

THE ROLE OF INFORMAL CONVERSATIONS ON HEALTH AND AIDS BEHAVIOR IN MALAWI, 2006
WOMEN'S FAMILY LISTING QUESTIONNAIRE- ENGLISH

RESPONDENT'S IDENTIFICATION	
Village name and number _____	[][][]
Headman's name _____	
Head of compound _____	
Respondent's name and Respondent ID _____	[_____]
Respondent's other names/nicknames _____	
Respondent's level of education (circle and fill in level): (0) No school (1) Primary- Level _____ (2) Secondary- Level _____ (3) Higher	
Respondent's birthplace (District and Village) _____	
Respondent's father's name _____	
Respondent's age (estimate if respondent doesn't know) [][]	Check if age was estimated by interviewer []
Respondent's marital status 1.....MARRIED 33.....NEVER MARRIED 44.....SEPARATED 55.....DIVORCED 66.....WIDOWED	
Husband's name _____	# living children _____
Husband's other names/nicknames _____	
Husband's birthplace (District and village) _____	
Husband's level of education (circle and fill in level): (0) No school (1) Primary- Level _____ (2) Secondary- Level _____ (3) Higher	

INTERVIEWER'S VISITS				
	VISIT # 1	VISIT # 2	VISIT # 3	FINAL VISIT
DATE (DD/MM/YY):	[][]/[][]/[][]	[][]/[][]/[][]	[][]/[][]/[][]	DAY [][]
TIME (hh:mm):	[][]:[][]	[][]:[][]	[][]:[][]	MONTH [][]
INTERVIEWER'S NUM:	[][]	[][]	[][]	INTERVIEWER [][][]
RESULT*:	OUTCOME []	OUTCOME []	OUTCOME []	FINAL VISIT RESULT* []
NEXT VISIT:	DATE _____ TIME _____	DATE _____ TIME _____	DATE _____ TIME _____	
* RESULT CODES:	1 = COMPLETED 2 = REFUSED 3 = HOSPITALIZED	4 = DEAD 5 = RESPONDENT NOT KNOWN	6 = TEMPORARILY ABSENT 7 = MOVED TO: _____	8 = OTHER (SPECIFY): _____
** LANGUAGE CODES:	1= TUMBUKA	2= YAO	3= CHICHEWA	4=OTHER(_____)

SUPERVISOR	LOGGED BY	CHECKED BY	ENTERED BY
INITIALS _____	_____	_____	_____
DATE _____	_____	_____	_____

HOUSE AND ROOF MATERIAL			
HOUSE MATERIAL:	1. SUN-BURN BRICKS	2. FIRED BRICKS	3. MUD
			4. OTHER
ROOF MATERIAL:	1. METAL SHEET/SISAL TILES	2. THATCH	3. OTHER

CONSENT FORM INFORMATION		
SURVEY QUESTIONNAIRE CONSENT:	CONSENT GIVEN _____	CONSENT NOT GIVEN _____
INCENTIVES PROJECT CONSENT:	CONSENT GIVEN _____	CONSENT NOT GIVEN _____

OTHER COMMENTS REGARDING VISIT:

Section 1: Background Questions:

B8 Since you were age 15, have you stayed outside this District for 6 months or more?

1 = Yes 0 = No 88 = Can't Remember [_____]

B9 In the last 12 months did you stay outside this District for more than one month?

1 = Yes 0 = No 88 = Can't Remember [_____]

B12 Now let's talk about your own children. Can you give me the total number of children you have ever given birth to?

Number of children born: _____ (if women is childless, write "0")

How many of them were: Boys _____
Girls _____

B13 Would you please tell me the number of male and female the children you gave birth to who are still living?

Number of Boys alive: _____ and Girls alive: _____

B40 READ: "Now I'd like to ask you a few questions about when you went to school."

At what age did you first attend school?

Write down Age: _____ (DK/Can't Remember = 99)

Never attended school = 0 (CIRCLE) → **E2**

B41 What is the last grade that you successfully passed?

Write down Level (no school=0, primary=1, secondary=2, higher=3): _____ : AND
Number of years at level: _____ (DK/Can't Remember = 99)

B42 Did you ever need to repeat a grade because of low marks or you failed a standard exam?

1 = Yes 0 = No 99 = DK/Can't Remember [_____]

B43 Did you ever stop attending school for one month or longer during the school year, but later returned to school?

1 = Yes 0 = No 99 = DK/Can't Remember [_____]

B44 At what age were you when you completed your education?

Write down Age: _____ (88 = Still in school; 99 = DK/Can't Remember)

E2 Could you please tell me whether your household has any of the following?

		HOUSEHOLD	
		NO	YES
A	Bed with mattress	0	1
B	Sofa Set	0	1
C	Table and Chair(s)	0	1
D	Paraffin glass lamp	0	1
E	Television	0	1
F	Radio	0	1
G	Cell phone	0	1
H	Mosquito net	0	1
I	Solar electricity panels	0	1
J	Bicycle	0	1
K	Motorcycle	0	1
N	Oxcart	0	1
O	Pit latrine	0	1
P	Sanplat latrine	0	1
Q	ESCOM Electricity or Gennerator	0	1
R	Metal roof	0	1

E3 I'm now going to read a list of animals. Would you please tell me if your household owns any of these animals?

INTERVIEWER: Complete E3a – E3f line by line.

Code 'don't know' as '8888'. Ask total amount sold even if currently owns zero

	E3a DOES YOUR HHOLD OWN ____? (Circle YES or NO)	E3b # HHOLD OWNS	E3c # SOLD IN THE PAST 12 MONTHS.	E3d TOTAL VALUE OF THE SALE	E3e IF IN KIND, WHAT WAS EXCHANGED	E3f # DONATED TOWARDS OR KILLED AT A FUNERAL
A Cattle	YES/NO	[__][__]	[__][__]	_____	_____	[__][__]
B Goat	YES/NO	[__][__]	[__][__]	_____	_____	[__][__]
C Pigs	YES/NO	[__][__]	[__][__]	_____	_____	[__][__]
D Poultry	YES/NO	[__][__]	[__][__]	_____	_____	[__][__]

SECTION 3: TRANSFERS AND INTERGENERATIONAL RELATIONS

- Interviewer: In question Q2: 1. Copy all names from Pages 3 and 4 into the Table below (including names of deceased persons)
 (check off each task 2. Copy CODE in Column Q4 "ALIVE?" on page 3 and 4 below.
 with a "x" after completion) 3. Strike out the line for HH member who have died more than 2 years ago (CODE for Q4 ALIVE? = 4 or 5). Do not ask Questions T1 – T10 for person who died more than 2 years ago
- For CODES, see END of 4. For each person listed below, ask T0 CORESIDENT CHILD: "Is (NAME) a child below age 15 that usually lives in this household?"
 Questionnaire 5. If CORESIDENT CHILD = yes (CODE in T0 = 1), strike out the remaining line and do not ask Questions T1-T10 for this person.
 6. Line by line, complete questions T1 to T10 for all names listed on this and the next page.

Copy from page 3 and 4			CORESID CHILD?	MONEY AND HELP GIVEN					MONEY AND HELP RECEIVED				
ID	Q2: FULL NAME	Q4: ALIVE?	T0	T1	T2	T3	T4	T5	T6	T7	T8	T9	T10
		Copy from page 3 and 4. Strike out the line for respondents who have died more than 2 years ago (CODE for Q4 ALIVE? = 4 or 5). Do not ask questions T1 – T10 for persons who died more than 2 years ago	Is (NAME) a child below age 15 that usually lives in this household? No...0 Yes...1 If yes, strike out the line and do not ask Questions T1-T10	Have you given (NAME) any money or financial assistance in the last two years? If NO or DK, go to T3	Do you expect that (NAME) will repay you this money? No...0 Yes...1	In the past two years, have you given (NAME) any non-financial help? This could include help that takes time like collecting firewood, cooking, taking care of people, or helping with farming. If YES, how often did you help (NAME)? IF YES: IF NO or DK GO TO T5	What type of help did you give? LIST THE TWO MOST IMPORTANT TYPES OF HELP	INTERVIEWER IF DK OR NO ON T1 AND T3 → GO TO T6 Did you help (NAME), or did you give money to (name) because he/she was in poor health? No...0 Yes...1	Has (NAME) given you any money or financial assistance in the last two years? IF YES, approximately how much in total? If NO or DK/CR, go to T8	Do you expect to repay (NAME)? No...0 Yes...1	In the past two years, has (NAME) given you any non-financial help? This could include help that takes time like collecting firewood, cooking, taking care of people, or helping with farming. If NO or DK/CR, go to T10	What type of help did (NAME) give you? LIST THE TWO MOST IMPORTANT TYPES OF HELP	IF T6 AND T8 ARE BOTH NO OR DK/CR DO NOT ASK T10: Did (NAME) help you, or did (NAME) give money to you because you or someone in your household was in poor health? No...0 Yes...1 DK...9
LINE ID	NAME	CODE	CODE	CODE	CODE	CODE	CODE	CODE	CODE	CODE	CODE	CODE	CODE
01	(= RESP)	1						<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/> <input type="checkbox"/>
02								<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"/>
04								<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"/>
06								<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/> <input type="checkbox"/>
07								<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/> <input type="checkbox"/>
08								<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/> <input type="checkbox"/>
09								<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/> <input type="checkbox"/>
10								<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/> <input type="checkbox"/>
11								<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/> <input type="checkbox"/>
12								<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/> <input type="checkbox"/>

Transfers and Intergenerational Relations Continuation Page
 (Continue from previous page if more than 12 household or family members)

Copy from page 3 and 4			CORESID CHILD?	MONEY AND HELP GIVEN					MONEY AND HELP RECEIVED				
ID	Q2: FULL NAME	Q4: ALIVE?	T0	T1	T2	T3	T4	T5	T6	T7	T8	T9	T10
		Copy from page 3 and 4. Strike out the line for respondents who have died more than 2 years ago (CODE for Q4 ALIVE? = 4 or 5). Do not ask questions T1 – T10 for persons who died more than 2 years ago	Is (NAME) a child below age 15 that usually lives in this household? No...0 Yes...1 If yes, strike out the line and do not ask Questions T1-T10	Have you given (NAME) any money or financial assistance in the last two years? If NO or DK, go to T3	Do you expect that (NAME) will repay you this money? No...0 Yes...1	In the past two years, have you given (NAME) any non-financial help? This could include help that takes time like collecting firewood, cooking, taking care of people, or helping with farming. If YES, how often did you help (NAME)? IF YES: IF NO or DK GO TO T5	What type of help did you give? LIST THE TWO MOST IMPORTANT TYPES OF HELP	INTERVIEWER IF DK OR NO ON T1 AND T3 → GO TO T6 Did you help (NAME), or did you give money to (name) because he/she was in poor health? No...0 Yes...1	Has (NAME) given you any money or financial assistance in the last two years? IF YES, approximately how much in total? If NO or DK/CR, go to T8	Do you expect to repay (NAME)? No...0 Yes...1	In the past two years, has (NAME) given you any non-financial help? This could include help that takes time like collecting firewood, cooking, taking care of people, or helping with farming. If NO or DK/CR, go to T10	What type of help did (NAME) give you? LIST THE TWO MOST IMPORTANT TYPES OF HELP	IF T6 AND T8 ARE BOTH NO OR DK/CR DO NOT ASK T10: Did (NAME) help you, or did (NAME) give money to you because you or someone in your household was in poor health? No...0 Yes...1 DK...9
LINE ID	NAME	CODE	CODE	CODE	CODE	CODE	CODE	CODE	CODE	CODE	CODE	CODE	CODE
13							[] []					[] []	
14							[] []					[] []	
15							[] []					[] []	
16							[] []					[] []	
17							[] []					[] []	
18							[] []					[] []	
19							[] []					[] []	
20							[] []					[] []	
21							[] []					[] []	
22							[] []					[] []	
23							[] []					[] []	
24							[] []					[] []	
25							[] []					[] []	
26							[] []					[] []	
27							[] []					[] []	

Fertility questions: Tsopano tikambe pang'ono za ana anu.

F1 FEMALE RESPONDENT: Can you give me the total number of children you have ever given birth to?

MALE RESPONDENT: Can you tell me the number of children you have fathered?

Write down number: _____ (Don't know = 99)

F2 FEMALE RESPONDENT: Are you currently pregnant?

MALE RESPONDENT: Is your partner currently pregnant?

1 = Yes 0 = No 88 = Don't know

F3 FEMALE ONLY: For your most recent pregnancy, how many months pregnant were you at the time of your first antenatal clinic visit?

1 = Less than one month 4 = More than six
 2 = One to three months 5 = Unsure
 3 = Three to six months 6 = Has not visited an ANC clinic.

F4 FEMALE RESPONDENT:

- **If R is NOT-PREGNANT:** Would you like to have a child (another child), or would you like to stop having children?
- **If R is PREGNANT:** After the child you are expecting is born, would you like to have another child or would you like to stop having children?

MALE RESPONDENT:

- **If R's WIFE IS NOT PREGNANT:** Would you like to have a child (another child), or would you like to stop having children?
- **If R's WIFE IS PREGNANT:** After the child you are expecting is born, would you like to have another child or would you like to stop having children?

1 = Have a(nother) child 4 = Says can't get pregnant → F7
 2 = Stop, no more → F6 5 = Too old → F7
 3 = Husband deceased/left → F7 88 = Don't know → F7

F5 How long would you like to wait before having a(nother) child?

1 = As soon as possible 4 = No preference/whenever
 2 = Less than 2 years 88 = Don't know
 3 = 2 years or more

F6 How much would it matter if you did have another child?

1 = Very much 3 = Not much
 2 = Somewhat 4 = Not at all

F7 When one of your children is sick, who makes the final decision to take your child to the hospital/clinic?

1 = Me (respondent) 4 = Someone else (specify: _____)
 2 = My spouse 5 = Do not go to the hospital/clinic
 3 = Both equally 88 = Don't know

F8 If you had the choice, how many living children would you like to have in your lifetime?

Write down number: ____ (Don't know = 88, non-numeric/Up to God= 99)

F9 Have you ever used any traditional or modern method of child spacing or family planning?

1 = Yes 0 = No 88 = Don't know

F10 Are you currently using any traditional or modern methods of child spacing or family planning, and if yes, which method?

(DO NOT READ LIST. MORE THAN ONE ANSWER IS POSSIBLE IF USING SOME METHOD. "0" IF CURRENTLY NO METHOD IS USED)

0 = Currently no method used 1 = Abstinence
 1 = Pill 1 = String
 1 = Injectable 1 = Traditional medicine
 1 = Loop 1 = Don't know any method
 1 = Condom 99 = Other (specify: _____)

F11 Has someone like a CBD Agent, TBA, or a Health Surveillance Assistant ever come to your home to give you information about health or child-spacing?

1 = Yes 0 = No 88 = Don't know

F12 Has someone like a CBD Agent, TBA, or a Health Surveillance Assistant ever come to your home to give you information about how people can protect themselves against AIDS?

1 = Yes 0 = No 88 = Don't know

Additional Mortality & Family History Questions:

B10: How many children did your mother give birth in total, including those that have died?

Write down number: _____ (Don't Know = 88)

B11: How many of your surviving maternal siblings are older than you and how many are younger than you?

Number of Younger siblings: _____ and Older siblings: _____
(Don't Know = 88)

B11a: How many of your maternal brothers survived to age 15 (or at least up to the age of initiation)?

Write down number: _____ (Don't Know = 88)

B11b: How many of your brothers are still alive today?

Write down number: _____ (Don't Know = 88)

B11c: How many of your maternal sisters survived to age 15 (or at least up to the age of initiation)?

Write down number: _____ (Don't Know = 88)

B11d: How many of your sisters are still alive today?

Write down number: _____ (Don't Know = 88)

B28 How many families do you know in this village who adopted orphans in the past 2 years?

Write down number: _____ (DK/Can't Remember = 88)

B30 How many women do you know in this village who died while delivering a child in the past 2 years?

Write down number: _____ (DK/Can't Remember = 88)

B32 How many people do you know in this villages who are said to have died of witchcraft in the past 2 years?

Write down number: _____ (DK/Can't Remember = 88)

B33 How many people do you know in this village who have died in a car/bus or traffic accident in the past 2 years?

Write down number: _____ (Don't Know = 88)

CODES Section 2: Family and Household Roster**Q2: Relationship to Respondent: What is (NAME)'s relationship to you?**

- 01 = Respondent
- 02 = Wife/husband
- 03 = Son/daughter
- 04 = Father/mother
- 05 = Grandchild
- 06 = Grandparent
- 07 = Mother/father-in-law
- 08 = Son/daughter-in-law
- 09 = Brother/sister-in-law
- 10 = Paternal aunt/uncle
- 11 = Maternal aunt/uncle
- 12 = Sister/brother
- 13 = Cousin
- 14 = Nephew/niece
- 15 = Step-child/half-brother/sister
- 16 = Co-wife
- 17 = Boyfriend/Girlfriend, including PTM
- 18 = Other not related through blood or marriage
- 19 = Step-mother/step-father
- 99 = Don't know

Q3: Is (NAME) male or female?

- 1 = Male
- 2 = Female

Q4: Is (NAME) alive? If (NAME) is dead, when did he/she die?

- 1 = Alive
- 2 = No, (name) died during the last year
- 3 = No, (name) died during the last 2 years
- 4 = No, (name) died during the last 5 years
- 5 = No, (name) died more than 5 years ago

If (NAME) is dead, strike out Q5 – Q16; do not ask Q5 – Q16 for persons who have died.

Q5: How old is (NAME)? OR, in what year was (NAME) born?

[write age or birth year]

Circle age or birth year
DK = 9999

Q6: Where does (NAME) usually live?

- 1 = Same household
- 2 = Same compound
- 3 = Same village
- 4 = Same district
- 5 = Same TA
- 6 = Lilongwe
- 7 = Blantyre
- 8 = Elsewhere

Q7: When did (NAME) move to this place?

- 1 = Last 6 months
- 2 = Last year
- 3 = Last 2 years
- 4 = Last 5 years
- 5 = More than 5 years ago
- 0 = Since Birth

Q8: Is (NAME) currently ill?

- 0 = NO
- 1 = YES
- 9 = DK

Q9: Has (NAME) been ill in the past 12 months?

IF YES: For how long?

- 0 = No
- 1 = Yes, for less than a month
- 2 = Yes, for 1 to 3 months
- 3 = Yes, 3 to 6 months
- 4 = Yes for 6 months or longer

Q10: How would you rate (NAME)'s health in general?

- 1 = Excellent
- 2 = Very good
- 3 = Good
- 4 = Poor
- 5 = Very poor
- 9 = DK

Q11: How would you compare (NAME)'s health to other people in your village who are the same age and sex?

- 1 = Much better
- 2 = Better
- 3 = Same
- 4 = Worse
- 5 = Much worse
- 9 = DK

Q12: IF AGE > 10: What is (NAME)'s current marital status?

- 1 = Currently married
- 2 = Separated
- 3 = Divorced
- 4 = Widowed
- 5 = Never married
- 9 = Don't know

IF MARRIED: To another household or family member?

WRITE LINE ID OF SPOUSE

Q13: IF AGE > 10: What is the highest level of schooling (NAME) attended?

- 0 = Never attended school
- 1 = Finished school, Standard ____
- 2 = Finished school, Form ____
- 3 = Finished school, Higher
- 4 = Still in school, Standard ____
- 5 = Still in school, Form ____
- 6 = Still in school, Higher ____
- 9 = DK/CR

Q14: How many grades (in years) did (NAME) complete at that level?

[enter number of years]
99 = DK/CR

Q15: IF AGE > 15: What is (NAME)'s main occupation

- 1 = Agricultural worker (incl. animal care), own field
- 2 = Agricultural wage-labor, for cash or in kind
- 3 = Salaried employment
- 4 = Marketing work / sales
- 5 = Zaluso (handicraft production e.g basket/ mat weaving)
- 6 = Alcohol production
- 7 = Carpentry
- 8 = Other cash activity
- 9 = Domestic activities
- 10 = Student
- 66 = Never worked, seeking work
- 77 = Never worked, not seeking work
- 99 = Don't know

Q16: IF AGE > 15: Did (NAME) work in the past 6 months?

IF NOT: Why was (NAME) not available for work?

- 0 = Always worked in past 6 months
- 1 = Not worked, fired from job
- 2 = Not worked, seasonal job
- 3 = Not worked, moved
- 4 = Not worked, went back to school
- 5 = Not worked, too ill
- 6 = Not worked, other hh member ill
- 7 = Not worked, too old/disabled
- 8 = Not worked, looking for job
- 9 = Don't know

CODES Section 3: Family and Household Roster

T0: Is (NAME) a child below age 15 that usually lives in this household?
No...0
Yes...1

If yes, strike out the line and do not ask Questions T1-T10

T1: Have you given (NAME) any money or financial assistance? If YES, approximately how much in total?
0 = No →GO TO T3
1 = Yes, a little
2 = Yes, some
3 = Yes, a lot
9 = DK →GO TO T3

T2: Do you expect that (NAME) will repay you this money?
0 = No
1 = Yes
9 = DK

T3: In the past two years, have you given (NAME) any non-financial help? This could include help that takes time like collecting firewood, cooking, taking care of people, or helping with farming. If YES, how often did you help (NAME)?
0 = No→GO TO T5
1 = Yes, once
2 = Yes, several times a year
3 = Yes, at least once a month
4 = Yes, at least once a week
5 = Yes, daily
9 = DK →GO TO T5

T4: What type of help did you give?
1 = Farm production
2 = Collect firewood
3 = Collect water
4 = Cooking
5 = Building or maintenance
6 = Caregiving
7 = Other
9 = DK

LIST UP TO TWO

T5: Did you help (NAME) because he/she was in poor health?
0 = No
1 = Yes
9 = DK

T6: Has (NAME) given you any money or financial assistance? If YES, approximately how much in total?
0 = No →GO TO T8
1 = Yes, a little
2 = Yes, some
3 = Yes, a lot
9 = DK →GO TO T8

T7: Do you expect to repay (NAME)?
0 = No
1 = Yes
9 = DK

T8: In the past two years, has (NAME) given you any non-financial help? This could include help that takes time like collecting firewood, cooking, taking care of people, or helping with farming.
0 = No →GO TO T10
1 = Yes, once
2 = Yes, several times a year
3 = Yes, at least once a month
4 = Yes, at least once a week
5 = Yes, daily
9 = DK →GO TO T10

T9: What type of help did (NAME) give you?
1 = Farm production
2 = Collect firewood
3 = Collect water
4 = Cooking
5 = Building or maintenance
6 = Caregiving
7 = Other
9 = DK

LIST UP TO TWO

T10: Did (NAME) help you because you or someone in your household was in poor health?
0 = No
1 = Yes
9 = DK

CODES Section 4: Other Transfers Roster**OT2 Relationship to Respondent: What is (NAME)'s relation-ship to you?**

- 05 = Grandchild
- 06 = Grandparent
- 07 = Mother/father-in-law
- 08 = Son/daughter-in-law
- 09 = Brother/sister-in-law
- 10 = Paternal aunt/uncle
- 11 = Maternal aunt/uncle
- 12 = Sister/brother
- 13 = Cousin
- 14 = nephew/niece
- 15 = Step-child/half-brother/sister
- 16 = Co-wife
- 17 = Boyfriend/Girlfriend, including PTM
- 18 = Other not related through blood or marriage
- 99 = Don't know

OT3 Is (NAME) male or female?

- 1 = Male
- 2 = Female

OT4: Is (NAME) alive? If (NAME) is dead, when did he/she die?

- 1 = Alive
- 2 = No, (name) died during the last year
- 3 = No, (name) died during the last 2 years

OT5: How old is (NAME)?

If (NAME) is dead: Approximately, how old was (NAME) when he/she died?

[write age; use approximate age if uncertain]

OT6: Where does (NAME) usually live?

If (NAME) is dead: Where did (NAME) usually live prior to his death?

- 1 = Same Household
- 2 = Same compound
- 3 = Same village
- 4 = Same district
- 5 = Same TA
- 6 = Lilongwe
- 7 = Blantyre
- 8 = Elsewhere

Q8/OT7: When did (NAME) move to this place?

If (name) is dead: In which year did (NAME) die?

- 1 = Last 6 months
- 2 = Last year
- 3 = Last 2 years
- 4 = Last 5 years
- 5 = More than 5 years ago
- 0 = Since birth

OT8: If (NAME) is alive: How would you rate (NAME)'s health in general?

- 1 = Excellent
- 2 = Very good
- 3 = Good
- 4 = Poor
- 5 = Very poor
- 9 = DK

OT9: If (NAME) is alive: How would you compare (NAME)'s health to other people in your village who are the same age and sex?

- 1 = Much better
- 2 = Better
- 3 = Same
- 4 = Worse
- 5 = Much worse
- 9 = DK

OT10: Have you given (NAME) any money or financial assistance? If YES, approximately how much in total?

- 0 = No
- 1 = Yes, a little
- 2 = Yes, some
- 3 = Yes, a lot
- 9 = DK

OT11: In the past two years, have you given (NAME) any non-financial help? This could include help that takes time like collecting firewood, cooking, taking care of people, or helping with farming. If YES, how often did you help (NAME)?

- 0 = No...0
- 1 = Yes, once
- 2 = Yes, several times a year
- 3 = Yes, at least once a month
- 4 = Yes, at least once a week
- 5 = Yes, daily
- 9 = DK

OT12: Has (NAME) given you any money or financial assistance? If YES, approximately how much in total?

- 0 = No
- 1 = Yes, a little
- 2 = Yes, some
- 3 = Yes, a lot
- 9 = DK

OT13: In the past two years, has (NAME) given you any non-financial help? This could include help that takes time like collecting firewood, cooking, taking care of people, or helping with farming.

- 0 = No
- 1 = Yes, once
- 2 = Yes, several times a year
- 3 = Yes, at least once a month
- 4 = Yes, at least once a week
- 5 = Yes, daily
- 9 = DK

CODES Section 5: Mortality**M1: When did (NAME) die?**

- 2 = during the last year
- 3 = during the last 2 years
- 4 = during the last 5 years
- 5 = more than 5 years ago

(Code needs to agree with answer to Q5 on Page 3 - 4)

M5: If AGE > 10: What was (NAME)'s marital status when he/she died?

- 1 = Was married
- 2 = Separated
- 3 = Divorced
- 4 = Widowed
- 5 = Never married
- 9 = Don't know

M9: Did you and members of this household contribute to (NAME)'S funeral? If so, what and how much?

- 1 = very much
- 2 = much
- 3 = a little
- 4 = very little

M2: How old was (name) when he/she died? If not sure, give approximate age.

[write down age; approximate age if uncertain]

IF MARRIED: Was (name) married to another household or family member mentioned above?

WRITE LINE ID OF SPOUSE FROM PAGES 3--4

M10: Was the funeral for (name) larger or smaller than that of other persons who recently died in this area?

- 1 = Much larger
- 2 = Larger
- 3 = About the same
- 4 = Smaller
- 5 = Much smaller

M3: If AGE > 10: What was the highest level of schooling (NAME) attended?

- 0 = Never attended school
- 1 = Finished school, Standard
- 2 = Finished school, Form
- 3 = Finished school, Higher
- 4 = Still in school, Standard
- 5 = Still in school, Form
- 6 = Still in school, Higher
- 9 = DK/CR

M6: Has (NAME) been sick for a long time prior to his/her death?

- 0 = No
- 1 = Yes, for less than a month
- 2 = Yes, for 1 to 3 months
- 3 = Yes, 3 to 6 months
- 4 = Yes, for 6 months or longer

M4: How many grades (in years) did (NAME) complete at that level?

[enter number of years]
99 = DK

M7: How much was spent by members of this household for hospitalizations, medicine, doctors and traditional healers in the last 12 months prior to (NAME)'s death?

[Give approximate amount]

M8: Do you think that (name) has died of AIDS, or was infected with HIV/AIDS when he/she died?

- 1 = Very likely
- 2 = Likely
- 3 = Not likely
- 4 = Very unlikely