **1** | **2** | **3** | **4** |
|---|---|---|---|---|---|

**K3** **Has there been any deaths of children <u>under five</u> including infants in this household during the past 5 years?**

L ← Yes ☐
No ☐

FOR EACH DECEASED CHILD, ENTER

| | | | | | |
|---|---|---|---|---|---|
| **K4** | Child's pre-printed number | 91 | 92 | 93 | 94 |
| | Mother's member number From the household list | | | | |

ENTER 00 IF THE MOTHER IS DECEASED OR NOT A MEMBER OF THE HOUSEHOLD

**K5** **What was the date of birth of the child?**

| Day Month Year | Day Month Year | Day Month Year | Day Month Year |
|---|---|---|---|
| | | | |

**K6** **Where was the child delivered?**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | Hospital/maternity | ☐ | + | ☐ | | ☐ | ☐ |
| | Health clinic | ☐ | | ☐ | | ☐ | ☐ |
| | Health centre | ☐ | | ☐ | | ☐ | ☐ |
| | Health post | ☐ | | ☐ | | ☐ | ☐ |
| | At home | ☐ | | ☐ | | ☐ | ☐ |
| | Other | ☐ | | ☐ | | ☐ | ☐ |

**K7** **Who assisted in the delivery of the child?**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | Doctor/Clinical Officer | ☐ | | ☐ | | ☐ | ☐ |
| | Midwife/nurse | ☐ | | ☐ | | ☐ | ☐ |
| | Trained T.B.A | ☐ | | ☐ | | ☐ | ☐ |
| + | Other | ☐ | | ☐ | | ☐ | + ☐ |
| | Self | ☐ | | ☐ | | ☐ | ☐ |

**K8** **When did the child die?**

Day Month Year | Day Month Year | Day Month Year | Day Month Year



## L. HIV/AIDS Knowledge

FOR SELECTED HOUSEHOLD MEMBER 15 YEARS AND ABOVE, SEE MANUAL.

Respondent's member number from household list ☐

**L1** **Is it possible for a healthy looking person to have the HIV/AIDS virus?**

- Yes ☐
- No ☐
- Don't know ☐

**L2** **Can people protect themselves from getting the HIV/AIDS virus by using condom every time they have sex?**

- Yes ☐
- No ☐
- Don't know ☐

**L3** **Is it possible for someone in your community to get a confidential test to find out if they are infected with HIV/AIDS virus?**

- Yes ☐
- No ☐
- Don't know ☐

**L4** **Have you had an HIV test during the last 12 months?**

- Yes ☐
- L7 ← No ☐

**L5** **Where did you have the test?**

| | | | |
|---|---|---|---|
| MACRO | ☐ | Private Hospital/Clinic | ☐ |
| Government Hospital | ☐ | MSF | ☐ |
| Mission Hospital | ☐ | Other | ☐ |

**L6** **Did you get counselling when you went for the test?**

- END ← Yes, before and after ☐
- END ← Yes, only before ☐
- END ← Yes, only after ☐
- END ← No ☐

+

+ +

**L7 What is the <u>main reason</u> for not having an HIV test?**

| | | | |
|---|---|---|---|
| Not available | ☐ | Results take too long | ☐ |
| Not interested | ☐ | Test centre too far | ☐ |
| Not at risk/No need | ☐ | No privacy | ☐ |
| Scared of outcome | ☐ | Other reasons | ☐ |

## M. Interview Completion Information

**M1. Interview end**

Hour Min

**M2. Result**

| | |
|---|---|
| Completed | ☐ |
| Incomplete | ☐ |
| Refusal | ☐ |
| Not found | ☐ |
| Too ill | ☐ |

+

**M3. Comments**