

**PROTECTING THE NEXT GENERATION PROJECT
NATIONAL SURVEY OF ADOLESCENTS
HOUSEHOLD QUESTIONNAIRE**

QUESTIONNAIRE
NUMBER

NAME OF COUNTRY: MALAWI
NAME OF ORGANIZATION: NSO

IDENTIFICATION																
VILLAGE/ PLACE NAME _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>															
NAME OF HOUSEHOLD HEAD _____																
EA NUMBER																
HOUSEHOLD NUMBER																
REGION/DISTRICT																
URBAN/RURAL (URBAN=1, RURAL=2)																

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <table border="1" style="width: 20px; height: 20px;"></table>
				MONTH <table border="1" style="width: 20px; height: 20px;"></table>
				YEAR <table border="1" style="width: 20px; height: 20px;"></table>
INTERVIEWER'S NAME	_____	_____	_____	NAME <table border="1" style="width: 20px; height: 20px;"></table>
RESULT*	_____	_____	_____	RESULT <table border="1" style="width: 20px; height: 20px;"></table>
NEXT VISIT: DATE TIME	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 20px; height: 20px;"></table>
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="width: 20px; height: 20px;"></table> TOTAL ELIGIBLE RESPONDENTS AGE 12-19 <table border="1" style="width: 20px; height: 20px;"></table> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="width: 20px; height: 20px;"></table>

LANGUAGE					
LANGUAGE OF QUESTIONNAIRE: ENGLISH	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px; text-align: center;">1</td></tr> <tr><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td></tr> </table>	1			
1					
LANGUAGE OF INTERVIEW *** _____					
LANGUAGE OF RESPONDENT*** _____					
WAS A TRANSLATOR USED? (YES=1, NO=2)					
*** LANGUAGE CODES: 1 ENGLISH 2 CHICHEWA 3 TUMBUKA 4 OTHER _____ (SPECIFY)					

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____	_____	_____
DATE _____ <table border="1" style="width: 20px; height: 20px;"></table>	DATE _____ <table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>

HOUSEHOLD SCHEDULE

We would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	AGE	EDUCATION	
					IF AGE 5 YEARS OR OLDER	
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. PROBE: Any other person?	What is the relationship of (NAME) to the head of the household?*	Is (NAME) male or female?	How old is (NAME)? RECORD IN COMPLETED YEARS.	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? ** What is the highest class (NAME) completed at that level? **
(1)	(2)	(3)	(4)	(5)	(6)	(7)
			M F	IN YEARS	YES NO	LEVEL CLASS
01		<input type="text"/>	1 2	<input type="text"/>	1 NEXT LINE ↙ 2	<input type="text"/>
02		<input type="text"/>	1 2	<input type="text"/>	1 NEXT LINE ↙ 2	<input type="text"/>
03		<input type="text"/>	1 2	<input type="text"/>	1 NEXT LINE ↙ 2	<input type="text"/>
04		<input type="text"/>	1 2	<input type="text"/>	1 NEXT LINE ↙ 2	<input type="text"/>
05		<input type="text"/>	1 2	<input type="text"/>	1 NEXT LINE ↙ 2	<input type="text"/>
06		<input type="text"/>	1 2	<input type="text"/>	1 NEXT LINE ↙ 2	<input type="text"/>
07		<input type="text"/>	1 2	<input type="text"/>	1 NEXT LINE ↙ 2	<input type="text"/>
08		<input type="text"/>	1 2	<input type="text"/>	1 NEXT LINE ↙ 2	<input type="text"/>

* CODES FOR Q. 3
RELATIONSHIP TO HEAD OF HOUSEHOLD:
01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT

07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = OTHER RELATIVE
10 = ADOPTED
11 = FOSTERED
12 = STEPCHILD
13 = HOUSEHELP
14 = NOT RELATED
98 = DON'T KNOW

**CODES FOR Q.7
EDUCATION LEVEL:
1 = PRIMARY
2 = SECONDARY
3 = HIGHER
8 = DON'T KNOW

EDUCATION CLASS:
00 = LESS THAN 1 YEAR COMPLETED
98 = DON'T KNOW

IF AGE 12-19				
CIRCLE LINE NUMBER OF ALL MALES AND FEMALES AGE 12-19 STAR * LINE NO. OF THE PERSON SELECTED FOR SEC.12 QUESTIONS	Does (NAME) usually live here?		Did (NAME) stay here last night?	PLACE STAYED AT LAST NIGHT
				Where did (NAME) stay last night?++
(8)	(9)		(10)	(11)
	YES	NO	YES	NO
01	1	2	1 ↳ NEXT LINE	2 <input type="checkbox"/> _____ (SPECIFY)
02	1	2	1 ↳ NEXT LINE	2 <input type="checkbox"/> _____ (SPECIFY)
03	1	2	1 ↳ NEXT LINE	2 <input type="checkbox"/> _____ (SPECIFY)
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07	1	2	1 ↳ NEXT LINE	2 <input type="checkbox"/> _____ (SPECIFY)
08	1	2	1 ↳ NEXT LINE	2 <input type="checkbox"/> _____ (SPECIFY)

++ CODES FOR Q. 11

PLACE:

- 1 = BOARDING SCHOOL/ UNIVERSITY
- 2 = MILITARY BARRACKS
- 3 = HOSPITAL
- 4 = PRISON/JAIL
- 5 = STAYING IN ANOTHER HOUSE
- 6 = OTHER (SPECIFY)
- 8 = DON'T KNOW

Just to make sure that I have a complete listing:	
1. Are there any other persons such as small children or infants that are not listed?	YES <input type="checkbox"/> → ENTER EACH IN TABLE NO <input type="checkbox"/>
2. In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here?	YES <input type="checkbox"/> → ENTER EACH IN TABLE NO <input type="checkbox"/>
3. Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed?	YES <input type="checkbox"/> → ENTER EACH IN TABLE NO <input type="checkbox"/>

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	AGE	EDUCATION	
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. PROBE: Any other person?	What is the relationship of (NAME) to the head of the household?*	Is (NAME) male or female?	How old is (NAME)? RECORD IN COMPLETED YEARS.	IF AGE 5 YEARS OR OLDER	
					Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?** What is the highest class (NAME) completed at that level?***
(1)	(2)	(3)	(4)	(5)	(6)	(7)
			M F 1 2	IN YEARS	YES NO 1 2 NEXT ↙ LINE	LEVEL CLASS
09		<input type="text"/>	1 2	<input type="text"/>	1 2 NEXT ↙ LINE	<input type="text"/>
10		<input type="text"/>	1 2	<input type="text"/>	1 2 NEXT ↙ LINE	<input type="text"/>
11		<input type="text"/>	1 2	<input type="text"/>	1 2 NEXT ↙ LINE	<input type="text"/>
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14		<input type="text"/>	1 2	<input type="text"/>	1 2 NEXT ↙ LINE	<input type="text"/>
15		<input type="text"/>	1 2	<input type="text"/>	1 2 NEXT ↙ LINE	<input type="text"/>
16		<input type="text"/>	1 2	<input type="text"/>	1 2 NEXT ↙ LINE	<input type="text"/>

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IF AGE 12-19				
CIRCLE LINE NUMBER OF ALL MALES AND FEMALES AGE 12-19 STAR * LINE NO. OF THE PERSON SELECTED FOR SEC.12 QUESTIONS	Does (NAME) usually live here?		Did (NAME) stay here last night?	PLACE STAYED AT LAST NIGHT
	YES	NO	YES	NO
(8)	(9)		(10)	(11)
09	1	2	1 ↳NEXT LINE	2 <input type="checkbox"/> _____ (SPECIFY)
10	1	2	1 ↳NEXT LINE	2 <input type="checkbox"/> _____ (SPECIFY)
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TICK HERE IF CONTINUATION SHEET USED	<input type="checkbox"/>
--------------------------------------	--------------------------

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
17	<p>Does your household have:</p> <p>a. Electricity? b. A radio? c. A television? d. A telephone? e. A paraffin or kerosene lamp? f. A refrigerator? g. A sewing machine?</p>	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY</td> <td>1</td> <td>2</td> </tr> <tr> <td>RADIO</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEPHONE</td> <td>1</td> <td>2</td> </tr> <tr> <td>LAMP</td> <td>1</td> <td>2</td> </tr> <tr> <td>REFRIGERATOR</td> <td>1</td> <td>2</td> </tr> <tr> <td>SEWING MACHINE</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY	1	2	RADIO	1	2	TELEVISION	1	2	TELEPHONE	1	2	LAMP	1	2	REFRIGERATOR	1	2	SEWING MACHINE	1	2									
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18	<p>What type of fuel does your household mainly use for cooking?</p>	<table> <tbody> <tr> <td>ELECTRICITY</td> <td>01</td> </tr> <tr> <td>PARAFFIN</td> <td>02</td> </tr> <tr> <td>CHARCOAL</td> <td>03</td> </tr> <tr> <td>FIREWOOD</td> <td>04</td> </tr> <tr> <td>STRAW</td> <td>05</td> </tr> <tr> <td>OTHER _____</td> <td>96</td> </tr> <tr> <td colspan="2" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table>	ELECTRICITY	01	PARAFFIN	02	CHARCOAL	03	FIREWOOD	04	STRAW	05	OTHER _____	96	(SPECIFY)																				
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19	<p>MAIN MATERIAL OF THE FLOOR.</p> <p>RECORD OBSERVATION.</p>	<table> <tbody> <tr> <td colspan="2">NATURAL FLOOR</td> </tr> <tr> <td>EARTH/SAND</td> <td>11</td> </tr> <tr> <td>DUNG</td> <td>12</td> </tr> <tr> <td colspan="2">RUDIMENTARY FLOOR</td> </tr> <tr> <td>WOOD PLANKS</td> <td>21</td> </tr> <tr> <td>PALM/BAMBOO</td> <td>22</td> </tr> <tr> <td>BROKEN BRICKS</td> <td>23</td> </tr> <tr> <td colspan="2">FINISHED FLOOR</td> </tr> <tr> <td colspan="2">PARQUET OR POLISHED</td> </tr> <tr> <td>WOOD</td> <td>31</td> </tr> <tr> <td>VINYL OR ASPHALT STRIPS</td> <td>32</td> </tr> <tr> <td>CERAMIC</td> <td>33</td> </tr> <tr> <td>CEMENT</td> <td>34</td> </tr> <tr> <td>BRICK</td> <td>35</td> </tr> <tr> <td>OTHER _____</td> <td>96</td> </tr> <tr> <td colspan="2" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table>	NATURAL FLOOR		EARTH/SAND	11	DUNG	12	RUDIMENTARY FLOOR		WOOD PLANKS	21	PALM/BAMBOO	22	BROKEN BRICKS	23	FINISHED FLOOR		PARQUET OR POLISHED		WOOD	31	VINYL OR ASPHALT STRIPS	32	CERAMIC	33	CEMENT	34	BRICK	35	OTHER _____	96	(SPECIFY)		
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20	<p>How many rooms does the household occupy in this dwelling? (Include bedrooms, living rooms, kitchens, lounges and dining rooms. Exclude bathrooms, toilets, and passages.)</p>	<p>NUMBER <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/></p>																																	
21	<p>Does any member of your household own:</p> <p>a. A bicycle? b. A motorcycle or motor scooter? c. A car or truck? d. A plough? e. An oxcart?</p>	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER ...</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR/TRUCK</td> <td>1</td> <td>2</td> </tr> <tr> <td>PLOUGH</td> <td>1</td> <td>2</td> </tr> <tr> <td>OX CART</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	BICYCLE	1	2	MOTORCYCLE/SCOOTER ...	1	2	CAR/TRUCK	1	2	PLOUGH	1	2	OX CART	1	2															
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22	<p>Does your household own this house or any other house?</p>	<table> <tbody> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </tbody> </table>	YES	1	NO	2																													
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23	<p>Do any members of this household own any land?</p>	<table> <tbody> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> <tr> <td>DON'T KNOW</td> <td>8</td> </tr> </tbody> </table>	YES	1	NO	2	DON'T KNOW	8																											
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TABLE FOR SELECTION OF RESPONDENTS FOR SECTION 12 QUESTIONS

LOOK AT THE LAST DIGIT OF THE QUESTIONNAIRE NUMBER ON THE COVER PAGE. THIS IS THE NUMBER OF THE ROW YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE RESPONDENTS ON THE COVER SHEET OF THE HOUSEHOLD QUESTIONNAIRE. THIS IS THE NUMBER OF THE COLUMN YOU SHOULD GO TO. FIND THE BOX WHERE THE ROW AND THE COLUMN MEET AND CIRCLE THE NUMBER THAT APPEARS IN THE BOX. THIS IS THE NUMBER OF THE 12-19 YEAR OLD WHO WILL BE ASKED THE SENSITIVE QUESTIONS. THEN, GO TO COLUMN 8 IN THE HOUSEHOLD SCHEDULE AND PUT A STAR * NEXT TO THE LINE NUMBER OF THE ELIGIBLE 12-19 YEAR OLD.

FOR EXAMPLE, IF THE QUESTIONNAIRE NUMBER IS '6716', GO TO ROW '6'. IF THERE ARE THREE ELIGIBLE 12-19 YEAR OLDS IN THE HOUSEHOLD, GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE BOX ('2'). SUPPOSE THE LINE NUMBERS OF THE THREE PEOPLE ARE '02', '03', AND '07', THEN THE ELIGIBLE PERSON FOR SENSITIVE QUESTIONS IS THE SECOND ONE, I.E., THE ONE ON LINE '03'.

QUESTIONNAIRE NUMBER	TOTAL NUMBER OF ELIGIBLE 12-19 YEAR OLDS IN THE HOUSEHOLD							
	1	2	3	4	5	6	7	8
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5