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# Survey on Aging in sub-Saharan Africa – Individual Questionnaire

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**NATIONAL STATISTICAL OFFICE**

**Zomba, Malawi**



**UNITED NATIONS**

**Department of Economic and Social Affairs**



**8 June 2017**

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**COVER SHEET FOR INDIVIDUAL INTERVIEW**



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## Result of Individual Interview

Completed by age-eligible respondent.....	1
Completed with support (assisted interview) .....	2
Respondent not competent to answer questions because of illness/disability .....	3
Respondent absent for extended period of time ..	4
Respondent was not age-eligible (less than 60 years old).....	5
Other (specify) .....	6
Refused .....	9

## Section 1. Demographics

**DM1. [Interviewer: record the sex of the respondent]:**

1. Male
2. Female

**[Interviewer to read: I would like to start by asking you some background questions about yourself.]**

**DM3. How old are you? /When were you born? Please tell us your date of birth (DOB) that is on which date, month and year you were born and tell us your age in completed years at your last birthday.**

<p><b>DM3a. Date of Birth (DOB):</b></p> <p><b>DM3a_1.</b> Day of birth: _____</p> <p><b>DM3a_2.</b> Month of birth: _____</p> <p><b>DM3a_3.</b> Year of Birth: _____</p> <p><i>[Interviewer: If day or month of birth are unknown, enter 88. If year of birth is unknown, enter 8888.]</i></p>	<p><b>DM3b. Age at last birthday (e.g., 65)</b></p> <p>_____ years</p> <p><i>[Interviewer: if age at last birthday is unknown, enter 88.]</i></p>	<p><b>DM3c: Age estimated by interviewer if person not able to answer:</b></p> <p>_____ years</p>	<p><b>DM3d: Interviewer's notes on how age was estimated:</b></p>
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*[Interviewer: If the reported date of birth (DOB) or age at last birthday is younger than 60 years, stop the interview at this point and fill out as result of the individual questionnaire that the respondent is not age-eligible. Do not continue the interview with this respondent. If there is another eligible respondent in the household, begin a new interview with this other age-eligible person. If the DOB and Age at last birthday do not result in the same age, please use the event list provided to confirm the present age of the respondent. Should the respondent not be in a position to answer either DM3a or DM3b, please use the event list provided to estimate the age of the respondent. Should the estimated (and thus confirmed age) by less than 60 years, the interview is to be ended.]*

**DM4. What is your relationship to the household head?**

**[Interviewer: if the household has only one member, the respondent is the head of household]**

1. Household head
2. Spouse
3. Son or daughter
4. Son or daughter-in-law
5. Grandchild
6. Father/mother
7. Step-mother/step-father
8. Mother-in-law/Father-in-law
9. Brother or sister
10. Brother-in-law/sister-in-law
11. Co-wife
12. Grandparent
13. Niece or nephew
14. Cousin

- 
15. Step-child
  16. Half-brother/half-sister/step-sister/step-brother
  17. Boyfriend/girlfriend
  18. Other relatives
  19. Other, specify: \_\_\_\_\_
  88. DK (Don't know)
  99. RF (Refused to answer)

**DM5. What is your current marital status?**

1. Never married                      SKIP to DM8.
2. Currently married
3. Cohabiting/Living with partner (but not married)
4. Separated                      SKIP to DM8
5. Divorced                      SKIP to DM8
6. Widowed                      SKIP to DM8
88. DK
99. RF

**DM6. Are you in a polygamous marriage?**

1. Yes
2. No
9. RF

**DM8. What is your highest level of schooling? [Interviewer: read response options]**

1. Never attended school
2. Some primary education
3. Completed primary education
4. Some secondary education
5. Completed secondary school
6. More than secondary education
7. Attended adult literacy school (Yakwacha School)
8. DK
9. RF

**DM9. Interviewer: Is the respondent blind/severely visually impaired?**

*[Interviewer: Do not ask respondent, fill in option "1" if respondent is obviously blind/severely visually impaired, meaning the person suffers from functional vision problems or eye conditions that compromise vision to an extent that the person is not able to read and continue to next section.]*

1. Yes, blind/severely visually impaired                      SKIP to next Section (Section 2: Children CH1)
2. No

**DM10. Can you read numbers (such as from 0 to 1,000)? [Interviewer: If respondent answers "NO", probe that this is not because of eye/vision problems]**

1. Yes
2. No
9. RF

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**DM11. Can you write numbers such as from 0 to 1,000?**

1. Yes
2. No
9. RF

**DM12. Can you read a sentence meaningfully in any language? [Interviewer: If respondent answers “NO” probe that this is not because of eye/vision problems]**

1. Yes
2. No SKIP to next section – (Section 2: Children CH1)
9. RF

**DM13. Now I would like you to read a sentence to me: “Students work hard at school.”** Please let me know in which language you would prefer to read the sentence, in the language of this interview or in English.

*[Interviewer: show Card in the language of the interview to the respondent and ask to read the sentence and then code the respective outcome below. If respondent cannot read whole sentence, probe: Can you read any part of the sentence to me?]*

1. Cannot read at all
2. Able to read only part of the sentence
3. Able to read whole sentence
4. No card in the required language
9. RF

**DM13a. [Interviewer: record in which language the respondent read the sentence.]**

1. English
2. Chechewa
3. Tambuka

**DM14. Now I would like you to write this sentence for me: “Students work hard at school.” You can write the sentence in the language of this interview or in English. [Interviewer: provide respondent with the form and a pencil and ask him/her to write the sentence. If necessary, repeat the sentence and the words to the respondent. Please also add individual ID to the sentence written. Code if sentence was written correctly or only part of it was written correctly. In the space below, copy exactly how the respondent wrote the sentence. Make sure you complete the form with the information on the respondent as required.]**

1. Cannot write at all
2. Able to write only part of the sentence correctly
3. Able to write the whole sentence correctly
4. Blind/visually impaired/not able to hold a pencil

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DM14a. **[Interviewer:** Type sentence as written by respondent]:

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9. RF

## Section 2. Children

**[Interviewer to read:** Now I'd like to ask you some questions about your children.]

**CH1. Can you give me the total number of your biological children (that is children to whom you have given birth or you have fathered)? Please include also children who died, children not living with you anymore and children from other relationships outside of your current marriage/relationship.**

Total number of biological children

88. DK

99. RF

**CH2. Can you give me the total number of your non-biological children (that is step children or adopted children)? Please include also children who died, children not living with you anymore and children from other relationships outside of your current marriage/relationship.**

Total number of non-biological children

88. DK

99. RF

**CH3. How many of all your children are currently below age 18?**

**[Interviewer:** Remember to emphasize that **all** children include biological and non-biological children]

Number of children below age 18:

88. DK

99. RF

**CH4. How many of your children below age 18 live in this household with you?**

Number of children

88. DK

99. RF

**[Interviewer to read:** I am going to ask you now about ALL your children above age 18. When you answer, include all your children (biological and non-biological children above age 18).

**CH5. How many of all your children age 18 and above live in this household?**

Number of children

88. DK

99. RF



<b>CH5a. How many of all your children age 18 and above live in the same community/village/town as you?</b>	<input type="text"/> <input type="text"/> Number of children 88. DK 99. RF
<b>CH5b. How many of all your children age 18 and above live elsewhere?</b>	<input type="text"/> <input type="text"/> Number of children 88. DK 99. RF

**CH6. Have you ever taken care - for a period of six months or longer - of orphan children younger than 18 years who have lost either one or both parents?**

*[Interviewer: explain that orphans are children under age 18 who have lost one or both parents. Maternal orphan is a child whose mother has died, paternal orphan is a child whose father has died and double orphan is a child who's both parents have died.]*

- 1. Yes
- 2. No                    SKIP to next section (Physical health, PH1)
- 9. RF                    SKIP to next section (Physical health, PH1)

**CH6a. For how many orphans in total under the age of 18 have you taken care of for a period of 6 months or longer?**

Number of orphans

- 88. DK
- 99. RF

**CH6b. Do you have currently any orphans under the age of 18 years living with you? How many?**

Number of orphans

- 88. DK
- 99. RF

### Section3. Physical Health

*[Interviewer to read: Next, I will ask you questions about your health, access to food and activities of daily living.]*

**PH1. In general, would you say your health is excellent, very good, good, fair or poor? [Interviewer: read response options.]**

- 1. Excellent

- 2. Very good
- 3. Good
- 4. Fair
- 5. Poor
- 8. DK
- 9. RF

**[Interviewer to read:** *I want to ask you a few questions about your diet and what you usually eat.]*

**NU1. In the last 12 months, have you ever gone hungry or have you ever eaten less than you felt you should?**

- 1. Yes
- 2. No                               SKIP to ADL1
- 8. DK                               SKIP to ADL1
- 9. RF                               SKIP to ADL1

<p><b>NU2. In the last 12 months, how often did you ever eat less than you felt you should because there wasn't enough food?</b></p>	<ul style="list-style-type: none"> <li>1. Every month</li> <li>2. Almost every month</li> <li>3. Some months, but not every month</li> <li>4. Only in 1 or 2 months</li> <li>5. Never</li> <li>8. DK</li> <li>9. RF</li> </ul>
<p><b>NU3. In the last 12 months, were you ever hungry, but didn't eat because you couldn't afford enough food?</b></p>	<ul style="list-style-type: none"> <li>1. Every month</li> <li>2. Almost every month</li> <li>3. Some months, but not every month</li> <li>4. Only in 1 or 2 months</li> <li>5. Never</li> <li>8. DK</li> <li>9. RF</li> </ul>
<p><b>NU4. In the last 12 months, did you ever run out of money to buy food?</b></p>	<ul style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>8. DK</li> <li>9. RF</li> </ul>
<p><b>NU5. In the last 12 months, did you ever cut the size of meals or skip meals because there was not enough money for food?</b></p>	<ul style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>8. DK</li> <li>9. RF</li> </ul>

### Section 3A. Activities of Daily Living

**[Interviewer to read:** *We need to understand difficulties that people may have with various activities of daily life because of a health or a physical problem. Please tell me whether you have any difficulty doing each of the everyday activities I am going to ask you about. By difficult, I mean requiring increased effort,*

*discomfort or pain, slowness or changes in the way you do the activity. When answering these questions, please think about the last 30 days, taking both good and bad days into account. ]*

<b>ADL1. Because of a health or a physical problem, do you have difficulties with:</b>	<b>ADL2. What is the level of difficulty you have with this activity?</b>  1. Mild 2. Moderate 3. Severe 4. Extreme/cannot do 8. DK 9. RF	<b>ADL3. For how long have you had this problem with [INSERT ACTIVITY]?</b>  <i>[Interviewer: record one response: either months or years or, since age or since year]</i>
ADL1a. Bathing/washing your whole body? 1. Yes 2. No SKIP to ADL1b. 9. RF Skip to ADL1b	ADL2a.	ADL3a_1. Months:____ ADL3a_2. Years:____ ADL3a_3. Since age:____ ADL3a_4. Since year:____
ADL1b. Getting dressed?  1. Yes 2. No SKIP to ADL1c. 9. RF Skip to ADL1c	ADL2b.	ADL3b_1. Months:____ ADL3b_2. Years:____ ADL3b_3. Since age:____ ADL3b_4. Since year:____
ADL1c. Moving around inside your home (such as walking across a room)?  1. Yes 2. No SKIP to ADL1d. 9. RF Skip to ADL1d	ADL2c	ADL3c_1. Months:____ ADL3c_2. Years:____ ADL3c_3. Since age:____ ADL3c_4. Since year:____
ADL1d. Eating (including cutting up your food)?  1. Yes 2. No SKIP to ADL1e. 9. RF Skip to ADL1e	ADL2d	ADL3d_1. Months:____ ADL3d_2. Years:____ ADL3d_3. Since age:____ ADL3d_4. Since year:____
ADL1e. Getting to and using the toilet?  1. Yes 2. No SKIP to ADL1f. 9. RF Skip to ADL1f	ADL2e	ADL3e_1. Months:____ ADL3e_2. Years:____ ADL3e_3. Since age:____ ADL3e_4. Since year:____
ADL1f. Getting up from lying down (such as getting in and out of bed)?  1. Yes 2. No SKIP to ADL4.	ADL2f	ADL3f_1. Months:____ ADL3f_2. Years:____ ADL3f_3. Since age:____ ADL3f_4. Since year:____

**ADL4.** *[Interviewer: ask this question only if any difficulty was reported in questions ADL1a to ADL1f.]* **You said that you have difficulty doing some of the everyday activities. Please tell me, does anyone help you with any of these activities?**

- 1. Yes
- 2. No SKIP to ADL5.
- 9. RF SKIP to ADL5.

**ADL4a.** **During the last month, on about how many days did you receive help with any of these activities?**

\_\_\_\_\_ number of days

- 88. DK SKIP to ADL5.
- 99. RF SKIP to ADL5.

**ADL4b.** **On the days, when you received help with any of these activities, about how many hours per day did you receive help?**

\_\_\_\_\_ hours per day

- 88. DK
- 99. RF

**ADL5. Do you have difficulty walking or climbing stairs?**

- 1. No, no difficulty
- 2. Yes, some difficulty
- 3. Yes, a lot of difficulty
- 4. Cannot do at all
- 5. Not applicable – no stairs
- 9. RF

### Section 3B. Non-Communicable Diseases and Chronic Conditions

*[Interviewer to read: Next, I would like to ask you questions about some health problems or health care needs that you may have experienced and the treatment or medical care that you may have received for these health problems. By a doctor or health professional I mean a person who received formal medical/health professional training such as a medical doctor or nurse; this excludes traditional healers or people who did not receive any formal medical/health care training. ]*

<b>Has a doctor or health professional ever told you that you have:</b>	<b>Are you currently taking any medications prescribed by a doctor or health professional to treat your:</b>
<b>NCD1.</b> High blood pressure or hypertension?  1. Yes 2. No SKIP to NCD2. 8. DK SKIP to NCD2. 9. RF SKIP to NCD2.	<b>NCD1a.</b> High blood pressure or hypertension  1. Yes 2. No 9. RF
<b>NCD2.</b> Diabetes or high blood sugar? 1. Yes	<b>NCD2a.</b> Diabetes or high blood sugar (such as insulin or pills)

<p>2. No SKIP to NCD3. 8. DK SKIP to NCD3. 9. RF SKIP to NCD3.</p>	<p>1. Yes 2. No 9. RF</p>
<p><b>NCD3.</b> Chronic lung disease such as chronic bronchitis, asthma or emphysema? 1. Yes 2. No SKIP to NCD4. 8. DK SKIP to NCD4. 9. RF SKIP to NCD4</p>	<p><b>NCD3a.</b> Chronic lung disease such as chronic bronchitis, asthma or emphysema? 1. Yes 2. No 9. RF</p>
<p><b>NCD4.</b> High cholesterol? 1. Yes 2. No SKIP to NCD5. 8. DK SKIP to NCD5. 9. RF SKIP to NCD5.</p>	<p><b>NCD4a.</b> High cholesterol? 1. Yes 2. No 9. RF</p>
<p><b>NCD5.</b> Arthritis or a disease of the joints or by other names rheumatism or osteoarthritis?  1. Yes 2. No SKIP to NCD6. 8. DK SKIP to NCD6. 9. RF SKIP to NCD6.</p>	<p><b>NCD5a.</b> Arthritis or a disease of the joints or by other names rheumatism or osteoarthritis?  1. Yes 2. No 9. RF</p>
<p><b>NCD6.</b> Heart problems such as heart attack, angina, coronary heart disease, congestive heart failure, or any other heart problem?  1. Yes 2. No SKIP to NCD7 8. DK SKIP to NCD7. 9. RF SKIP to NCD7.</p>	<p><b>NCD6a.</b> Heart problem(s)?  1. Yes 2. No 9. RF</p>
<p><b>NCD7.</b> Has a doctor or health professional ever told you that you have cancer?  1. Yes 2. No SKIP to NCD8. 8. DK SKIP to NCD8. 9. RF SKIP to NCD8.</p>	<p><b>NCD7a.</b> Have you ever received treatment for cancer? [<i>Interviewer: check all that apply</i>]  0. No, never received any treatment 1. Chemotherapy or medication 2. Surgery 3. Radiation 4. Medications and treatments for symptoms such as pain, nausea, rashes, etc. 5. Other, please specify: _____ 9. RF</p>

## Section 3C. Bone and Joint Problems

<b>NCD8. Do you sometimes have pain, stiffness, or swelling in your joints?</b>	<b>NCD8a. Have you ever a broken a bone/s?</b>	<b>NCD8b. Which of your bone/s were broken? Check all that apply.</b>
1. Yes 2. No 8. DK 9. RF	1. Yes 2. No SKIP to NCD9. 8. DK SKIP to NCD9. 9. RF SKIP to NCD9.	1. Lower leg 2. Upper leg 3. Hand 4. Lower arm 5. Upper arm 6. Shoulder 7. Rips 8. Hips 9. Face/Skull 10. Pelvis 11. Other, specify _____ 88. DK 99. RF

## Section 3D. Stroke

<b>NCD9. Has a doctor or health professional ever told you that you had a stroke (cerebral vascular disease)?</b>	<b>NCD9a. Do you have any persisting problems as a result of that stroke?</b>	<b>NCD9b. Which of the following problems do you have resulting from that stroke? [Interviewer: check all that apply]</b>	<b>NCD9c. Are you currently taking any medications because of that stroke or its complications?</b>
1. Yes 2. No SKIP to NCD10. 8. DK SKIP to NCD10. 9. RF SKIP to NCS10.	1. Yes 2. No SKIP to NCD9c. 8. DK SKIP to NCD9c 9. RF SKIP to NCD9c	1. Weakness in your arms and/or legs, or decreased ability to move or use them 2. Difficulty speaking or swallowing 3. Difficulty with your vision 4. Difficulty in thinking or finding the right words to say 5. Other, specify _____ 8. DK 9. RF	1. Yes 2. No 8. DK 9. RF

## Section 3E. Eyes and Hearing Problems

*[Interviewer to read: I am now going to ask you about your eye sight.]*

**NCD10. Respondent is blind/visually impaired.** *[Interviewer: do not ask respondent, just check box if respondent is obviously blind/visually impaired]:*

1. Blind/visually impaired                      SKIP to NCD 13.
2. Not blind/visually impaired

**NCD11. Do you have difficulty seeing, even if wearing glasses?**

1. No, no difficulty
2. Yes, some difficulty
3. Yes, a lot of difficulty
4. Cannot do at all
9. RF

<p><b>NCD12. When was the last time you had your eyes examined by a doctor or health professional?</b></p>	<p><i>[Interviewer: Enter years ago. enter "00" if less than 1 year]</i></p> <ol style="list-style-type: none"> <li>1. Never had an eye exam</li> <li>2. _____ years ago</li> <li>8. DK</li> <li>9. RF</li> </ol>
<p><b>NCD12a. Do you have access to glasses or other corrective devices?</b></p>	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>
<p><b>NCD12b. How good is your eyesight for seeing things at a distance, like recognizing a person across the street (or 20 meters away) [whether or not you wear glasses, contacts, or corrective lenses]?</b></p>	<ol style="list-style-type: none"> <li>1. Very good</li> <li>2. Good</li> <li>3. Fair</li> <li>4. Poor</li> <li>5. Very poor</li> <li>8. DK</li> <li>9. RF</li> </ol>
<p><b>NCD12c. How good is your eyesight for seeing things up close, like weaving, or reading ordinary newspaper print, [whether or not you wear glasses, contacts, or corrective lenses]?</b></p>	<ol style="list-style-type: none"> <li>1. Very good</li> <li>2. Good</li> <li>3. Fair</li> <li>4. Poor</li> <li>5. Very poor</li> <li>8. DK</li> <li>9. RF</li> </ol>

**NCD13. Do you have difficulty hearing, even if using a hearing aid?**

1. No, no difficulty
2. Yes, some difficulty
3. Yes, a lot of difficulty

- 4. Cannot do at all
- 8. DK
- 9. RF

### Section 3F. Dental Health, Teeth

*[Interviewer to read: Now, I have some questions about your oral (dental) health and teeth.]*

<b>NCD14. Have you lost some or all your natural teeth?</b>	1. Yes, lost some natural teeth 2. Yes, lost <u>all</u> natural teeth 3. No, did not lose any teeth SKIP to NCD14b 9. RF
<b>NCD14a. Do you wear dentures?</b>	1. Yes 2. No 9. RF
<b>NCD14b. How well can you chew solid foods such as meat, maize, etc.?</b>	1. Very well 2. Pretty well 3. Fair 4. Not well 5. Not at all 9. RF

### Section 3G. Infectious Diseases

*[Interviewer: I am going to ask you about some infectious diseases that are common in Malawi.]*

<b>Over the past year, has a doctor or health professional ever told you that you have:</b>	<b>Are you currently taking any medications prescribed by a doctor or health professional to treat your:</b>
<b>ID1. Tuberculosis?</b>  1. Yes 2. No SKIP to ID2. 8. DK SKIP to ID2. 9. RF SKIP to ID2.	<b>ID1b. Tuberculosis?</b>  1. Yes 2. No 9. RF
<b>ID2. Schistosomiasis (bilharzia)?</b>  1. Yes 2. No SKIP to ID3 8. DK SKIP to ID3 9. RF SKIP to ID3	<b>ID2b. Schistosomiasis (bilharzia)?</b>  1. Yes 2. No 9. RF
<b>ID3. Malaria?</b>  1. Yes 2. No SKIP to ID4 8. DK SKIP to ID4 9. RF SKIP to ID4	<b>ID3b Malaria?</b>  1. Yes 2. No 9. RF
<b>ID4. Other diseases such as guinea worm, trachoma, onchocerciasis,</b>	<b>ID4b. Other diseases such as guinea worm, trachoma, onchocerciasis, lymphatic</b>



<b>lymphatic filariasis?</b> 1. Yes 2. No SKIP to ID5. 8. DK SKIP to ID5. 9. RF SKIP to ID5.	<b>filariasis?</b> 1. Yes 2. No 9. RF
<b>ID5. Over the past year, have you had diarrhea?</b> 1. Yes 2. No SKIP to ID6 8. DK SKIP to ID6 9. RF SKIP to ID6	<b>ID5b. Diarrhea?</b> 1. Yes 2. No 9. RF

**ID6. Do you have access to a mosquito net?**

- 1. Yes
- 2. No SKIP to the next Section – question HIV1.
- 8. DK SKIP to the next Section – question HIV1.
- 9. RF SKIP to the next Section – question HIV1.

**ID6a. How often do you usually sleep under a mosquito net?**

- 1. Daily,
- 2. Most of the time
- 3. Rarely
- 4. Never
- 9. RF

**Section 3H. HIV/AIDS**

*[Interviewer to read: I am going to ask you a number of questions about HIV/AIDS. The human immunodeficiency virus (HIV) kills slowly by destroying the immune system. As you might know, the untreated, infected individual usually remains healthy for 5 to 15 years, but the virus continues to replicate in the background, slowly destroying the immune system. Acquired Immune Deficiency Syndrome (AIDS) is the name given to the final stage of HIV infection that is characterized by multiple, life-threatening illnesses such as weight loss, chronic diarrhea, rare cancers, pneumonia, fungal conditions and infections of the brain and eye. Tuberculosis has become especially prevalent in AIDS victims. ]*

<b>HIV1. Do you know places where people can be tested for HIV/AIDS?</b>	1. Yes 2. No 9. RF
<b>HIV2. Have you ever been tested for HIV, the virus that causes AIDS?</b>	1. Yes 2. No SKIP to HIV9b 8. DK SKIP to HIV9b 9. RF SKIP to HIV9b
<b>HIV3. When was your most recent test for HIV/AIDS?</b>	1. Year: ____ 2. Years ago: ____

<p><b>[Interviewer: ask respondent to tell you either in which year or how many years ago he/she was tested for HIV/AIDS?]</b></p>	<p>8. DK 9. RF</p>
<p><b>HIV4. What was the <u>main</u> reason for testing for HIV/AIDS?</b></p>	<p>1. Because I wanted to know 2. Illness 3. Suspected being HIV positive 4. Wanted to confirm being HIV negative 5. Encouraged by spouse/partner 6. Encouraged by someone else (not spouse) 7. Encouraged during a visit at clinic/health center 8. Test was offered for free 9. Others (please specify) _____ 88. DK 99. RF</p>
<p><b>HIV5. Would you mind telling me the result of your most recent HIV testing?</b></p>	<p>1. I don't mind telling you the HIV test result 2. I do mind telling you my HIV test result SKIP to next section 3I 9. RF SKIP to HIV9b</p>
<p><b>HIV6. What was the result of your most recent HIV test?</b></p>	<p>1. Negative SKIP to next section 2. Positive 3. Undetermined SKIP to HIV9b 8. DK SKIP to HIV9b 9. RF SKIP to HIV9b</p>
<p><b>HIV7. <u>[Interviewer: ask only if HIV positive]</u>: Has a doctor or health professional ever prescribed you medication (i.e. drugs recommended for HIV treatment by the government) for treating you for HIV/AIDS?</b></p>	<p>1. Yes 2. No 8. DK 9. RF</p>
<p><b>HIV8. <u>[Interviewer: ask only if HIV positive]</u>: Are you currently taking medication (i.e. drugs recommended for HIV treatment by the government) for treating you for HIV/AIDS prescribed by a doctor or health professional?</b></p>	<p>1. Yes 2. No 8. DK 9. RF</p>
<p><b>HIV9. <u>[Interviewer: ask only if HIV positive respondents]</u>: Have you ever been denied access to HIV/AIDS medication (i.e. drugs recommended for HIV treatment by the government) prescribed by a doctor or health professional?</b></p>	<p>1. Yes 2. No SKIP to next section 3I, UP1 8. DK SKIP to next section 3I, UP1 9. RF SKIP to next section 3I, UP1</p>
<p><b>HIV9a. <u>[Interviewer: ask only if HIV positive respondents]</u>: What were the reasons to be denied access to HIV/AIDS medication (i.e. drugs recommended for HIV treatment by the government)? Check all that apply</b></p>	<p>1. Too old to be treated 2. Because medication could cause other health problems 3. Health facility did not have medication available 4. Other, specify _____ 8. DK 9. RF</p>
<p><b>HIV9b. <u>[Interviewer: ask only if HIV positive]</u>: If you needed access (now or in the future) to medication (i.e. drugs recommended for HIV treatment by the government) to treat HIV/AIDS, do you think you</b></p>	<p>1. Yes, I can easily get it 2. Yes, but not easily 3. No, I cannot get it 8. DK</p>

### Section 3I: Urinary problems

*[Interviewer to read: We are interested in finding out more about problems that affect people’s quality of life. This might not be easy to talk about. However, I would like to ask you some questions about urinary incontinence during the last three months.]*

<b>UP1. Have you suffered urinary incontinence during the last three months?</b>	1. Yes 2. No 8. DK 9. RF	SKIP to next Section MH1 SKIP to next Section MH1 SKIP to next Section MH1
<b>UP1a. Do you ever limit your activities, for example, what you do or where you go, because of urinary incontinence?</b>	1. Yes 2. No 8. DK 9. RF	

### Section 4: Mental Health

*[Interviewer to read: The next questions ask about people’s mood, feeling and mental well-being. I am going to read a list of statements that describe some of the ways you may have felt in the last week. Please tell me how often you have felt this way during the past week.]*

**MH1. Have you ever been diagnosed with depression?**

- 1. Yes
- 2. No

*[Interviewer: read all response options to the respondent]*

How often did you feel this way during the past week:	1. Rarely or none of the time (less than 1 day this past week)	2. Some or little of the time (1 to 2 days this past week)	3. Occasionally or moderate amount of time (3 to 4 days this past week)	4. All of the time (5 to 7 days this past week)	8. DK	9. RF
<b>MH1.</b> You felt depressed						
<b>MH2.</b> You felt that everything you did was an effort						
<b>MH3.</b> Your sleep was restless						
<b>MH4.</b> You were happy						
<b>MH5.</b> You felt lonely						
<b>MH6.</b> You enjoyed life						

MH7. You felt sad						
MH8. You could not get "going"						

## Section 5: Health Care Utilization

**[Interviewer to read:** *I would now like to know about your recent experiences with obtaining health care from health care workers, hospitals, clinics, the health care system and traditional healers. I want to know if you ever needed health care, and if so, why you needed health care and what type of health care provider you received care from.*]

### **HU1. When was the last time you needed health care?**

**[Interviewer:** *explain to respondent that he can tell either in weeks, or months or years ago; circle only one option that applies]*

- HU1a. \_\_\_\_\_ weeks ago
- HU1b. \_\_\_\_\_ months ago
- HU1c. \_\_\_\_\_ years ago
- 8. DK
- 9. RF

### **HU2a. Have you ever seen a doctor/health professional?**

- 1. Yes
- 2. No, never saw a doctor/health professional
- 8. DK
- 9. RF

### **HU2. The last time you needed health care, did you get health care?**

- 1. Yes                               SKIP to HU4
- 2. No
- 8. DK                                SKIP to HU4
- 9. RF                                 SKIP to HU4

### **HU3. Which reasons best explain why you did not get health care when you needed it last time? Check all that apply.**

- 1. Could not afford the cost of the visit
- 2. No transport available
- 3. Could not afford the cost of transport
- 4. I was previously badly treated
- 5. Could not take time off work or had other commitments
- 6. The health care provider's drugs or equipment were inadequate
- 7. The health care provider's skills were inadequate
- 8. I did not know where to go
- 9. I tried but was denied health care
- 10. I thought I was not sick enough
- 11. Health care facility is too far away
- 12. Health care facility is not accessible for me
- 13. Other, specify: \_\_\_\_\_
- 88. DK

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99. RF

**HU4. When you last needed health care, did you seek to obtain it from? Check all that apply.**

1. Private practice/general practitioner (GP)
2. Traditional healer
3. Local pharmacist/drug store (someone in the village who has access to drugs)
4. Local governmental health center
5. District hospital (public hospital)
6. Private/religious clinic or health care facility
7. Private hospital
8. Pharmacy or dispensary
9. Other, specify: \_\_\_\_\_

88. DK

99. RF

**HU5. Thinking of the last time you needed health care, what was the main health problem you needed to take care of? Select one.**

1. Communicable disease (infections, malaria, tuberculosis, HIV)
2. Nutritional deficiencies
3. Acute conditions (diarrhea, fever, flu, headaches, cough, other)
4. Injury (not work related)
5. Complications of surgery
6. Sleep problems
7. Occupation/work related condition/injury
8. Chronic pain in your joints/arthritis (joints, back, neck)
9. Diabetes or related complications
10. Problems with your heart including unexplained pain in chest
11. Problems with your mouth, teeth or swallowing
12. Problems with your breathing
13. High blood pressure/hypertension
14. Stroke/sudden paralysis of one side of body
15. Generalized pain (stomach, muscle or other nonspecific pain)
16. Depression or anxiety
17. Cancer
18. Other, specify: \_\_\_\_\_

88. DK

99. RF

**HU6. Thinking of the last time you received health care, who paid for the health care services you received? Check all that apply [Interviewer: ask only for respondents who obtained health care last time they needed it, i.e. those who answered HU2="1".]**

1. Did not pay, health care service was free
2. Medical AID (e.g., MASM, UNIMA, Metropolitan)
3. Paid by myself (Respondent)
4. Spouse/Partner
5. Son/Daughter/Son-in-Law/Daughter-in-Law paid
6. Other family member paid
7. Employer

8. Other, specify \_\_\_\_\_

88. DK

99. RF

**HU7. Thinking of the last time you needed health care, how was the quality of care you received?**

1. Got appropriate care

2. The health care provider's drugs or equipment were inadequate

3. The health care provider's skills were inadequate

4. Other, specify: \_\_\_\_\_

8. DK

9. RF

*[Interviewer: HU8 and HU9 ask about health care needed in the past 12 months. Clarify this to the respondent since the time reference to the past 12 months is in contrast to the previous questions in this section, which referred to the last time the respondent needed health care.]*

**HU8. In general terms, thinking about health care you needed in the past 12 months, where did you go most often when you felt sick or needed to consult someone about a personal health problem?**

1. Private practice/general practitioner (GP)

2. Traditional healer

3. Local pharmacist/drug store (someone in the village who has access to drugs)

4. Local governmental health center

5. District hospital (public hospital)

6. Private/religious clinic or health care facility

7. Private hospital

8. Pharmacy or dispensary

9. Other, specify: \_\_\_\_\_

88. DK

99. RF

<b>HU9. Thinking about YOUR health care visits, how much did you or your family/household members <u>pay out of pocket</u> for the health care YOU needed in the last 12 months for the following health care needs:</b>	<b>Amount Kwacha paid in the last 12 months:</b> <i>[Interviewer: Please select the appropriate payment range as provided.]</i>
<b>HU9a. Health care provider fees</b>	1. None 2. < 500 MKW 3. 501 to 1,000 MKW 4. 1,001 to 2,500 MWK 5. 2,501 to 5,000 MWK 6. 5,001 to 7,500 MWK 7. 7,501 to 10,000 KMWK 8. 10,001+ MWK 88. DK 99. RF
<b>HU9b. Medicines</b>	1. None

	2. < 500 MKW 3. 501 to 1,000 MKW 4. 1,001 to 2,500 MWK 5. 2,501 to 5,000 MWK 6. 5,001 to 7,500 MWK 7. 7,501 to 10,000 KMWK 8. 10,001+ MWK 88. DK 99. RF
<b>HU9c.</b> Medical tests (i.e., blood tests, X-rays, etc.)	1. None 2. < 2,500 MKW 3. 2,501 to 5,000 MKW 4. 5,001 to 7,500 MWK 5. 7,501 to 10,000 MWK 6. 10,001 to 15,000 MWK 7. 15,001 to 20,000 KMWK 8. 20,001+ MWK 88. DK 99. RF
<b>HU9d.</b> Transport to the health care provider and back home	1. None 2. < 1,000 MKW 3. 1,001 to 2,000 MKW 4. 2,001 to 3,000 MWK 5. 3,001 to 4,000 MWK 6. 4,001 to 5,000 MWK 7. 5,001 to 6,000 KMWK 8. 6,001+ MWK 88. DK 99. RF
<b>HU9e.</b> Other, specify _____	1. None 2. < 1,000 MKW 3. 1,001 to 2,000 MKW 4. 2,001 to 3,000 MWK 5. 3,001 to 4,000 MWK 6. 4,001 to 5,000 MWK 7. 5,001 to 6,000 KMWK 8. 6,001+ MWK 88. DK 99. RF

*[Interviewer to read: I am going to ask you questions how you would pay for expenses incurred for health care if you were to fall ill or sustain an injury.]*

**HU10. In case you will need medical care in the course of the next four weeks, how would you/will you pay for your health care needs? Check all that apply.**

- 1. It would be for free
- 2. It would be paid by me                      SKIP to HU10b

- 3. It would be paid by family      SKIP to HU10b
- 4. It would be paid by friends      SKIP to HU10b
- 5. It would be paid by my employer      SKIP to HU10c
- 6. It would be paid by an insurance company
- 7. It would be paid by borrowing money      SKIP to HU10d
- 8. Other, specify: \_\_\_\_\_
- 88. DK      SKIP to Section 6, HC11
- 99. RF      SKIP to Section 6, HC11

<p><b>HU10a.</b>  <b>You said that you do not expect to incur any expenses for health care because the services are provided for free. Why is that?</b></p> <p><i>[Interviewer: After completing this question, SKIP to Section 6, HC11.]</i></p>	<ul style="list-style-type: none"> <li>1. Because I will obtain services at government facilities</li> <li>2. Because I will obtain services at facilities provided by my employer (such as company hospital)</li> <li>3. Because my insurance company will directly provide/pay for the services</li> <li>4. Other, please specify: _____</li> </ul>
<p><b>HU10b.</b>  <b>You had said earlier that part or all of your expenses would be paid for by you, your family, or your friends. Can you explain?</b></p>	<ul style="list-style-type: none"> <li>1. I will pay for my health care from available savings/available money</li> <li>2. I will pay for my health care by selling a few household items/possessions</li> <li>3. My family, friends and relatives will pay for my healthcare from available savings/available money</li> <li>4. My family, friends and relatives will pay for my healthcare by selling a few household items/possessions</li> <li>5. I am listed as a dependent on a relative's job which provides healthcare</li> <li>6. I am listed as a dependent on a relative's health insurance policy.</li> <li>7. Other, please specify: _____</li> </ul>
<p><b>HU10c.</b>  <b>You had said earlier that part or all of your health care expenses will be paid by your employer. Can you explain?</b></p>	<ul style="list-style-type: none"> <li>1. Medical allowance is included as part of my salary</li> <li>2. My employer will compensate me for health expenses incurred by me</li> <li>3. My employer offers me health insurance</li> <li>4. Other, please specify: _____</li> </ul>
<p><b>HU10d.</b>  <b>You had said earlier that part or all of your expenses will be financed through borrowing. Who will you borrow from?</b></p>	<ul style="list-style-type: none"> <li>1. I will borrow from family</li> <li>2. I will borrow from friends and neighbors</li> <li>3. I will borrow from a bank/money lender</li> <li>4. I will borrow from a Village Savings and Loan Association (VSLA)</li> <li>5. Other _____</li> </ul>



## Section 6: Health Insurance Coverage

**[Interviewer to read:** In the following section I will ask you a couple of questions regarding health insurance coverage for you and your family.]

<b>HC11: Do you have health insurance?</b>	1. Yes 2. No                   SKIP to FS1 8. DK                   SKIP to FS1 9. RF                   SKIP to FS1
<b>HC11a. What types of health insurance are you covered by? Check all that apply.</b>	1. MASM (Medical Aid Society of Malawi) 2. UNIMED (University of Malawi) 3. Metropolitan 4. Other, specify: _____ 8. DK 9. RF
<b>HC11b. Who else in the household is covered under your health insurance? Check all that apply.</b>	1. No one else 2. Spouse 3. Children 4. Parents 5. Siblings 6. Grand parents 7. Maid/house help 8. Other, specify: _____ 88. DK 99. RF

## Section 7: Support and Help Received and Provided within the Household

**[Interviewer to read:** The next questions ask about help and support among the members **within YOUR household**. Household members sometimes help one another in a variety of different ways. Each type of help or support can be important and should be considered when answering the following questions.]

**FS1. Thinking about the last twelve months, has any ADULT member of your household age 18 and older, including yourself, needed care or support for any reason? [Interviewer to read: This could include financial help, practical help, help with health care, emotional support or personal care. For example, financial help could include providing cash to pay bills, school fees, food or medication; etc. Practical help could include support with household chores, gardening, transportation or going to the market, etc. Emotional help could include social support, counseling or spending time with you, etc. Health care help could include administering medication, changing bandages and arranging health care providers, etc. Personal help could include bathing, eating, dressing, toileting (relieving yourself, i.e. getting to and using the toilet) or with incontinence (bowels and bladder), etc.]**

- 1. Yes
- 2. No                   SKIP to next section, Section 8, FS4
- 8. DK                   SKIP to next section, Section 8, FS4
- 9. RF                   SKIP to next section, Section 8, FS4

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**FS2. In total, how many adult members of your household presently age 18 and older including yourself needed care or support for any reasons during the last 12 months? *[Interviewer to read: Please also include deceased household members cared for in the last 12 months who were at least 18 years old at the time of death.]***

\_\_\_\_\_ total number of household members

88. DK SKIP to next section, Section 8, FS4

99. RF SKIP to next section, Section 8, FS4

*[Interviewer: The next questions FS3, FS3a, FS3b, FS3c, FS3d, FS3e, FS3f and FS3g should be asked for maximum of 2 people in the household to whom any type of help was provided. If more than 2 people in the household are listed in question FS2 and one of the listed people is the respondent, ask the questions about the respondent first and then select the second household member randomly as suggested below. If the respondent is not listed in the response to question F2, select randomly two people by selecting those two with the last birthdays celebrated. If birthdays are not known, chose the individual whose first name starts with the earliest letter of the alphabet; the second individual is the individual with the first letter of his/her first name to follow the first individual's first name's first letter in the alphabet].*

<p><b>FS3. What is your relationship to the member(s) of your household age 18 or older, who needed care or support for any reason in the last 12 months?</b></p>	<p><b>FS3a. Is this person taken care of alive or dead?</b></p>	<p><b>FS3b. What is the current age of this person taken care of?</b></p> <p><i><b>Interviewer:</b> if household member died in the past 12 months ask: <b>At what age did this household member die?</b></i></p> <p><i><b>[Interviewer:</b> if age is unknown, probe and get an estimate; if unknown select 8. DK]</i></p>	<p><b>FS3c. Why does/did this person taken care of need care and/or support? Check all that apply.</b></p>	<p><b>FS3d. Who is/was the main person (person primarily responsible) for providing this care for this adult? Is/was it you, someone else in the household or a person outside of the household?</b></p>	<p><b>FS3e. Even if you were not the main person providing this care, did/do you provide care or support to this person?</b></p>	<p><b>FS3f. Over the last 12 months, for how long have/had YOU provided care for this person?</b></p> <p><i><b>[Interviewer:</b> do not ask if respondent was the person who needed care]</i></p>	<p><b>FS3g. What type of care/support do/did YOU provide to this person? Check all that apply</b></p> <p><i><b>[Interviewer:</b> do not ask if respondent was the person who needed care]</i></p>
<p>1. Myself (respondent) SKIP to FS3c. 2. Spouse 3. Son or daughter 4. Son or daughter-</p>	<p>1. Alive 2. Dead 8. DK 9. RF</p>	<p>Age in years: _____ 8. DK 9. RF</p>	<p>1. Financial help (cash, paying for bills, school fees, food, medicines) 2. Emotional help (social support, counseling, spending time with</p>	<p>1. Myself (respondent) SKIP to Section 8, FS4 2. Someone else in the</p>	<p>1. Yes 2. No SKIP to FS4</p>	<p>1. Less than a month 2. 1 to less than 3 months 3. 3 to less</p>	<p>1. Financial help (cash, paying for bills, school fees, food, medicines) 2. Emotional help (social support,</p>

<p>in-law  5. Grandchild  6. Father/mother  7. Step-mother/step-father  8. Parent-in-law  9. Brother or sister  10. Brother or sister-in-law  11. co-wife  12. Grandparent  13. Niece or nephew  14. Cousin  15. Step-child  16. Half-brother/half-sister/step-sister/step-brother  17. Boyfriend/girlfriend  18. Other relatives  19. Friends  20. Neighbors  21 .Other not related through blood or marriage (friends, servants, boarders, lodgers, others with whom the household members shares meals and other household commodities)</p>			<p>person, "parenting time"  3. Help with household chores, transportation  4. HIV/AIDS related  5. Physical disability  6. Old age  7. Dementia/mental problems  8. Health care related help (administering medicines, changing bandages, arranging health care providers, transportation to health care providers, etc.)  9. Personal help (bathing, eating, dressing, toileting (getting to and using the toilet), moving around, incontinence (bowels and bladder)  10. Other reason (not health-related), specify _____  88. DK  99. RF</p> <p><i><b>[Interviewer: HIV/AIDS related = care or support because of illness related to HIV infection or AIDS (which could include tuberculosis (TB) and malaria for</b></i></p>	<p>household  3. Someone else outside of the household  8. DK  9. RF</p>		<p>than 6 months  6. 6 and more than 6 months  8. DK  9. RF</p>	<p>counseling, spending time with person, "parenting time"  3. Help with household chores, transportation  4. HIV/AIDS related  5. Physical disability  6. Old age  7. Dementia/mental problems  8. Health care related help (administering medicines, changing bandages, arranging health care providers, transportation to health care providers, etc.)  9. Personal help (bathing, eating, dressing, toileting (getting to and using the toilet), moving around, incontinence</p>
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<p>88. DK 99. RF</p>			<p><i>example. Other reason = for example, violence, migration, etc.]</i></p>				<p>(bowels and bladder) 10. Other reason (not health-related), specify_____</p> <p><b><i>[Interviewer:</i></b> <i>HIV/AIDS related = care or support because of illness related to HIV infection or AIDS (which could include tuberculosis (TB) and malaria for example. Other reason = for example, violence, migration, etc.]</i></p>
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## Section 8: Support and Help Received and Provided Outside of the Household

*[Interviewer to read: Next, I will ask you about people who **are not members of this household and who do not live with you**. This could be relatives, but also neighbors and friends and other people you know. People sometimes help one another in a variety of different ways. Each type of help or support can be important. Part of our survey involves finding out how they do that. We would now like to ask some questions about people who **are not members of this household and who do not live with you**, and the different ways in which you help or support each other. The next questions are about help you received in the last 12 months.]*

<p><b>FS4. Thinking about the last twelve months has anyone from outside your household given YOU personal care or help?</b> <i>[Interviewer to read: By help with personal care, I mean helping you with tasks such as dressing, bathing/showering, eating, getting in or out of bed, helping you with relieving yourself (i.e. getting to and using the toilet)]</i></p>	<p>1. Yes 2. No       SKIP to FS5 8. DK       SKIP to FS5 9. RF       SKIP to FS5</p>
<p><b>FS4a. Who from outside the household has helped you most often with personal care such as dressing, bathing/showering, eating, getting in or out of bed, relieving yourself (i.e. getting to and using the toilet). Check all that apply</b></p> <p><i>[Interviewer: If respondent answers spouse, probe that the spouse indeed does NOT live in the household.]</i></p>	<p>1. Spouse 2. Son or daughter 3. Son or daughter-in-law 4. Grandchild 5. Father/mother 6. Step-mother/step-father 7. Parent-in-law 8. Brother or sister 9. Brother or sister -in-law 10. Co-wife 11. Grandparent 12. Niece or nephew 13. Cousin 14. Step-child 15. Half-brother/half-sister/step-sister/step-brother 16. Boyfriend/girlfriend 17. Other relatives 18. Friends 19. Neighbors 20. Other not related through blood or marriage (eg. servants, boarders, lodgers, etc.) 88. DK       SKIP to FS5. 99. RF       SKIP to FS5</p>
<p><b>FS4b. In the last 12 months, how often altogether have YOU received such personal care?</b></p>	<p>1. Daily 2. Weekly (at least once a week, but not every day) 3. Monthly (at least once a month but not every</p>

	week) 4. Less often than monthly 8. DK 9. RF
<b>FS5. Thinking about the last twelve months has anyone from outside your household given YOU practical help?</b> <i>[Interviewer to read: by practical help I mean helping you with tasks such as home repairs, gardening, transportation, going to the market, shopping, cooking, household chores, help with paperwork, etc.]</i>	1. Yes 2. No      SKIP to FS6 8. DK      SKIP to FS6 9. RF      SKIP to FS6
<b>FS5a. Who from outside the household has provided you most often with practical help such as home repairs, gardening, transportation, shopping, going to the market, cooking, household chores, help with paperwork, etc.?</b> <b>Check all that apply</b>  <i>[Interviewer: If respondent answers spouse, probe that the spouse indeed does NOT live in the household.]</i>	1. Spouse 2. Son or daughter 3. Son or daughter-in-law 4. Grandchild 5. Father/mother 6. Step-mother/step-father 7. Parent-in-law 8. Brother or sister 9. Brother or sister -in-law 10. Co-wife 11. Grandparent 12. Niece or nephew 13. Cousin 14. Step-child 15. Half-brother/half-sister/step-sister/step-brother 16. Boyfriend/girlfriend 17. Other relatives 18. Friends 19. Neighbors 20. Other not related through blood or marriage (eg. servants, boarders, lodgers, etc.) 88. DK 99. RF
<b>FS5b. In the last 12 months, how often altogether have YOU received such practical help?</b>	1. Daily 2. Weekly (at least once a week, but not every day) 3. Monthly (at least once a month but not every week) 4. Less often than monthly 8. DK 9. RF

*[Interviewer to read: Now I would like to ask you about the help YOU have given to others.]*

<b>FS6. Thinking about the last twelve months have YOU given anyone from outside your household care or help?</b> <i>[Interviewer to read: By help with</i>	1. Yes 2. No      SKIP to FS7 8. DK      SKIP to FS7
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<p><i>personal care, I mean helping you with tasks such as dressing, bathing/showering, eating, getting in or out of bed, helping you with relieving yourself (i.e., getting to and using the toilet)];</i></p>	<p>9. RF      SKIP to FS7</p>
<p><b>FS6a. Whom from <u>outside the household</u> have YOU helped most often with personal care such as dressing, bathing/showering, eating, getting in or out of bed, relieving yourself (i.e., getting to and using the toilet). Check all that apply</b></p> <p><i>[Interviewer: If respondent answers spouse, probe that the spouse indeed does NOT live in the household.]</i></p>	<p>1. Spouse  2. Son or daughter  3. Son or daughter-in-law  4. Grandchild  5. Father/mother  6. Step-mother/step-father  7. Parent-in-law  8. Brother or sister  9. Brother or sister -in-law  10. Co-wife  11. Grandparent  12. Niece or nephew  13. Cousin  14. Step-child  15. Half-brother/half-sister/step-sister/step-brother  16. Boyfriend/girlfriend  17. Other relatives  18. Friends  19. Neighbors  20. Other not related through blood or marriage (eg. servants, boarders, lodgers, etc.)  88. DK      SKIP to FS7  99. RF      SKIP to FS7</p>
<p><b>FS6b. In the last 12 months, how often altogether have YOU provided such personal care?</b></p>	<p>1. Daily  2. Weekly (at least once a week, but not every day)  3. Monthly (at least once a month but not every week)  4. Less often than monthly  8. DK  9. RF</p>
<p><b>FS7. Thinking about the last twelve months have YOU given anyone from outside your household practical help?</b></p> <p><i>[Interviewer to read: by practical help I mean helping with tasks such as home repairs, gardening, transportation, going to the market, shopping, cooking, household chores, help with paperwork, etc.]</i></p>	<p>1. Yes  2. No      SKIP to next section, Section 9, FS8  8. DK      SKIP to next section, Section 9, FS8  9. RF      SKIP to next section, Section 9, FS8</p>
<p><b>FS7a. Whom from <u>outside the household</u>, friends or neighbors have YOU provided most often with practical help such as home repairs, gardening, transportation, shopping, going to the market, cooking, household chores, help with paperwork,</b></p>	<p>1. Spouse  2. Son or daughter  3. Son or daughter-in-law  4. Grandchild  5. Father/mother  6. Step-mother/step-father</p>



<p><b>etc.? Check all that apply</b></p> <p><i>[Interviewer: If respondent answers spouse, probe that the spouse indeed does NOT live in the household.]</i></p>	<ul style="list-style-type: none"> <li>7. Parent-in-law</li> <li>8. Brother or sister</li> <li>9. Brother or sister -in-law</li> <li>10. Co-wife</li> <li>11. Grandparent</li> <li>12. Niece or nephew</li> <li>13. Cousin</li> <li>14. Step-child</li> <li>15. Half-brother/half-sister/step-sister/step-brother</li> <li>16. Boyfriend/girlfriend</li> <li>17. Other relatives</li> <li>18. Friends</li> <li>19. Neighbors</li> <li>20. Other not related through blood or marriage (eg. servants, boarders, lodgers, etc.)</li> <li>88. DK</li> <li>99. RF</li> </ul>
<p><b>FS7b. In the last 12 months, how often altogether have YOU given such practical help?</b></p>	<ul style="list-style-type: none"> <li>1. Daily</li> <li>2. Weekly (at least once a week, but not every day)</li> <li>3. Monthly (at least once a month but not every week)</li> <li>4. Less often than monthly</li> <li>8. DK</li> <li>9. RF</li> </ul>

## Section 9: Financial Support

*[Interviewer to read: Now I would like to ask you about the financial help (help with money) YOU have received from others. Thinking about the last twelve months, have YOU received from anybody from outside your household financial help? By financial help, I mean financial support with money, meaning giving you money. This does not include help with personal care or practical help. If someone gave you money to help you pay your bills or buy food or that you can hire and pay someone for personal care or practical help, please report this when you answer the next questions. ]*

<p><b>FS8. Thinking about the last twelve months have YOU received financial help and/or a money gift from anyone <u>from outside your household</u></b></p>	<p><b>FS8a. From whom living outside of your household have you received financial help and/or a money gift during the last 12 months?</b></p> <p><b>Check all that apply</b>  <i>[Interviewer: If respondent answers spouse, probe that the spouse indeed does NOT live in the household.]</i></p>	<p><b>FS8b. What is the total value of financial help and/or money gift you received from this person/ these persons outside of your household during the last 12 months? Was it:</b></p> <p><i>[Interviewer: read response options]</i></p>	<p><b>FS8c. What was the main reason you received this financial assistance and/or money gift? Select one.</b></p>
<p>1. Yes  2. No      SKIP to FS9</p>	<p>1. Spouse  2. Son or daughter  3. Son or daughter-in-law  4. Grandchild  5. Father/mother  6. Step-mother/step-father  7. Parent-in-law  8. Brother or sister  9. Brother or sister -in-law  10. Co-wife  11. Grandparent  12. Niece or nephew  13. Cousin  14. Step-child  15. Half-brother/half-sister/step-sister/step-brother  16. Boyfriend/girlfriend  17. Other relatives  18. Friends  19. Neighbors  20. Other not related through blood or marriage (e.g. servants, boarders, lodgers, etc.)  88. DK  99. RF</p>	<p>1. &lt; 25,000 MKW  2. 25,001 to 50,000 MWK  3. 50,001 to 100,000 MWK  4. 100,001 to 250,000 MWK  5. 250,001 to 500,000 KMWK  6. 500,000+ MWK  8. DK  9. RF</p>	<p>1. To meet basic needs  2. To buy house furniture/equipment  3. To help with a large item of expenditure (other than buying a house such as a bicycle, car, machine, etc. )  4. For a major family event (birth, marriage, funeral, other celebration)  5. To help with a divorce  6. To help following a bereavement  7. To help meet ends because if illness (but not including covering of medical costs)  8. To help with unemployment  9. To help to pay for medical care  10. To meet a legal obligation (e.g. alimony or compulsory payments for parents' care)  11. To help with costs for education of children/grand-children, nephews, other family members  12. No specific reason  13. Other reason, specify _____</p>

			88. DK 99. RF
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<p><b>FS9. Now I would like to ask you about the financial help (help with money) YOU have given to others. Thinking about the last twelve months, have YOU given financial help and/or money gifts to anyone from outside your household?</b></p>	<p><b>FS9a. To whom living outside of your household have you given financial and/or money gifts help during the last 12 months? Check all that apply.</b></p> <p><i>[Interviewer: If respondent answers spouse, probe that the spouse indeed does NOT live in the household.]</i></p>	<p><b>FS9b. What is the total value of financial help and/or money gifts you have given to this person outside of your household during the last 12 months?</b></p> <p><i>[Interviewer: read response options]</i></p>	<p><b>FS9c. What was the main reason you have given this financial assistance or money gift? Select one.</b></p>
<p>1. Yes 2. No SKIP to next section, Section 10, FS10</p>	<p>1. Spouse 2. Son or daughter 3. Son or daughter-in-law 4. Grandchild 5. Father/mother 6. Step-mother/step-father 7. Parent-in-law 8. Brother or sister 9. Brother or sister -in-law 10. Co-wife 11. Grandparent 12. Niece or nephew 13. Cousin 14. Step-child 15. Half-brother/half-sister/step-sister/step-brother 16. Boyfriend/girlfriend, including PTM 17. Other relatives 18. Friends 19. Neighbors 20. Other not related through blood</p>	<p>1. &lt; 25,000 MKW 2. 25,001 to 50,000 MWK 3. 50,001 to 100,000 MWK 4. 100,001 to 250,000 MWK 5. 250,001 to 500,000 KMWK 6. 500,000+ MWK 7. DK 8. RF</p>	<p>1. To meet basic needs 2. To buy house furniture/equipment 3. To help with a large item of expenditure (other than buying a house, such as buying a bicycle, a car, a machine, etc.) 4. For a major family event (birth, marriage, funeral, other celebration) 5. To help with a divorce 6. To help following a bereavement 7. To help meet ends because of illness (but not including covering of medical costs) 7. To help with unemployment</p>

	or marriage (e.g. servants, boarders, lodgers, etc.) 88. DK 99. RF		8. To help to pay for medical care 9. To meet a legal obligation (e.g. alimony or compulsory payments for parents' care) 10. To help with costs for education of children/grand-children, nephews, other family members 11. No specific reason 12. Other reason, specify____ 88. DK 99. RF
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## Section 10: Caregiving to Children in the Household

*[Interviewer to read: The next questions ask about care and/or help **YOU** provide to children under age 18 in your household over the last 12 months. This could include your own children/grandchildren/great-grandchildren/nephews/nieces, other blood-related children or any other children who are not related to you by blood provided care for over the last 12 months. The help YOU provided could include financial help, practical help, help with health care, emotional support or personal care. For example, financial help could include providing cash to pay bills, school fees, food or medication; etc. Practical help could include support with household chores, gardening, transportation or going to the market, etc. Emotional help could include social support, counseling or spending time with you, etc. Health care help could include administering medication, changing bandages and arranging health care providers, etc. Personal help could include bathing, eating, dressing, toileting (relieving yourself, i.e. getting to and using the toilet) or with incontinence (bowels and bladder), etc.]*

**FS10. Have you provided care for any child under age 18 living in your household over the last 12 months?**

1. Yes
2. No SKIP to next section, Section 11, EMP1
9. RF SKIP to next section, Section 11, EMP1

**FS11. In total, to how many children under age 18 living in your household have you provided care or support for over the last 12 months?**

**FS11a.** Total number of children: \_\_\_\_\_

**FS11b.** Total number of own children: \_\_\_\_\_

9. RF SKIP to next section, Section 11, EMP1

*[Interviewer: If respondent reports in questions FS11a that he/she helped 1 to 3 children in total, ask questions FS12a to FS12e for all of these 1 to 3 children. If respondent reports in question FS11a that he/she helped more than 3 children then ask FS12a to FS12e about the three children below age 18 with the most recent birthdays to whom respondent provided help. Explain that the question also refers to children under age 18 who may have died within the last 12 months, but to whom help and support was provided.]*

<b>FS12a. What is this child's relationship to you?</b>	<b>FS12b. Is this child alive or dead?</b>	<b>FS12c. Are the parents of this child alive, ill, dead or absent for other reasons? Check all that apply</b>	<b>FS12d. What type of care did you provide to this child? Check all that apply</b>	<b>FS12e. For how long was this care provided to this child over the last 12 months?</b>
1. Own Child 2. Grandchild 3. Great-grandchild 4. Niece/nephew 5. Other family related child, Specify _____ 6. Not family-related child, specify _____ 9. RF	1. Alive 2. Dead 9. RF	1. Both parents alive 2. Mother dead 3. Mother ill, HIV/AIDS related 4. Mother ill, other health reason 5. Mother absent for other reasons, for example schooling, work, etc. 6. Father dead 7. Father ill, HIV/AIDS related 8. Father ill, other health reason 9. Father absent for other reason such as schooling, work, etc. 8. DK 9. RF	1. Financial help (cash, paying for bills, school fees, food, medicines) 2. Physical help with household chores, transportation 3. Emotional help (social support, counseling, spending time with person, "parenting time") 4. Health care related help (administering medication, changing bandages, arranging health care providers, transportation to health care providers, etc.) 5. Personal help (bathing, eating, dressing, toileting (getting to and using the toilet), moving around, incontinence (bowels and bladder) 6. Other help (not health-related). 9. RF	1. Daily 2. Less than a week 3. Less than a month 4. One to up to three months 5. Three to up to six months 6. Over 6 months 8. DK 9. RF

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## Section 11: Employment Status

**[Interviewer to read:** *In this section we would like to ask you a set of questions regarding your work and employment situation. This addresses work in the formal as well as in the informal sector and also includes paid and unpaid work as well as work for which you are compensated with goods, such as food and/or agricultural products.]*

**EMP1. Which of this best describes your current work/employment situation? Check all that apply.**

1. Employee for public or private employer with a fixed salary
2. Employee for public or private employer working for a commission
3. Self-employed
4. Employer/Boss
5. Farmer (Mlimi)
6. Doing ganyu
7. Family worker without pay
8. Non-Family worker without pay
9. Home worker
10. Never worked before                      SKIP to next section (Section 11A, AW1)
11. Permanently sick or disabled              SKIP to next section (Section 11A, AW1)
12. Currently not working, but looking for work              SKIP to next section (Section 11A, AW1)
13. Currently don't work and don't look for work              SKIP to next section (Section 11A, AW1)
14. Retired                      SKIP to next section, Section 11A, AW1.
15. Other, specify \_\_\_\_\_
88. DK
99. RF

**EMP2. Where do you work? Please refer to your current primary job that is the job where you spend most of your time. Check one.**

1. Permanent stand on street
2. Commercial location: liquor store, hardware store, etc.
3. Place of production: bakery, carpentry, etc.
4. Repair shop: mechanic, electrical, etc.
5. Local services: restaurant, bar, etc. (which are not part of a chain)
6. Local for professional, technical expertise, personal, educational, welfare services, etc
7. Establishments for medium and large dimension production, construction and extraction: factories, mines, oil wells, etc.
8. Establishments for medium and large dimension commercial, financial, transportation, health, education and other services: supermarkets, banks, bus lines, clinics, schools, hotels, etc.
9. Medium and large farms and fisheries

10. State or municipal administrative offices of government agencies

11. Other, specify: \_\_\_\_\_

99. RF

**EMP3. Usually, which days of the week and about how many hours per day do you dedicate to your current primary job?**

EMP3a. Day of week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	DK	RF
	1	2	3	4	5	6	7	888	999
EMP3b. Hours worked: <i>[Interviewer to enter 888. DK if hours worked are not known, or 999. For RF)</i>	EMP3b_1	EMP3b_2	EMP3b_3	EMP3b_4	EMP3b_5	EMP3b_6	EMP3b_7		

**EMP4. How do you get paid in your current primary job? Read responses.**

1. In-kind
2. In-cash
3. Both, in-cash and in-kind
4. Do not get paid
9. RF

**EMP5. In the last week, did you have any secondary job/activity from which you obtained income in cash or in kind?**

1. Yes
2. No
9. RF

### Section 11A: Employment and work in Agriculture

*[Interviewer to read: The next questions ask about your work and/or employment in agriculture. We are interested in learning about your current agricultural work and allied work like horticulture, fisheries, etc. (including work such as agricultural wage labor).]*

<p><b>AW1. Did you engage in agricultural work, including crop cultivation, forestry, fishery, and livestock rearing, for more than 10 days in the past 12 months? Check all that apply.</b></p>	<p>1. Yes, for self-consumption – Skip to AW3  2. Yes, to sell produce  3. Yes, as employee/laborer on somebody else’s land  4. No           SKIP to next section, Section 12, RP1  8. DK           SKIP to next section, Section 12, RP1  9. RF           SKIP to next section, Section 12, RP1</p>
<p><b>AW2. Did you get paid for your agricultural work in the past 12 months?</b></p>	<p>1. Yes, in cash  2. Yes, in kind  3. Both, in cash and in-kind  4. No  9. RF</p>
<p><b>AW3. How many months did you do paid and/or unpaid farm work/work in agriculture during the last 12 months?</b></p> <p><i>[Interviewer: Ask respondent to report separately paid and non-paid agricultural work]</i></p>	<p><input type="text"/> <input type="text"/>   AW3_1. Months paid work  <input type="text"/> <input type="text"/>   AW3_2. Months unpaid work  99. RF</p>
<p><b>AW4. How many days per week on average did you do agricultural work during a normal work month during the last 12 months? <i>[Interviewer: Enter ‘0’ for less than one day per week]</i></b></p>	<p><input type="text"/> <input type="text"/>   Days per week  9. RF</p>
<p><b>AW5. Do you earn non-agricultural wage, including wage from self-employment?</b></p>	<p>1. Yes  2. No  9. RF</p>

## Section 12: Retirement Benefits and Pensions

*[Interviewer to read: I would now like to ask you now some questions regarding your retirement. By retirement we mean your permanent withdrawal from your previous position, occupation or from active working life. We would like to get some information on your retirement plans or, if you have already retired, on your retirement situation. ]*

### RP1. Are you retired?

- 1. Yes
- 2. No                               SKIP to RP6
- 9. RF                               SKIP to Section 12A, SP1



<b>RP2. In what year did you retire?</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year 8888. DK 9999. RF
<b>RP3. When you retired, did you retire on a:</b>  <b>Check all that apply</b>	1. Full pension 2. Reduced pension 3. Gratuity paid once only 4. Personal savings 5. Disability grant/disability pension 6. None of the above SKIP to RP5 7. Other: _____ 8. DK SKIP to RP5 9. RF SKIP to RP5
<b>RP4. How often do you receive your pension benefits?</b>	1. Weekly 2. Fortnightly/every two weeks 3. Monthly 4. Quarterly 5. Twice a year 6. Once a year 7. Received all pension benefits as one-time payment 8. DK 9. RF

**RP5: Which of the following benefits do /did you receive? Check all that apply**

	1. Yes	2. No	8. DK	9. RF
RP5a. Public Service Pension Scheme				
RP5b. Occupational mandatory pension				
RP5c. Private pensions (voluntary), including also private companies' benefits				
RP5d. Private health insurance or medical expenses insurance				
RP5e. Life				

insurance				
RP5f. Other (such as housing, oxen, etc.), specify:				

**Skip to next section, Access to Social Programs and Benefits: SP1**

**RP6. At what age do you plan to retire?** [*Interviewer: clarify to respondent that s/he can provide the answer either as “age of planned retirement” or in how many years he/she plans to retire.*]

RP6\_1: Do not plan to retire

RP6\_2: Age at retirement: \_\_\_\_\_

RP6\_3: In \_\_\_\_\_ years until retirement

8. DK

9. RF

## Section 12A: Access to Social Programs and Benefits

**[Interviewer to read:** In the next questions, I will ask you about YOUR participation in any social transfer programs such as food transfers, Social Cash Transfer programme, public works programs, and others. Your response does not have any impact on your own or your household’s current or future eligibility for any of these social transfers programs or benefits received.]

<b>SP1. In the past 12 months, did you receive any of the following social benefits or transfers? Check all that apply.</b>	1. Food 2. Household items 3. Clothing/shoes 4. Money 5. Other, specify: _____ 6. Did not receive any of these – SKIP to SP3 8. DK 9. RF
<b>SP2. In the past 12 months, did you benefit from any Social Cash Transfer Program?</b>	1. Yes, 2. No      SKIP to SP3 8. DK      SKIP to SP3 9. RF      SKIP to SP3
<b>SP2a. In which of the following Social Cash Transfer Programs did you participate in the past 12 months? Check all that apply</b>	1. Malawi Social Cash Transfer Program 2. Emergency Cash Transfer Program 3. Other, specify: _____ 8. DK      SKIP to SP3 9. RF      SKIP to SP3
<b>SP2b_1. What was the reason for you to be included in this program? Select one</b> <i>[Interviewer: Ask respondent to provide the reason for inclusion in each of the social cash transfer</i>	1. Ultra-poor and labor constrained 2. Poor and food insecure 3. Female or child headed household 4. Household dependency ration 1 to 4

<i>programs listed]</i>	5. Other, specify: _____ 8. DK 9. RF
<b>SP2b_2. What was the reason for you to be included in this program? Select one</b> <i>[Interviewer: Ask respondent to provide the reason for inclusion in each of the social cash transfer programs listed]</i>	1. Ultra-poor and labor constrained 2. Poor and food insecure 3. Female or child headed household 4. Household dependency ration 1 to 4 5. Other, specify: _____ 8. DK 9. RF
<b>SP2b_3. What was the reason for you to be included in this program? Select one</b> <i>[Interviewer: Ask respondent to provide the reason for inclusion in each of the social cash transfer programs listed]</i>	1. Ultra-poor and labor constrained 2. Poor and food insecure 3. Female or child headed household 4. Household dependency ration 1 to 4 5. Other, specify: _____ 8. DK 9. RF
<b>SP3. In the past 12 months, did you participate in the Public Works Programs (PWP)?</b>	1. Yes 2. No SKIP to SP4 8. DK SKIP to SP4 9. RF SKIP to SP4
<b>SP3a. In which Public Works Program (PWP) did YOU participate? Check all that apply</b> <i>[Interviewer: In case the respondent indicates not to know, probe to possibly help respondent to identify the program; if not successful - select 8. DK]</i>	1. Irrigation, Rural Livelihoods and Development Projects (IPLADP) 2. Creation of Community Assets 3. Rural Infrastructure Development Programme (RIDP) 4. Provision of food and inputs in exchange for work 5. Other, specify _____ 8. DK 9. RF
<b>SP4. In the past 12 months, did you participate in any other social benefits program not mentioned here?</b>	1. Yes 2. No SKIP to EA1 8. DK SKIP to EA1 9. RF SKIP to EA1
<b>SP4a. In which other social benefits program did you participate in the past 12 months?</b>	1. Respondent's participation: _____ <i>[Interviewer: write the name of the program respondent participated]</i>

## Section 13: Abuse of Older People

*[Interviewer to read: Now, I would like to ask you questions about ways that someone from your family, a friend or a neighbor may behave or may have behaved towards you that may cause negligence, make you feel uncomfortable, impose fear, force you to do things you do not want to do or physically harm you.]*

<b>ELDER ABUSE SUSPICION INDEX © (EASI)</b>			
	<b>1. Yes</b>	<b>2. No</b>	<b>3. Did not answer</b>
EA1. Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?			
EA2. Has anyone prevented you from getting food, clothes, medication, glasses, hearing aids or medical care, or from being with people you wanted to be with?			
EA3. Have you been upset because someone talked to you in a way that made you feel shamed or threatened?			
EA4. Has anyone tried to force you to sign papers or to use your money against your will?			
EA5. Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?			
In the past 12 months, has anyone ever:			
EA6. Taken things away or threatened to take things away from you?			
EA7. Abandoned or threatened to abandon you?			
EA8. Harmed or threatened to harm someone or something close to you (kids, pets, etc.)?			
EA9. Used non-verbal behavior such as shaking a fist, pushing, poking, or slapping, to threaten or scare you?			
EA10. Manipulated you by withholding affection and love?			
EA11. Behaved in ways that frighten or intimidate you?			
EA12. Confined you against your will?			
EA13. Prevented you from contacting family, friends, or community resources?			
EA14. Kept things from you or lied about things that you should know about?			
EA15. Called you unkind names or put you down?			
EA16. Accused you of being a witch or using witchcraft?			

EA17. Felt entitled to use your money on themselves?			
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## Section 14: Social Life and Loneliness

*[Interviewer to read: The next questions are about how you feel about and how you value your social life and your bonds with family, friends and your community. These questions also touch on your perceived inclusion and acceptance or exclusion and rejections. For each of these questions, please say how often you feel that way.]*

	1. Never	2. Rarely	3. Sometimes	4. Often	8. DK	9. RF
SL1. How often do you feel you lack companionship?						
SL2. How often do you feel left out?						
SL3. How often do you feel isolated from others?						
SL4. How often do you feel in tune with the people around you?						
SL5. How often do you feel lonely?						

*[Interviewer: Now I am going to ask you about your recent social activities, involvement in any groups you belong to, and about your participation in the community in which you live in. Please select the **one** time reference that is appropriate when answering the question.]*

SL6. How many times in the last year have you been to:	# of times in the last week	# of times during the last month	# of times in the last three months	# of times in the last year	8. DK	9. RF
SL6a. A funeral						
SL6b. A drama performance						
SL6c. A beer place						
SL6d. A place where people dance						
SL6e. A market						
SL6f. A wedding						

SL6g. A political meeting						
SL6h. A church/mosque/a place for religious gatherings/ a praying room						

<b>SL7. How many times in the last year have you spoken to:</b>	<b># of times in the last week</b>	<b># of times during the last month</b>	<b># of times in the last three months</b>	<b># of times in the last year</b>	<b>9. RF</b>
<b>SL7a.</b> A member of the District Assembly					
<b>SL7b.</b> The traditional authority					
<b>SL7c.</b> The village headman					
<b>SL7d.</b> Member(s) of parliament					
<b>SL7e.</b> Councilor(s)					
<b>SL7f.</b> Police					
<b>SL7g.</b> Other, specify:					

### End of Interview

Time Interview ended: \_\_\_\_ : \_\_\_\_  
                                   HH     MM

Interviewer's Comments:

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