

# STUDY ON AGING IN SUB-SAHARAN AFRICA

## DATA DICTIONARY

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**Malawi National Statistical Office  
Demography and Social Statistics Division**



**UNITED NATIONS  
Department of Economic and Social Affairs**



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## Preface

The objective of this report is to provide information on variables that were defined and used in the data entry application. Of the Multiple Indicator Survey on Ageing (MISA) Population in Malawi. The Survey was developed as a standard methodology for producing, analyzing and delivering harmonized indicators on the situation of older persons in Malawi, particularly in the framework of the MIPAA and the 2030 Agenda for Sustainable Development Goals.

## Data file description

Executing Agency	National Statistical Office (NSO)
Year of fieldwork	July –August 2017
Universe	All older people age 60 years and over
Coverage	Mzimba, Lilongwe Rural, Mangochi and Nsanje
Size of the file	1,866 households
	2,238 persons age 60 years and over
	9,222 household members in the household listing

# HOUSEHOLD QUESTIONNAIRE

## HOUSEHOLD CHARACTERISTICS

HOUSEHOLD IDENTIFICATION	
District	District
Rowed	row id
new_cluster	Cluster number
Hweight	adjusted household weight
scr1	SCR1. Any person age 60 or older
scr2	SCR2. Anyone in household age 60
screening_result	Screening result
other_screening_result	Other screening result
household_size	Household size
Language	Language of interview
SECTION 1. INFORMATION ON HOUSEHOLD QUESTIONNAIRE RESPONDENTS (HQ)	
hq1	Sex of respondent
hq3	Are you head of household?
hq4	Relationship to household head
hq7	Total number of people live in household
hq7a	Total number of household members currently at home
hq7b	Total number of household members absent
hq7c	Total number of people in household
hq7d	Is there anyone in the household aged 60 and older that you regularly prov
hq19	Total members in household
hq19a	Did you include yourself when I asked?
hq20	Any member age 60 years or older not listed?
hq21	Any other persons such children or infants not listed?
hq22	Persons age 60 or older provided food, but not listed?
SECTION 3. HOUSING ENVIRONMENT (HE)	
he1	Ownership of dwelling/residence
he2	Do you pay rent
he3	How much rent
he4	Number of rooms
he5	Separate room for preparation of food
he6	Cooking done in house, separate room or outdoor
he6_other	Other
he7	Type of roof of dwelling
he7_other	Other
he8a	Main source of drinking water during rainy season

he8a_other	Other
he8b	Where is the source located
he8c_hours	Time taken in HOURS
he8c_minutes	Time taken in MINUTES
he8d	Main source of drinking water during dry season
he8d_other	Other
he8e	Where is the source located
he8f_hours	Time taken in HOURS
he8f_minutes	Time taken in MINUTES
he9	Do you treat water
he10	What do you do to make water safer to drink
he10_other	Other
he10_treatments_1	Boil it
he10_treatments_2	Soda alum from potassium
he10_treatments_3	Add water guard/chlorine tablets
he10_treatments_4	Strain through cloth
he10_treatments_5	Use water filter
he10_treatments_6	Use electronic purifier
he10_treatments_7	Let it sand and settle
he10_treatments_8	Light
he10_treatments_9	Other
he11	Type of toilet facility
he11_other	Other
he11_toilet_types_01	No toilet
he11_toilet_types_02	Flush piped sewer system
he11_toilet_types_03	Flush to septic tank
he11_toilet_types_04	Flush/pour flush to pit latrine
he11_toilet_types_05	Flus/pour flush to other location
he11_toilet_types_06	Flush/pour flush to unknown place/ not sure
he11_toilet_types_07	Ventilated improved pit latrine (VIP)
he11_toilet_types_08	Pit latrine with slab
he11_toilet_types_09	Pit latrine without slab
he11_toilet_types_10	Composting toilet
he11_toilet_types_11	Bucket latrine
he11_toilet_types_12	Hanging toilet
he11_toilet_types_13	Other
he12	Do you share your toilet
he13	Source of energy used by household
he13_other	Other
he13_energy_sources_01	Powered electricity
he13_energy_sources_02	Solar energy
he13_energy_sources_03	Generator
he13_energy_sources_04	Gas

he13_energy_sources_05	Kerosene/paraffin
he13_energy_sources_06	Coal/charcoal
he13_energy_sources_07	Wood
he13_energy_sources_08	Plants/crop
he13_energy_sources_09	Animal dung
he13_energy_sources_10	Shrubs/grass
he13_energy_sources_11	Other
<b>SECTION 4. HOUSEHOLD INCOME (HI)</b>	
hi1	Household regular income
hi2	Wages, salaries from job last 12 months
hi2a	Received weekly, monthly, or yearly
hi2b	Average earning per specified period
hi3	Earnings from selling, trading
hi3a	Received weekly, monthly, or yearly
hi3b	Average earning per specified period
hi4	Income from rental of property
hi4a	Received weekly, monthly, or yearly
hi4b	Average earning per specified period
hi5	Government or non-government employees
hi5a	Received weekly, monthly, or yearly
hi5b	Average earning per specified period
hi6	Interest, dividends
hi6a	Received weekly, monthly, or yearly
hi6b	Average earning per specified period
hi7	Remittances
hi7a	Received weekly, monthly, or yearly
hi7b	Average earning per specified period
hi8	Income received from non-farm business
hi8a	Received weekly, monthly, or yearly
hi8b	Average earning per specified period
hi9	Any additional income from other sources
hi9a	Received weekly, monthly, or yearly
hi9b	Average earning per specified period
hi10	Other non-farming income
hi10a	Received weekly, monthly, or yearly
hi10b	HI10b. Average earning per specified period
hi11	Total household income
hi12	How many people depend on this income
hi13	Do you believe the money covers household daily needs?
hi14	Household has debt or outstanding loans
hi14a	Total amount of household debt or loan
hi15	You believe the money is enough to cover households daily needs

**SECTION 5. HOUSEHOLD AGRICULTURAL INCOME AND ASSETS (AG)**

ag1	Have any cultivated or pastured land
ag1x_1	Yes, Owned by the household
ag1x_2	Yes, rented by the household
ag1x_3	Community land lent rent-free to household
ag1x_4	Other land lent rent-free to household
ag2	How many acres
ag2_other_size	Other size (acres)
ag2b	Size in terms football fields
ag2b_other_size	Other size (football fields)
ag3	Did you rent out
ag4	How many acres are rented out?
ag4_other_size	Other size (acres)
ag4a	Size in terms of football fields
ag4a_other_size	Other size (football fields)
ag5	How much rental income you earn
ag6	Did you rent land from others
ag7	How much land rent you pay
ag8	Own farming asset
ag9_farm_assets_1	Tractors
ag9_farm_assets_2	Ox plough
ag9_farm_assets_3	Ox cart
ag9_farm_assets_4	Thresher
ag9_farm_assets_5	Trolley
ag9_farm_assets_6	Folder
ag9_farm_assets_7	Generator
ag9_farm_assets_8	Motorized pump
ag9_farm_assets_9	Grain mill
ag9_farm_assets_10	Wheel barrow
ag9_farm_assets_11	Manual pump
ag9_farm_assets_12	Other
ag9_other_machinery	Name of other farming equipment or machinery
ag10	Own any livestock
ag11_livestock_1	Cow
ag11_livestock_2	Goats
ag11_livestock_3	Sheep
ag11_livestock_4	Horses
ag11_livestock_5	Donkey/mules
ag11_livestock_6	Pigs
ag11_livestock_7	Chicken/turkey/etc
ag11_livestock_8	Rabbits
ag11_livestock_9	Other

ag11_other_livestock	Other livestock
ag12	Current market value of all livestock
ag13	Household engaged in crop growing
ag14	Value of all crops , forestry products sold
<b>SECTION 6. HOUSEHOLD FINANCIAL AND NON-FIANCIAL ASSETS (HA)</b>	
ha1_01	Car/boat/canoe
ha1_02	Truck
ha1_03	Any other automobile
ha1_04	Bicycles
ha1_05	Motorcycles
ha1_06	Scooters
ha1_07	Refrigerator/freezer
ha1_08	Microwave
ha1_09	Air conditioner
ha1_10	Washing machine
ha1_11	Sewing machine
ha1_12	Television
ha1_13	Radio
ha1_14	Electric/gas stove
ha1_15	Computer
ha1_16	Satellite dish
ha1_17	Mobile phone
ha1_18	Landline phone
ha1_19	Solar energy panel
ha1_20	Power generator
ha1_21	Bed
ha1_22	Mattress
ha1_23	Chairs
ha1_24	Table
ha1_25	Mosquito net
ha1_26	watch/wall clock
ha1_27	Fishing net
ha1_28	Electric/charcoal iron
ha1_29	Additional assets
ha1_30	Other
ha1_other_items	Other items
ha2a	Current bank account
ha2a_1	Approximate value
ha2b	Savings accounts, postal accounts, certificates
ha2b_1	Approximate value
ha2c	Stock, bond or mutual funds
ha2c_1	Approximate value



ha2d	Chipereganyo/village money loaning scheme
ha2d_1	Approximate value
ha2e	Mobile money accounts (Airtel money, Mpamba)
ha2e_1	Approximate value
ha2f	Other asset
ha2f_1	Approximate value
ha2f_other_asset	Name of other asset
<b>SECTION 7. ACCESS TO SOCIAL PROGRAMS AND BENEFITS (SB)</b>	
sb1	Social benefits and transfers in the past 12 months
sb1_other	Other
sb1_benefits_or_transfers_1	Food
sb1_benefits_or_transfers_2	Household items
sb1_benefits_or_transfers_3	Clothing/shoes
sb1_benefits_or_transfers_4	Money
sb1_benefits_or_transfers_5	Other
sb2	In the past 12 months, benefit
sb2a	In which social cash transfer
sb2a_other	Other
sb2b	Reason household included in the program
sb2b_other	Other
sb3	Benefit from targeted support to school meals program
sb3a	Participation in take home ration
sb4	Participation in public works programs
sb4a	in which public works program
sb4a_other	Other
sb4ax_1	Irrigation, rural livelihoods and development projects (IPLADP)
sb4ax_2	Creation of community assets
sb4ax_3	Rural infrastructure development programme(RIDP)
sb4ax_4	Provision of food and inputs in exchange of work
sb4ax_5	Other
sb5	Any other social benefits programs
sb5a	Name of social benefit program
<b>SECTION 8. OVERALL HOUSEHOLD ECONOMIC CONDITIONS (HC)</b>	
hc1	How well would you say
hc2	Household's overall economic condition
hc3	Comparing your household's income
hc4	Compared to other households
lweight	adjusted individual weight

## HOUSEHOLD LISTING

### SECTION 2. HOUSEHOLD LISTING (HQ)

District	District
Rowed	row id
new_cluster	cluster number
Hweight	adjusted household weight
hq8	Line number
hq10	Relationship
hq11	Sex
hq12c	Accepted age
hq13	Ethnicity
hq14	Marital status
hq14a	Polygamous marriage
hq14b	Spouse live in household
hq14c	Line number of spouse
hq16	Highest school level
hq17	Health rating
hq18	Ill in the past 12 month
Still a member	Still a member?
lweight	adjusted individual weight

# INDIVIDUAL QUESTIONNAIRE

IDENTIFICATION INFORMATION	
District	District
new_cluster	cluster number
Rowed	Row id
line_number	Line Number
lweight	adjusted individual weight
Language	Language of interview
SECTION 1. DEMOGRAPHICS	
dm1	Sex of the respondent
dm3	Age of respondent
dm4	What is your relationship to the household head?
dm4_other	Other relationship to the household head
dm5	What is your current marital status?
dm6	Are you in a polygamous marriage?
dm6a	Is your husband/wife 60 years or older?
dm8	What is your highest level of schooling?
dm9	Interviewer: Is the respondent blind/visually impaired?
dm10	Can you read numbers (such as from 0 to 1,000)?
dm11	Can you write numbers such as from 0 to 1,000?
dm12	Can you read a sentence meaningfully in any language?
dm13	Respondent asked to read a sentence
dm13a	Language the respondent read the sentence
dm14	Respondent asked to write a sentence
dm14a	Sentence as written by respondent:
SECTION 2. CHILDREN	
ch1	Total number of biological children
ch2	Total number of non-biological children
ch3	Number of children below age 18
ch4	Number of your children below age 18 living in this household with you
ch5	Number of your children age 18 and above living in this household with you
ch5a	Number of your children age 18 and above living in the same community as y
ch5b	Number of your children age 18 and above living elsewhere
ch6	Have you ever taken care of orphan children younger than 18 years?
ch6a	Total number of orphans under the age of 18 that have you taken care of
ch6b	Number of orphans under the age of 18 years living with you
ch2a	Total number of children currently alive
SECTION 3. PHYSICAL HEALTH	

ph1	In general, would you say your health is excellent, very good, good, fair o
nu1	In the last 12 months, have you ever gone hungry or have you ever eaten les
nu2	In the last 12 months, how often did you ever eat less than you felt you should because there wasn't enough food
nu3	In the last 12 months, were you ever hungry, but didn't eat because you could afford enough food
nu4	In the last 12 months, did you ever run out of money to buy food?
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

### SECTION 3A. ACTIVITIES OF DAILY LIVING

adl1a	ADL1a. Problem with Bathing/washing your whole body?
adl2a	level of difficulty
adl3a	For how long
adl3av	Value
adl1b	Getting dressed?
adl2b	level of difficulty
adl3b	For how long
adl3bv	Value
adl1c	Managing around inside your house
adl2c	level of difficulty
adl3c	For how long
adl3cv	Value
adl1d	Eating including cutting up your food
adl2d	level of difficulty
adl3d	For how long
adl3dv	Value
adl1e	Getting to and using toilet
adl2e	level of difficulty
adl3e	For how long
adl3ev	Value
adl1f	Getting up from lying down
adl2f	level of difficulty
adl3f	For how long
adl3fv	ADL3fv. Value
adl4	You said that you have difficulty doing some of the everyday activities. P
adl4a	During the last month, on about how many days did you receive help with a
adl4b	On the days, when you received help with any of these activities, about h
adl5	Do you have difficulty walking or climbing stairs?

### SECTION 3B. NON-COMMUNICABLE DISEASES AND CHRONIC CONDITIONS

ncd1	Has a doctor or health professional ever told you that you have high blood pressure or hypertension?
ncd1a	Are you taking any medication for high blood pressure or hypertension?

ncd2	Has a doctor or health professional ever told you that you have diabetes or high blood sugar?
ncd2a	Are you taking any medication for diabetes or high blood sugar?
ncd3	Has a doctor or health professional ever told you that you have chronic lung disease such as chronic bronchitis, asthma or e
ncd3a	Are you taking any medication for chronic lung disease such as chronic br
ncd4	Has a doctor or health professional ever told you that you have high cholesterol?
ncd4a	Are you taking any medication for high cholesterol?
ncd5	Has a doctor or health professional ever told you that you have arthritis or a disease of the joints or by other names rheum
ncd5a	Are you taking any medication for arthritis or a disease of the joints or
ncd6	Has a doctor or health professional ever told you that you have heart problems such as heart attack, angina, coronary heart
ncd6a	Are you taking any medication for heart problems such as heart attack, an
ncd7	Has a doctor or health professional ever told you that you have cancer
ncd7a	Have you ever received treatment for cancer?
ncd7a_other	Other cancer treatment
ncd7ax_1	No, never received any treatment
ncd7ax_2	Chemotherapy or medication
ncd7ax_3	Surgery
ncd7ax_4	Radiation
ncd7ax_5	medications and treatments for symptoms
<b>SECTION 3C. BONE AND JOINT PROBLEMS</b>	
ncd8	Do you sometimes have pain, stiffness, or swelling in your joints?
ncd8a	Have you ever a broken a bone/s?
ncd8b	Which of your bone/s were broken?
ncd8b_other	Other broken bones
ncd8bx_01	Lower leg
ncd8bx_02	Upper leg
ncd8bx_03	Hand
ncd8bx_04	Lower arm
ncd8bx_05	Upper arm
ncd8bx_06	Shoulder
ncd8bx_07	Rips
ncd8bx_08	Hips
ncd8bx_09	Face / Skull
ncd8bx_10	Pelvis
ncd8bx_11	Other
<b>SECTION 3D. STROKE</b>	
ncd9	Has a doctor or health professional ever told you that you that you had a stroke (cerebral vascular disease)?
ncd9a	Do you have any persisting problems as a result of that stroke?

ncd9b	Which of the following problems do you have resulting from that stroke?
ncd9b_other	Other problems resulting from that stroke
ncd9bx_1	Weakness in your arms and/or legs
ncd9bx_2	Difficulty speaking or swallowing
ncd9bx_3	Difficulty with your vision
ncd9bx_4	Difficulty in thinking or finding the right words
ncd9bx_5	Other problems
ncd9c	Are you currently taking any medications because of that stroke or its co

### SECTION 3E. EYES AND HEARING PROBLEMS

ncd10	Is the respondent blind or visually impaired?
ncd11	Do you have difficulty seeing, even if wearing glasses?
ncd12	How many years ago were your eyes examined by a doctor or health professi
ncd12a	Do you have access to glasses or other corrective devices?
ncd12b	How good is your eyesight for seeing things at a distance, like recogniz
ncd12c	How good is your eyesight for seeing things up close, like weaving, or r
ncd13	Do you have difficulty hearing, even if using a hearing aid?

### SECTION 3F. DENTAL HEALTH, TEETH

ncd14	Have you lost some or all your natural teeth?
ncd14a	Do you wear dentures?
ncd14b	How well can you chew solid foods such as meat, maize, etc.?

### SECTION 3G. INFECTIOUS DISEASES

id1	Over the past year, has a doctor or health professional ever told you that
id1b	Are you currently taking any medications prescribed by a doctor or health
id2	Over the past year, has a doctor or health professional ever told you that
id2b	Are you currently taking any medications prescribed by a doctor or health
id3	Over the past year, has a doctor or health professional ever told you that
id3b	Are you currently taking any medications prescribed by a doctor or health
id4	Over the past year, has a doctor or health professional ever told you that
id4b	Are you currently taking any medications prescribed by a doctor or health
id5	Over the past 1 year, have you had diarrhea?
id5b	Are you currently taking any medications prescribed by a doctor or health
id6	Do you have access to a mosquito net?
id6a	How often do you usually sleep under a mosquito net?

### SECTION 3H. HIV/AIDS

hiv1	Do you know places where people can be tested for HIV/AIDS?
hiv2	Have you ever been tested for HIV, the virus that causes AIDS?
hiv3a	In what year was your most recent test for HIV/AIDS?
hiv3b	How many years ago was your most recent test for HIV/AIDS?
hiv4	What was the main reason for testing for HIV/AIDS?
hiv4_other	Other main reason for testing for HIV/AIDS
hiv5	Would you mind telling me the result of your most recent HIV testing?

hiv6	What was the result of your most recent HIV test?
hiv7	Has a doctor or health professional ever prescribed you medications for tr
hiv8	Are you currently taking medication for treating you for HIV/AIDS prescrib
hiv9	Have you ever been denied access to HIV/AIDS medication prescribed by a do
hiv9a	What were the reasons to be denied access to HIV/AIDS medication (i.e., d
hiv9a_other	Other reasons to be denied access to HIV/AIDS medication
hiv9ax_1	What were the reasons to be denied access to HIV/AIDS medication (i.e., d
hiv9ax_2	What were the reasons to be denied access to HIV/AIDS medication (i.e., d
hiv9ax_3	What were the reasons to be denied access to HIV/AIDS medication (i.e., d
hiv9ax_4	What were the reasons to be denied access to HIV/AIDS medication (i.e., d
hiv9b	If you needed access to medication to treat HIV/AIDS, do you think you co
<b>SECTION 3I. URINARY PROBLEMS</b>	
up1	Have you suffered urinary incontinence during the last three months?
up1a	Do you ever limit your activities, for example, what you do or where you g
<b>SECTION 4. MENTAL HEALTH</b>	
mh0	Have you ever been diagnosed with depression?
mh1	I felt depressed
mh2	I felt that everything I did was an effort
mh3	My sleep was restless
mh4	I was happy
mh5	I felt lonely
mh6	I enjoyed life
mh7	I felt sad
mh8	I could not get "going"
<b>SECTION 5. HEALTH CARE UTILIZATION</b>	
hu1	When was the last time you needed health care (time units)?
hu1a	weeks ago
hu1b	months ago
hu1c	years ago
hu2a	Have you ever seen a doctor?
hu2	The last time you needed health care, did you get health care?
hu3	Which reasons best explain why you did not get health care when you needed
hu3_other	Other. Other reasons that best explain why you did not get health care when
hu3x_01	Could not afford the cost of the visit
hu3x_02	No transport available
hu3x_03	Could not afford the cost of transport
hu3x_04	I was previously badly treated
hu3x_05	Could not take time off or had other commitments
hu3x_06	Health care provider's drugs or equipment were inadequate
hu3x_07	health care provider's skills were inadequate

hu3x_08	I didn't know where to go
hu3x_09	I tried but was denied health care
hu3x_10	I thought i was not sick enough
hu3x_11	Health care facility is too far away
hu3x_12	Health care facility is not accessible for me
hu3x_13	Other
hu4	HU4. When you last needed health care, did you seek to obtain it from:
hu4_other	HU4 Other. Other source of health care
hu4x_1	Private practice / general practitioner
hu4x_2	Traditional healer
hu4x_3	Local pharmacist / drug store
hu4x_4	Local governmental health center
hu4x_5	District hospital (Public hospital
hu4x_6	Private. religious clinic or health care facility
hu4x_7	Private hospital
hu4x_8	Pharmacy or dispensary
hu4x_9	Other
hu5	HU5. Thinking of the last time you needed health care, what was the main reason
hu5_other	HU5 Other. Other main reason for needing health care.
hu6	HU6. Thinking of the last time you received health care, who paid for the health
hu6_other	HU6 Other. Who paid for the health care services that you needed?
hu6x_1	Did not pay, health care was free
hu6x_2	Medical aid e.g MASM
hu6x_3	Paid by myself(respondent
hu6x_4	Spouse/partner
hu6x_5	Son/daughter/son-inlaw etc
hu6x_6	Other family member paid
hu6x_7	Employer
hu6x_8	Other
hu7	Thinking of the last time you needed health care, how was the quality of ca
hu7_other	Quality of health care received
hu8	In general terms, thinking about health care you needed in the past 12 mont
hu8_other	where did you go most often when you felt sick or needed to consult s
hu9a	Amount in Kwacha paid in the last 12 months for health care provider fees
hu9b	Amount in Kwacha paid in the last 12 months for medicines
hu9c	Amount in Kwacha paid in the last 12 months for medical tests (i.e., blood
hu9d	Amount in Kwacha paid in the last 12 months for transport to the health ca
hu9e	Amount in Kwacha paid in the last 12 months for other health care
hu9e_other	Specify other health care needs paid out of pocket
hu10	In case you will need medical care in the course of the next four weeks, h



hu10_other	Other ways of paying for health care.
hu10x_1	It would be for free
hu10x_2	It would be paid by me
hu10x_3	It would be paid by family
hu10x_4	It would be paid by friends
hu10x_5	It would be paid by my employer
hu10x_6	It would be paid by an insurance company
hu10x_7	It would be paid by borrowing money
hu10x_8	Other
hu10a	Why don't you expect to incur any expenses for health care?
hu10a_other	Other. Other reasons why health care is free.
hu10b	You had said earlier that part or all of your expenses would be paid for
hu10b_other	You had said earlier that part or all of your expenses would be pai
hu10c	You had said earlier that part or all of your health care expenses will b
hu10c_other	You had said earlier that part or all of your health care expenses
hu10d	You had said earlier that part or all of your expenses will be financed t
hu10d_other	You had said earlier that part or all of your expenses will be fina

## SECTION 6. HEALTH INSURANCE COVERAGE

hc11	Do you have health insurance?
hc11a	What types of health insurance are you covered by? Check all that apply.
hc11a_other	What other types of health insurance are you covered by?
hc11ax_1	MASM (Medical aid society of Malawi
hc11ax_2	UNIMED(University of Malawi
hc11ax_3	Metropolitan
hc11ax_4	Other
hc11b	Who else in the household is covered under your health insurance? Check a
hc11b_other	Who else in the household is covered under your health insurance?
hc11bx_1	No one else
hc11bx_2	Spouse
hc11bx_3	Children
hc11bx_4	parents
hc11bx_5	Siblings
hc11bx_6	Grand parents
hc11bx_7	Maid/house help
hc11bx_8	other

## SECTION 7. SUPPORT AND HELP RECEIVED AND PROVIDED WITHIN THE HOUSEHOLD

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
fs2	In total, how many adult members of your household age 18 and older including yourself needed care or support for any reasons during the last

	12 months
fs3_1	What is your relationship to the member of your household who needed care?
fs3_2	What is your relationship to the member of your household who needed care?
fs3_other_1	What is your relationship to the member of your household who needed
fs3_other_2	What is your relationship to the member of your household who needed
fs3a_1	Is this household member alive or dead?
fs3a_2	Is this household member alive or dead?
fs3b_1	What is the current age of this household member, in years?
fs3b_2	What is the current age of this household member, in years?
fs3c_1	Why does/did this household member need care and/or support?
fs3c_2	Why does/did this household member need care and/or support?
fs3c_other_1	Why does/did this household member need care and/or support?
fs3c_other_2	Why does/did this household member need care and/or support?
fs3cx_1_01	Financial help (cash, paying for bills, school fees)
fs3cx_1_02	Emotional help (social support, counselling)
fs3cx_1_03	Help with household chores, transportation
fs3cx_1_04	HIV/AIDS related help
fs3cx_1_05	Physical disability help
fs3cx_1_06	Old age
fs3cx_1_07	Dementia mental problems
fs3cx_1_08	Health care related help (administering medicines, applying bandages)
fs3cx_1_09	Personal help (bathing, eating, dressing)
fs3cx_1_10	Other reason (not health related)
fs3cx_2_01	Financial help (cash, paying for bills, school fees)
fs3cx_2_02	Emotional help (social support, counselling)
fs3cx_2_03	Help with household chores, transportation
fs3cx_2_04	HIV_AIDS _related help
fs3cx_2_05	Physical disability help
fs3cx_2_06	Old age
fs3cx_2_07	Dementia mental problems
fs3cx_2_08	Health care related help (administering medicines, applying bandages)
fs3cx_2_09	Personal help (bathing, eating ,dressing)
fs3cx_2_10	Other reason (not health related)
fs3d_1	Who is/was the person primarily responsible for providing this care for th
fs3d_2	Who is/was the person primarily responsible for providing this care for th
fs3e_1	Did/do you provide care or support to this person?
fs3e_2	Did/do you provide care or support to this person?
fs3f_1	Over the last 12 months, for how long have/had YOU provided care for this
fs3f_2	Over the last 12 months, for how long have/had YOU provided care for this
fs3g_1	What type of care/support do/did YOU provide to this person? Check all tha

fs3g_2	What type of care/support do/did YOU provide to this person? Check all tha
fs3g_other_1	What type of care/support do/did YOU provide to this person?
fs3g_other_2	What type of care/support do/did YOU provide to this person?
fs3gx_1_01	Financial help (cash, paying for bills, school fees)
fs3gx_1_02	Emotional help (social support, counselling)
fs3gx_1_03	Help with household chores, transportation
fs3gx_1_04	HIV/AIDS related help
fs3gx_1_05	Physical disability help
fs3gx_1_06	Old age
fs3gx_1_07	Dementia mental problems
fs3gx_1_08	Health care related help (administering medicines, applying bandages)
fs3gx_1_09	Personal help (bathing, eating, dressing)
fs3gx_1_10	Other reason (not health related)
fs3gx_2_01	Financial help (cash, paying for bills, school fees)
fs3gx_2_02	Emotional help (social support, counselling)
fs3gx_2_03	Help with household chores, transportation
fs3gx_2_04	HIV/AIDS related help
fs3gx_2_05	Physical disability help
fs3gx_2_06	Old age
fs3gx_2_07	Dementia mental problems
fs3gx_2_08	Health care related help (administering medicines, applying bandages)
fs3gx_2_09	Personal help (bathing, eating, dressing)
fs3gx_2_10	Other reason (not health related)

## SECTION 8. SUPPORT AND HELP RECEIVED AND PROVIDED OUTSIDE OF THE HOUSEHOLD

fs4	Thinking about the last 12 months has anyone from outside your household given YOU personal care or help
fs4a	Which persons from outside the household have helped you most often with p
fs4ax_01	Spouse
fs4ax_02	Son or daughter
fs4ax_03	Son or daughter-in-law
fs4ax_04	Grandchild
fs4ax_05	Father/mother
fs4ax_06	Stepfather/stepmother
fs4ax_07	Parent-in-law
fs4ax_08	Brother or sister
fs4ax_09	Brother or sister-in-law
fs4ax_10	Co-wife
fs4ax_11	Grandparent
fs4ax_12	Niece or nephew
fs4ax_13	Cousin

fs4ax_14	Stepchild
fs4ax_15	Half-brother, half-sister, step sister
fs4ax_16	Boyfriend/girlfriend
fs4ax_17	Other relatives
fs4ax_18	Friends
fs4ax_19	Neighbors
fs4ax_20	Other not related through blood or marriage
fs4b	In the last 12 months, how often altogether have YOU received such persona
fs5	In the last twelve months has anyone from outside your household given YOU
fs5a	Which persons from outside the household have provided you most often with
fs5ax_01	Spouse
fs5ax_02	Son or daughter
fs5ax_03	Son or daughter-in-law
fs5ax_04	Grandchild
fs5ax_05	Father/mother
fs5ax_06	Stepfather/stepmother
fs5ax_07	Parent in-law
fs5ax_08	Brother or sister
fs5ax_09	Brother or sister-in-law
fs5ax_10	Co-wife
fs5ax_11	Grandparent
fs5ax_12	Niece or nephew
fs5ax_13	Cousin
fs5ax_14	Stepchild
fs5ax_15	Half-brother, half-sister step sister
fs5ax_16	Boyfriend/girlfriend
fs5ax_17	Other relatives
fs5ax_18	Friends
fs5ax_19	Neighbors
fs5ax_20	Other not related through blood or marriage
fs5b	In the last 12 months, how often altogether have YOU received such practical help
fs6	In the last 12 months have YOU given anyone from outside your household per
fs6a	Which persons from outside the household have YOU helped most often with p
fs6ax_01	Spouse
fs6ax_02	Son or daughter
fs6ax_03	Son or daughter-in-law
fs6ax_04	Grandchild
fs6ax_05	Father/mother

fs6ax_06	Stepfather/stepmother
fs6ax_07	Parent in-law
fs6ax_08	Brother or sister
fs6ax_09	Brother or sister-in-law
fs6ax_10	Co-wife
fs6ax_11	Grandparent
fs6ax_12	Niece or nephew
fs6ax_13	Cousin
fs6ax_14	Stepchild
fs6ax_15	Half-brother, half-sister step sister
fs6ax_16	Boyfriend/girlfriend
fs6ax_17	Other relatives
fs6ax_18	Friends
fs6ax_19	Neighbors
fs6ax_20	Other not related through blood or marriage
fs6b	In the last 12 months, how often altogether have YOU provided such persona
fs7	In the last 12 months have YOU given anyone from outside your household nei
fs7a	Which persons from outside the household have YOU provided most often with
fs7ax_01	Spouse
fs7ax_02	Son or daughter
fs7ax_03	Son or daughter-in-law
fs7ax_04	Grandchild
fs7ax_05	Father/mother
fs7ax_06	Step-mother/step-father
fs7ax_07	Parent-in-law
fs7ax_08	Brother or sister
fs7ax_09	Brother or sister-in-law
fs7ax_10	Co-wife
fs7ax_11	Grandparent
fs7ax_12	Niece or nephew
fs7ax_13	Cousin
fs7ax_14	Step-child
fs7ax_15	Half-brother/half-sister/step-sister/step-brother
fs7ax_16	Boyfriend/girlfriends
fs7ax_17	Other relatives
fs7ax_18	Friends
fs7ax_19	Neighbors
fs7ax_20	Other not related through blood or marriage
fs7b	FS7b. In the last 12 months, how often altogether have YOU given such practical

**SECTION 9. FINANCIAL SUPPORT**

fs8	FS8. In the last 12 months have YOU received financial help from anyone outside
fs8a	FS8a. From whom living outside of your household have you received financial hel
fs8ax_01	Spouse
fs8ax_02	Son or daughter
fs8ax_03	Son or daughter-in-law
fs8ax_04	Grandchild
fs8ax_05	Father/mother
fs8ax_06	Step-mother/step-father
fs8ax_07	Parent-in-law
fs8ax_08	Brother or sister
fs8ax_09	Brother or sister-in-law
fs8ax_10	Co-wife
fs8ax_11	Grandparent
fs8ax_12	Niece or nephew
fs8ax_13	Cousin
fs8ax_14	Step-child
fs8ax_15	Half-brother/half-sister/step-sister/step-brother
fs8ax_16	Boyfriend/girlfriends
fs8ax_17	Other relatives
fs8ax_18	Friends
fs8ax_19	Neighbors
fs8ax_20	Other not related through blood or marriage
fs8b	What is the total value of financial help you received from these persons
fs8c	What was the main reason you received this financial assistance?
fs8c_other	Other. What was the main reason you received this financial assistance?
fs9	In the last 12 months have YOU given financial help to anyone from outside
fs9a	To whom living outside of your household have you given financial help dur
fs9ax_01	Spouse
fs9ax_02	Son or daughter
fs9ax_03	Son or daughter-in-law
fs9ax_04	Grandchild
fs9ax_05	Father/mother
fs9ax_06	Step-mother/step-father
fs9ax_07	Parent-in-law
fs9ax_08	Brother or sister
fs9ax_09	Brother or sister-in-law
fs9ax_10	Co-wife
fs9ax_11	Grandparent
fs9ax_12	Niece or nephew
fs9ax_13	Cousin

fs9ax_14	Step-child
fs9ax_15	Half-brother/half-sister/step-sister/step-brother
fs9ax_16	Boyfriend/girlfriends
fs9ax_17	Other relatives
fs9ax_18	Friends
fs9ax_19	Neighbors
fs9ax_20	Other not related through blood or marriage
fs9b	What is the total value of financial help you have given to this person in
fs9c	What was the main reason you have given this financial assistance?
fs9c_other	What was the main reason you have given this financial assistance?
<b>SECTION 10. CAREGIVING TO CHILDREN IN THE HOUSEHOLD</b>	
fs10	Have you provided care for any child under age 18 or under living in your
fs11a	In total, to how many children under age 18 living in your household have
fs11b	In total, to how many own children under age 18 living in your household
fs12a_1	What is this child's relationship to you?
fs12a_2	What is this child's relationship to you?
fs12a_3	What is this child's relationship to you?
fs12a_other_1	What is this child's relationship to you?
fs12a_other_2	What is this child's relationship to you?
fs12a_other_3	What is this child's relationship to you?
fs12b_1	is this child alive or dead?
fs12b_2	is this child alive or dead?
fs12b_3	is this child alive or dead?
fs12c_1	Are the parents of this child alive, ill, dead or absent for other reason
fs12c_2	Are the parents of this child alive, ill, dead or absent for other reason
fs12c_3	Are the parents of this child alive, ill, dead or absent for other reason
fs12c_1_1	Both parents alive
fs12c_1_2	Both parents alive
fs12c_1_3	Both parents alive
fs12c_2_1	Mother dead
fs12c_2_2	Mother dead
fs12c_2_3	Mother dead
fs12c_3_1	Mother ill, HIV/AIDS related
fs12c_3_2	Mother ill, HIV/AIDS related
fs12c_3_3	Mother ill, HIV/AIDS related
fs12c_4_1	Mother ill, other health reason
fs12c_4_2	Mother ill, other health reason
fs12c_4_3	Mother ill, other health reason
fs12c_5_1	Mother absent
fs12c_5_2	Mother absent
fs12c_5_3	Mother absent
fs12c_6_1	Father dead

fs12c_6_2	Father dead
fs12c_6_3	Father dead
fs12c_7_1	Father ill, HIV/AIDS related
fs12c_7_2	Father ill, HIV/AIDS related
fs12c_7_3	Father ill, HIV/AIDS related
fs12c_8_1	Father ill, other health reasons
fs12c_8_2	Father ill, other health reasons
fs12c_8_3	Father ill, other health reasons
fs12c_9_1	Father absent
fs12c_9_2	Father absent
fs12c_9_3	Father absent
fs12d_1	What type of care did you provide to this child?
fs12d_2	What type of care did you provide to this child?
fs12d_3	What type of care did you provide to this child?
fs12d_1_1	Financial help (cash, paying for bills, school fees)
fs12d_1_2	Financial help (cash, paying for bills, school fees)
fs12d_1_3	Financial help (cash, paying for bills, school fees)
fs12d_2_1	Physical help with household chores, transportation
fs12d_2_2	Physical help with household chores, transportation
fs12d_2_3	Physical help with household chores, transportation
fs12d_3_1	Emotional help
fs12d_3_2	Emotional help
fs12d_3_3	Emotional help
fs12d_4_1	Health care related help
fs12d_4_2	Health care related help
fs12d_4_3	Health care related help
fs12d_5_1	Personal help (bathing, eating ...)
fs12d_5_2	Personal help (bathing, eating ...)
fs12d_5_3	Personal help (bathing, eating ...)
fs12d_6_1	Other
fs12d_6_2	Other
fs12d_6_3	Other
fs12e_1	For how long did/have you provided care to this child in the last 12 month
fs12e_2	For how long did/have you provided care to this child in the last 12 month
fs12e_3	For how long did/have you provided care to this child in the last 12 month

## SECTION 11. EMPLOYMENT STATUS

emp1	Which of this best describes your current work/employment situation? Check
emp1_other	Which of this best describes your current employment situation?
emp1x_01	Employee for public or private with fixed salary
emp1x_02	Employee for public or private employer working for commission
emp1x_03	Self-employed
emp1x_04	Employer/Boss



emp1x_05	Farmer (Mlimi)
emp1x_06	Doing ganyu
emp1x_07	Family worker without pay
emp1x_08	Non-family worker without pay
emp1x_09	Home worker
emp1x_10	Never worked before
emp1x_11	Permanently sick or disabled
emp1x_12	Currently not working, but lookinf for work
emp1x_13	Currently don't work and don't look for work
emp1x_14	Retired
emp1x_15	Other
emp2	Where do you work? Please refer to your main job that is the job where you
emp2_other	Where do you work? Please refer to your main job that is the job whe
emp3a	EMP3a. Usually, which days of the week do you dedicate to your current primary j
emp3ax_1	Monday
emp3ax_2	Tuesday
emp3ax_3	Wednesday
emp3ax_4	Thursday
emp3ax_5	Friday
emp3ax_6	Saturday
emp3ax_7	Sunday
emp3b_1	Hours worked on Monday
emp3b_2	Hours worked on Tuesday
emp3b_3	Hours worked on Wednesday
emp3b_4	Hours worked on Thursday
emp3b_5	Hours worked on Friday
emp3b_6	Hours worked on Saturday
emp3b_7	Hours worked on Sunday
emp4	EMP4. How do you get paid in your current job/work? Read responses.
emp5	EMP5. In the last week, did you have any secondary job/activity from which you o
<b>SECTION 11A. EMPLOYMENT AND WORK IN AGGRICULTURE</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 month
aw1x_1	Yes, for self-consumption
aw1x_2	Yes, to sell produce
aw1x_3	Yes, employee/laborer on somebody' else's land
aw1x_4	No
aw2	Did you get paid for your agricultural work in the past 12 months?
aw3_1	Months paid work
aw3_2	Months unpaid work

aw4	How many days per week on average did you do agricultural work during the l
aw5	Do you earn non-agricultural wage or wage from self-employment?
<b>SECTION 12. RETIREMENT BENEFITS AND PERSIONS</b>	
rp1	Are you retired?
rp2	In what year did you retire?
rp3	What pension did you retire on?
rp3_other	Other retirement funding
rp3x_1	Full pension
rp3x_2	Reduced pension
rp3x_3	Gratuity paid once only
rp3x_4	Personal savings
rp3x_5	Disability grant/disability pension
rp3x_6	None of the above
rp3x_7	Other
rp4_1	Full pension
rp4_2	Reduced pension
rp4_3	Gratuity paid once only
rp4_4	Personal savings
rp4_5	Disability grant/disability pension
rp4_6	None of the above
rp4_7	Other
rp5_1	Public service pension scheme
rp5_2	Occupational mandatory pension
rp5_3	Private pensions
rp5_4	Private health insurance
rp5_5	Life insurance
rp5_6	Other
rp5_other	Which other benefits do /did you receive?
rp6	Do you plan to retire?
rp6_2	Age at retirement?
rp6_3	Years until retirement
<b>SECTION 12A. ACCESS TO SOCAIL PROGRAMMES AND BENEFITS</b>	
sp1	In the past 12 months, did you receive any of the following social benefits
sp1_other	In the past 12 months, did you receive any of the following social be
sp1x_1	Food
sp1x_2	Household items
sp1x_3	Clothing/shoes
sp1x_4	Money
sp1x_5	Other
sp1x_6	Not received any of these
sp2	In the past 12 months, did you benefit from any Social Cash Transfer Program

sp2a	In which Social Cash Transfer Program did you participate in the past 12 m
sp2a_other	In which Social Cash Transfer Program did you participate in the pas
sp2ax_1	Malawi Social Cash Transfer Program
sp2ax_2	Emergency Cash Transfer Program
sp2ax_3	Other
sp2b1	What was the reason for you to be included in the Malawi Social Cash Tran
sp2b1_other	What was the reason for you to be included in the Malawi Social Cash
sp2b2	What was the reason for you to be included in the Emergency Cash Transfer
sp2b2_other	What was the other reason for you to be included in the Emergency C
sp2b3	What was the reason for you to be included in the other Social Cash Trans
sp2b3_other	What was the other reason for you to be included in the other Social
sp3	In the past 12 months, did you participate in the Public Works Programs (PW
sp3a	In which Public Works Program (PWP) did YOU participate?
sp3a_other	In which Public Works Program (PWP) did YOU participate?
sp4	In the past 12 months, did you participate in any other social benefits pro
sp4a	In which other social benefits program did you participate in the past 12
<b>SECTION 13. ABUSE OF OLDER PEOPLE</b>	
ea1	Have you relied on people for any of the following: bathing, dressing, shop
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 ashamed 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
ea6	EA6. In the past 12 months, has anyone ever Taken things away or threatened to
ea7	In the past 12 months, has anyone ever Abandoned or threatened to abandon you
ea8	In the past 12 months, has anyone ever Harmed or threatened to harm someone
ea9	In the past 12 months, has anyone ever Used non-verbal behavior such as shaking a fist, pushing, poking, or slapping, to threaten or scare you
ea10	In the past 12 months, has anyone ever Manipulated you by withholding affection and love
ea11	In the past 12 months, has anyone ever Behaved in ways that frighten or in
ea12	In the past 12 months, has anyone ever Confined you against your will?
ea13	In the past 12 months, has anyone ever Prevented you from contacting family
ea14	In the past 12 months, has anyone ever Kept things from you or lied about
ea15	In the past 12 months, has anyone ever Called you unkind names or put you

ea16	In the past 12 months, has anyone ever Accused you of being a witch or using
ea17	In the past 12 months, has anyone ever Felt entitled to use your money for
<b>SECTION 14. SOCAIL LIFE AND LONELINESS</b>	
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?
sl6a0	Time period for funerals
sl6a	A funeral
sl6b0	Time period for drama performances
sl6b	A drama performance
sl6c0	Time period for beer places
sl6c	A beer place
sl6d0	Time period for dance places
sl6d	A place where people dance
sl6e0	Time period for markets
sl6e	A market
sl6f0	Time period for weddings
sl6f	A wedding
sl6g0	Time period for political meetings
sl6g	A political meeting
sl6h0	Time period for churches/mosques
sl6h	A church/mosque/place for religious gatherings/prayer room
sl7a0	Time period for members of the District Assembly
sl7a	A member of the District Assembly
sl7b0	Time period for the traditional authority
sl7b	The traditional authority
sl7c0	Time period for the village headman
sl7c	The village headman
sl7d0	Time period for members of Parliament
sl7d	Member(s) of Parliament
sl7e0	Time period for councilors
sl7e	A councilor
sl7f0	Time period for police
sl7f	Police
sl7g0	Time period for other
sl7g	Other (specify)
sl7g_other	Other (specify)?
individual_interview_re sult	Individual interview result
hweight	adjusted household weight

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