

Baseline questionnaire - Face to face interview

Respondent's ID No.

Name in SNS: Facebook..... Email:
 Instagram..... Tel:
 Zalo.....
 Line.....

1.0 General information

101. What is your age? Years
102. Please choose your gender.
 1. Male 2. Female 3. Others
103. Which district in Vietnam/Nepal are you from?
104. What is your marital status?
 1. Unmarried 2. Married 3. Long term relationship 4. Others
105. Please choose the level of education you have completed (only one)
 1. Illiterate/Non-formal 2. Primary/secondary level 3. Higher secondary level
 4. Bachelors 5. Above bachelors 6. Others
106. With whom are you staying currently?
 1. With wife/husband 2. With male friends 3. With female friends 4. Alone
 5. With children 6. With wife/husband and children 7 . Others
107. What is your present occupation?
 1. Student (apart from language school student) 2. Agriculture 3. Business
 4. No job 5. Others (Specify).....
108. Current average income per month- Don/Rupee.
109. Have you ever gone abroad to work?
 1. Yes a) Country..... b) Length of stay.....months
 c) Type of work.....
 2. No
- 110 . When will you come to Japan?
111. Which company or school will you work for or study after coming to Japan?

2.0 About your language skill

201. Please indicate your current Japanese language skill.				
1. Japanese conversation	1. Not at all	2. So-so	3. Good	4. Excellent
2. Reading Hiragana and Katakana	1. Not at all	2. So-so	3. Good	4.

505	Can a person get the HIV from mosquito bite?	1. Yes know	2.No	3. Don` t
506	Can a person get HIV by sharing a meal with an HIV infected person?	1. Yes know	2.No	3. Don` t
507	Can a pregnant women infected with HIV transmit the virus to her unborn child?	1. Yes know	2.No	3. Don` t
508	Can a woman with HIV transmit the virus to her newborn child through breastfeeding?	1. Yes know	2.No	3. Don` t
509	Can people protect themselves from HIV by abstaining from sexual intercourse?	1. Yes know	2.No	3. Don` t
510	Can a person get HIV by holding on with HIV infected person`s hand?	1. Yes know	2.No	3. Don` t
511	Can a person get HIV by using previously used needle/syringe?	1. Yes know	2.No	3. Don` t
512	Can blood transfusion from HIV infected person transmit HIV to others?	1. Yes know	2.No	3. Don` t

6.0 Perceived risk of HIV

No.	Questions and Filters	Coding categories
601	What is your gut feeling about how likely you are to get infected with HIV?	Extremely unlikely.....1 Very unlikely.....2 Somewhat likely.....3 Very likely.....4 Extremely likely.....5
602	I worry about getting infected with HIV	None of the time.....1 Rarely.....2 Some of the time.....3 A moderate amount of time.....4 A lot of the time.....5 All of the time.....6
603	Picturing self getting HIV is something I find:	Very hard to do.....1 Hard to do.....2 Easy to do.....3 Very easy to do.....4
604	I am sure I will NOT get infected with HIV	Strongly disagree.....1 Disagree.....2 Somewhat disagree.....3 Somewhat agree.....4

5. Others (please specify _____)

703-2 Why haven't you had an HIV test? Please choose the only one reason which was most important to you.

1. I am not infected with HIV (low risk of infection)
2. I do not know where to go for HIV testing
3. It is expensive
4. There is no HIV testing facility near my home
5. I am worried about being gossiped by other people when I access HIV test
6. Others (Please specify _____)

704. Do you know about free and anonymous HIV testing service in Vietnam/ Nepal?

1. Yes
2. No

705. To what extent are you interested in taking HIV test in future?

1. Not interested at all
2. Not very interested
3. Neither interested or nor uninterested
4. Somewhat interested
5. Very interested

8.0 Stigma and discrimination

801. If a member of your family became sick with HIV infection, would you be willing to care for her or him in your own household?

1. Yes
2. No
3. Don't know

802. Would you buy food from a shopkeeper or vendor if you knew that this person is infected with HIV?

1. Yes
2. No
3. Don't know

803. In your opinion, if a teacher is HIV positive but is not sick, should he/she be allowed to continue teaching in the school?

1. Yes
2. No
3. Don't know

804. If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?

1. Yes
2. No
3. Don't know

9.0 Feeling of sadness/ Depression

	<p>Below is a list of some of the ways you may have felt or behaved. Please indicate how often you've felt this way during the past week. Respond to all items.</p>	<p>Rarely or none of the time (less than 1 day)</p>	<p>Some or a little of the time (1-2 days)</p>	<p>Occasionally or a moderate amount of time</p>	<p>All of the time (5-7 days)</p>
--	---	---	--	--	-----------------------------------

1.	I was bothered by things that usually don't bother me.	1	2	3	4
2.	I did not feel like eating; my appetite was poor.	1	2	3	4
3.	I felt that I could not shake off the blues even with help from my family.	1	2	3	4
4.	I felt that I was just as good as other people.	1	2	3	4
5.	I had trouble keeping my mind on what I was doing.	1	2	3	4
6.	I felt depressed.	1	2	3	4
7.	I felt that everything I did was an effort.	1	2	3	4
8.	I felt hopeful about the future	1	2	3	4
9.	I thought my life had been a failure.	1	2	3	4
10.	I felt fearful.	1	2	3	4
11.	My sleep was restless.	1	2	3	4
12.	I was happy.	1	2	3	4
13.	I talked less than usual	1	2	3	4
14.	I felt lonely.	1	2	3	4
15.	People were unfriendly	1	2	3	4
16.	I enjoyed life.	1	2	3	4
17.	I had crying spells.	1	2	3	4
18.	I felt sad.	1	2	3	4
19.	I felt that people disliked me.	1	2	3	4
20.	I could not "get going."	1	2	3	4

10.0 Social support (MSPSS)

Multidimensional Scale of Perceived Social Support

	We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.	Very Strongly Disagree	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree	Very Strongly Agree
1	There is a special person who is around when I am in need.	1	2	3	4	5	6	7
2	There is a special person with whom I can share my joys and sorrows	1	2	3	4	5	6	7

3	My family really tries to help me.	1	2	3	4	5	6	7
4	I get the emotional help and support I need from my family.	1	2	3	4	5	6	7
5	I have a special person who is a real source of comfort to me	1	2	3	4	5	6	7
6	My friends really try to help me.	1	2	3	4	5	6	7
7	I can count on my friends when things go wrong	1	2	3	4	5	6	7
8	I can talk about my problems with my family	1	2	3	4	5	6	7
9	I have friends with whom I can share my joys and sorrows	1	2	3	4	5	6	7
10	There is a special person in my life that cares about my feelings.	1	2	3	4	5	6	7
11	My family is willing to help me make decisions.	1	2	3	4	5	6	7
12	I can talk about my problems with my friends	1	2	3	4	5	6	7

11.0 Health-related QOL questionnaires: WHO- BREF HRQOL -26

Thinking about last two weeks in the past, how well you feel about your standards, hopes, pleasures and concerns, please the one that you think most appropriate. In each question, assess your feelings, and tell about the number on the scale that gives the best answer for you.

	Very poor	Poor	Neither poor nor good	Good	Very good
1. How do you rate your quality of life?					
	Very dissatisfied	Dissatisfied	Neither dissatisfied nor satisfied	Satisfied	Very satisfied
2. How satisfied are you with your health?	1	2	3	4	5

The following questions ask about how you have experienced certain things in last two weeks

	Not at all	A little	A moderate amount	Very much
3. To what extent do you feel that physical pain prevents you from doing what you need to do?	1	2	3	4
4. How much do you need any medical treatment to function in your daily life?	1	2	3	4

5. How much do you enjoy your life?	1	2	3	4
6. To what extent do you feel your life to be meaningful?	1	2	3	4
7. How well are you able to concentrate?	1	2	3	4
8. How safe do you feel in your daily life?	1	2	3	4
9. How healthy is your physical environment?	1	2	3	4

The following questions ask about how completely you experience or were able to do certain things in the last two weeks.					
	Not at all	A little	Moderately	Mostly	Completely
10. Do you have enough energy for everyday life?	1	2	3	4	5
11. Are you able to accept your bodily appearance	1	2	3	4	5
12. Have you enough money to meet your needs?	1	2	3	4	5
13. How available to you is the information that you need in your day-to-day life?	1	2	3	4	5
14. To what extent do you have the opportunity for leisure activities?	1	2	3	4	5
15. How capable you are to cope with your own problems?	1	2	3	4	5

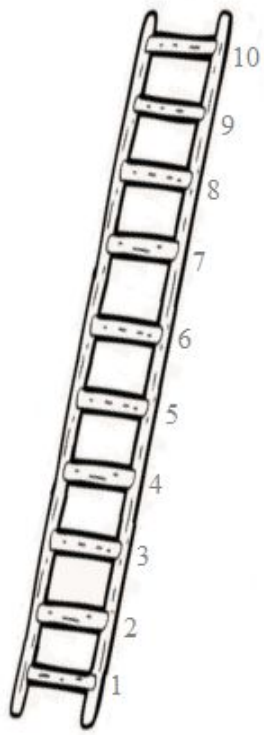
The following questions ask you how good or satisfied you have felt about various aspects of your life over the last two weeks

	Very dissatisfied	Dissatisfied	Never Satisfied nor Dissatisfied	Satisfied	Very satisfied
16. How satisfied are you with your sleep?	1	2	3	4	5
17. How satisfied with your ability to perform your daily living activities?	1	2	3	4	5
18. How satisfied are you with your capacity for work?	1	2	3	4	5
19. How satisfied are you with yourself?	1	2	3	4	5
20. How satisfied are you with your personal relationship?	1	2	3	4	5
21. How satisfied are you with your sex life?	1	2	3	4	5
22. How satisfied are you with the support you get from your friends?	1	2	3	4	5
23. How satisfied are you with the conditions of living place?	1	2	3	4	5
24. How satisfied are you with your access to health services?	1	2	3	4	5
25. How satisfied are you with your transport?	1	2	3	4	5
	Never	Seldom	Quite often	Very often	Always
26. How often do you have negative feelings such as blue mood, despair, anxiety, depression	1	2	3	4	5

12. Subjective Social Status

Think of this ladder as showing where you stand in Vietnam/Nepal.

Circle where you are (1; lowest, 10; highest in wealth/education/working position)



THANK YOU!