



Malawi Government  
National Statistical Office

## TELEPHONE SURVEY ON THE ECONOMIC AND SOCIAL IMPACT OF COVID-19 IN MALAWI, 2020

THIS SURVEY IS BEING CONDUCTED BY THE NATIONAL STATISTICAL OFFICE UNDER THE AUTHORITY OF THE 2013 STATISTICS ACT.  
THIS INFORMATION IS STRICTLY CONFIDENTIAL AND IS TO BE USED FOR STATISTICAL PURPOSES ONLY.

### HOUSEHOLD QUESTIONNAIRE

#### HOUSEHOLD IDENTIFICATION

WRITE CODES FOR TA, STA, OR TOWN; EA; AND HH ID. WRITE NAME OF DISTRICT; TA; VILLAGE; AND HOUSEHOLD HEAD.

	CODE	NAME
A01. DISTRICT:	<input type="text"/> <input type="text"/> <input type="text"/>	.....
A02. TA, STA, or TOWN:	<input type="text"/> <input type="text"/>	.....
A03. ENUMERATION AREA:	<input type="text"/> <input type="text"/> <input type="text"/>	.....
A04. PLACE / VILLAGE NAME:		.....
A07. NAME OF HOUSEHOLD HEAD:		.....
A08. IHPS 2019 Y4-HHID:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	- <input type="text"/> <input type="text"/> <input type="text"/>
A10. LOCATION OF HOUSEHOLD:		.....
A14. LANGUAGE PREVIOUS INTERVIEW WAS MAINLY CONDUCTED ( <b> PREFILLED</b> )		.....

#### SURVEY STAFF DETAILS

A16_1. PREVIOUS ROUND ENUMERATOR CODE:	<input type="text"/> <input type="text"/>	A16. ENUMERATOR CODE:	<input type="text"/> <input type="text"/> <input type="text"/>
A18_1. PREVIOUS ROUND DATE OF INTERVIEW:	<input type="text"/> <input type="text"/> <input type="text"/>	A17. SUPERVISOR CODE:	<input type="text"/> <input type="text"/> <input type="text"/>
	DD MM YYYY	A18. DATE OF INTERVIEW:	<input type="text"/> <input type="text"/> <input type="text"/>
			DD MM YYYY





**Section 2A. Household Roster Update**

**INTERVIEWER READ OUT:** Let's begin. First, I would like to check with you if the people we recorded during our last visit are still members of your household. By household I mean people who normally sleep in the same dwelling and share their meals together.

I N D I V I D U A L  I D	INTERVIEWER: ALL HOUSEHOLD MEMBERS RECORDED DURING THE [LAST INTERVIEW] ARE PRE-FILLED IN Q1.  FOR ALL PRE-FILLED MEMBERS, ASK QUESTIONS Q3 AND Q4.  AFTER YOU HAVE ASKED ABOUT ALL PRE-FILLED MEMBERS, THEN ASK: "Is there anyone who is a member of your household that i haven't mentioned?"  IF YES, THEN ASK, RECORD THEIR NAMES AND ASK Q5 - Q7.	1.  NAME  CAPI: PRE-FILLED NAMES FROM LAST INTERVIEW  INTERVIEWER: ADD NEW MEMBERS HERE	2.  CAPI/INTERVIEWER: IS [NAME] A NEW MEMBER ADDED IN THIS INTERVIEW?    YES..1 >> Q5 NO..2	3.  Is [NAME] still a member of the household?    YES..1 >>NEXT PERSON NO..2	4.  Why did [NAME] leave the household?  DIVORCE/SEPARATION.....1 LEFT FOR STUDIES/EDUCATIONAL OPPORTUNITY.....2 LEFT FOR WORK.....3 LEFT TO FIND BETTER LAND.....4 HEALTH REASONS.....5 SECURITY REASONS.....6 FOR MARRIAGE/ COHABITATION.....7 TO JOIN THEIR FAMILY ALREADY LIVING IN ANOTHER LOCATION...8 MOVED WITH FAMILY.....9 LEFT TO SET UP OWN HOME.....10 UNABLE TO STAY DUE TO CONFLICT (MILITANCY/INSURGENCY)...11 DISPUTE WITH OTHER HOUSEHOLD MEMBERS/COMMUNITY.....12 ABDUCTED/KIDNAPPED.....13 DEAD.....14 OTHER, (SPECIFY).....15 REFUSED.....99  >> NEXT PERSON
1					
2					
3					
4					
5					
6					
7					
8					
10					



**Section 4. BEHAVIOR AND SOCIAL DISTANCING**

**INTERVIEWER READ:** Now I want to ask you about some measures that you may have taken since the government put guidelines and restrictions in place for corona virus

1	2a	3a	3b	5	6	7.
<p>Since last week, did you wash your hands with soap,...?  <b>READ OUT OPTIONS</b></p> <p>More than you used to.....1            About the same as you typically do.....2            Less than you typically do.....3            Did not do at all...4</p>	<p>In the last 7 days, did you avoid handshakes/ physical greetings?</p> <p>Yes.....1            No.....2            N/A.....3</p>	<p>In the last 7 days, did you avoid groups of more than 10 people such as family gatherings, parties, church / mosque, funerals, etc?</p> <p>Yes.....1            No.....2            N/A.....3</p>	<p>In the last 7 days, how many religious (friday prayers, congregation, etc) or social (marriage, party, etc) gatherings have you attended?</p> <p>None.....0            One.....1            Two.....2            Three.....3            Four.....4            Five or more.....5</p>	<p>In the last 7 days, did you stock up on more food than normally, purchased or produced in your farm for home consumption?</p> <p>Yes.....1            No.....2            N/A.....3</p>	<p>In the last 7 days, did you reduce the number of times you go to the market/grocery store?</p> <p>Yes.....1            No.....2</p>	<p>In the last week, how often did you wash your hands with soap after being in public?</p> <p>All of the time.....1            Most of the time.....2            About half of the time..3            Some of the time.....4            None of the time.....5            I have not been in public during the last 7 days.....6</p>

8.
<p>In the last week, how often did you wear a mask when in public?</p> <p>All of the time.....1            Most of the time.....2            About half of the time..3            Some of the time.....4            None of the time.....5            I have not been in public during the last 7 days.....6</p>

## Section 4B. Patient Health Questionnaire

INTERVIEWER

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

5	6	7	8
<p>Poor appetite or overeating</p> <p>Not at all .....1 Several days.....2 More than half the days.....3 Nearly every day....4</p>	<p>Feeling bad about yourself — or that you are a failure or have let yourself or your family down</p> <p>Not at all .....1 Several days.....2 More than half the days.....3 Nearly every day....4</p>	<p>Trouble concentrating on things, such as reading the newspaper or watching television</p> <p>Not at all .....1 Several days.....2 More than half the days.....3 Nearly every day....4</p>	<p>Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual</p> <p>Not at all .....1 Several days.....2 More than half the days.....3 Nearly every day....4</p>

**Section 5. ACCESS**

AGRICULTURAL AFFORDABLE INPUTS PROGRAM				MEDICINE			HEALTH
Oa	Ob	Oc	Od	1a3	1b3	1c3	3
<p>Are you or anyone in your household registered to participate in the Affordbale Inputs Program (AIP)?</p> <p>YES..1 NO..2 &gt;&gt; Q1A3</p>	<p>Have you already purchased the inputs?</p> <p>YES..1 NO..2</p>	<p>How satisfied are you with the program?</p> <p>VERY SATISFIED...1 &gt;&gt;Q1A3 SATISFIED.....2 &gt;&gt;Q1A3 NEUTRAL.....3 &gt;&gt;Q1A3 UNSATISFIED.....4 VERY UNSATISFIED.5</p>	<p>What are the reasons you are not satisfied with the program?</p> <p>SELLING POINTS ARE TOO FAR.....1 SUPPLIES ARE NOT AVAILABLE.....2 WAITING TIME IS TOO LONG.....3 SELLING POINTS ARE ASKING FOR MONEY .....4 BAGS ARE BEING OPENED AND FERTILIZERS REMOVED BY SELLERS.....5 NETWORK IS ALWAYS DOWN.....6 OTHER, SPECIFY.....555</p>	<p>Since our last call, did you or anyone in your household need to buy medicine?</p> <p>YES ....1 NO ....2&gt;&gt;Q3</p>	<p>Were you or someone in your household able to buy Medicine?</p> <p>YES ....1&gt;&gt;Q3 NO .....2</p>	<p>Why was your household not able to buy Medicine? DO NOT READ OPTIONS</p> <p>SHOPS HAVE RUN OUT OF STOCK ...1 LOCAL MARKETS NOT OPERATING / CLOSED .....2 LIMITED / NO TRANSPORTATION.....3 RESTRICTION TO GO OUTSIDE .....4 INCREASE IN PRICE ...5 NO MONEY .....6 REFUSED.....99</p>	<p>Have you or any member of your household needed any medical services ( treatment or consultation) in the past 4 weeks whether there was illness or not?</p> <p>YES .....1 NO.....2 &gt;&gt;NEXT MODULE REFUSED..99 &gt;&gt;NEXT MODULE</p>

3b	4	5
<p>What type of service did you or any member of your household need?</p> <p>DO NOT READ OUT SELECT ALL THAT APPLY</p> <p>FAMILY PLANNING.....1 VACCINATION.....2 MATERNAL HEALTH/PREGANCY CARE.3 CHILD HEALTH.....4 ADULT HEALTH.....5 EMERGENCY CARE.....6 PHARMACY.....7 OTHER (SPECIFY).....96</p>	<p>Were you or the member of your household able to access the medical treatment/services?</p> <p>YES .....1 &gt;&gt;NEXT SECTION NO .....2 REFUSED..99&gt;&gt;NEXT SECTION</p>	<p>What was the main reason you or the member of your household were not able to access the medical treatment/services?</p> <p>DO NOT READ OUT</p> <p>LACK OF MONEY .....1 NO MEDICAL PERSONNEL AVAILABLE .....2 TURNED AWAY BECAUSE FACILITY WAS FULL .....3 OTHER .....4 LIMITED/NO TRANSPORTATION .....5 RESTRICTION TO GO OUTSIDE .....6 AFRAID OF GOING AND GETTING THE VIRUS ..7 OTHER .....8 REFUSED...99</p>

**Section 5D. EARLY CHILD DEVELOPMENT**

**INTERVIEWER:** This module will be administered only to households that have a child aged 2 to 10 years. If household has more than one child in this age group, one child will randomly be selected for interviews

**EDUCATION BACKGROUND**

Now I would like to ask you some questions relating to [NAME]'s education

2	3	4	5	6
<p>Who is (NAME)'s primary caregiver?</p> <p><i>(The caregiver is the adult at home who most frequently looks after the child.)</i></p> <p>PERSON COMPLETING INTERVIEW.1 &gt;&gt; 5</p> <p>OTHER .....555</p>	<p>Specify primary caregiver's relationship with (NAME).</p> <p>MOTHER .....1 &gt; Q6            FATHER .....2 &gt; Q6            SIBLING (BROTHER/SISTER) ...3            GRANDPARENT.....4            OTHER RELATIVE ...5            HOUSEHOLD WORKER...6            OTHER NON-RELATIVE .7</p>	<p>What is the caregiver's gender?</p> <p>MALE ...1            FEMALE .2</p>	<p>What is your relationship to (name)?</p> <p>MOTHER .....1            FATHER .....2            SIBLING (BROTHER/SISTER) ...3            GRANDPARENT.....4            OTHER RELATIVE.....5            HOUSE HELPER /WORKER.....6</p>	<p>Was your child attending any of the following before childcare centers and schools were closed due to the COVID-19 pandemic?</p> <p>Nursery/Childcare .1            Community center ..2            Preschool .....3            Elementary school .4            None .....5            Do not know .....88            Other .....555</p>

**PARENTAL SUPPORT AT HOME**

	7	8	9	10	11	12	13
<p><i>For these next set of questions, items, please answer with YES or NO. Please let me know if, during the last 15 days, did you or any household member age 15 or over engage in any of the following activities with (name):</i></p>	<p>Played with [name]?</p> <p>YES .....1            NO .....2            DON'T            KNOW ...888</p>	<p>Read books or looked at picture books with [name]?</p> <p>YES .....1            NO .....2            DON'T            KNOW ...888</p>	<p>Told stories to [name]?</p> <p>YES .....1            NO .....2            DON'T            KNOW ...888</p>	<p>Sang songs to or with [name], including lullabies?</p> <p>YES .....1            NO .....2            DON'T            KNOW ...888</p>	<p>Took [name] outside the home?</p> <p>YES .....1            NO .....2            DON'T            KNOW ...888</p>	<p>Named, counted, or drew things for or with [name]?</p> <p>YES .....1            NO .....2            DON'T            KNOW ...888</p>	<p>How many children's books or picture books do you have for (name) at home?</p>





**Section 6B. Employment**

	STATUS IN EMPLOYMENT		WHY NOT CURRENTLY WORKING		
FILTER	1	1a	1b	1c	3
<p>TWO CASES BASED ON RESPONSE IN LAST INTERVIEW:</p> <p>CASE 1: RESPONDENT WAS WORKING IN [LAST_INTERVIEW]</p> <p>CASE 2: RESPONDENT WAS NOT WORKING [LAST_INTERVIEW]</p>	<p>Last week, that is from Monday [DATE] up to Sunday [DATE], did you do any work for pay, do any kind of business, farming or other activity to generate income, even if only for one hour?</p> <p>YES...1 IF CASE 1 &gt;&gt;Q4A IF CASE 2 &gt;&gt;Q5 NO...2</p>	<p>Even though you did not work last week, do you have a job, business or family farm from which you were absent last week to which you</p> <p>YES...1 NO...2 &gt;&gt; Q3 IF CASE 1, Q3a IF CASE 2</p>	<p>When do you expect to return to this job?</p> <p>WITHIN ONE WEEK.....1 WITHIN ONE MONTH.....2 WITHIN THREE MONTHS.....3 IN MORE THAN THREE MONTHS...4 DON'T KNOW.....98</p>	<p>Why did you not work last week?</p> <p><b>DO NOT READ OPTIONS</b></p> <p>BUSINESS / OFFICE CLOSED DUE TO CORONAVIRUS LEGAL RESTRICTIONS.....1 BUSINESS / OFFICE CLOSED FOR ANOTHER REASON.....2 LAID OFF WHILE BUSINESS CONTINUES.....3 TEMPORARILY LAID OFF/LEAVE OF ABSENCE (FURLOUGHED).....4 VACATION.....5 ILL / QUARANTINED.....6 NEED TO CARE FOR ILL RELATIVE.....7 SEASONAL WORKER.....8 RETIREMENT.....9 NOT ABLE TO GO TO FARM DUE TO MOVEMENT RESTRICTIONS.....10 NOT ABLE TO FARM DUE TO LACK OF INPUTS.....11 NOT FARMING SEASON.....12 ROTATION OF PERSONEL DUE TO CORONAVIRUS (MY TURN IS NEXT WEEK).....13 OTHER (SPECIFY).....96</p> <p>&gt;&gt; Q4a IF CASE=1, &gt;&gt; Q4a IF CASE=2, OR &gt;&gt; Q5 IF CASE=3</p>	<p>Why did you stop working?</p> <p><b>DO NOT READ OPTIONS</b></p> <p>BUSINESS / GOV'T CLOSED DUE TO CORONAVIRUS LEGAL RESTRICTIONS.....1 BUSINESS / GOV'T CLOSED FOR ANOTHER REASON.....2 LAID OFF WHILE BUSINESS CONTINUES.....3 TEMPORARILY LAID OFF/LEAVE OF ABSENCE (FURLOUGHED).....4 VACATION.....5 ILL / QUARANTINED.....6 NEED TO CARE FOR ILL RELATIVE.....7 SEASONAL WORKER.....8 RETIREMENT.....9 NOT ABLE TO GO TO FARM DUE TO MOVEMENT RESTRICTIONS.....10 NOT ABLE TO FARM DUE TO LACK OF INPUTS.....11 NOT FARMING SEASON.....12 ROTATION OF PERSONEL DUE TO CORONAVIRUS (MY TURN IS NEXT WEEK).....13 OTHER (SPECIFY).....96</p>

JOB SEARCH		CHANGE IN JOBS			ACTUAL JOB
3a	3b	4a.	4b.	5a.	5
<p>During the last four weeks, did you do anything to find a paid job or start a business?</p> <p>YES..1 NO..2 &gt;&gt;Q9</p>	<p>What did you mainly do in the last four weeks to find a paid job or start a business?</p> <p>DO NOT READ OPTIONS</p> <p>APPLY TO PROSPECTIVE EMPLOYERS.....1 PLACE OR ANSWER JOB ADVERTISEMENTS.....2 STUDY OR READ JOB ADVERTISEMENTS.....3 REGISTER WITH (EMPLOYMENT CENTER).....4 REGISTER WITH PRIVATE RECRUITMENT OFFICES.....5 TAKE A TEST OR INTERVIEW.....6 SEEK HELP FROM RELATIVES, FRIENDS, OTHERS.....7 CHECK AT FACTORIES, WORK SITES.....8 WAIT ON THE STREET TO BE RECRUITED.....9 SEEK FINANCIAL HELP TO START A BUSINESS..10 LOOK FOR LAND, BUILDING, EQUIPMENT, MATERIALS TO START A BUSINESS.....11 APPLY FOR PERMIT OR LICENSE TO START A BUSINESS.....12 OTHER (SPECIFY).....96</p> <p>&gt;&gt;Q9</p>	<p>CASE 1: Is this the same job you were doing when we last spoke on [LAST_INTERVIEW DATE]?</p> <p>YES..1 &gt;&gt;Q6 NO..2</p>	<p>Why did you change jobs?</p> <p>DO NOT READ OPTIONS</p> <p>PREVIOUS BUSINESS / JOB CLOSED DUE TO CORONAVIRUS LEGAL RESTRICTIONS.....1 PREVIOUS BUSINESS / JOB CLOSED FOR ANOTHER REASON.....2 LAID OFF WHILE BUSINESS CONTINUES IN PREVIOUS JOB.....3 TEMPORARILY LAID OFF/LEAVE OF ABSENCE FROM PREVIOUS JOB (FURLOUGHED).....4 ILL / QUARANTINED.....6 NEED TO CARE FOR ILL RELATIVE.....7 SEASONAL WORKER.....8 NOT ABLE TO GO TO FARM DUE TO MOVEMENT RESTRICTIONS.....10 NOT ABLE TO FARM DUE TO LACK OF INPUTS.....11 NOT FARMING SEASON.....12 OTHER (PLEASE SPECIFY).....96</p>	<p>Please provide a description of the primary activity/tasks you performed in your main work last week.</p> <p>PLEASE WRITE A SHORT DESCRIPTION OF THE PRIMARY ACTIVITY</p>	<p>What is the main activity of the business or organization in which you worked last week?</p> <p>DO NOT READ OPTIONS</p> <p>AGRICULTURE.....1 MINING.....2 MANUFACTURING.....3 PROFESSIONAL/ SCIENTIFIC/TECHNICAL ACTIVITIES.....4 ELECTRICITY/WATER/GAS/WASTE.....5 CONSTRUCTION.....6 TRANSPORTATION.....7 BUYING AND SELLING.....8 FINANCIAL/INSURANCE/ REAL EST. SERVICES.....9 PERSONAL SERVICES.....10 EDUCATION.....11 HEALTH.....12 PUBLIC ADMINISTRATION.....13 TOURISM.....14 FOOD PROCESSING.....15 OTHER, SPECIFY.....16</p>

**WAGE WORK**

6	6a.	7	8	8a	8b	8c	9
<p>In the work you did last week, did you work....</p> <p><b>READ RESPONSES</b></p> <p>In your own business .....1 &gt;&gt;Q9                      In a business operated by a household or family member .....2 &gt;&gt;Q9                      In a family farm growing crops, raising livestock, or fishing.....3 &gt;&gt;Q9                      As an employee for someone else ....4                      As an apprentice, trainee, intern .....5</p>	<p>Thinking about all the family [farming products/animals/fish] you worked on, are they intended...</p> <p><b>READ OPTIONS</b></p> <p>Only for sale.....1                      Only for family consumption .....2                      Some will be sold, some will be consumed by the family .....3</p>	<p>In the last week, were you able to work as usual in your wage job either at your place of work or remotely?</p> <p>YES.1 &gt;&gt;Q8b                      NO..2</p>	<p>Even though you were not able to work as usual, will you be paid/were you paid.....?</p> <p><b>PLEASE READ ALL OPTIONS</b></p> <p>Full normal payment ..1                      Partial payment .....2                      No payment .....3</p>	<p>Why were you not able to work as usual?</p> <p><b>DO NOT READ OPTIONS</b></p> <p>BUSINESS / GOV'T CLOSED DUE TO CORONAVIRUS LEGAL RESTRICTIONS...1                      BUSINESS / GOV'T CLOSED FOR ANOTHER REASON.....2                      FURLOUGH.....3                      ILL / QUARANTINED.....4                      NEED TO CARE FOR ILL RELATIVE.....5                      SEASONAL WORKER.....6                      NOT ABLE TO GO TO PLACE OF WORK DUE TO MOVEMENT RESTRICTIONS.....7                      OTHER (PLEASE SPECIFY).....96</p>	<p>How many hours did you work last week?</p>	<p>How many hours do you usually work per week doing [PRIMARY ACTIVITY]?</p>	<p>What are the preventive measures taken by your employer for the safety of the staff at the workplace?</p> <p>Use of disinfectant for cleaning.....1                      Provided hand sanitizer.....2                      Raising awareness about preventative measures...3                      Provided masks.....4                      Provided gloves.....5                      Allowed work from home.....6                      I am not going to the office/my office is closed.....7                      My employer is not taking any preventative measures...8                      Other (specify).....9</p>

**Section 6C. OTHER INCOME**

I T E M  C O D E	1	Since the last interview on [LAST INTERVIEW DATE], did you or your household receive [ITEM]?	YES . 1 NO . . 2
	1	Remittances from abroad	
	2	Remittances from family within the country	
	3	Assistance (in cash and/or inkind) from other non-family individuals	
	4	Income from properties, investments or savings	
5	Pension		

## Section 6E. CROPS PRODUCTION & SALES

FILTER1:	1	1a	2	3	4
<p>PREFILL: HOUSEHOLD CULTIVATED CROPS DURING LAST FARMING SEASON PREFILLED</p> <p>YES.1 NO..2 &gt;&gt; 9</p>	<p>In the previous call(s) you reported that your household cultivated crops in the 2019/2020 agricultural season.Since the last call, were there any crop produce in your farm or dimba that you needed to sell?</p> <p>YES.1 NO..2 &gt;&gt; 9</p>	<p>Since the last call, was your household able to sell the crop produce or harvest?</p> <p>YES.1 NO..2 &gt;&gt; 9</p>	<p>What crops have you sold?</p> <p>SELECT ALL THAT APPLY</p> <p>MAIZE.....1 BEANS.....2 GROUNDNUTS.....3 PEAS.....4 SOYA BEANS.....5 CASSAVA.....6 SWEET POTATOES..7 IRISH POTATOES..8 BANANA.....9 TOBACCO.....10 SUGARCANE.....11 VEGETABLES.....12 OTHER, SPECIFY...95</p>	<p>What was the main reason you sold the crops?</p> <p>I NORMALLY SELL FOR MY/FAMILY LIVELIHOOD.....1 DECLINING/NO INCOME FROM USUAL BUSINESS.....2 DECLINING/NO INCOME FROM USUAL WORK.....3 CROP IS FETCHING HIGHER PRICE ON THE MARKET.....4 SCHOOL FEES.....5 FAMILY GATHERINGS...6 OTHER, SPECIFY.....95</p>	<p>Where did you sell your crops?</p> <p>SELECT ALL THAT APPLY</p> <p>SOLD AT HOME.....1 AT DAILY MARKET...2 AT WEEKLY MARKET...3 AUCTION HOLDING....4 OTHER, SPECIFY....555</p>

7	FILTER1:	9	10	11
<p>Compared to what you normally sell, since our last call, were the revenues from farm sales ...</p> <p>EXCEPTIONALLY GOOD / MUCH BETTER THAN NORMAL.....1 GOOD / BETTER THAN NORMAL..2 AVERAGE /NORMAL.....3 NOT GOOD, LESS THAN NORMAL..4 VERY BAD, MUCH LESS THAN NORMAL.....5</p>	<p>PREFILL: HOUSEHOLD THAT REARED ANIMALS AS REPORTED IN PREVIOUS ROUNDS</p> <p>YES.1 NO..2 &gt;&gt; NEXT MODULE</p>	<p>Were you able to sell the animal(s)?</p> <p>YES.1 NO..2 &gt;&gt; NEXT MODULE</p>	<p>Were you able to sell the animal(s)?</p> <p>YES.1 NO..2 &gt;&gt; NEXT MODULE</p>	<p>Why were you not able to sell the animal(s)?</p> <p>LOCAL MARKETS NOT OPERATING/CLOSED.....1 LIMITED / NO TRANSPORTATION.....2 RESTRICTIONS ON MOVEMENT / TRAVEL.....3 FALL IN PRICES/ IT WAS NOT PROFITABLE....4 OTHER, SPECIFY.....96</p>



## Section 9. CONCERNS

1	2
<p>How do you feel about the possibility that you or someone in your immediate family might become seriously ill from COVID-19 (corona virus disease)?</p> <p>READ OUT ANSWER OPTIONS</p> <p>Very worried .....1 Somewhat worried ....2 Not too worried .....3 Not worried at all ..4</p>	<p>How much of a threat would you say the corona virus outbreak is to your household's finances?</p> <p>READ OUT ANSWER OPTIONS</p> <p>A substantial threat ....1 A moderate threat .....2 Not much of a threat ....3 Not a threat at all .....4</p>

**Section 12. Interview Result**

	1	2	3	4
<p>INTERVIEWER READ OUT: Thank you very much for your participation in this survey! I will be transferring 1000 Malawi Kwacha Airtime to your phone shortly as a thank you for your time today.</p> <p>I may try to contact you in future for another short interview. Before you go, I have a couple of questions to help in case I need to contact you in future.</p>	<p>Is this number the best one to reach you or your household in the future or would it be better to use another number?</p> <p>THIS NUMBER....1 &gt;&gt; Q3 ANOTHER NUMBER..2</p>	<p>Which number would be best?</p>	<p>What day of the week will be best to reach you?</p> <p>SELECT ALL THAT APPLY</p> <p>MONDAY.....1 TUESDAY....2 WEDNESDAY..3 THURDAY....4 FRIDAY.....5 SATURDAY...6 SUNDAY.....7</p>	<p>What time of the day would be best to call you?</p> <p>SELECT ALL THAT APPLY</p> <p>ANYTIME OF THE DAY.....0 MORNING.....1 AFTERNOON....2 EVENING.....3</p>
		PHONE NUMBER		

	5	6	7
<p>INTERVIEWER CONFIRM THAT ALL QUESTIONS HAVE BEEN ANSWERED.</p> <p>READ OUT: That's it for now. Thank you very much for answering all questions and helping us to understand the current situation with COVID19 in Malawi and worldwide. This is really important.</p> <p>I will transfer you the 1000 Malawi Kwacha after this call. If you have any question about the survey you can call +265 882 16 87 11. <b>If you have any questions about COVID19 please call the CDC at X XXX XXX XXXX.</b></p>	<p>WHAT IS THE RESULT OF THE INTERVIEW?</p> <p>COMPLETE.....1 &gt;&gt; Q9  PARTIALLY COMPLETE....2  REFUSED.....3 &gt;&gt; Q7  DON'T SPEAK THE  LANGAUGE.....4 &gt;&gt; Q8  NOBODY ANSWERING.....5 &gt;&gt; Q12  NUMBER DOES NOT EXIST..6 &gt;&gt; Q12  PHONE TURNED OFF.....7 &gt;&gt; Q12  DON'T KNOW THE  HOUSEHOLD.....8 &gt;&gt; Q7  REFERENCE PERSON  CAN'T CONNECT TO HH...9 &gt;&gt; Q7</p>	<p>COULD THE HOUSEHOLD BE REACHED / THE INTERVIEW BE COMPLETED IF ANOTHER INTERVIEWER TRIED TO CALL LATER?</p> <p>YES.....1  NO.....2</p>	<p>INTERVIEWER: PLEASE GIVE DETAILS ON WHY THE HOUSEHOLD CANNOT BE REACHED, WHY THEY REFUSED, OR WHY THE INTERVIEW COULD NOT BE COMPLETED</p> <p>IF PARTIALLY COMPLETE &gt;&gt; Q9  ELSE &gt;&gt; Q12</p>

8	9	10	11	12	13	S12_END_TIME
<p>INTERVIEWER: WHICH LANGUAGE DO YOU THINK THE RESPONDENT SPEAKS</p> <p>WRITE "DK" IF DON'T KNOW</p> <p><b>&gt;&gt; Q12</b></p>	<p>INTERVIEWER: PLEASE SELECT THE ID OF THE RESPONDENT</p>	<p>INTERVIEWER: IN WHICH LANGUAGE DID YOU MAINLY CONDUCT THE INTERVIEW?</p> <p>CHEWA.....1  TUMBUKA 1 .....2  YAO .....3  LHOMWE .....4  SENA..5  OTHER, SPECIFY..96</p>	<p>INTERVIEWER: PLEASE CONFIRM THE NUMBER YOU REACHED THE RESPONDENT ON</p>	<p>INTERVIEWER: DO YOU HAVE ANY NOTES THAT ARE RELEVANT WHEN CALLING THIS HOUSEHOLD IN THE FUTURE?</p> <p>YES.....1  NO.....2 <b>&gt;&gt; Q14</b></p>	<p>INTERVIEWER: NOTE</p>	<p>RECORD END DATE AND TIME</p>