

**THE CONSEQUENCES OF HIGH MORBIDITY AND MORTALITY IN MALAWI, 2009**  
**BIOMARKER COLLECTION QUESTIONNAIRE- ENGLISH/CHEWA**

Date of interview	Day	Month
Time started	Hour	Minute
Interviewer name		
Interviewer number		

**RESPONDENT'S IDENTIFICATION**

Respondent's name \_\_\_\_\_ Respondent ID [\_\_\_\_\_]

Village name \_\_\_\_\_ Village Number [\_\_|\_\_]

Headman's name \_\_\_\_\_

Head of compound \_\_\_\_\_

Respondent's other names/nicknames \_\_\_\_\_

Respondent's level of education (circle and fill in level): (0) No school (1) Primary- Level\_\_\_\_ (2) Secondary- Level\_\_\_\_ (3) Higher

Respondent's birthplace (District and Village) \_\_\_\_\_

Respondent's father's name \_\_\_\_\_

Respondent's age (estimate if respondent doesn't know) [\_\_|\_\_] Check if age was estimated by interviewer [\_\_]

Respondent's marital status 1.....MARRIED 33.....NEVER MARRIED 44.....SEPARATED 55.....DIVORCED 66.....WIDOWED

Spouse's name \_\_\_\_\_ # living children \_\_\_\_\_

Spouse's other names/nicknames \_\_\_\_\_

Spouse's birthplace (District and village) \_\_\_\_\_

Spouse's level of education (circle and fill in level): (0) No school (1) Primary- Level\_\_\_\_ (2) Secondary- Level\_\_\_\_ (3) Higher

- E5 Kodi munyumba mwanu mumagona anthu angati nthawi zambiri?**  
 How many people usually sleep in your household? Number [\_\_\_\_\_]
- E6 Kodi mwagona anthu angati munyumba mwanu usiku watha?**  
 How many people slept in your household last night? Number [\_\_\_\_\_]

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

**First I'm going to ask you some questions about your family and household members, and their health status.**

- Interviewer: In question Q2:  1. List the respondent  
 2. List name of spouse(s) of respondent. If respondent is not currently married, list name of most recently deceased or divorced spouse (For polygamous: list all wives)  
 3. List name of respondent's parents (list names even if parents are deceased)  
 4. List the names of all children of the respondent (children ever born; include children who are no longer alive or do not live in respondent's household)  
 5. List the names of all other persons who slept in this household last night  
 6. List the names of all other persons who usually sleep in this household, but did not last night

After listing of names, ask questions H1-H8 Line by Line. If a person is reported DEAD, strike out the remainder of the line for this person and do not ask H1-H8

H1	H2	H3	H4	H5	H6	H7	H8	H9	H10
<b>Name</b>	Relationship to respondent  1 = Respondent 2 = Wife/husband 3 = Son/daughter 4 = Father/mother 5 = Grandchild 6 = Grandparent 7 = Mother/father-in-law 8 = Son/daughter-in-law 9 = Brother/sister-in-law 10 = Paternal aunt/uncle 11 = Maternal aunt/uncle 12 = Sister/brother 13 = Cousin 14 = Nephew/niece 15 = Step-child/half-brother/sister 16 = Co-wife 17 = Boyfriend/Girlfriend, including PTM 18 = Other not related through blood or marriage (friends) 19 = Step-mother/father 99 = Don't know	How old is (name)?K  OR, in what year was (name) born?  Circle age or birth year DK = 9999  If under 1 year, then age = 0	In general, how would you rate (name's) health?  1=Excellent 2=Very Good 3=Good 4=Fair 5=Poor	Has (name) been sick during the last month?  0=No (skip to H7) 1=Yes	What made (name) sick in the last month? (Please read and mark all that apply)  1=Fever 2=Chest pain 3=Diarrhea 4=Abdominal pains 5= Skin irritation or discoloration 6=Cough 7=Vomiting 8=Sneezing 9=Chills 10=Fatigue 11=Other (specify below) 99=Do not know  More than one answer is possible	Has (name) been ill for more than three months in past two years?  0=No (skip to H9) 1=Yes	What illness(es) did (name) suffer from in past two years?  1=Fever 2=Chest pain 3=Diarrhea 4=Abdominal pains 5= Skin irritation or discoloration 6=Cough 7=Vomiting 8=Sneezing 9=Chills 10=Fatigue 11=Other (specify below) 99=Do not know  More than one answer is possible	For (name's) last illness, did he or she seek medical care?  0=No (skip to C1) 1=Yes	Has a doctor or medical personnel ever told (name) that (name) has any of the following diseases in the past two years?  More than one answer is possible 1=Malaria 2=An STI 3=TB 4=Asthma 5=Bronchitis 6=Diarrhea 7=Measles 8=Anemia 9= Diphtheria 10=A skin infection 11=Depressive disorder 12=Pneumonia 13=HIV/AIDS 14=High blood pressure 15=Diabetes 16=Eye infection 17=Ear infection 18=Mouth infection 20=Schistosomiasis 21=Other (specify below) 99=Do not know
1 (resp)		AGE B-YEAR							
2		AGE B-YEAR							
3		AGE B-YEAR							
4		AGE B-YEAR							
5		AGE B-YEAR							
6		AGE B-YEAR							
7		AGE B-YEAR							
8		AGE B-YEAR							

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9		AGE B-YEAR							
10		AGE B-YEAR							
11		AGE B-YEAR							
12		AGE B-YEAR							
13		AGE B-YEAR							
14		AGE B-YEAR							
15		AGE B-YEAR							
16		AGE B-YEAR							
17		AGE B-YEAR							
18		AGE B-YEAR							
19		AGE B-YEAR							

### Household Characteristics

<b>C1</b>	<p>From which of the following sources did you get drinking water over the past year?</p> <p><u>Interviewer note: rank the top three most frequent water source for the respondent</u></p>	<p>Write "1", "2", or "3" in the space below</p> <p>_____ Piped water</p> <p>_____ Open well</p> <p>_____ Covered well or bore hole</p> <p>_____ River/stream or spring</p> <p>_____ Pond/lake or dam</p> <p>_____ Rainwater</p> <p>_____ Other (_____)</p>
<b>C2</b>	Does your household cook outside or in a kitchen?	<p>1 Outside</p> <p>2 Kitchen</p> <p>3 Other (_____)</p>
<b>C3</b>	Does your household use any pesticide/insecticide for the crops produced by your household?	<p>1 Yes</p> <p>0 No</p>
<b>Fertility</b>		
<b>F1</b>	Are you currently pregnant (or is wife currently pregnant, if male)?	<p>1 Yes</p> <p>0 No-----skip to X</p>
<b>F2</b>	How many months pregnant are you (or your wife, if male)?	_____ Months
<b>F3</b>	In what year and month was your most recent child born?	<p>_____ Year</p> <p>_____ Month</p>
<b>Diet/Nutrition</b>		
<b>D1</b>	When was the last time today that you ate?	<p>_____ Time</p> <p>0 Not yet eaten</p>
<b>D2</b>	In total, how many times yesterday during the day or at night did you drink any liquid (such as water, milk or fruit juice)?	<p>_____ Number of times</p> <p>0 Did not drink anything yet</p>
<b>D3</b>	<p>In total, how many times yesterday during the day or at night did you eat any of the following items?</p> <p>1. Bread, scone, maize meal (ngaiwa), maize flower (ufawoyera), millet, rice, sorghum, or any other grain?</p> <p>_____</p> <p>2. Pumpkin, cassava, yam, squash, carrots, potato?</p> <p>_____</p> <p>3. Dark leafy vegetables such as kale, rape, chinese cabbage?</p> <p>_____</p> <p>4. Other fruits or vegetables?</p> <p>_____</p> <p>5. Meat, poultry, fish, insects, rodents, or eggs?</p> <p>_____</p>	<p>Number of times</p>

	6. Legumes, such as beans, soya, groundnuts, pigeon peas?	_____
	7. Cheese, milk or yoghurt?	_____
	8. Oil, fat, margarine or butter?	_____
	9. Beer or kachasu	_____
	10. Other _____	_____
<b>General Health</b>		
<b>G1</b>	How would you compare your health with others in your village of the same age and sex?  <b>Interviewer training note: others in village do not have to be of the exact same age as respondent, only approximate age.</b>	1 Much better 2 Better 3 Same 4 Worse 5 Much worse
<b>G2</b>	How would you compare your health with other adults who are living in the same household as you?	1 Much better 2 Better 3 Same 4 Worse 5 Much worse 0 No other adults in HH
<b>G3</b>	Do you often suffer from physical pain?	1 Yes 0 No
<b>G4</b>	How severe is the pain the majority of the time?	1 Mild 2 Moderate 3 Severe
<b>G5</b>	How severe is the pain when it is at its worst?	1 Mild 2 Moderate 3 Severe
<b>G6</b>	Does this pain limit your usual activities such as household chores or your job?	1 Yes 0 No
<b>G7</b>	During the last two years have you had any of the following problems?	
	1. Frequent swelling in your feet or ankles (at end of the day)	1 Yes inde 0 No
	2. Difficulty breathing while lying down	1 Yes 0 No
	3. Fainting spells or vertigo	1 Yes 0 No

	4. Intense thirst	1 Yes 0 No
	5. Severe fatigue or exhaustion	1 Yes 0 No
	6. Wheezing or cough, bringing up phlegm	1 Yes 0 No
	7. Pain in lower limbs while (or after) walking	1 Yes 0 No
	8. Stomach pain, indigestion, diarrhea	1 Yes 0 No
	9. Involuntary loss of urine	1 Yes 0 No
	10. Pain or burning while urinating	1 Yes 0 No
	11. Bleeding when urinating or defecating	1 Yes 0 No
<b>G8</b>	Tobacco smoking: would you say that:	1 You smoke now 2 You used to smoke but don't now 0 You've never smoked (skip to M1)
<b>G9</b>	When you were smoking, approximately how many cigarettes per day did you smoke? _____	Number
<b>Malaria</b>		
<b>M1</b>	Does your household have any mosquito nets that are used while sleeping?	1 Yes 0 No
<b>M2</b>	How many mosquito nets does your household have? _____	Number
<b>M3</b>	Are the mosquito nets treated with insecticide?	1 Yes, all are treated 2 Yes, some are treated 0 No, none are treated
<b>M4</b>	How many people in your household usually sleep under a mosquito net? _____	Number
<b>M5</b>	Do you yourself usually sleep under a mosquito net?	1 Yes 0 No

**Thank you for your cooperation!**

	Hour	Minute
Time finished		