

**Follow up questionnaire at 3 months (in Nepal)- Self-administered/Online**

Respondent's ID No.

(Link with baseline ID)

Please circle the appropriate answer, unless otherwise stated.

**1.0 General information**

101. What is your current status on travel plan to Japan?

1. On visa/interview processing
2. Visa received and flight date confirmed
3. Visa received but flight date not confirmed yet
4. Dropped the plan to go Japan
5. Others (Specify).....

102. What is your present occupation?

1. Student (apart from language school student)
2. Agriculture
3. Business
4. No job
5. Others (Specify).....

103. Current average income per month- NRs. ....

**2.0 COVID-19/Lockdown related questions**

201. Did you get infected with COVID-19 (confirmed by PCR test)?

1. Yes
2. No (Go to 203)

202. If yes, how severe were your symptoms?

1. No symptoms
2. Mild symptoms
3. Moderate
4. Severe (needed hospitalization, oxygen therapy)

203. Had anyone of your family members get infected with COVID-19?

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

204. Did you lose your job (or income decreased) due to COVID/lockdown situation?

1. Yes
2. No
3. I was jobless since before COVID situation

資料 4 質問票 (英語)

205. How severely COVID-19 situation (and related lockdown) affected your life, socio-economically?

1. Not at all,
2. A little,
3. Moderately,
4. Very much

**3.0 About your language skill**

301. 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. Excellent
3. Writing Hiragana and Katakana	1. Not at all	2. So-so	3. Good	4. Excellent
4. Reading Kanji	1. Not at all	2. So-so	3. Good	4. Excellent
5. Writing Kanji	1. Not at all	2. So-so	3. Good	4. Excellent
6. Reading Japanese books/ newspaper	1. Not at all	2. So-so	3. Good	4. Excellent
7. Writing email/letters in Japanese	1. Not at all	2. So-so	3. Good	4. Excellent

**4.0 Alcohol use and self-rated health status**

401. During the last 30 days how often did you have drinks containing alcohol?

1. Everyday
2. 2-3 times a week
3. At least once a week
4. Less than once a week
5. Never

402. During the last 3 months did you use drugs including amphetamine, ice heroin, heavy popper, balloon?

1. Yes
2. No (go to 406)
3. I do not know (go to 406)

403. How many times did you use the drugs in the last 3 months

1. once
2. More than once but not often
3. Almost every week

404. Which way did you use them?

1. inhale only
2. Pill only
3. Inject
4. Combination of 1 -3.

資料 4 質問票 (英語)

405. How did you get the drugs?

1. from friends                      2. From people selling them online  
3. Someone gave me              4. Others

406. How do you rate your current general health status?

1. Excellent            2. Very good            3. Good  
4. Fair                      5. Poor

**5.0 Perceived risk of HIV**

No.	Questions and Filters	Coding categories
501	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
502	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
503	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
504	I am sure I will NOT get infected with HIV	Strongly disagree.....1 Disagree.....2 Somewhat disagree.....3 Somewhat agree.....4 Agree.....5 Strongly agree.....6
505	I feel vulnerable to HIV infection	Strongly disagree.....1 Disagree.....2 Somewhat disagree.....3 Somewhat agree.....4 Agree.....5 Strongly agree.....6
506	There is a chance, no matter how small, I could get	Strongly disagree.....1 Disagree.....2

資料 4 質問票 (英語)

	HIV	Somewhat disagree.....3 Somewhat agree.....4 Agree.....5 Strongly agree.....6
507	I think my chances of getting infected with HIV are:	Zero.....1 Almost zero.....2 Small.....3 Moderate.....4 Large.....5 Very Large.....6
508	Getting HIV is something I have	Never thought about.....1 Rarely thought about.....2 Thought about some of the time.....3 Thought about often.....4

**6.0 Feeling of sadness/ Depression**

	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.	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of time	All of the time (5-7 days)
1.	I was bothered by things that usually don't bother me.	0	1	2	3
2.	I did not feel like eating; my appetite was poor.	0	1	2	3
3.	I felt that I could not shake off the blues even with help from my family.	0	1	2	3
4.	<b>I felt that I was just as good as other people.</b>	0	1	2	3
5.	I had trouble keeping my mind on what I was doing.	0	1	2	3
6.	I felt depressed.	0	1	2	3
7.	I felt that everything I did was an effort.	0	1	2	3
8.	<b>I felt hopeful about the future</b>	0	1	2	3
9.	I thought my life had been a failure.	0	1	2	3

資料 4 質問票 (英語)

10.	I felt fearful.	0	1	2	3
11.	My sleep was restless.	0	1	2	3
<b>12.</b>	<b>I was happy.</b>	0	1	2	3
13.	I talked less than usual	0	1	2	3
14.	I felt lonely.	0	1	2	3
15.	People were unfriendly	0	1	2	3
<b>16.</b>	<b>I enjoyed life.</b>	0	1	2	3
17	I had crying spells.	0	1	2	3
18	I felt sad.	0	1	2	3
19	I felt that people disliked me.	0	1	2	3
20	I could not "get going."	0	1	2	3

## 7.0 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

資料 4 質問票 (英語)

**8.0 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?	1	2	3	4	5
	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

資料 4 質問票 (英語)

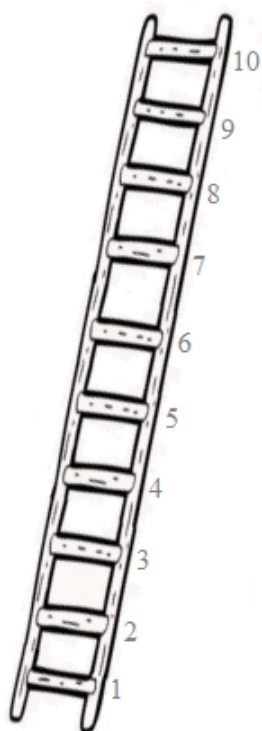
11. Are you able to accept your bodily appearance	1	2	3	4	5
12. Have you enough money to meet your needs?	1	2	3	4	5
13. How available to you is the information that you need in your day-to-day life?	1	2	3	4	5
14. To what extent do you have the opportunity for leisure activities?	1	2	3	4	5
15. How capable you are to cope with your own problems?	1	2	3	4	5

The following questions ask you how <b>good or satisfied</b> 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

### 9. Subjective Social Status

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

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



**THANK YOU**