

## SURVEY OF HEALTH STATUS OF WORKERS OF INDUSTRIAL ZONES

| A  | GENERAL INFORMATION                                       |  |
|----|---|--|
| A1 | The name of the company you are currently working at      | .....  |
| A3 | Year of birth?  | .....  |
| A4 | What is your gender?                                      | Male 1<br>Female 2   |
| A5 | What is your highest educational level?                   | Do not go to school 1<br>Primary school 2<br>Junior high school 3<br>High school 4<br>Intermediate, college, vocational training 5<br>University 6<br>Post-graduated 7 |
| A6 | What is your marital status?                              | Single 1<br>Live with spouse 2<br>Living as a spouse, unmarried 3<br>Divorced / Separated 4<br>Widow 5   |
| A7 | How many children do you have?                            | ..... children   |
| A8 | Are you a immigrants?                                     | Local people 1<br>Immigrant 2  |
| A9 | For the past 1 year, your average monthly personal income | .....VND   |
| B  | WORKING STATUS  |  |
| B1 | How long have you worked in here                          | ..... Year<br>..... month  |
| B2 | How many working hours per day?                           | ..... Hour   |

| C  | HEALTH STATUS   |  |
|----|---|--|
| C1 | <b>DO you have any health problems (illnesses or symptoms)? (Choose multiple answers)</b><br><div style="text-align: right; margin-top: 10px;">                     High blood pressure 1<br/>                     Heart 2<br/>                     Diabetes 3<br/>                     Asthma 4<br/>                     Stomach / digestive 5<br/>                     Chronic obstructive pulmonary 6<br/>                     Allergy 7<br/>                     Dermatology 8<br/>                     Ear / hearing diseases 9<br/>                     Lumbar spine pain / Cervical spine pain 10<br/>                     Osteoarthritis pain 11<br/>                     Headache 12<br/>                     Shortness of breath 13<br/>                     Other:..... 14<br/>                     There is no disease / disability 99                 </div> |  |
| C2 | Recently, how often do you drink alcohol?   | Never 1<br>Monthly 2<br>Weekly 3<br>2-3 times per week 4<br>> = 4 times per week 5 |
| C3 | Normally, how many cups / glass do you usually drink each time?   | .....cup/glass   |
| C4 | How often do you drink 6 or more cups of alcohol?   | Never 1<br>Every few months 2  |

|           |   |                         |             |
|-----------|---|-------------------------|-------------|
|           |   | <b>Monthly</b>          | 3           |
|           |   | <b>Weekly</b>           | 4           |
|           |   | <b>Daily</b>            | 5           |
| <b>C5</b> | <b>Have you ever smoked a total of 100 cigarettes or more? (100 cigarettes = 5 packs of cigarettes) ?</b>                                 | <b>Yes</b>              | 1           |
|           |   | <b>Is not</b>           | 2           |
|           |   | <b>Do not know</b>      | 99          |
| <b>C6</b> | <b>In the past 30 days, did you smoke?</b>  | <b>Yes</b>              | 1           |
|           |   | <b>No</b>               | 2           |
| <b>C7</b> | <b>In the last 12 months, how many partners did you have sex with (your spouse / lover / partner) paid / your partner received money?</b> |                         | .....people |
|           |   | <b>Do not remmember</b> | 98          |
|           |   | <b>Do not have sex</b>  | 99          |

|           |  |                       |    |
|-----------|--|-----------------------|----|
| <b>D</b>  | <b><u>HEALTH SERVICE UTILIZATION</u></b>   |                       |    |
| <b>D1</b> | <b>In the past 12 months, did you or do you have regular checkups?</b>                             | <b>Yes</b>            | 1  |
|           |  | <b>No</b>             | 2  |
| <b>D2</b> | <b>In the past 12 months, have you ever used counseling and reproductive health care services?</b> | <b>Yes</b>            | 1  |
|           |  | <b>No</b>             | 2  |
| <b>D3</b> | <b>How do you usually access health information? (Choose multiple answers)</b>                     |                       |    |
|           |  | Friends / relatives   | 1  |
|           |  | Posters / banner      | 2  |
|           |  | Internet              | 3  |
|           |  | Text message          | 4  |
|           |  | Radio and television  | 5  |
|           |  | Loudspeaker           | 6  |
|           |  | Newspapers, books     | 7  |
|           |  | Medical staff         | 8  |
|           |  | Social Network        | 9  |
|           |  | Other (specify) ..... | 10 |

|           |  |  |   |
|-----------|--|--|---|
| <b>E</b>  | <b><u>KNOWLEDGE</u></b>  |  |   |
| <b>E1</b> | <b>What causes breast cancer? (Choose multiple answers)</b>                      | <b>Do not breastfeed</b>   | 1 |
|           |  | <b>Genetic</b>   | 2 |
|           |  | <b>Pollution of dust and chemicals</b>                                 | 3 |
|           |  | <b>Smoke</b>   | 4 |
|           |  | <b>Blocked breast milk</b>   | 5 |
|           |  | <b>Unknown / Unknown</b>   | 6 |
| <b>E2</b> | <b>What are the warning signs of breast cancer? (Choose multiple answers)</b>    | <b>Feeling a lump in the breast</b>                                    | 1 |
|           |  | <b>Breast enlargement or changes in breast shape</b>                   | 2 |
|           |  | <b>Swollen lymph nodes</b>   | 3 |
|           |  | <b>One of the nipples is dimpled or shaggy</b>                         | 4 |
|           |  | <b>Skin of the breast is thicker, wrinkled</b>                         | 5 |
|           |  | <b>or change color, grainy like orange peel</b>                        | 6 |
|           |  | <b>Pus oozing from the nipple</b>                                      | 7 |
|           |  | <b>Unknown / Unknown</b>   | 8 |
| <b>E3</b> | <b>What are the breast cancer prevention measures? (Choose multiple answers)</b> | <b>Screening and diagnosis of breast cancer early and periodically</b> | 1 |
|           |  | <b>Grow kids by mom milk</b>   | 2 |
|           |  | <b>Diet</b>  | 3 |
|           |  | <b>Exercise regularly</b>  | 4 |
|           |  | <b>Do not drink alcohol</b>  | 5 |
|           |  | <b>No smoking</b>  | 6 |
|           |  | <b>Unknown / Unknown</b>   | 7 |
| <b>E4</b> | <b>What causes cervical cancer? (Choose multiple answers)</b>                    |  |   |

|           |   |                                 |
|-----------|---|---------------------------------|
|           | Inflammation of the genital tract<br>Having sex with many people<br>Having sex early<br>Spawning a lot<br>Smoke<br>Unknown / Unknown  | 1<br>2<br>3<br>4<br>5<br>6      |
| <b>E5</b> | <b>Signs of cervical cancer? (Choose multiple answers)</b><br>Vaginal bleeding after sex<br>Any bleeding between menstrual periods<br>Vaginal discharge<br>Pain during sex<br>Pelvic pain,<br>Heavy bleeding during menstruation<br>Unknown / Unknown   | 1<br>2<br>3<br>4<br>5<br>6<br>7 |
| <b>E6</b> | <b>Measures to prevent cervical cancer? (Choose multiple answers)</b><br>Periodic gynecological examination and treatment of gynecological diseases (if any)<br>Vaccination<br>Do not have sex with many people<br>Do not have sex early<br>Other:.....<br>Not preventable<br>Unknown / Unknown | 1<br>2<br>3<br>4<br>5<br>6<br>7 |

**PLEASE THANK YOU FOR YOUR PARTICIPATION!**