

REPUBLIC OF MALAWI

NATIONAL STATISTICAL OFFICE

2008 Population and Housing Census Questionnaire

CONFIDENTIAL: The Census is being conducted under the 1967 Statistics Act. The information will be strictly confidential and used for statistical purposes only.

MARK HERE IF MORE THAN ONE QUESTIONNAIRE

Questionnaire: of

SECTION L - LOCALIZATION AND IDENTIFICATION OF THE HOUSEHOLD																							
Region	<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"/>	TA, STA or Town	<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"/>	Urban or Rural	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural	Type of Household
District	<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"/>	Control Centre No.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Household Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Regular
Village or Place	<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"/>	Enumeration Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of dwelling units to household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hospital/Hotel/Lodge
	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Collective
	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homeless

SECTION P - QUESTIONS ON POPULATION FOR ALL MEMBERS OF THE HOUSEHOLD																								
P1. Number of the person and NAME	P2. What is (NAME)'S relationship with the head of household?	P3. Is (NAME) male or female?	P4. In what month and year was (NAME) born? EXAMPLE: NAME was born in May 1969				P5. How old was (NAME) at his/her last birthday? Enter age in completed years ("00" for children less than one year) EXAMPLE: NAME is 37	P6. Where was (NAME) born? Code region and district OR code the foreign country code				P7. What is (NAME)'S nationality? Malawian: Record "000" Foreigner: Record the country code												
	Head of Household Wife/Husband Son/Daughter Other relative Non relative	Male Female	0	5	10	11	12																	
1	<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"/>	<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"/>
2	<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"/>	<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"/>
3	<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"/>	<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"/>
4	<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"/>	<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"/>
5	<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"/>	<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"/>
6	<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"/>	<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"/>
7	<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"/>	<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"/>
8	<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"/>	<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"/>

TOTAL ENUMERATED									
MALE									
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FEMALE									
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL									
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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FOR ALL MEMBERS OF THE HOUSEHOLD			ONLY FOR USUAL RESIDENTS												ONLY FOR RESIDENTS LESS THAN 18 YEARS OLD				ONLY FOR RESIDENTS AGED 3 YEARS OR OLDER			
Person Number	P8. What is the situation of residence of (NAME)?	P9. What is (NAME'S) religion?	P10. What is (NAME'S) tribe?	P11. Where was (NAME) residing previously?	P12. How long has (NAME) been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	P13. Does (NAME) have difficulty or problems in the following? If yes, what are the causes?		P14. PARENTAL SURVIVORSHIP AND RESIDENCE				P15. Does (NAME) have a birth certificate?	P16. Can (NAME) read and write in the following languages?	P17. Has (NAME) ever attended school or literacy program?								
	<i>If visitor (3) go to the next person</i>	Christian Muslim Other No religion	Code tribe	Code region and district OR code the foreign country	(Record "000" if less than 1 year) (Record his/her age if the residence has not changed since birth)	Type of disability		Causes		Is (NAME'S) natural mother alive?	If alive does (NAME'S) natural mother live in this household?	Is (NAME'S) natural father alive?	If alive does (NAME'S) natural father live in this household?	Yes, seen Yes, but not seen No Don't know	None English Chichewa Other	Has never attended Has ever attended Is currently attending						
	1 2 3	1 2 3 4				None Seeing Hearing Speaking Walking/Climbing Learning/Concentrating Mental Other	Congenital Disease/illness Injury/Accident Not known Other	Yes No Don't know	Yes No	Yes No Don't know	Yes No	Yes, seen Yes, but not seen No Don't know										
1	1 2 3	1 2 3 4						1 2 3	1 2	1 2 3	1 2	1 2 3 4			0 1 2							
													Record the SUM of codes marked									
2	1 2 3	1 2 3 4						1 2 3	1 2	1 2 3	1 2	1 2 3 4			0 1 2							
													Record the SUM of codes marked									
3	1 2 3	1 2 3 4						1 2 3	1 2	1 2 3	1 2	1 2 3 4			0 1 2							
													Record the SUM of codes marked									
4	1 2 3	1 2 3 4						1 2 3	1 2	1 2 3	1 2	1 2 3 4			0 1 2							
													Record the SUM of codes marked									
5	1 2 3	1 2 3 4						1 2 3	1 2	1 2 3	1 2	1 2 3 4			0 1 2							
													Record the SUM of codes marked									
6	1 2 3	1 2 3 4						1 2 3	1 2	1 2 3	1 2	1 2 3 4			0 1 2							
													Record the SUM of codes marked									
7	1 2 3	1 2 3 4						1 2 3	1 2	1 2 3	1 2	1 2 3 4			0 1 2							
													Record the SUM of codes marked									
8	1 2 3	1 2 3 4						1 2 3	1 2	1 2 3	1 2	1 2 3 4			0 1 2							
													Record the SUM of codes marked									

Person Number	ONLY FOR RESIDENTS AGED 3 YEARS OR OLDER								ONLY FOR RESIDENTS AGED 6 YEARS OR OLDER								ONLY FOR RESIDENTS WHO ARE CURRENTLY WORKING OR HAVE EVER WORKED																																
	P18. What is the highest level of school or literacy program (NAME) attended or is attending? And how many years of school did he/she complete at that level?								P19. What is the highest qualification (NAME) attained?								P20. Aside from his/her own household, did (NAME) work during the last 7 days?				P21. Why did (NAME) not work during the last 7 days?				P22. Did (NAME) do one of the following activities during the last 7 days?				P23. Is (NAME) available to work?		P24. Has (NAME) been seeking work during the last 7 days?		P25. What was (NAME'S) main occupation during the last 7 days or the last time he/she worked?						P26. What is (NAME'S) status in the occupation?										
	Preschool	Literacy Program	Primary	Secondary	University	Other tertiary			None	PSLC	JCE	MSCE/GCE	A level	Diploma	Degree	Masters	PHD	Yes	No	Home-worker	Non-worker (Never worked)	On leave, but has job	Retired	Student	Other	Farming/Rearing animals/Fishing	Production/ Services/Selling	Houseworker at someone's house	Home-worker at own house	None	Yes	No	No	Yes, 1st job	Yes, new job	Write main occupation.						Employer	Self-employed	Public service	Private sector	Family farm /business	Other		
1	Level	0	1	2	3	4	5	0	1	2	3	4	5	6	7	8	1	2	0	1	2	3	4	5	1	2	3	4	5	1	2	0	1	2	0	1	2							1	2	3	4	5	6
	No of years	0	1	2	3	4	5	6	7	8									1	2									1	2					1	2	3	4	5	6									
2	Level	0	1	2	3	4	5	0	1	2	3	4	5	6	7	8	1	2	0	1	2	3	4	5	1	2	3	4	5	1	2	0	1	2	0	1	2							1	2	3	4	5	6
	No of years	0	1	2	3	4	5	6	7	8									1	2									1	2					1	2	3	4	5	6									
3	Level	0	1	2	3	4	5	0	1	2	3	4	5	6	7	8	1	2	0	1	2	3	4	5	1	2	3	4	5	1	2	0	1	2	0	1	2							1	2	3	4	5	6
	No of years	0	1	2	3	4	5	6	7	8									1	2									1	2					1	2	3	4	5	6									
4	Level	0	1	2	3	4	5	0	1	2	3	4	5	6	7	8	1	2	0	1	2	3	4	5	1	2	3	4	5	1	2	0	1	2	0	1	2							1	2	3	4	5	6
	No of years	0	1	2	3	4	5	6	7	8									1	2									1	2					1	2	3	4	5	6									
5	Level	0	1	2	3	4	5	0	1	2	3	4	5	6	7	8	1	2	0	1	2	3	4	5	1	2	3	4	5	1	2	0	1	2	0	1	2							1	2	3	4	5	6
	No of years	0	1	2	3	4	5	6	7	8									1	2									1	2					1	2	3	4	5	6									
6	Level	0	1	2	3	4	5	0	1	2	3	4	5	6	7	8	1	2	0	1	2	3	4	5	1	2	3	4	5	1	2	0	1	2	0	1	2							1	2	3	4	5	6
	No of years	0	1	2	3	4	5	6	7	8									1	2									1	2					1	2	3	4	5	6									
7	Level	0	1	2	3	4	5	0	1	2	3	4	5	6	7	8	1	2	0	1	2	3	4	5	1	2	3	4	5	1	2	0	1	2	0	1	2							1	2	3	4	5	6
	No of years	0	1	2	3	4	5	6	7	8									1	2									1	2					1	2	3	4	5	6									
8	Level	0	1	2	3	4	5	0	1	2	3	4	5	6	7	8	1	2	0	1	2	3	4	5	1	2	3	4	5	1	2	0	1	2	0	1	2							1	2	3	4	5	6
	No of years	0	1	2	3	4	5	6	7	8									1	2									1	2					1	2	3	4	5	6									

Person Number	ONLY FOR RESIDENTS WHO ARE CURRENTLY WORKING OR HAVE EVER WORKED				ONLY FOR RESIDENTS AGED 12 YEARS OR OLDER				ONLY FOR WOMEN AGED 12 YEARS OR OLDER																																																							
	P27. What is the main product, service or activity of (NAME'S) place of work?				P28. What is (NAME'S) marital status?				P29. How old was (NAME) when he/she first got married?				P30. How many children were born alive to (NAME)?				P31. Among those children, how many are still alive?				P32. How many live births during the last 12 months?				P33. Among those children born in the last 12 months, how many are still alive?																																							
					Never married	Married	Divorced/ Separated	Widowed	Age at first marriage								Write number of boys and girls here																																															
1					1	2	3	4					Male		0	1	2	3	4	5	6	7	8	9	10	Female		0	1	2	3	4	5	6	7	8	9	10	Male		0	1	2	3	4	5	6	7	8	9	10	Female		0	1	2	3	4	5	6	7	8	9	10
2					1	2	3	4					Male		0	1	2	3	4	5	6	7	8	9	10	Female		0	1	2	3	4	5	6	7	8	9	10	Male		0	1	2	3	4	5	6	7	8	9	10	Female		0	1	2	3	4	5	6	7	8	9	10
3					1	2	3	4					Male		0	1	2	3	4	5	6	7	8	9	10	Female		0	1	2	3	4	5	6	7	8	9	10	Male		0	1	2	3	4	5	6	7	8	9	10	Female		0	1	2	3	4	5	6	7	8	9	10
4					1	2	3	4					Male		0	1	2	3	4	5	6	7	8	9	10	Female		0	1	2	3	4	5	6	7	8	9	10	Male		0	1	2	3	4	5	6	7	8	9	10	Female		0	1	2	3	4	5	6	7	8	9	10
5					1	2	3	4					Male		0	1	2	3	4	5	6	7	8	9	10	Female		0	1	2	3	4	5	6	7	8	9	10	Male		0	1	2	3	4	5	6	7	8	9	10	Female		0	1	2	3	4	5	6	7	8	9	10
6					1	2	3	4					Male		0	1	2	3	4	5	6	7	8	9	10	Female		0	1	2	3	4	5	6	7	8	9	10	Male		0	1	2	3	4	5	6	7	8	9	10	Female		0	1	2	3	4	5	6	7	8	9	10
7					1	2	3	4					Male		0	1	2	3	4	5	6	7	8	9	10	Female		0	1	2	3	4	5	6	7	8	9	10	Male		0	1	2	3	4	5	6	7	8	9	10	Female		0	1	2	3	4	5	6	7	8	9	10
8					1	2	3	4					Male		0	1	2	3	4	5	6	7	8	9	10	Female		0	1	2	3	4	5	6	7	8	9	10	Male		0	1	2	3	4	5	6	7	8	9	10	Female		0	1	2	3	4	5	6	7	8	9	10

ENUMERATOR: GO TO THE NEXT PAGE TO CONTINUE WITH THE LIST OF THE HOUSEHOLD'S MEMBERS. IF THE PERSON IS THE LAST MEMBER OF THE HOUSEHOLD, PROCEED TO SECTION D

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SECTION D: DWELLING UNIT CHARACTERISTICS

D01. TYPE OF DWELLING STRUCTURE	D02. TENURE OF THE DWELLING UNIT	D03. MAIN MATERIAL OF THE ROOF What is the main material used for the roof?
Permanent [1] Semi-permanent [2] Traditional [3]	Owner/Family occupied [1] Rented [2] Other [3]	Grass thatch [1] Iron sheets [2] Iron/Tiles [3] Asbestos [4] Cement [5] Other [6]
D04. MAIN MATERIAL OF THE WALL What is the main material used for the wall?	D05. MAIN MATERIAL OF THE FLOOR What is the main material of the floor?	
Burnt bricks [1] Unburnt bricks [2] Concrete [3] Mud/Wattle/Dung [4] Reeds/Straw [5] Wood/Planks [6] Other [8]	Earth/Sand [1] Dung [2] Wood planks [3] Palm/Bamboo [4] Broken bricks [5] Parquet or polished wood [6] Vinyl or Asphalt strips [7]	Ceramic tiles [1] Cement [2] Bricks [3] Other [4]
D06. NUMBER OF ROOMS. How many rooms do the dwelling units have, excluding bathrooms, toilets, storerooms and garage?	[0] [1] [2] [3] [4] [5] [6] [7] [8] [9]	
D07. NUMBER OF ROOMS FOR SLEEPING How many of these rooms are used for sleeping?	[0] [1] [2] [3] [4] [5] [6] [7] [8] [9]	
D08. NUMBER OF OCCUPANTS. How many persons usually sleep in the dwelling units?	[0] [1] [2] [3] [4] [5] [6] [7] [8] [9]	
D09. MAIN SOURCE OF WATER What is the main source of drinking water for members of the household?	D10. TYPE OF TOILET What kind of toilet facility do the household members use?	
SEASON Dry Wet	Flush toilet [1] Traditional pit toilet [2] Ventilated improved pit (VIP) latrine [3] No facility [4] Other [5]	D11. MAIN SOURCE OF ENERGY FOR LIGHTING What is the source of energy the household mainly use for lighting?
Piped into dwelling [1] [2] Piped into yard/plot [2] [3] Community stand pipe [3] [4] Unprotected well [4] [5] Protected well [5] [6] Borehole [6] [7] Spring [7] [8] River/Stream [8] [9] Pond/Lake [9] [10] Dam [10] [11] Rain water [11] [12] Tanker truck/Bowser [12] [13] Bottled water [13] [14] Other [14] [15]	Electricity [1] Paraffin [2] Candles [3] Firewood [4] Other [5]	D12. MAIN SOURCE OF ENERGY FOR COOKING. What is the source of energy the household mainly use for cooking?
	Electricity [1] Paraffin [2] Gas [3] Charcoal [4] Firewood [5] Straw [6] Other [7]	D13-D22 ASSETS OF THE HOUSEHOLD IN FUNCTIONING CONDITION Do the household have the following?
		D13 Radio [1] [2] D14 Television [1] [2] D15 Refrigerator/deep freezer [1] [2] D16 Cooker/hot plate [1] [2] D17 Bicycle [1] [2] D18 Motorcycle [1] [2] D19 Car or truck [1] [2] D20 Telephone [1] [2] D21 Ox-cart [1] [2] D22 ITN [1] [2]

SECTION E - EMIGRATION Collect information on members of the household who have emigrated during the last 10 years.

E1. Did any member of the household leave Malawi during the last 10 years (from 1998 to 2008)? Yes [1] No [2] → Go to SECTION M

E2. If yes, provide the following information

Sex	Age	Destination	Year of Departure	Activity Abroad
Male [1] Female [2]	[0] [1] [2] [3] [4] [5] [6] [7] [8] [9]	[0] [1] [2] [3] [4] [5] [6] [7] [8] [9]	[0] [1] [2] [3] [4] [5] [6] [7] [8] [9]	Mines [1] Official Business [4] Farms [2] Medical [5] Student [3] Other [6]
Male [1] Female [2]	[0] [1] [2] [3] [4] [5] [6] [7] [8] [9]	[0] [1] [2] [3] [4] [5] [6] [7] [8] [9]	[0] [1] [2] [3] [4] [5] [6] [7] [8] [9]	Mines [1] Official Business [4] Farms [2] Medical [5] Student [3] Other [6]
Male [1] Female [2]	[0] [1] [2] [3] [4] [5] [6] [7] [8] [9]	[0] [1] [2] [3] [4] [5] [6] [7] [8] [9]	[0] [1] [2] [3] [4] [5] [6] [7] [8] [9]	Mines [1] Official Business [4] Farms [2] Medical [5] Student [3] Other [6]
Male [1] Female [2]	[0] [1] [2] [3] [4] [5] [6] [7] [8] [9]	[0] [1] [2] [3] [4] [5] [6] [7] [8] [9]	[0] [1] [2] [3] [4] [5] [6] [7] [8] [9]	Mines [1] Official Business [4] Farms [2] Medical [5] Student [3] Other [6]

E3. Did the household receive remittances (cash or goods) during the last 5 years (from 2003 to 2008) from any of the members who have emigrated?

No [1] → Go to SECTION M
Yes, remittances - money [2]
Yes, remittances - goods [3]
Don't know [4] → Go to SECTION M

E4. How regular were these remittances (cash or goods)?

Quite regular [1]
Somewhat regular [2]
From time to time [3]
Rarely [4]

SECTION MM: MATERNAL MORTALITY Only for woman aged 12 years and above if the spouse of the head of the household or if head of the household herself.

MM1. How many sisters (of the same natural mother) aged 12 years or older does she have, including those who died?

[0] [1] [2] [3] [4] [5] [6] [7] [8] [9]

MM2. Among those sisters aged 12 years or older, how many are dead?

[0] [1] [2] [3] [4] [5] [6] [7] [8] [9]

Death No.	Age at death Age in completed years. (Record 00 if less than 1 year)	Did she die during pregnancy, delivery or within 2 months of the end of pregnancy or childbirth?
[1]	[0] [1] [2] [3] [4] [5] [6] [7] [8] [9]	Yes [1] No [2]
[2]	[0] [1] [2] [3] [4] [5] [6] [7] [8] [9]	Yes [1] No [2]
[3]	[0] [1] [2] [3] [4] [5] [6] [7] [8] [9]	Yes [1] No [2]
[4]	[0] [1] [2] [3] [4] [5] [6] [7] [8] [9]	Yes [1] No [2]
[5]	[0] [1] [2] [3] [4] [5] [6] [7] [8] [9]	Yes [1] No [2]
[6]	[0] [1] [2] [3] [4] [5] [6] [7] [8] [9]	Yes [1] No [2]

SECTION M: MORTALITY Please record information on the deaths that occurred in the household during the last 12 months. Do not forget the children.

M1. Is there any member of the household who died during the last 12 months? Yes [1] No [2] (If No, go to MM)

M2. Specify the sex and age of the deceased

Death No.	Sex	Age at death Age in completed years. (Record 00 if less than 1 year)	If death of Woman aged 12-49 was the death...			
			due to accident? injury? suicide? violence?	while pregnant?	during childbirth?	during the 6 weeks period following the termination of pregnancy, irrespective of the way the pregnancy was terminated?
[1]	Male [1] Female [2]	[0] [1] [2] [3] [4] [5] [6] [7] [8] [9]	Yes [1] No [2]	Yes [1] No [2]	Yes [1] No [2]	Yes [1] No [2]
[2]	Male [1] Female [2]	[0] [1] [2] [3] [4] [5] [6] [7] [8] [9]	Yes [1] No [2]	Yes [1] No [2]	Yes [1] No [2]	Yes [1] No [2]
[3]	Male [1] Female [2]	[0] [1] [2] [3] [4] [5] [6] [7] [8] [9]	Yes [1] No [2]	Yes [1] No [2]	Yes [1] No [2]	Yes [1] No [2]
[4]	Male [1] Female [2]	[0] [1] [2] [3] [4] [5] [6] [7] [8] [9]	Yes [1] No [2]	Yes [1] No [2]	Yes [1] No [2]	Yes [1] No [2]
[5]	Male [1] Female [2]	[0] [1] [2] [3] [4] [5] [6] [7] [8] [9]	Yes [1] No [2]	Yes [1] No [2]	Yes [1] No [2]	Yes [1] No [2]
[6]	Male [1] Female [2]	[0] [1] [2] [3] [4] [5] [6] [7] [8] [9]	Yes [1] No [2]	Yes [1] No [2]	Yes [1] No [2]	Yes [1] No [2]

SECTION S - TABLE OF SUMMARY TO BE FILLED IN AFTER COMPLETING THE INTERVIEW

ENUMERATOR

Signature _____ Date _____

FIELD SUPERVISOR

Signature _____ Date _____

CONTROL CENTER SUPERVISOR

Signature _____ Date _____

IF THE HOUSEHOLD CONTINUES ON THE NEXT QUESTIONNAIRE, MARK THIS BOX [1]