



<Viet Nam - 2015>

## Step 1

Alcohol Consumption		
You have just answered some questions on tobacco use and policies. The next questions ask about the consumption of alcohol.		
Question	Response	Code
Have you ever consumed any alcohol such as beer, wine, or spirits?  [USE SHOWCARD OR SHOW EXAMPLES]	YES 1  NO 2 If No, go to A16	A1
Have you consumed any alcohol within the past 12 months?	YES 1 If Yes, go to A4 NO 2	A2
Have you stopped drinking due to health reasons, such as a negative impact on your health or on the advice of your doctor or other health worker?	YES 1 If Yes, go to <u>A16D1</u> NO 2 If No, go to <u>A16D1</u>	A3
During the past 12 months, how frequently have you had at least one standard alcoholic drink?  [READ RESPONSES, USE SHOWCARD:]	Daily 1 5-6 days per week 2 3-4 days per week 3 1-2 days per week 4 1-3 days per month 5 Less than once a month 6 Less than 1 standard drink 7	A4
Have you consumed any alcohol within the past 30 days?  Yes No	YES 1 NO 2 If No, go to A13	A5
During the past 30 days, on how many occasions did you have at least one standard alcoholic drink? [USE SHOWCARD]	Number Don't know 777 <u>    </u> <u>    </u> <u>    </u> If "0", go to A13	A6
During the past 30 days, when you drank alcohol, how many standard drinks on average did you have during one drinking occasion? [USE SHOWCARD]	Number Don't know 77 <u>    </u> <u>    </u>	A7
During the past 30 days, what was the largest number of standard drinks you had on a single occasion, counting all types of alcoholic drinks together?	Largest number Don't Know 77 <u>    </u> <u>    </u>	A8
During the past 30 days, how many times did you have six or more standard drinks in a single drinking occasion?	Number of times Don't Know 77 <u>    </u> <u>    </u>	A9
During the past 30 days, did you drive motorized vehicles within 2 hours after drinking?	YES 1 NO 2 Go to XA10	XA9A
During the past 30 days, did you drive motorized vehicles right after drinking more than 2 standard drinks?	YES 1 No 2	XA9B
During each of the <b>past 7 days</b> , how many standard drinks	Monday <u>    </u> <u>    </u>	A10a

did you have each day?	Tuesday <input type="text"/>	A10b
[USE SHOWCARD]	Wednesday <input type="text"/>	A10c
[IF DON'T KNOW, ENTER 77  IF REFUSED, ENTER 99]	Thursday <input type="text"/>	A10d
	Friday <input type="text"/>	A10e
	Saturday <input type="text"/>	A10f
	Sunday <input type="text"/>	A10g

Alcohol Consumption, continued		
I have just asked you about your consumption of alcohol during the past 7 days. Now I would like to ask you about the consumption of each kind of alcohol including beer, home brewed spirits, factory produced spirit, factory produced wine (including Champaign and fruit wine).		
Question	Response	Code
In total <b>how many standard drinks</b> of home brewed spirits (rice spirit, casava spirit, herbal medicine alcohol) did you consume <b>during the past 7 days?</b> [USE SHOWCARD]	Number of Standard Drinks <input type="text"/> Don't Know 77	A12a
In total <b>how many standard drinks</b> of beer did you consume <b>during the past 7 days?</b> [USE SHOWCARD]	Number of Standard Drinks <input type="text"/> Don't Know 77	XA12b
In total <b>how many standard drinks</b> of factory produced spirits (vodka, whisky) did you consume <b>during the past 7 days?</b> [USE SHOWCARD]	Number of Standard Drinks <input type="text"/> Don't Know 77	XA12c
In total <b>how many standard drinks</b> of factory produced wine (including Champaign and fruit wine) did you consume <b>during the past 7 days?</b> [USE SHOWCARD]	Number of Standard Drinks <input type="text"/> Don't Know 77	XA12d

Alcohol Consumption		
During the <b>past 12 months</b> , how often have you found that you were not able to stop drinking once you had started?	Daily or almost daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5	A13
During the past 12 months, how often have you failed to do what was normally expected from you because of drinking?	Daily or almost daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5	A14
During the past 12 months, how often have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Daily or almost daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5	A15

During the past 12 months, have you had family problems or problems with your partner due to someone else's drinking?	Yes, more than monthly	1	A16
	Yes, monthly	2	
	Yes, several times but less than monthly	3	
	Yes, once or twice	4	
	No	5	

Diet		
The next questions ask about the fruits and vegetables that you usually eat. I have a nutrition card here that shows you some examples of local fruits and vegetables. Each picture represents the size of a serving. As you answer these questions please think of a typical week in the last year.		
Question	Response	Code
In a typical week, on how many days do you eat fruit?	Number of days <input type="text"/> <input type="text"/> <input type="text"/> If Zero days, go to D3 Don't Know 77	D1
How many servings of fruit do you eat on one of those days? [USE SHOWCARD TO EXPLAIN ABOUT THE SIZE OF SERVINGS OF DIFFERENT FRUITS]	Number of servings <input type="text"/> <input type="text"/> <input type="text"/> Don't Know 77	D2
In a typical week, on how many days do you eat vegetables? [USE SHOWCARD]	Number of days <input type="text"/> <input type="text"/> <input type="text"/> If Zero days, go to D5 Don't Know 77	D3
How many servings of vegetables do you eat on one of those days? [USE SHOWCARD TO EXPLAIN ABOUT THE SIZE OF SERVINGS OF DIFFERENT VEGETABLES]	Number of servings <input type="text"/> <input type="text"/> <input type="text"/> Don't know 77	D4
Dietary salt		
With the next questions, we would like to learn more about salt in your diet. Dietary salt includes ordinary table salt, unrefined salt such as sea salt, iodized salt, salty stock cubes and powders, and salty sauces such as soya sauce or fish sauce (see show card). The following questions are on adding salt to the food right before you eat it, on how food is prepared in your home, on eating processed foods that are high in salt such as instant noodle, and questions on controlling your salt intake. Please answer the questions even if you consider yourself to eat a diet low in salt.		
How often do you add salt or a salty sauce such as soya sauce to your food right before you eat it or as you are eating it? [USE SHOWCARD]	Always (every meal) 1 Often (most meals) 2 Sometimes 3 Rarely 4 Never 5 Don't know 77	D5
How often is salt, salty seasoning or a salty sauce added in cooking or preparing foods in your household?	Always (every meal) 1 Often (most meals) 2 Sometimes 3 Rarely 4 Never 5 Don't know 77	D6
How often do you eat processed food high in salt? By processed food high in salt, I mean foods that have been altered from their natural state, such as salted vegetables, salted eggplants, instant noodles, packaged salty snacks, canned salty food including pickles and preserves, salty food prepared at a fast food restaurant, cheese, bacon and processed meat? [USE SHOWCARD]	Always (every meal) 1 Often (most meals) 2 Sometimes 3 Rarely 4 Never 5 Don't know 77	D7
How much salt or salty sauce do you think you consume?	Far too much 1 Too much 2 Just the right amount 3	D8

	Too little 4	
	Far too little 5	
	Don't know 77	

Diet, continued		
Question	Response	Code
Do you think that too much salt or salty sauce in your diet could cause a health problem?	Yes 1 No 2 Go to D11a Don't know 77	D10
Do you think that too much salt or salty sauce in your diet can cause the following diseases?		
Hypertension	YES 1	XD10a
	NO 2	
	DON'T KNOW 77	
Strokes	YES 1	XD10b
	NO 2	
	DON'T KNOW 77	
Heart attack	YES 1	XD10c
	NO 2	
	DON'T KNOW 77	
Stomach cancer	YES 1	XD10d
	NO 2	
	DON'T KNOW 77	
Do you do any of the following on a regular basis to control your salt intake?		
Limit consumption of processed foods	YES 1 NO 2	D11a
Put less salt when cooking	YES 1 NO 2 I USUALLY DON'T COOK 3	XD11e1
Restrict adding salt on the table (dipping food to salt and/or adding salt to food)	YES 1 NO 2	XD11e2
Restrict eating of salty foods as stew, fry	YES 1 NO 2 Go to D12	XD11e3
The next questions ask about the oil or fat that is most often used for meal preparation in your household, and about meals that you eat outside a home.		
What type of oil or fat is most often used for meal preparation in your household?  [USE SHOWCARD] [SELECT ONLY ONE]	Vegetable oil 1 Lard or suet 2 Butter or ghee 3 Margarine 4  None in particular 6 None 7  Don't know 77	D12
On average, how many meals per week do you eat that were not prepared at a home? By meal, I mean breakfast, lunch and dinner.	Number Don't know 77	D13

Physical Activity		
<p>Next I am going to ask you about the time you spend doing different types of physical activity in a typical week. Please answer these questions even if you do not consider yourself to be a physically active person.</p> <p>Think first about the time you spend doing work. Think of work as the things that you have to do such as paid or unpaid work, study/training, household chores, harvesting food/crops, fishing or hunting for food, seeking employment. In answering the following questions 'vigorous-intensity activities' are activities that require hard physical effort and cause large increases in breathing or heart rate, 'moderate-intensity activities' are activities that require moderate physical effort and cause small increases in breathing or heart rate.</p>		
Question	Response	Code
Work		
Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate like carrying or lifting heavy loads, digging or construction work for at least 10 minutes continuously? [USE SHOWCARD]	<p>YES 1</p> <p>NO 2 If No, go to P 4</p>	P1
In a typical week, on how many days do you do vigorous-intensity activities as part of your work?	Number of days <input type="text"/>	P2
How much time do you spend doing vigorous-intensity activities at work on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P3 (a-b)
Does your work involve moderate-intensity activity, that causes small increases in breathing or heart rate such as brisk walking or carrying light loads for at least 10 minutes continuously? [USE SHOWCARD]	<p>YES 1</p> <p>NO 2 If No, go to P 7</p>	P4
In a typical week, on how many days do you do moderate-intensity activities as part of your work?	Number of days <input type="text"/>	P5
How much time do you spend doing moderate-intensity activities at work on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P6 (a-b)
Travel to and from places		
<p>The next questions exclude the physical activities at work that you have already mentioned.</p> <p>Now I would like to ask you about the usual way you travel to and from places. For example to work, for shopping, to market, to place of worship.</p>		
Do you walk or use a bicycle (pedal cycle) for at least 10 minutes continuously to get to and from places?	<p>YES 1</p> <p>NO 2 If No, go to P 10</p>	P7
In a typical week, on how many days do you walk or bicycle for at least 10 minutes continuously to get to and from places?	Number of days <input type="text"/>	P8
How much time do you spend walking or bicycling for travel on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P9 (a-b)

Physical Activity, Continued		
Question	Response	Code
<b>Recreational activities</b>		
The next questions exclude the work and transport activities that you have already mentioned. Now I would like to ask you about sports, fitness and recreational activities (leisure).		
Do you do any vigorous-intensity sports, fitness or recreational (leisure) activities that cause large increases in breathing or heart rate like running or football for at least 10 minutes continuously? [USE SHOWCARD]	<p>YES 1</p> <p>NO 2 If No, go to P 13</p>	P10
In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (leisure) activities?	<p>Number of days</p> <p>    </p>	P11
How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	<p>Hours : minutes    <input type="text"/> : <input type="text"/></p> <p>                         hrs       mins</p>	P12 (a-b)
Do you do any moderate-intensity sports, fitness or recreational (leisure) activities that cause a small increase in breathing or heart rate such as brisk walking, cycling, swimming, volley ball for at least 10 minutes continuously? [USE SHOWCARD]	<p>YES 1</p> <p>NO 2 If No, go to P16</p>	P13
In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (leisure) activities?	<p>Number of days</p> <p>    </p>	P14
How much time do you spend doing moderate-intensity sports, fitness or recreational (leisure) activities on a typical day?	<p>Hours : minutes    <input type="text"/> : <input type="text"/></p> <p>                         hrs       mins</p>	P15 (a-b)
<b>Sedentary behaviour</b>		
The following question is about sitting or reclining at work, at home, getting to and from places, or with friends including time spent sitting at a desk, sitting during meals, sitting with friends, traveling in car, bus, train, reading, playing cards or watching television, but do not include time spent sleeping. [USE SHOWCARD]		
How much time do you usually spend sitting or reclining on a typical day?	<p>Hours : minutes    <input type="text"/> : <input type="text"/></p> <p>                         hrs       mins</p>	P16 (a-b)

History of Raised Blood Pressure		
Question	Response	Code
Have you ever had your blood pressure measured by a doctor or other health worker?	YES 1 NO 2 If No, go to H6	H1
Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension?	YES 1 NO 2 If No, go to H6	H2a
Have you been told about your high blood pressure in the past 12 months?	YES 1 NO 2	H2b
In the past two weeks, have you taken any drugs (medication) for raised blood pressure prescribed by a doctor or other health worker?	YES 1 NO 2	H3
Have you ever seen a traditional healer for raised blood pressure or hypertension?	YES 1 NO 2	H4
Are you currently taking any herbal or traditional remedy for your raised blood pressure?	YES 1 NO 2	H5

History of Diabetes		
Have you ever had your blood sugar measured by a doctor or other health worker?	YES 1 NO 2 If No, go to XH11a42	H6
Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes?	YES 1 NO 2 If No, go to XH11a42	H7a
Have you been told about your raised blood sugar or diabetes in the past 12 months?	YES 1 NO 2	H7b
In the past two weeks, have you taken any drugs (medication) for diabetes prescribed by a doctor or other health worker?	YES 1 NO 2	H8
Are you currently taking insulin for diabetes prescribed by a doctor or other health worker?	YES 1 NO 2	H9
Have you ever seen a traditional healer for diabetes or raised blood sugar?	YES 1 NO 2	H10
Are you currently taking any herbal or traditional remedy for your diabetes?	YES 1 NO 2	H11

Have you ever been told by a doctor or other health worker that you have COPD or asthma?	YES 1 NO 2	XH11a
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History of Raised Total Cholesterol		
Question	Response	Code
Have you ever had your cholesterol (fat levels in your blood) measured by a doctor or other health worker?	YES 1 NO 2 If No, go to H17	H12
Have you ever been told by a doctor or other health worker that you have raised cholesterol?	YES 1 NO 2 If No, go to H17	H13a
Have you been told about your raised cholesterol in the past 12 months?	YES 1 NO 2	H13b
In the past two weeks, have you taken any oral treatment (medication) for raised total cholesterol prescribed by a doctor or other health worker?	YES 1 NO 2	H14
Have you ever seen a traditional healer for raised cholesterol?	YES 1 NO 2	H15
Are you currently taking any herbal or traditional remedy for your raised cholesterol?	YES 1 NO 2	H16a

History of Cardiovascular Diseases		
Have you ever had a heart attack or chest pain from heart disease (angina) or a stroke (cerebrovascular accident or incident)?	YES 1 NO 2	H17
Are you currently taking aspirin regularly to prevent or treat heart disease?	YES 1 NO 2	H18
Are you currently taking statins (Lovastatin/Simvastatin/Atorvastatin or any other statin (blood lipid lowering medicine) regularly to prevent or treat heart disease?	YES 1 NO 2	H19a

Lifestyle Advice		
During the past three years, has a doctor or other health worker advised you to do any of the following?		
Quit using tobacco or don't start	YES 1 NO/DON'T REMEMBER 2	H20a
Reduce salt in your diet	YES 1 NO/DON'T REMEMBER 2	H20b
Eat more fruit and/or vegetables each day	YES 1 NO/DON'T REMEMBER 2	XH20g
Eat at least five servings of fruit and/or vegetables each day	YES 1 NO/DON'T REMEMBER 2	H20c
Reduce fat in your diet	YES 1 NO/DON'T REMEMBER 2	H20d
Start or do more physical activity	YES 1 NO/DON'T REMEMBER 2	H20e
Maintain a healthy body weight or lose weight	YES 1 NO/DON'T REMEMBER 2	H20f



GO TO CX0SEX if all H2a, H7a and XH12 are 'No'

NCD treatment and Management		
Do you currently have any type of these NCD: hypertension, diabetes, COPD and asthma that is/are being managed at health facilities? (management means your medical record is kept at the health facilities and you go there periodically for checking the condition of your NCD and get prescription).	YES 1	XQL1
	NO 2 -> skip to cx0	
	Don't know 77	
Do you currently have hypertension being managed at a health facility?	YES 1 NO 2 go to XQL2b	XQL2a
What health facility is currently managing your hypertension?	COMMUNE HEALTH STATION 1 DISTRICT HEALTH FACILITIES 2 PROVINCIAL HEALTH FACILITIES 3 CENTRAL HOSPITAL 4 PRIVATE HEALTH FACILITY 5 OTHERS 6	XQL2a1
	Others (Specify) ..... ....	XQL2a other
Do you currently have diabetes being managed at a health facility?	Yes 1 NO 2 Go to XQL2c	XQL2b
What health facility is currently managing your Diabetes?	COMMUNE HEALTH STATION 1 DISTRICT HEALTH FACILITIES 2 PROVINCIAL HEALTH FACILITIES 3 CENTRAL HOSPITAL 4 PRIVATE HEALTH FACILITY 5 OTHERS 6	XQL2b1
	Others (Specify) ..... .....	XQL2b other
Do you currently have COPD or asthma being managed at a health facility?	YES 1 NO 2 go to cx0	XQL2c
What health facility is currently managing your COPD or Asthma?	COMMUNE HEALTH STATION 1 DISTRICT HEALTH FACILITIES 2 PROVINCIAL HEALTH FACILITIES 3 CENTRAL HOSPITAL 4 PRIVATE HEALTH FACILITY 5 OTHERS 6	XQL2c1
	Others (Specify) ..... .....	XQL2c other

(for women only): Cervical Cancer Screening		
[RECORD GENDER FROM OBSERVATION. ASK IF NECESSARY.]	MALE 1 – Skip to LAST FEMALE 2	CX0 <del>SEX</del>
<p>The next question asks about cervical cancer prevention. Screening tests for cervical cancer prevention can be done in different ways, including Visual Inspection with Acetic Acid/vinegar (VIA), VILI, pap smear and Human Papillomavirus (HPV) test. VIA is an inspection of the surface of the uterine cervix after acetic acid (or vinegar) or iodine has been applied to it. For both pap smear and HPV test, a doctor or nurse uses a swab to wipe from inside your vagina, take a sample and send it to a laboratory. It is even possible that you were given the swab yourself and asked to swab the inside of your vagina. The laboratory checks for abnormal cell changes if a pap smear is done, and for the HP virus if an HPV test is done.</p>		
Question	Response	Code
Have you ever had a screening test for cervical cancer, using any of these methods described above?	YES 1 NO 2 DON'T KNOW 77	CX1
Those are all of the questions I have. Thank you very much for participating in this important survey.		LAST