

REPUBLIC OF MALAWI
NATIONAL STATISTICAL OFFICE

2018 POPULATION AND HOUSING CENSUS
QUESTIONNAIRE

CONFIDENTIAL: The Census is being conducted under the 2013 Malawi Statistics Act. The information will be strictly confidential and used for statistical purposes only.

Mark an "X" in the box if more than one questionnaire Questionnaire: ____ of ____

REGION : _____

DISTRICT : _____

TA, STA or TOWN : _____

GVH : _____

VILLAGE : _____

CONTROL CENTRE NO. :

ENUMERATION AREA NO. :

HOUSEHOLD NUMBER :

HOUSEHOLD TYPE : 1= REGULAR 2= HOMELESS

INTERVIEW INTRODUCTION

Hello. My name is _____. I am working with The National Statistical Office in Zomba. We are conducting the 2018 Malawi Population and Housing Census.

I have several questions that I need to ask you about your household. All the answers you give will be confidential and will not be shared with anyone other than members of the technical team for the 2018 Population and Housing Census. Taking part in the census is the responsibility of every citizen and we will be glad if you agree to answer the questions.

Do you have any questions?

May I begin the interview now?

SIGNATURE OF INTERVIEWER _____ DATE _____

	RECORD THE TIME.	HOURS MINUTES				
		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				

HOUSEHOLD SCHEDULE

ALL MEMBERS OF THE HOUSEHOLD

NO.	P01_NAME	P02	P03	P04M	P04Y	P05	P06	P07	P08	P09	P10
	<p>Can you please give me the names of the persons who usually live in this household and visitors of the household who stayed here last night, starting with the head of the household.</p> <p>Who is the head of the household?</p> <p><i>Enter first name then last name.</i></p> <p><i>A household is one or more person(s) who usually live together and make common provision for food and other essentials for living. For each household list all household members, starting with the head of household.</i></p>	<p>What is (NAME)'S relationship to the head of the household?</p> <p><i>Refer the relationship of any member of the household to the HEAD of that household.</i></p>	<p>Is (NAME) male or female?</p> <p>1 = MALE 2 = FEMALE</p>	<p>In what month was (NAME) born?</p> <p><i>Record month of birth. Enter 99 if unknown.</i></p>	<p>In what year was (NAME) born?</p> <p><i>If year of birth is not known use the calendar of events provided to you.</i></p>	<p>How old was [NAME] at his/her last birthday?</p> <p><i>Record the age of each household member in completed years (0 for children less than one year old).</i></p>	<p>In what district was [NAME] born</p>	<p>What is [NAME]'s nationality?</p>	<p>Is [NAME] a present resident, absent resident or visitor?</p> <p>1 = PRESENT RESIDENT 2 = ABSENT RESIDENT 3 = VISITOR</p>	<p>What is [NAME]'s religion?</p> <p><i>If child's religion is not known and husband and his wife belong to different religions then assign the religion of the mother to the child.</i></p>	<p>What is [NAME]'s tribe?</p>
01	NAME OF HH MEMBER _____	RELATION <input type="text"/> <input type="text"/>	SEX <input type="text"/>	MONTH <input type="text"/> <input type="text"/>	YEAR (BIRTH) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	AGE <input type="text"/> <input type="text"/> <input type="text"/>	DISTRICT _____	NATIONALITY _____	R/STATUS <input type="text"/>	RELIGION <input type="text"/> <input type="text"/>	TRIBE <input type="text"/> <input type="text"/>
02	_____	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	_____	_____	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
03	_____	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	_____	_____	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
04	_____	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	_____	_____	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
05	_____	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	_____	_____	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

2A) Just to make sure that I have a complete listing: are there any other people such as small children or infants or domestic servants or lodgers or friends or any guests or temporary visitors staying here, or anyone else who stayed here last night that we have not listed?

YES **NO**
 → ADD TO TABLE → **P02**

CODES FOR P02: RELATIONSHIP TO HH HEAD

- | | |
|----------------------|------------------------|
| 01 = HEAD | 07 = PARENT-IN-LAW |
| 02 = WIFE OR HUSBAND | 08 = BROTHER OR SISTER |
| 03 = SON OR DAUGHTER | 09 = NIECE OR NEPHEW |
| 04 = SON-IN-LAW OR | 10 = CO-WIFE |
| 05 = GRANDCHILD | 11 = OTHER RELATIVE |
| 06 = PARENT | 12 = NOT RELATED |

P09: RELIGION

- 01 = CHRISTIAN
02 = MUSLIM
03 = BUDDHISM
04 = HINDUISM
05 = TRADITION
06 = OTHER
07 = NO RELIGION

CODES FOR Q. P10: TRIBE

- | | |
|--------------|----------------|
| 01 = CHEWA | 08 = NGONI |
| 02 = TUMBUKA | 09 = LAMBYA |
| 03 = LOMWE | 10 = SUKWA |
| 04 = TONGA | 11 = MANG'ANJA |
| 05 = YAO | 12 = NYANJA |
| 06 = SENA | 13 = OTHER |
| 07 = NKHONDE | |

MEMBERS AGED 5 YEARS AND ABOVE														
NO.	P11	P12	P13A1	P13A2	P13A3	P13B1	P13B2	P13B3	P13C1	P13C2	P13D1	P13D2	P13E1	P13E2
	Where was [NAME] residing during the same month last year? <i>If not moved, write "NOT MOVED"</i> <i>Else if moved within Malawi, specify district of previous residence</i> <i>Else, specify country of previous residence</i>	How long has [NAME] been living continuously in current residence? <i>Record the length of residence in completed years (0 if less than 1 year).</i> <i>If "not moved" record person's age</i>	Does [NAME] have difficulty in seeing? 1= YES 2= NO IF 2 ↓ SKIP ↓ P13B1	Does (NAME) have difficulty seeing even if wearing glasses? SEE CODES BELOW.	What is the cause of the difficulty in seeing? SEE CODES BELOW.	Does [NAME] have difficult in hearing? 1=YES 2=NO IF 2 ↓ SKIP ↓ P13C1	Does [NAME] have difficulty in hearing, even if using hearing aid? SEE CODES BELOW.	What is the cause of the difficulty in hearing? SEE CODES BELOW.	Does [NAME] have difficult in walking or climbing steps? SEE CODES BELOW. IF 1 ↓ SKIP ↓ P13D1	What is the cause of difficult in walking or climbing steps? SEE CODES BELOW.	Does [NAME] have difficulty in speaking? SEE CODES BELOW. IF 1 ↓ SKIP ↓ P13E1	What is the cause of the difficulty in speaking? SEE CODES BELOW.	Does [NAME] have difficulty learning new things or solving problems or remembering? IF 1 ↓ SKIP ↓ P13F1	What is the cause of the difficulty in learning new things or solving problems or remembering ? SEE CODES BELOW.
01	PREV RESIDENCE _____	DURATION <input type="text"/> <input type="text"/>	SEEING <input type="text"/>	<input type="text"/>	CAUSE <input type="text"/>	HEARING <input type="text"/>	<input type="text"/>	CAUSE <input type="text"/>	WALKING <input type="text"/>	CAUSE <input type="text"/>	SPEAKING <input type="text"/>	CAUSE <input type="text"/>	LEARNING <input type="text"/>	CAUSE <input type="text"/>
02	_____	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03	_____	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
04	_____	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05	_____	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CODES FOR Q. P13A2, P13B2, P13C1, P13D1, P13E1 :DEGREE OF DIFFICULT 1 = NO - NO DIFFICULTY 2 = YES - SOME DIFFICULT 3 =YES - A LOT OF DIFFICULT 4 = CANNOT SEE/ HEAR/ WALK/ CLIMB/ SPEAK/ LEARN AT ALL 5= NEVER USED GLASSES/ HEARING AID							CODES FOR Q. P13A3, P13B3, P13C2, P13D2, P13E2:CAUSES OF DISABILITY 1 = CONGENITAL 2 = DISEASE/ILLNESS 3 = INJURY/ACCIDENT 4 = OTHER 5 = NOT KNOWN							

NO.	ALL MEMBERS OF THE HOUSEHOLD							PARENT SURVIVORSHIP - 0 - 17 YEARS					16+ YRS
	P13F1	P13F2	P13G	P13G1	P13H	P13I	P13J	P14	P14A	P14B	P14C	P15AB	P15B
	Would you say that [NAME] has experienced developmental delay? <i>Developmental delay includes delay in sitting, moving, using toilet, etc.</i> SEE CODES BELOW IF 1 → P13G	What is the cause of developmental delay? SEE CODES BELOW.	Does [NAME] have difficulty (with self-care such as) washing all over or dressing? SEE CODES BELOW IF 1 → P13H	What is the cause of the difficulty (with self-care such as) washing all over or dressing? SEE CODES BELOW.	Does [NAME] have Albinism? <i>If interviewing respondent, record "yes" or "no" through observation.</i> 1 = YES 2 = NO	Does [NAME] have Epilepsy or seizures? 1 = YES 2 = NO 3 = DON'T KNOW	Does [NAME] have any other disability? 1 = YES 2 = NO 3 = DON'T KNOW	Is [NAME's] natural mother alive? 1 = YES 2 = NO 3 = DON'T KNOW	Does [NAME's] natural mother live in this household? 1 = YES 2 = NO 3 = DON'T KNOW	Is [NAME's] natural father alive? 1 = YES 2 = NO 3 = DON'T KNOW	Does [NAME's] natural father live in this household? 1 = YES 2 = NO 3 = DON'T KNOW	Does [NAME] have a birth certificate? <i>Show the respondent a sample birth certificate.</i> 1 = YES, SEEN 2 = YES, BUT NOT SEEN 3 = NO 4 = DON'T KNOW	Does [NAME] have a National ID? <i>If yes, ask the respondent to see the card.</i> 1 = YES, SEEN 2 = YES, BUT NOT SEEN 3 = NO 4 = DON'T KNOW
01	DEVT <input type="checkbox"/>	CAUSE <input type="checkbox"/>	SELF-CARE <input type="checkbox"/>	CAUSE <input type="checkbox"/>	ALBINISM <input type="checkbox"/>	EPILEPSY <input type="checkbox"/>	ANY DISABILITY <input type="checkbox"/>	NM ALIVE <input type="checkbox"/>	NM HH <input type="checkbox"/>	NF ALIVE <input type="checkbox"/>	NF HH <input type="checkbox"/>	BIRTH CERT <input type="checkbox"/>	NATIONAL ID <input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CODES FOR Q. P13F1, P13G DEGREE OF DIFFICULTY 1 = NO - NO DIFFICULTY 2 = YES - SOME DIFFICULT 3 = YES - A LOT OF DIFFICULT 4 = CANNOT DO AT ALL					CODES FOR Q. P13F2, P13G1 CAUSES OF DISABILITY 1 = CONGENITAL 2 = DISEASE/ILLNESS 3 = INJURY/ACCIDENT 4 = OTHER 5 = NOT KNOWN								

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	IF AGE 3 YEARS OR OLDER					IF AGE 10 YEARS OR OLDER					
		LITERACY	EVER ATTENDED SCHOOL				EDUCATION QUALIFICATION	WORK IN LAST 7 DAYS		ACTIVITIES LAST 7 DAYS	AVAILABLE TO WORK	SEEKING WORK
	P01_NAME	P16	P17	P18A	PA18B	P18C	P19	P20	P21	P22	P23	P24
	<i>PLEASE COPY NAMES OF HOUSEHOLD MEMBERS AS RECORDED ON PAGE 1</i>	Can [NAME] read and write a simple sentence in any languages?	Has (NAME) ever attended school or is currently attending school?	What is the highest level of school (NAME) attended or is attending?	What is the highest class [NAME] completed?	What class [NAME] is currently attending?	What is the highest qualification [NAME] attained?	Aside from his/her own housework, did [NAME] work for at least an hour for pay or gain during the last 7 days?	Why did [NAME] not work during the last 7 days?	Did [NAME] do one of the following activities during the last 7 days?	Is [NAME] available for work?	Has [NAME] been seeking work during the last 7 days?
		1 = YES 2 = NO	IF 1 ↓ P20 SEE CODES BELOW.	IF 0 ↓ P20 SEE CODES BELOW.	Record 98 if don't know IF P17= 2 ↓ P19		SEE CODES BELOW.	1 = YES 2 = NO	IF 3 → P25 IF 4 → P23 SEE CODES BELOW.	IF 1 or 2 or 3 ↓ P25 SEE CODES NEXT PAGE	1 = YES 2 = NO	1 = YES, 1ST JOB 2= YES, NEW JOB 3= NO IF 1 or 3 ↓ P28
01	_____	<input type="text"/>	<input type="text"/>	LEVEL <input type="text"/>	LEVEL/YEAR <input type="text"/>	LEVEL/YEAR <input type="text"/>	QUALIFICATION <input type="text"/>	Y N 1 2 ↓ P25	<input type="text"/>	ACTIVITIES <input type="text"/>	AVAILABILITY 1 2 ↓ P27E	JOB SEEKING <input type="text"/>
02	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ P25	<input type="text"/>	<input type="text"/>	1 2 ↓ P27E	<input type="text"/>
03	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ P25	<input type="text"/>	<input type="text"/>	1 2 ↓ P27E	<input type="text"/>
04	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ P25	<input type="text"/>	<input type="text"/>	1 2 ↓ P27E	<input type="text"/>
05	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ P25	<input type="text"/>	<input type="text"/>	1 2 ↓ P27E	<input type="text"/>

CODES FOR P17

- 1= Never attended
- 2= Has ever attended
- 3= Currently attending

CODES FOR P18A:

- EDUC LEVEL**
- 0 = PRESCHOOL
 - 1 = PRIMARY
 - 2 = SECONDARY
 - 3 = UNIVERSITY
 - 4 = TERTIARY

CODES FOR P19: EDUC QUAL

- 1 = NONE
- 2 = PRIMARY
- 3 = JCE
- 4 = MSCE/GCSE
- 5 = A-LEVEL
- 6 = DIPLOMA
- 7= DEGREE
- 8=MASTERS
- 9= PhD
- 10= OTHER CEERTIFICATES

CODES FOR P21: WHY NOT WORKED IN LAST 7 DAYS

- 1 = HOMEWORKER
- 2 =NON-WORKER(NEVER WORKED)
- 3 = ON LEAVE BUT HAS A JOB
- 4 = RETIRED
- 5 = WAITING FOR VACANCY/ COMPLETION/INTERVIEW
- 6 = AWAITING SEASON FOR WORK

- 7 = STUDENT/SCHOOL/ TRAINING COURSE
- 8 = FAMILY RESPONSIBILITY
- 9 = PREGNACY
- 10 = ILLNESS/INJURY/DISABILITY
- 11 = DOESN'T KNOW HOW OR WHERE TO LOOK FOR WORK

- 12 = UNABLE TO FIND WORK FOR HIS/HER SKILLS
- 13= LOOKED FOR JOBS BUT HAD NOT FOUND ANY
- 14 = TOO YOUNG OR OLD TO FIND A JOB
- 15 = NO JOBS AVAILABLE IN THE AREA
- 16 = NO MONEY (CAPITAL) TO START BUSINESS
- 17 = OTHER

IF AGE 10 YEARS OR OLDER			IF AGE 5 YEARS OR OLDER		12 YEARS OR OLDER	
OCCUPATION 7 DAYS	EMPLOYMENT STATUS	INDUSTRY OF OCCUPATION IN LAST 7 DAYS	LAND OWNERSHIP		MARITAL STATUS	AGE AT 1ST MARRIAGE
P25	P26	P27	P27E	P27F	P28	P29
What was [NAME's] main occupation during the last 7 days or the last time [NAME] worked? <i>Record occupation</i>	What is [NAME's] main status in the occupation? An employer, own-account worker (self-employed), employee, unpaid family worker or other? SEE CODES BELOW.	What is the main product, service or activity of [NAME's] place of work? <i>Record industry</i>	Does [NAME] own any agricultural or non - agricultural land either alone or jointly with someone else? IF 4 ↓ SKIP ↓ P28	Does [NAME] have a title deed with his/her name on it? 1 = ALONE 2 = JOINTLY 3 = BOTH ALONE AND JOINTLY 4 = NO TITLE DEED	What is [NAME's] marital status? 1 = NEVER MARRIED → D00 2 = MARRIED 3 = DIVORCED/SEPARATED 4 = WIDOWED	How old was [NAME] when he/she first got married? <i>Use calendar of events if age not known</i>
OCCUPATION IN LAST 7 DAYS 01 ISCO CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	INDUSTRY IN LAST 7 DAYS ISIC CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	LAND <input type="text"/>	TITLE DEED <input type="text"/>	MARITAL STATUS <input type="text"/>	MARITAL AGE <input type="text"/>
02 ISCO CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	ISIC CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03 ISCO CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	ISIC CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
04 ISCO CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	ISIC CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05 ISCO CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	ISIC CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CODES FOR P22: ACTIVITIES PERFORMED 1 = FARMING/REARING ANIMALS/FISHING 2 = PRODUCTION/SERVICES/SELLING 3 = HOMEWORK AT SOMEONE'S HOUSE 4 = HOMEWORKER AT OWN HOUSE 5 = NONE		CODES FOR P26: EMPLOYMENT STATUS 1 = EMPLOYER 2 = OWN-ACCOUNT WORKER/SEL EMPLOYED 3 = EMPLOYEE - PUBLIC SERVICE 4 = EMPLOYEE - PRIVATE SECTOR 5 = UNPAID FAMILY WORKER 6 = OTHER		CODES FOR P27E: LAND OWNERSHIP 1= ALONE ONLY 2= JOINT ONLY 3= BOTH ALONE AND JOINTLY 4= DOES NOT OWN		

WOMEN AGED 12 YEARS AND OLDER

	P30	P30M	P31M	P30F	P31F	P32M	P32Y	P33
	How many children were born alive to [NAME]?	How many boys were born alive to [NAME]?	Among these, how many boys are still alive?	How many girls were born alive to [NAME]?	Among these, how many girls are still alive?	In which month was [NAME]'s last child born alive	In which year was [NAME]'s last child born alive	Is this child born to [NAME] still alive?
	<i>Born alive means that the baby should have shown signs of life. Eg: crying at birth.</i>							1 = YES 2 = NO
	CEB	CEB - MALES (M)	M - STILL ALIVE	CEB - FEMALES (F)	F - STILL ALIVE	MONTH	YEAR OF BIRTH (LAST CHILD)	ALIVE
01	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
04	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

D00: DWELLING CHARACTERISTICS SECTION

The next section is about characteristics of your dwelling unit(s).					D01: How many dwelling units does this household have?			
NO.	D02	D03	D04	D05	D06	D07	D08	D09
	Is this dwelling unit owned, rented or provided by institution/employer? 1= OWNED/FAMILY OCCUPIED 2= RENTED 3= INSTITUTIONAL 4= OTHER	What is the main material used for the roof? 1 Grass thatch 2 Iron sheets 3 Iron with tiles 4 Asbestos 5 Cement 6 Other	What is the main material used for the wall? 1 Burnt Bricks 2 Unburnt Bricks 3 Concrete 4 Cement blocks 5 Mud/Wattle/Dung 6 Reeds/Straw 7 Wood/Planks 8 Other	What is the main material used for the floor? 1= EARTH/SAND 2= DUNG 3= WOOD PLANKS 4= PALM/BAMBOO 5=BROKEN BRICKS 6=PARQUET/POLISHED WOOD 7=VINYL OR ASPHALT STRIP 8=CERAMIC/PORCELAIN TILES 9= CEMENT 10= BRICKS 11= OTHER	Type of dwelling structure: <i>Based on the materials used, select the type of dwelling.</i> 1= PERMANENT 2=SEMI-PERMANENT 3= TRADITIONAL	How many rooms does this dwelling unit have, including sitting and dining rooms, excluding bathrooms, toilets, storerooms and garage?	How many of these rooms are used for sleeping?	How many persons usually sleep in this dwelling unit?
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DWELLING UNIT FORM CHARACTERISTICS

The next section is about characteristics of your dwelling unit(s)			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
D10a	What is the main source of drinking water for members of the household during the dry season?	Piped into dwelling 1 Piped into yard/plot 2 Community standpipe 3 Unprotected well 4 Protected well 5 Borehole 6 Spring 7 River/Stream 8 Pond/Lake 9 Dam 10 Rain water 11 Tanker Truck/Bowser 12 Bottled water 13 Other 14	
D10b	What is the main source of drinking water for members of the household during wet season?	Piped into dwelling 1 Piped into yard/plot 2 Community standpipe 3 Unprotected well 4 Protected well 5 Borehole 6 Spring 7 River/Stream 8 Pond/Lake 9 Dam 10 Rain water 11 Tanker Truck/Bowser 12 Bottled water 13 Other 14	
D11	What kind of toilet facility do members of your household usually use?	Flush toilet 1 Ventilated improved pit (VIP) latrine 2 Pit latrine with slab 3 Pit latrine with earth/sand slab 4 Pit latrine without slab or open pit 5 Compost toilet 6 No facility/Bush/Field 7 Other 8	D13
D12	Is this toilet facility shared with other household(s)?	Yes 1 No 2	
D13	What is the source of energy the household mainly uses for lighting?	Electricity 1 Solar 2 Battery 3 Paraffin 4 Candles 5 Firewood 6 Grass/Straw 7 Other 8	
D14	What is the source of energy the household mainly uses for cooking?	Electricity 1 Solar 2 Paraffin 3 Charcoal 4 Firewood 5 Straw/Shrubs/Grass 6 Gas 7 Other 8	

D17a	Do you own any of the following type Livestock? <i>Read the list of type of livestock and check those that are owned by the household? Please NOTE that this is a multiple response question. For "No" SKIP to D18</i>	LIVESTOCK Goats 1 2 Pigs 1 2 Cattle 1 2 Chicken 1 2 Other poultry such turkey, ducks, geese, pigeons 1 2	
D17b	How many goats does your household have?	GOATS	<input type="text"/> <input type="text"/>
D17b	How many Pigs does your household have?	PIGS	<input type="text"/> <input type="text"/>
D17b	How many chickens does your household have?	CHICKENS	<input type="text"/> <input type="text"/>
D17b	How many cattle does your household have?	CATTLE	<input type="text"/> <input type="text"/>
D17b	How many sheep's does your household have?	SHEEP	<input type="text"/> <input type="text"/>
D17b	How many other poultry such as turkey, ducks, geese, and pigeons do your household have?	POULTRY	<input type="text"/> <input type="text"/>
D18	What was the main source of income for your household livelihood during the past 12 months?	Entrepreneurship 1 Employment 2 Ganyu 3 Petty trading 4 Remittances 5 Pension 6 Insurance 7 Public works 8 Fishing 9 Food crop sales 10 Cash crop sales 11 Social cash transfer 12 Forestry products 13 Begging 14 Other 15	
D19a	Did your household receive assistance of money, food or agricultural inputs from others during the last 12 months?	Yes 1 No 2	D20a
D19b	What was the main source of assistance received during the past 12 months?	Family/Friend 1 Government 2 NGO 3 Religious organization 4 International Organizations 5 Other 6	
D20a	Did any member of your household save money during the last 12 months? <i>The examples of money savings include; Village Bank, Mobile banking (Airtel Money, Mpamba, etc), Commercial Banks, Investment, Microfinance, Business etc.</i>	Yes 1 No 2	D21a

D20b	What was the main method of saving money?	Commercial bank 1 Village Bank 2 Microfinance 3 Investment 4 Business 5 Mobile Banking 6 At home/friends/family 7 Life Insurance Policy 8 Other 9	
D21a	Did any member of your household had access to any credit facility in the past 12 months? <i>The credit facilities include: Commercial Bank, Village Bank, Microfinance, Investment, Business, Mobile banking (Airtel Money, Mpamba etc) etc.</i>	Yes 1 No 2	E00
D21b	What was the main source of credit facility?	Commercial bank 1 Village Bank 2 Microfinance 3 Investment 4 Business 5 Mobile Banking 6 At home/friends/family 7 Insurance Policy 8 Other 9	

M00: MORTALITY SECTION

The next section is on mortality. It focuses on deaths of any member(s) of the household in the last 12 months. While recognizing the sensitiveness of the issue, we hope that you will provide us with the information as it provides a platform for understanding mortality in the country.

M01 Did any member of the household die in the last 12 months? Y 1 → ADD TO TABLE
N 2 → B00

							WOMEN			
No	M02	M03A	M03B	M04	M05	M06	M07	M08	M09	M10
	What is the name of the person who died?	In which month did [Deceased's Name]'s death occur?	In which year did the death occur? 01= 2017 02= 2018	Was [Deceased Name] male or female? 1= Male 2= Female	How old was [Deceased Name] when he/she died?	Was [Deceased Name]'s death due to accident, injury or violence? 1= Yes 2= No <i>If M04 = 1 Skip to M10</i>	Was [Deceased Name] pregnant when she died? 1= Yes 2= No <i>If M07 = 1 Skip to M10</i>	Did [Deceased Name] die during childbirth? 1: Yes 2: No <i>If M08 = 1 Skip to M10</i>	Did [Deceased Name] die within 2 months after termination of pregnancy, irrespective of the way the pregnancy was terminated? 1: Yes 2: No	Are there any additional members of the household that died in the last 12 months? 1: Yes 2: No <i>If M10 = 2, skip to B01.</i>
1		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

B00: BUSINESS OWNERSHIP BUSINESS OWNERSHIP

Lastly, I would like us to talk about ownership of any small or medium enterprise by any member of this household. Particularly, we would like to understand the type of business			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
B01	Does any member of the household own any business?	Yes No	1 2 END
B02	Is this business registered at the office of Registrar-General, Ministry of Industry and Trade, Local Council?	Yes. Registrar-General. Yes. Ministry of Industry and Trade. Yes. Local Council Yes. Malawi Revenue Authority (MRA) No Don't Know	A B C D E F
B03	What is the type of business ownership? Is it sole proprietor, partnership, company, cooperative or association?	Sole proprietor Partnership Company Cooperative Association	1 2 3 4 5
B04	What is the core business activity?	Sell something the way it was bought Grow something and sell Buy something to sell but add value before selling Sell something collected from nature Make something and sell Rear livestock poultry to sell Process an agriculture product Sell by-products of animals Sell something that I get free Render other services e.g. car wash and transport Render a skilled service Process an agricultural products for farmers Render building or construction services Render tourism-related services Render a professional services	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
B05	What is the economic industry of the business?	Agriculture, forestry and fishing Mining and quarrying Manufacturing Electricity, gas, steam and air conditioning supply Construction Water supply; sewerage, waste management and remediation activities Wholesale and retail trade; repair of motor vehicles and motorcycles Transportation and storage Accommodation and food service activities Information and communication Financial and insurance activities Real estate activities Professional, scientific and technical activities Administrative and support service activities Public administration and defense; compulsory social security Education Human health and social work activities Arts, entertainment and recreation Other service activities Activities of households as employers; undifferentiated goods- and services-producing activities of households for own use Activities of extraterritorial organizations and bodies	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

B06	How many male workers are involved in the business? <i>Please include the male employer(s).</i>	MALE	<input type="text"/> <input type="text"/>	
B07	How many female workers are involved in the business? <i>Please include the female employer(s).</i>	FEMALE	<input type="text"/> <input type="text"/>	
B08	Does your business export goods or services?	Yes No Don't Know	1 2 3	

END OF INTERVIEW