

## Vietnam Health and Aging Survey – Questionnaire

We are conducting a study on the health and wellbeing of older adults in Vietnam and the influence of life course events on aging. We would like to interview one adult age 60 or older (i.e., born in 1958 or earlier) in your household. All information collected in this survey will be treated as strictly confidential. The record of your name and address will not be accessible to others and will only be used to contact you in future follow-up surveys. The interview will take approximately 3 hours, on average, and some persons find it to be tiring. If you need to take a break during the interview, or would like to have a family member to assist you in the interview please let us know.

*Note to interviewer: Except for the household roster, the questionnaire should be completed in FULL by the respondent, not by his/her spouse or other family members. If the respondent needs to rely upon a proxy due to health/cognitive functioning reasons, only ask questions to which the proxy can provide answers; do not ask questions about feelings or subjective matters. If respondent is unable to provide answers him/herself to questions about his/her commune, district, or phone number, then pause interview and locate a proxy for the interview.*

### IDENTIFICATION

#### Respondent Information (from Registration)

1. Respondent ID \_\_\_\_\_
2. District/city (*Note to interviewer: Ask Respondent to name district/city. This is a test of cognitive function.*)
  1. BaVi
  2. Yen Khanh
  3. Bo Trach
  4. Dong Hoi
3. Interview Date \_\_\_\_\_ (Month DD YYYY)
4. Interview Time \_\_\_\_\_ (HH:MM)
5. Sex
  1. Male
  2. Female
6. Military Veteran
  1. Yes
  2. No

#### Proxy

7. Do you need a helper for the interview?
  1. Yes, for the entire interview
  2. Yes, for portions of the interview
  3. No → *Skip to next section*

*\*\*Interviewer: The respondent needs a proxy when he/she is present but cannot answer the questions him/herself due to health (physical or mental) conditions. The proxy or key informant should be the person in the household or a nearby relative who knows the respondent best. This includes spouse, adult children (age 15+), or siblings of the interviewee. The proxy can answer all questions except those that are evaluative or subjective. The proxy should be informed beforehand that they should answer “don’t know” if they are unsure of information requested about the respondent.*

**7a.** Full name of household head (main decision maker). *Select person from the list. If the person making decisions is a new member, he/she may not be on the list.*

**7b.** Relationship of proxy to the respondent

1. Spouse
2. Adult son
3. Adult daughter
4. Sister
5. Brother

## SECTION A: HOUSEHOLD ROSTER

Now we would like to ask you about the present time, and about who lives with you in your household  
(Interviewer instruction: To be completed by the respondent, or proxy. Information on the person completing the household roster (i.e., respondent) should be completed in line number 1. Ask about all persons usually residing in the Household (HH), including the respondent. A person is considered usually residing in the HH if, in the past year, they lived the majority of time (6 months or longer) in this dwelling. Respondent coded as No.1.

A1. Household member ID \_\_\_\_\_

A2. Year of Birth

Select lunar calendar or solar calendar

1. International calendar
2. Lunar calendar

Calendar Year \_\_\_\_\_

If the respondent gives an age range, take a higher age number. (Example: about 77 78 years old, 78 years old, calculated at the year of birth). If you absolutely cannot remember or do not know fill out 9999

A3. Sex

1. Male
2. Female

A4. Relationship of \_\_\_\_\_ to subject:

1. Research subject
2. Spouse
3. Child
4. Own parent
5. Father/Mother-in-law
6. Son/Daughter-in-law
7. Paternal grandchild (son's child)
8. Maternal grandchild (daughter's child)
9. Siblings
10. Brother/sister in law
11. Aunts/uncles
13. Other, specify: \_\_\_\_\_

A5. What is \_\_\_\_\_'s highest level of schooling completed?

- Illiterate, did not go to school
- Reading and writing
- Grade 1-12/12
- Intermediate professional/intermediate technical
- Primary School
- College
- University, postgraduate
- Grade 1-10/10
- Don't know

**A6.** Marital status of respondent?

1. Never married
2. Married, spouse present
3. Married, spouse temporarily absent
4. Divorced
5. Separated
6. Widowed
9. Don't know

**A7.** What is the line number of the person who primarily makes major household decisions? \_\_\_\_\_

## SECTION B. HEALTH

### Overall Health

Let's continue with some questions about your health and functioning.

**B1.** How would you rate your current health status?

1. Very good
2. Good
3. Fair
4. Poor
5. Very poor
8. Not applicable/ No answer
9. Proxy answered

**B2.** I know that you are currently \_\_\_\_\_ years old. People sometimes feel younger or older than their age. Do you feel younger, older or about your age?

1. Younger than my age
2. Older than my age
3. I feel as old as I am
8. Not applicable/ No answer
9. Proxy answered

**B3.** Are you often bothered by pain?

1. Yes
2. No → *Skip to B5*
8. DK → *Skip to B5*
9. No answer

**B4.** If YES, how severe would you say the pain is, most of the time?

1. Mild
2. Moderate
3. Severe
- NA
- Proxy answered

**B5.** In the past two years, how many times have you had a serious fall that required medical treatment?

\_\_\_\_\_

## Health Conditions

| <b>Health Issues</b>                                                                                        | <b>a. Have you been diagnosed with one of the following diseases by a doctor?</b>                                                                                                                                    | <b>b. If Yes, doctor diagnosed, when did you first receive the diagnosis?</b>                                            | <b>c. Do you regularly take medication to manage it?</b> |
|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
|                                                                                                             | 1. Yes, a doctor diagnosed this<br>2. Yes, I feel that I have this condition → <i>Skip to next condition</i><br>3. No → <i>Skip to next condition</i><br>9. DK → <i>Skip to next condition</i><br>99. Proxy answered | 1. Within the last 5 years.<br>2. 5-20 years ago.<br>3. 20-40 years ago.<br>4. More than 40 years ago.<br>8. NA<br>9. DK | 1. Yes<br>2. No<br>9. Don't know                         |
| <b>B6.</b> Hypertension                                                                                     | B6a:                                                                                                                                                                                                                 | B6b:                                                                                                                     | B6c:                                                     |
| <b>B7.</b> High cholesterol                                                                                 | B7a:                                                                                                                                                                                                                 | B7b:                                                                                                                     | B7c:                                                     |
| <b>B8.</b> Diabetes or high blood sugar                                                                     | B8a:                                                                                                                                                                                                                 | B8b:                                                                                                                     | B8c:                                                     |
| <b>B9.</b> Chronic lung diseases, such as chronic bronchitis, emphysema (excluding tumors, or cancer)       | B9a:                                                                                                                                                                                                                 | B9b:                                                                                                                     | B9c:                                                     |
| <b>B10.</b> Cancer or malignant tumor                                                                       | B10a:                                                                                                                                                                                                                | B10b:                                                                                                                    |                                                          |
| <b>B11.</b> Liver disease (except fatty liver, tumors, and cancer)                                          | B11a:                                                                                                                                                                                                                | B11b:                                                                                                                    |                                                          |
| <b>B12.</b> Heart attack, coronary heart disease, angina, congestive heart failure, or other heart problems | B12a:                                                                                                                                                                                                                | B12b:                                                                                                                    |                                                          |

**B13. Stroke**                              B13a:                                      B13b:

**B14. Mental health problems**              B14a:                                      B14b:

**B15. Memory-related disease**              B15a:                                      B15b:

**B16. Arthritis or rheumatism**              B16a:                                      B16b:

**B17. Asthma**                                  B17a:                                      B17b:

**B18. Hip fracture**                              B18a:                                      B18b:

**B19. Sexually transmitted infection**              B19a:                                      B19b:  
(e.g., HPV, Chlamydia, etc.)

**B20.** Do you take any other medications on regular basis? (*Other medications include any medication other than for hypertension, high cholesterol, diabetes and chronic lung disease*)

- 1. Yes
- 2. No
- 9. Don't know

## Health Complaints

Now I have some questions about your eyesight.

**B21.** Do you usually wear glasses or corrective lenses?

1. Yes
2. No
3. Sometimes

**B22.** How good is your eyesight? (If you wear glasses or corrective lenses, please assess your eyesight with glasses/corrective lenses. If you do not wear them, assess your eyesight without glasses/corrective lenses.)

1. Very good
  2. Good
  3. Fair
  4. Poor
  5. Very poor
- Not applicable/No Answer  
99. Proxy answered

Now I have some questions about your hearing.

**B23.** Do you ever wear a hearing aid(s)?

1. Yes
2. No

**B24.** Is your hearing very good, good, fair, poor, or very poor? (If you wear a hearing aid, please assess your hearing with a hearing aid. If you don't use it, assess your hearing without it.)

1. Very good
  2. Good
  3. Fair
  4. Poor
  5. Very poor
8. Not applicable/No Answer  
99. Proxy answered

*Health complaints in the last month.*

I would like to ask if you had any of the following health complaints **in the last month**.

*THIS SECTION IS FOR THE RESEARCH SUBJECT ONLY.*

| Health Complaints      | Yes, severe | Yes, moderate | No | DK |
|------------------------|-------------|---------------|----|----|
| <b>B25.</b> Headache   | 1           | 2             | 3  | 9  |
| <b>B26.</b> Insomnia   | 1           | 2             | 3  | 9  |
| <b>B27.</b> Chest pain | 1           | 2             | 3  | 9  |
| <b>B28.</b> Joint pain | 1           | 2             | 3  | 9  |



|                                  |   |   |   |   |
|----------------------------------|---|---|---|---|
| <b>B29.</b> Dizziness            | 1 | 2 | 3 | 9 |
| <b>B30.</b> Back pain            | 1 | 2 | 3 | 9 |
| <b>B31.</b> Stomach ache         | 1 | 2 | 3 | 9 |
| <b>B32.</b> Difficulty breathing | 1 | 2 | 3 | 9 |
| <b>B33.</b> Coughing             | 1 | 2 | 3 | 9 |

## Health Behaviors

**B34.** Have you ever smoked cigarettes, pipe tobacco, or cigars?

1. Yes
2. No → *If No, skip to B37*

**B35.** (*If YES, to previous question*) At what age did you begin to smoke cigarettes/pipe tobacco/cigars?

\_\_\_\_\_

*If proxy answers instead, fill 9999*  
*If don't remember, fill 8888*

**B36.** (*If YES to question A37*) Do you still have the habit or have you totally quit?

1. Still have the habit: smoke water pipe
2. Still have the habit: smoke cigarettes
3. Still have the habit: both smoke cigarettes and smoke water pipe
4. Have totally quit tobacco/smoking

**B37.** Have you ever chewed betel?

1. Yes
2. No → *If No, skip to B40*

**B38.** (*If YES to previous question*) At what age did you begin to chew?

\_\_\_\_\_

*If proxy answers instead, fill 9999*  
*If don't remember, fill 8888*

**B39.** (*If YES to previous question*) Do you still have the habit or have you totally quit chewing betel?

1. Quit
2. Still have the habit

**B40.** In the past year, did you drink alcoholic beverages, such as beer, wine, or liquor?

1. Yes
2. No

**B41.** If you have had alcohol in the past (before last year), then compared to now, was it more, less or the same as now?

1. Never had a drink in the past (before the previous year) → *Skip to B44*
2. Yes, but less than presently → *Skip to B43*
3. Yes, the same amount as presently → *Skip to B43*
4. Yes, but more than I presently drink → *Skip to B42*
9. Don't know/don't remember → *Skip to B44*

**B42.** At what age did you quit or cut back on your drinking?

\_\_\_\_\_

*If proxy answers instead, fill 9999*  
*If don't remember, fill 8888*

**B43.** At what age did you start drinking?

\_\_\_\_\_

*If proxy answers instead, fill 9999*  
*If don't remember, fill 8888*

**B44.** In the past year did you drink beer?

1. Yes
2. No → *If No, skip to B47*

**B45.** (*If YES*) How frequently on average, did you drink beer in the past year? *Proxy is answering instead, select "Proxy answered."*

0. Once in few months
1. Once a month
2. 2-3 times a month
3. Once a week
4. 2-3 times a week
5. 4-6 times a week
6. Once a day
7. Twice a day
8. More than twice a day
9. Proxy answered

**B46.** The last time you drank beer, how many glasses/cans of beer did you drink? (*1 can/glass of beer is approximately 200-300 mL*)

\_\_\_\_\_

*If proxy answers instead, fill 9999*  
*If don't remember, fill 8888*

**B47.** In the past year did you drink wine?

1. Yes
2. No → *If No, skip to B50*

**B48.** (If YES) How frequently on average, did you drink wine in the past year each month? Proxy is answering, select "Proxy answered."

0. Once in few months
1. Once a month
2. 2-3 times a month
3. Once a week
4. 2-3 times a week
5. 4-6 times a week
6. Once a day
7. Twice a day
8. More than twice a day
9. Proxy answered

**B49.** The last time you drank wine, how many glasses of wine did you drink? (1 glass of wine is approximately 50-100 mL)

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*If proxy answers instead, fill 9999*  
*If don't remember, fill 8888*

**B50.** In the past year did you drink whiskey or white liquor or other hard liquor?

1. Yes
2. No → If No, skip to B53

**B51.** About how frequently on average, did you drink liquor in the past year each month? Proxy is answering instead, select "Proxy answered."

0. Once in few months
1. Once a month
2. 2-3 times a month
3. Once a week
4. 2-3 times a week
5. 4-6 times a week
6. Once a day
7. Twice a day
8. More than twice a day
9. Proxy answered

**B52.** The last time you drank liquor, how many glasses did you drink? (1 drink is approximately 20 mL)

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*If proxy answers instead, fill 9999*  
*If don't remember, fill 8888*

## Functional Limitations

|                                                                                                                                                                                                                                                    | No, I don't have any difficulty | I have difficulty but can still do it | Yes, I have difficulty and need help | I cannot do it |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------|--------------------------------------|----------------|
| <b>B53.</b> Do you have difficulty walking 200 to 300 meters?                                                                                                                                                                                      | 1                               | 2                                     | 3                                    | 4              |
| <b>B54.</b> Do you have difficulty getting up from a chair after sitting for a long period?                                                                                                                                                        | 1                               | 2                                     | 3                                    | 4              |
| <b>B55.</b> Do you have difficulty climbing several flights of stairs without resting?                                                                                                                                                             | 1                               | 2                                     | 3                                    | 4              |
| <b>B56.</b> Do you have difficulty stooping, kneeling, or crouching?                                                                                                                                                                               | 1                               | 2                                     | 3                                    | 4              |
| <b>B57.</b> Do you have difficulty reaching or extending your arms above shoulder level? ( <i>he/she is regarded as not having difficulty only if he/she can extend both of his/her arms, otherwise he/she is regarded as having difficulty.</i> ) | 1                               | 2                                     | 3                                    | 4              |
| <b>B58.</b> Do you have difficulty lifting or carrying objects weighing more than 10 kilograms, like a heavy bag of groceries?                                                                                                                     | 1                               | 2                                     | 3                                    | 4              |
| <b>B59.</b> Do you have difficulty picking up a small object, such as a bottle cap or seed, off a table?                                                                                                                                           | 1                               | 2                                     | 3                                    | 4              |

## ADLs (Activities of Daily Living)

|                                                                                                                                                                           | No, I don't have any difficulty | I have difficulty but can still do it | Yes, I have difficulty and need help | I cannot do it |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------|--------------------------------------|----------------|
| <b>B60.</b> Do you have any difficulty dressing yourself? <i>Dressing includes: removing clothes from a closet, putting on clothing, and fastening belts and buttons.</i> | 1                               | 2                                     | 3                                    | 4              |
| <b>B61.</b> Do you have any difficulty with bathing or showering?                                                                                                         | 1                               | 2                                     | 3                                    | 4              |
| <b>B62.</b> Do you have any difficulty with eating, such as using chopsticks or cutting up food?                                                                          | 1                               | 2                                     | 3                                    | 4              |
| <b>B63.</b> Do you have any difficulty with getting into or out of bed?                                                                                                   | 1                               | 2                                     | 3                                    | 4              |
| <b>B64.</b> Do you have any difficulties with using the toilet, including getting up and down?                                                                            | 1                               | 2                                     | 3                                    | 4              |

**B65.** *If DIFFICULTY WITH ANY ADL ASK:* You said that you have difficulty with [dressing/bathing/eating/getting (in/out of) bed/using the toilet]. Does anybody help you do these things?

1. Yes → *Skip to B67*
2. No → *Continue to B66*

**B66.** *IF NO TO A68:* Do you need help?

1. Yes
2. No → *Skip to B69*

**B67.** Who is the primary person that provides help?

1. Spouse
2. Ex-spouse
3. Son
4. Daughter
5. Son in law
6. Daughter in law
7. Grandson
8. Granddaughter
96. Other relative (specify \_\_\_\_\_)
97. Other non-relative (specify \_\_\_\_\_)
99. Don't know

**B68.** Who else helps you (circle all that apply)?

1. Spouse
2. Ex-spouse
3. Son
4. Daughter
5. Son in law
6. Daughter in law
7. Grandson
8. Granddaughter
96. Other relative (specify \_\_\_\_\_)
97. Other non-relative (specify \_\_\_\_\_)
99. Don't know

## IADLs

**B69.** Do you have any difficulties performing household chores, such as house cleaning, doing dishes, cleaning the floors, and arranging the house.

1. No, I don't have any difficulty → *Skip to B74*
2. I have difficulty but can still do it → *Skip to B74*
3. Yes, I have difficulty and need help
4. I cannot do it
5. Not applicable → *Skip to B74*

**B70.** You said that you have difficulty with performing household chores. Does anybody help you do these things?

1. Yes → *Skip to B72*
2. No

**B71.** Do you need help?

1. Yes
2. No → *Skip to B74*

**B72.** Who is the primary person that provides help with household chores?

1. Spouse
2. Ex-spouse
3. Son
4. Daughter
5. Son in law
6. Daughter in law
7. Grandson
8. Granddaughter
96. Other relative (specify \_\_\_\_\_)
97. Other non-relative (specify \_\_\_\_\_)
99. Don't know

**B73.** Who else helps you with household chores (circle all that apply)?

1. Spouse
2. Ex-spouse
3. Son
4. Daughter
5. Son in law
6. Daughter in law
7. Grandson
8. Granddaughter
96. Other relative (specify \_\_\_\_\_)
97. Other non-relative (specify \_\_\_\_\_)
99. Don't know

**B74.** Do you have any difficulty grocery shopping, including deciding what to buy and paying for it.

1. No, I don't have any difficulty
2. I have difficulty but can still do it
3. Yes, I have difficulty and need help
4. I cannot do it
5. Not applicable

**B75.** Do you have any difficulties with managing your money, such as paying your bills, keeping track of expenses, or managing assets?

1. No, I don't have any difficulty
2. I have difficulty but can still do it
3. Yes, I have difficulty and need help
4. I cannot do it
5. Not applicable

### Cognitive Functioning

*THIS SECTION IS FOR THE RESEARCH SUBJECT ONLY*

**B76.** Please tell me the day of the week. Is it Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, or Sunday?

1. OK/correct
2. Not OK/incorrect
9. Don't know
99. Proxy answered

**B77.** What is the date in the lunar year calendar (1 – 30)

1. Correct
2. Wrong
9. Don't know
99. Proxy answered

**B78.** What is the current season?

1. Spring
2. Summer
3. Autumn
4. Winter
9. Don't know
99. Proxy answered

**B79.** How would you rate your memory at the present time? Would you say it is very good, good, fair, poor or very poor?

1. Very good
2. Good
3. Fair
4. Poor
5. Very poor
99. Proxy answered

**B80.** I would like to invite you to take a test. I am going to read a list of 5 words. After I read these words, I would like you to repeat as many of them as you can remember. Please listen carefully as I read because I cannot repeat it. When I finish reading the list, I will ask you to recall and tell me as many words as you can remember, and they don't have to be in the order that you heard them.

*Interviewer instructions: Most people have difficulty remembering all the words they heard, read the words slowly. If respondent is not able to remember any word, read the words again (up to 3 times) before going to the next question. If after 3 times reading the words, the respondent still cannot remember any word, explain to them that it does not matter if they can't remember the words and this is only a test to make them feel comfortable. Thank and go to next question.*

**B80a.** Do you agree to participate?

1. Yes
2. No
99. Proxy answered

**B80b.** The options:

1. Option 1: tree, pagoda, school, hospital, dog
2. Option 2: monkey, car, stone, doctor, phone
3. Option 3: elephant, bicycle, teacher, house, water

**B80c.** Answers for option \_\_\_\_: *(Select all that apply.)*

1. tree/monky/elephant
2. pagoda/car/bicycle
3. school/stone/teacher
4. hospital/doctor/house
5. dog/phone/water
6. Don't remember any

**B81.** I would like to invite you to take a math test. Do you agree to participate?

1. Yes
2. No
99. Proxy answered

**B81a.** What does 100 minus 7 equal?

1. Respondent gives an answer
2. Respondent does not give an answer → *Skip to B82*

\_\_\_\_\_ *(Enter the answer provided)*

**B81b.** And 7 from that?

1. Respondent gives an answer
2. Respondent does not give an answer → *Skip to B82*

\_\_\_\_\_ *(Enter the answer provided)*



**B81c.** And 7 from that?

1. Respondent gives an answer
2. Respondent does not give an answer → *Skip to B82*

\_\_\_\_\_ (*Enter the answer provided*)

**B81d.** And 7 from that?

1. Respondent gives an answer
2. Respondent does not give an answer → *Skip to B82*

\_\_\_\_\_ (*Enter the answer provided*)

## Mental Distress

*THIS SECTION IS FOR THE RESEARCH SUBJECT ONLY*

I am going to read a list of ways that people feel sometimes. I would like to know whether you have felt this way? If yes, how often did you feel it?

|                                                                               | Yes | No | No<br>answer | Don't<br>know | Proxy<br>answered |
|-------------------------------------------------------------------------------|-----|----|--------------|---------------|-------------------|
| <b>B82.</b> Do you cry more than usual?                                       | 1   | 2  | 8            | 9             | 99                |
| <b>B83.</b> Do you find it difficult to enjoy your daily activities?          | 1   | 2  | 8            | 9             | 99                |
| <b>B84.</b> Is your daily life suffering?                                     | 1   | 2  | 8            | 9             | 99                |
| <b>B85.</b> Are you unable to play a useful part in life?                     | 1   | 2  | 8            | 9             | 99                |
| <b>B86.</b> Has the thought of ending your life been on your mind?            | 1   | 2  | 8            | 9             | 99                |
| <b>B87.</b> Do you feel tired all the time?                                   | 1   | 2  | 8            | 9             | 99                |
| <b>B88.</b> In the past month, have you had any indigestion or upset stomach? | 1   | 2  | 8            | 9             | 99                |

**B89.** Now I would like to ask you about the 5 words I read previously. Please tell me the words you remember.

1. tree/monkey/elephant
2. pagoda/car/bicycle
3. school/stone/teacher
4. hospital/doctor/house
5. dog/phone/water
6. Don't remember any

## Cognitive Functioning (Proxy)

### THIS SECTION IS FOR THE PROXY

In two cases:

1. The interview is totally answered by the proxy
2. The respondent doesn't answer any question (all "Proxy answered" checked)

1. How would you rate \_\_\_\_\_'s memory at this time?
  1. Very good
  2. Good
  3. Fair
  4. Poor
  5. Very poor
2. Compared to two years ago, would you say \_\_\_\_\_'s memory is:
  1. Better
  2. Same
  3. Worse
3. Compared to two years ago, how good is \_\_\_\_\_ in remembering where things are kept around the house?
  1. Better
  2. Same
  3. Worse
4. How about remembering information like the date, or the names of family members and relatives.
  1. Better
  2. Same
  3. Worse
5. Does \_\_\_\_\_ ever get lost in familiar environments or wander off by themselves without returning?
  1. Yes
  2. No

## Health Insurance and Health Care

**B90.** Do you have health insurance?

1. Yes
2. No → *Skip to B92*

**B91.** Do you have any of the following forms of health insurance?

1. Yes, compulsory health insurance (employees, retirees, etc.)
2. Yes, free healthcare certificate (the poor, the elderly living alone, family members of regular soldiers and policemen, etc.)
3. Yes, voluntary health insurance
4. Yes, health insurance for veteran, ex-youth volunteers, people with contribution to the country
5. Yes, individual insurance (life insurance, accident insurance, non-life insurance)

**B92.** (*For those who do not have health insurance.*) What is the main reason you don't currently have health insurance?

1. Healthy/no need
2. Previously had, but did not use
3. Previously had, am now unemployed
4. Too expensive/can't afford
6. Do not know where to buy
7. Voluntary health insurance unavailable in commune
8. Health services too poor
9. No idea about health insurance
10. Waiting for commune to issue insurance card
11. Other (Specify\_\_\_\_\_)

## SECTION C. WAR EXPERIENCES

Next, I would like to ask you about your activities and experiences during your young adulthood, in particular during the American War period.

### Military Participation

**C1a.** Have you ever participated in any military activities (including TNXP)?

1. Yes
2. No → *Skip to C3*

**C1b.** If yes, have you... (select all that apply)

1. Served in the formal military (Viet Minh, before 1954) → *Skip to C3*
2. Served in the formal military (People's Army of Vietnam) → *Skip to C3*
3. Served in the formal military (Army of the Republic of Vietnam) → *Skip to C3*
4. Served in Youth Shock Brigade (Thanh nien xung phong or TNXP) → *Skip to C3*
5. Been involved in the militia → *Skip to C2*

**C2.** If you were part of a militia, specify your primary activity in the militia.

\_\_\_\_\_

*If don't remember, fill DON'T REMEMBER  
If unable to answer/does not answer, fill NO ANSWER*

**C3.** Did any of the following members of your immediate family serve in the formal military, volunteer forces, or militia?

|                        | Formal<br>Military | Volunteer<br>Forces<br>(TNXP) | Militia | No | Not<br>applicable | Don't<br>know |
|------------------------|--------------------|-------------------------------|---------|----|-------------------|---------------|
| <b>C3a.</b> Father     | 1                  | 2                             | 3       | 4  | 8                 | 9             |
| <b>C3b.</b> Mother     | 1                  | 2                             | 3       | 4  | 8                 | 9             |
| <b>C3c.</b> Brother(s) | 1                  | 2                             | 3       | 4  | 8                 | 9             |
| <b>C3d.</b> Sister(s)  | 1                  | 2                             | 3       | 4  | 8                 | 9             |
| <b>C3e.</b> Spouse     | 1                  | 2                             | 3       | 4  | 8                 | 9             |
| <b>C3f.</b> Child(ren) | 1                  | 2                             | 3       | 4  | 8                 | 9             |

**C4.** Did any of the following members of your immediate family die in military service, as a civilian casualty, or due to another cause related to war? (*War-related causes include: food shortage, healthcare inadequacy*)

|                        | No | In<br>Military<br>Service | As<br>Civilian | Due to<br>war-<br>related<br>causes | Not<br>applicable | Don't<br>know |
|------------------------|----|---------------------------|----------------|-------------------------------------|-------------------|---------------|
| <b>C4a.</b> Father     | 0  | 1                         | 2              | 3                                   | 8                 | 9             |
| <b>C4b.</b> Mother     | 0  | 1                         | 2              | 3                                   | 8                 | 9             |
| <b>C4c.</b> Brother(s) | 0  | 1                         | 2              | 3                                   | 8                 | 9             |
| <b>C4d.</b> Sister(s)  | 0  | 1                         | 2              | 3                                   | 8                 | 9             |
| <b>C4e.</b> Spouse     | 0  | 1                         | 2              | 3                                   | 8                 | 9             |
| <b>C4f.</b> Child(ren) | 0  | 1                         | 2              | 3                                   | 8                 | 9             |

**C5.** Did any of your family members become disabled due to warzone bombings or shooting? (*Circle all that apply.*)

|                        | Yes | No | Not<br>applicable | Don't<br>know |
|------------------------|-----|----|-------------------|---------------|
| <b>C5a.</b> Father     | 1   | 2  | 8                 | 9             |
| <b>C5b.</b> Mother     | 1   | 2  | 8                 | 9             |
| <b>C5c.</b> Brother(s) | 1   | 2  | 8                 | 9             |
| <b>C5d.</b> Sister(s)  | 1   | 2  | 8                 | 9             |
| <b>C5e.</b> Spouse     | 1   | 2  | 8                 | 9             |
| <b>C5f.</b> Child(ren) | 1   | 2  | 8                 | 9             |

**C6.** Did any of your family members become disabled or seriously ill due to agent orange exposure? (*Circle all that apply.*)

|                        | Yes | No | Not<br>applicable | Don't<br>know |
|------------------------|-----|----|-------------------|---------------|
| <b>C6a.</b> Father     | 1   | 2  | 8                 | 9             |
| <b>C6b.</b> Mother     | 1   | 2  | 8                 | 9             |
| <b>C6c.</b> Brother(s) | 1   | 2  | 8                 | 9             |
| <b>C6d.</b> Sister(s)  | 1   | 2  | 8                 | 9             |
| <b>C6e.</b> Spouse     | 1   | 2  | 8                 | 9             |
| <b>C6f.</b> Child(ren) | 1   | 2  | 8                 | 9             |

## Characteristics of Military Participation

**Instructions:** For those who never served in the **FORMAL MILITARY** or **TNXP**, stop here and skip to question C1.

For those who have served in the **FORMAL MILITARY** or **TNXP**, we would like to ask you about your experience in the respective military organizations.

**C7.** He / she volunteered or was drafted into the military / TNXP

1. Volunteer
2. Draftee

**C8.** In what year did you first enter military service, or TNXP (i.e., first term of service)?

\_\_\_\_\_

*If don't remember, fill 8888*

*If proxy answers instead, fill 9999*

**C9.** In which branch of the military did you first serve? Indicate division/base (e.g., infantry, navy, transport, anti-aircraft).

1. Vietnam People's Army, Infantry
2. Vietnam People's Army, Armour
3. Vietnam People's Army, Artillery
4. Vietnam People's Army, Special Operation Force
5. Vietnam People's Army, Engineer/Transportation
6. Vietnam People's Army, Medical Corps
7. Vietnam People's Army, Signal/Communication
8. Vietnam People's Navy
9. Vietnam People's Air-defense
10. Vietnam People's Air Forces
11. Liberation Army of Southern Vietnam
99. Other (specify: \_\_\_\_\_)

**C10.** (*Interviewer instruction: Ask formal military members only*) What was your rank when you first entered the military?

1. Private
2. Private First Class
3. Corporal
4. Sergeant
5. Sergeant Major
6. Aspirant
7. Junior Lieutenant
8. Lieutenant
9. Senior Lieutenant
10. Captain
11. Major
12. Lieutenant Colonel
13. Colonel
14. Senior Colonel
15. Major General
16. Lieutenant General

17. Colonel General
18. General
19. Rear Admiral
20. Admiral
21. Officer Cadet
22. Other (specify: \_\_\_\_\_)

**C11.** Throughout your service, in which branch of the military did you spend the most time? Indicate division/base (e.g., infantry, navy, transport, anti-aircraft).

1. Vietnam People's Army, Infantry
2. Vietnam People's Army, Armour
3. Vietnam People's Army, Artillery
4. Vietnam People's Army, Special Operation Force
5. Vietnam People's Army, Engineer/Transportation
6. Vietnam People's Army, Medical Corps
7. Vietnam People's Army, Signal/Communication
8. Vietnam People's Navy
9. Vietnam People's Air-defense
10. Vietnam People's Air Forces
11. Liberation Army of Southern Vietnam
99. Other (specify: \_\_\_\_\_)

**C12.** What was your rank at the time you completed your final term of service?

1. Private
2. Private First Class
3. Corporal
4. Sergeant
5. Sergeant Major
6. Aspirant
7. Junior Lieutenant
8. Lieutenant
9. Senior Lieutenant
10. Captain
11. Major
12. Lieutenant Colonel
13. Colonel
14. Senior Colonel
15. Major General
16. Lieutenant General
17. Colonel General
18. General
19. Rear Admiral
20. Admiral
21. Officer Cadet
22. Other (specify: \_\_\_\_\_)

**C13.** What was your position when you completed your final term of service?

1. Political officer
2. Military commander
8. Not applicable
9. Don't know

## Experience During Military Participation (duty, training, injury, and accolades)

**C14.** What was the primary work/task/duty you primarily performed during the service in FORMAL MILITARY and/or TNXP?

\_\_\_\_\_

**C15.** Were you trained in the following skills during the service in the FORMAL MILITARY or TNXP?

|                                       | Yes | No | Proxy answered |
|---------------------------------------|-----|----|----------------|
| <b>C15a.</b> Weapons-related training | 1   | 2  | 99             |
| <b>C15b.</b> Mechanics                | 1   | 2  | 99             |
| <b>C15c.</b> Telecommunications       | 1   | 2  | 99             |
| <b>C15d.</b> Electronics              | 1   | 2  | 99             |
| <b>C15e.</b> Driving                  | 1   | 2  | 99             |
| <b>C15f.</b> Agriculture              | 1   | 2  | 99             |
| <b>C15g.</b> Medical-related training | 1   | 2  | 99             |
| <b>C15h.</b> Foreign language         | 1   | 2  | 99             |
| <b>C15i.</b> Other (specify _____)    | 1   | 2  | 99             |

**C16.** Did you keep in touch with your family members during your service and if so through visits, letters or both?

1. Yes, through visits (I visited home/family members visited me)
2. Yes, through letters
3. Yes, through both visits and letters
4. Did not keep in touch
99. Proxy answered

**C17.** Were you seriously injured or ill as a result of serving in the FORMAL MILITARY or TNXP and if so, once or multiple times?

1. Once
2. Multiple times
3. None → *Skip to C21*

**C18.** What was the cause of your injury or illness (if multiple, think about the most serious one)? Were your injuries a result of combat, an accident, or some other cause? (*If injured more than once, refer to most serious incident.*)

1. Injured in combat
2. Injured in noncombat accident
3. Experienced illness (e.g. malaria)
4. Other cause (specify: \_\_\_\_\_)



**C19.** Were you ever hospitalized due to service-related injury or illness? *If injured/ill multiple times, consider the most serious time.*

- 1. Yes
- 2. No
- 9. Don't know/don't remember

**C20.** Were you ever discharged due to service-related injury or illness? *If injured/ill multiple times, consider the most serious time.*

- 1. Yes
- 2. No
- 9. Don't know/don't remember

**C21.** How many times did you receive official accolades during the service?

- 0. Never
- 1. One
- 2. Two
- 3. Three
- 4. Four
- 5. Five or more
- 9. Received but don't remember

**C22.** Did you have any periods of inactive duty of at least one month during your service?

- 1. Yes
- 2. No → *Skip to C24*
- 9. Don't know/don't remember
- 99. Proxy answered

**C23.** How many periods of inactive duty did you have?

*Limited to 50 times.  
Ask the reasons for only 5 periods.*

What is the main reason for each of the *n* periods of inactive duty you just mentioned?

|                              | Family Needs | Injury | Respite | Granted Leave | Other, specify |
|------------------------------|--------------|--------|---------|---------------|----------------|
| <b>C23a.</b> Inactive duty 1 | 0            | 1      | 2       | 3             | 5 _____        |
| <b>C23b.</b> Inactive duty 2 | 0            | 1      | 2       | 3             | 5 _____        |
| <b>C23c.</b> Inactive duty 3 | 0            | 1      | 2       | 3             | 5 _____        |
| <b>C23d.</b> Inactive duty 4 | 0            | 1      | 2       | 3             | 5 _____        |
| <b>C23e.</b> Inactive duty 5 | 0            | 1      | 2       | 3             | 5 _____        |

## Discharge from the military

In what month and year were you discharged from the military or TNXP?

**C24.** Were you discharged from the military?

1. Already discharged/retired
2. Still serving → *Skip to C26*
9. Don't know/don't remember → *Skip to C25*

**C24a.** Month: \_\_\_\_\_ (*If don't know, fill 88*)

**C24b.** Year: \_\_\_\_\_

**C25.** What was the reason for being discharged?

1. Injured
2. Age
3. End of war
4. Changed occupation due to allocation of government
5. Other reason (specify \_\_\_\_\_)
9. Don't know/don't remember

## Post-military Service Status & Benefits

**C26.** At the time of your discharge, did you receive the “war invalids” status?

1. Yes, *thuong binh* (war invalid)
2. Yes, *benh binh* (sick soldier) → *Skip to C28*
3. Had an injury/illness but didn't receive → *Skip to C29*
4. Not injured/ill → *Skip to C29*
9. Don't know/ Don't remember → *Skip to C29*

**C27.** What is the classification of your “war invalids” status – *thuong binh*?

1. one quarter (81%+) → *Skip to C29*
2. two quarters (61-80%) → *Skip to C29*
3. three quarters (41-60%) → *Skip to C29*
4. four quarters (21-40%) → *Skip to C29*

**C28.** What is the classification of your “war invalids” status – *benh binh*?

1. one quarter (81%+)
2. two quarters (61-80%)
3. three quarters (41-60%)
4. four quarters (21-40%)

**C29.** Did you ever receive a monthly pension or disability allowance after discharge?

1. Yes, pension
2. Yes, disability allowance
3. Both, pension and disability
9. Other (specify \_\_\_\_\_)
4. Neither

**C30.** Did you ever receive any veteran health insurance?

1. Yes
2. No

## VA Membership & Social Relationships

**C31.** Have you ever been a member of the Veterans Association?

1. Yes
2. No → *Skip to C33*

**C32.** Have you received any support/help from or through your local Veterans Association?

1. Yes
2. No

**C33.** Do you still have friends or keep in touch with friends from your days in the formal military and/or TNXP?

1. Yes
2. No → *Skip to C37*
3. All passed away → *Skip to C36*
9. DK → *Skip to C37*

**C34.** How often do you keep in contact with your friends from the FORMAL MILITARY or TNXP (e.g., see, write, e-mails, social media, or talk on the phone)?

1. Very often
2. Sometimes
3. Never
8. Proxy answered
9. Don't know
99. Proxy answered

**C35.** How often do your friends from the FORMAL MILITARY and/or TNXP help you out?

1. Very often
2. Sometimes
3. Never
8. Proxy answered
9. Don't know
99. Proxy answered

**C36.** How close do you feel towards your friends from the FORMAL MILITARY and/or TNXP? *If the subject's friends have passed away, then ask about when they were still alive?*

1. Very close
2. Somewhat close
3. Not close at all
8. No answer
9. Don't know
10. Proxy answered
99. Proxy answered

## Satisfying Military Experiences

Many veterans had satisfying experiences during wartime service. For each of the following, please describe your level of satisfaction – whether it was very satisfying, somewhat satisfying, not too satisfying, or not at all satisfying? Or, if you never had that experience, please tell me.

|                                                                                                                                               | Very satisfying | Somewhat satisfying | Not too satisfying | Not satisfying | Never had that experience | Proxy answered |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------|--------------------|----------------|---------------------------|----------------|
| <b>C37.</b> Camaraderie with friends?                                                                                                         | 1               | 2                   | 3                  | 4              | 5                         | 99             |
| <b>C38.</b> Sense of doing something important (for example, significant to the nation, making contribution to the French war, American war)? | 1               | 2                   | 3                  | 4              | 5                         | 99             |
| <b>C39.</b> The acquisition of new knowledge or skills in the line of duty?                                                                   | 1               | 2                   | 3                  | 4              | 5                         | 99             |

## Military CV Availability

*Instruction: Ask the following two questions to only those who served in the FORMAL MILITARY and TNXP.*

**C40.** Every FORMAL MILITARY soldier had his/her own military CV booklet (Ly lich quan nhan (LLQN)). Where's yours?

1. In my possession and in a good condition.
2. In my possession and in a bad condition.
3. Not in my possession because my former military unit, employer, or other government office/officer kept it → *Skip to D1*
9. I don't know its whereabouts → *Skip to D1*

## SECTION D. WARZONE STRESSORS AND IMPACTS

### Nearness to death/severe injury

*This section applies to all subjects.*

In this section, I would like to know about the experiences or stressful events that you had during the war. Please share with me if you experienced the following events during the French war, American war, Cambodian war, border war?

*IN THIS SECTION, QUESTIONS ARE FOR RESEARCH SUBJECT. ONLY QUESTIONS C6, C18, C19, C20, C21, C22 CAN BE ASKED OF THE PROXY. IN THE CASE WHERE THE PROXY ANSWERS, CHOOSE "PROXY ANSWERED"*

- D1.** How often did you see dead or seriously injured Vietnamese soldiers (FORMAL MILITARY)?
1. Never
  2. 1 or 2 times
  3. 3 to 9 times
  4. 10 or more times
  8. Refused to answer
  9. Don't know/don't remember
  99. Proxy answered
- D2.** How often did you see dead or seriously injured foreign soldiers (French, American, Japanese, Cambodian, Chinese, ...)?
1. Never
  2. 1 or 2 times
  3. 3 to 9 times
  4. 10 or more times
  8. Refused to answer
  9. Don't know/don't remember
  99. Proxy answered
- D3.** How often did you see dead or seriously injured civilians?
1. Never
  2. 1 or 2 times
  3. 3 to 9 times
  4. 10 or more times
  8. Refused to answer
  9. Don't know/don't remember
  99. Proxy answered
- D4.** How often did you experience saving the life of a soldier or civilian? (in battle or at the areas close to the battlefield)
1. Never
  2. 1 or 2 times
  3. 3 to 9 times
  4. 10 or more times
  8. Refused to answer
  9. Don't know/don't remember
  99. Proxy answered

**D5.** Did you know persons who were seriously injured or killed in battle?

- 1. Never
- 2. 1 or 2 times
- 3. 3 to 9 times
- 4. 10 or more times
- 8. Refused to answer
- 9. Don't know/don't remember
- 99. Proxy answered

**D6.** Were you ever wounded or injured in the warzone?

- 1. Never
- 2. 1 or 2 times
- 3. 3 to 9 times
- 4. 10 or more times
- 8. Refused to answer
- 9. Don't know/don't remember
- 99. Proxy answered

## Posttraumatic Stress

People sometimes have problems in response very stressful experiences during wartime. Given your traumatic experiences during wartime, especially the most stressful experiences/events, did you have the following problems in the last month? If yes, please rate your level of stress.

|                                                                                                                                                                 | <b>a.</b> Did you have the problem in the last month?                                                                                                    | <b>b.</b> If yes, did you ever experience this problem?                                                                                                                                                         | <b>c.</b> Do you still experience this problem? (e.g. in the past year)                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                 | <ul style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>8. Refused to answer</li> <li>9. Don't know</li> <li>99. Proxy answered</li> </ul> | <ul style="list-style-type: none"> <li>0. Not at all</li> <li>1. A little bit</li> <li>2. Moderately</li> <li>3. A lot</li> <li>8. Not applicable</li> <li>9. Don't know</li> <li>99. Proxy answered</li> </ul> | <ul style="list-style-type: none"> <li>0. Not at all</li> <li>1. A little bit</li> <li>2. Moderately</li> <li>3. A lot</li> <li>8. Not applicable</li> <li>9. Don't know</li> <li>99. Proxy answered</li> </ul> |
| <b>D7.</b> Having repeated, disturbing and unwanted memories of the stressful experience?                                                                       | D7a.                                                                                                                                                     | D7b.                                                                                                                                                                                                            | D7c.                                                                                                                                                                                                            |
| <b>D8.</b> Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)? | D8a.                                                                                                                                                     | D8b.                                                                                                                                                                                                            | D8c.                                                                                                                                                                                                            |
| <b>D9.</b> Avoiding memories, thoughts, or feelings related to the stressful experience?                                                                        | D9a.                                                                                                                                                     | D9b.                                                                                                                                                                                                            | D9c.                                                                                                                                                                                                            |

|                                                                                                                                                                                                                                               |       |       |       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|-------|
| <b>D10.</b> Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)? | D10a. | D10b. | D10c. |
| <b>D11.</b> Loss of interest in activities that you used to enjoy or interest in spending time with other people?                                                                                                                             | D11a. | D11b. | D11c. |
| <b>D12.</b> Irritable behavior, angry outbursts, or aggression?                                                                                                                                                                               | D12a. | D12b. | D12c. |
| <b>D13.</b> Feeling jumpy or easily startled?                                                                                                                                                                                                 | D13a. | D13b. | D13c. |
| <b>D14.</b> Having difficulty concentrating?                                                                                                                                                                                                  | D14a. | D14b. | D14c. |
| <b>D15.</b> Trouble falling or staying asleep?                                                                                                                                                                                                | D15a. | D15b. | D15c. |

### Malevolent Conditions

**D16.** How often did your family have to move because home or village was bombed during war (1965-75)?

1. Very often/many times
2. Often/several times
3. 1 or 2 times
4. Never
8. Refused to answer
9. DK/Don't remember

**D17.** How often did your family have to move due to evacuation during war (1965-75)?

1. Very often/many times
2. Often/several times
3. 1 or 2 times
4. Never
8. Refused to answer
9. DK/Don't remember

Often during wartime and in the years following, soldiers as well as civilians experience harsh living environments. How often did you encounter the following conditions during the following time periods?

|                                                                                                               | a. Did you experience this?                              | b. If yes, how often during the war (1965-75):                                                                             | c. If yes, how often during the years after the war (1976-1985):                                                           |
|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
|                                                                                                               | 1. Yes<br>2. No<br>8. Refused to answer<br>9. Don't know | 1. Very often/many times<br>2. Often/several times<br>3. 1 or 2 times<br>4. Never<br>8. Refused to answer<br>9. Don't know | 1. Very often/many times<br>2. Often/several times<br>3. 1 or 2 times<br>4. Never<br>8. Refused to answer<br>9. Don't know |
| <b>D18.</b> Illness, weakness or discomfort due to shortage of clean water?                                   | D18a.                                                    | D18b.                                                                                                                      | D18c.                                                                                                                      |
| <b>D19.</b> Illness, weakness or discomfort due to shortage of food?                                          | D19a.                                                    | D19b.                                                                                                                      | D19c.                                                                                                                      |
| <b>D20.</b> Inability to sleep due to noise, inhospitable conditions?                                         | D20a.                                                    | D20b.                                                                                                                      | D20c.                                                                                                                      |
| <b>D21.</b> Fear of being injured or killed?                                                                  | D21a.                                                    | D21b.                                                                                                                      | D21c.                                                                                                                      |
| <b>D22.</b> Exposure to toxic chemicals?                                                                      | D22a.                                                    | D22b.                                                                                                                      | D22c.                                                                                                                      |
| <b>D23.</b> If yes to C26, specifically, exposure to agent orange?                                            | D23a.                                                    | D23b.                                                                                                                      | D23c.                                                                                                                      |
| <b>D24.</b> Sexual assault, molestation, or any unwanted sexual contact involving the use or threat of force? | D24a.                                                    | D24b.                                                                                                                      | D24c.                                                                                                                      |

## Combat Experiences

*ONLY ASK THE REST OF THE QUESTIONS IN THIS SECTION OF PEOPLE IN FORMAL MILITARY OR TNXP/MILITIA. Otherwise, skip to D1.*

Earlier, you indicated that you participated in the FORMAL MILITARY, TNXP or militia. In this section, we would like to find out further details about warzone experiences.

**D25.** During your military/TNXP service, in how many battlefields did you participate?

\_\_\_\_\_ *If don't remember, fill 8888*

First, we would like for you to describe to us the battlefields upon which you served during the American War or other wars in which you served. Please tell us the provinces in which you participated & when you were engaged in this area. Interviewer: Record the name/number of battlefields, and the time periods. *If don't remember, fill 8888. Proxy is answering, fill 9999*

**D25a.** Battlefield 1/Province name \_\_\_\_\_, Start year \_\_\_\_\_, End year \_\_\_\_\_

**D25b.** Battlefield 2/Province name \_\_\_\_\_, Start year \_\_\_\_\_, End year \_\_\_\_\_



**D25c.** Battlefield 3/Province name \_\_\_\_\_, Start year \_\_\_\_\_, End year \_\_\_\_\_

**D25d.** Battlefield 4/Province name \_\_\_\_\_, Start year \_\_\_\_\_, End year \_\_\_\_\_

**D25e.** Battlefield 5/Province name \_\_\_\_\_, Start year \_\_\_\_\_, End year \_\_\_\_\_

**D26.** Of all of these battlefield experiences, which do you recall to be the most dangerous or difficult?

\_\_\_\_\_

Considering your military or militia service overall, did you experience these things and how often?

**D27.** Did you ever go on combat patrols or perform dangerous duties?

1. Never
2. 1 or 2 times
3. Greater than 2, less than 10 times
4. 10 or more times
8. Refused to answer
9. Don't know/don't remember
99. Proxy answered

**D28.** How often did you experience being attacked or ambushed?

1. Never
2. 1 or 2 times
3. Greater than 2, less than 10 times
4. 10 or more times
8. Refused to answer
9. Don't know/don't remember
99. Proxy answered

**D29.** How often were you under artillery, rocket, or mortar fire?

1. Never
2. 1 or 2 times
3. Greater than 2, less than 10 times
4. 10 or more times
8. Refused to answer
9. Don't know/don't remember
99. Proxy answered

**D30.** How often did you shoot or direct fire at the enemy?

1. Never
2. 1 or 2 times
3. Greater than 2, less than 10 times
4. 10 or more times
8. Refused to answer
9. Don't know/don't remember
99. Proxy answered

**D31.** How often were you responsible for the death of an enemy combatant?

1. Never
2. 1 or 2 times
3. Greater than 2, less than 10 times
4. 10 or more times
8. Refused to answer
9. Don't know/don't remember
99. Proxy answered

**D32.** How often did your mission unfortunately result in the death of a noncombatant/civilian?

1. Never
2. 1 or 2 times
3. Greater than 2, less than 10 times
4. 10 or more times
8. Refused to answer
9. Don't know/don't remember
99. Proxy answered

**D33.** How often did you experience a close call, being shot or hit?

1. Never
2. 1 or 2 times
3. Greater than 2, less than 10 times
4. 10 or more times
8. Refused to answer
9. Don't know/don't remember
99. Proxy answered

**D34.** How often did you have a buddy who was shot or hit who was near you in battle?

1. Never
2. 1 or 2 times
3. Greater than 2, less than 10 times
4. 10 or more times
8. Refused to answer
9. Don't know/don't remember
99. Proxy answered

## SECTION E: CHILDREN AND INTERGENERATIONAL SUPPORT RELATIONS

Now we would like to learn about your children and the relationships that you have with them.

*THIS SECTION INCLUDES QUESTIONS ABOUT THE RELATIONSHIPS BETWEEN THE RESPONDENT AND HIS/HER CHILDREN, SO THESE QUESTIONS ARE FOR ONLY THE RESPONDENT (QUESTIONS E14-E22). IF THE RESPONDENT DOESN'T ANSWER OR THE PROXY IS ANSWERING INSTEAD, INTERVIEWER CHOOSES "PROXY ANSWERED" FOR ALL THESE QUESTIONS.*

**E1.** How many children do you have, including your biological children, adopted children and stepchildren, both living and dead?  
\_\_\_\_\_

**E2.** Of your living children, how many biological children do you have? \_\_\_\_\_

**E2a.** How many are sons? \_\_\_\_\_

**E2b.** How many are daughters? \_\_\_\_\_

**E3.** Of your living children, how many adopted or step children do you have? \_\_\_\_\_

**E3a.** How many living son(s), including adopted and step children? \_\_\_\_\_

**E3b.** How many living daughter(s), including adopted and step children? \_\_\_\_\_

**E4.** Do you have any children who died?

1 Yes

2 No → *Skip to E5 (Note: Skip Form F)*

**E4a.** How many children have you had that have died (including your natural children, adopted children or stepchildren)?  
\_\_\_\_\_

**E4b.** How many sons have died (including natural children, adopted children, step children of spouses)?  
\_\_\_\_\_

**E4c.** How many daughters have died (including natural children, adopted children, step children of spouses)?  
\_\_\_\_\_

**List of Children** (*If respondent does not have any living children, skip to Form F.*)

*COMPLETE QUESTIONS E5 through E22 for each living child.*

**E5.** Is this child living in the household?

1. Yes. *If YES, Select household member* \_\_\_\_\_ *→ Then, skip to E7*

2. No → *Proceed to E6*

**E6.** Sex?

1. Male
2. Female

**E7.** Relationship with respondent?

- 1 Own child
- 2 Adopted child
- 3 Step child
- 9 Other (specify: \_\_)

**E8.** Year of birth. *If don't remember, default 1<sup>st</sup> July*

Select Lunar or International Calendar:

1. International calendar
2. Lunar calendar

**E9.** Year of birth \_\_\_\_\_

*International calendar:*

- *If the respondent or the proxy does not remember exactly, ask by how many years the ages their children are different, and calculate the year of birth and fill in the form.*
- *If the respondent or the proxy tells approximate years of age, take the older age. (e.g. About 27-28 years old, fill 28).*
- *If the respondent or the proxy does not remember or does not know, fill 9999.*

**E10.** Location of this child:

1. Same household
2. Adjacent/very near
3. Same village/group
4. Same commune/ward
5. Same district
6. Same province
7. Other province (specify \_\_)
8. Hanoi
9. Ho Chi Minh city
10. Da Nang
11. Other country (specify \_\_)
12. Don't know/don't remember

**E11.** Child's current marital status:

- 1 Single
- 2 Married
- 3 Separated
- 4 Divorced
- 5 Widowed

**E12.** Child's highest level of education completed?

- Illiterate, did not go to school
- Reading and writing
- Grade 1-12/12
- Intermediate professional / intermediate technical
- College
- University, postgraduate
- Grade 1-10/10
- 99 Don't know

**E13.** This child's main occupation last year?

*Instruction for Interviewer: Main occupation is the one that person spent the majority of their time working last year. For example: More than 6 months doing farm works, select agriculture.*

- 1. Soldier/defense worker
- 2. Hired worker (in agriculture, forestry, fishery sectors)
- 3. Self-employed in agriculture, forestry, fishery
- 4. Store owner or salesperson
- 5. Mining
- 6. Construction
- 7. Transportation (driver of cargo or passenger transport)
- 8. Handicraft and artisan
- 9. Worker (in the factory such as garment, footwear, interior decoration production...)
- 10. Mechanics
- 11. Security, social safety, police
- 12. Hotel services, restaurant
- 13. Household helper/Domestic helper
- 14. Office worker
- 15. Professional, such as science, education, medicine, law, and the way professions are trained
- 16. Public servant
- 17. Government leader, manager
- 18. Student
- 19. Unemployed/Looking for a job
- 99. Other (specify)

**E14.** In the past year, did (name) give you any money (including Tet money)? *Ask for both spouses.*

- 1. Yes
- 6. No
- 8. Don't know/don't remember
- 99. Proxy answered

**E15.** In the past year, did (name) help you with any of the following: household chores/ maintenance/ farming/ family business? *Ask for both spouses.*

- 1. Yes, a lot
- 2. Some
- 3. Not at all
- 4. Don't know
- 99. Proxy answered

**E16.** In the past year, did you give (name) any money (including Tet money)? *Ask for both spouses.*

1. Yes
6. No
8. Don't know
99. Proxy answered

**E17.** In the past year, how often did you help (name's) household chores/maintenance/farming/family business?  
*Ask for both spouses.*

1. Yes, a lot
2. Some
3. Not at all
4. Don't know
- 99 Proxy answered

**E18.** In the past year, did you or your spouse provide care for (name)'s children? *Ask for both spouses.*

1. Yes, I provided care
2. Yes, my spouse provided care
3. Yes, both my spouse and I provided care
4. No
8. Not applicable
99. Proxy answered

**E19.** Do you feel you could discuss your worries and problems freely with this child (name)? *Only ask respondent.*

1. Not very much
2. Somewhat
3. Yes quite freely
4. Don't know
99. Proxy answered

**E20.** Overall, how satisfied are you regarding your relationship with (name)? *Only ask respondent.*

1. Very unsatisfied
2. Unsatisfied
3. Mixed feelings
4. Satisfied
5. Very satisfied
99. Proxy

*E21 and E22 not asked of children who live with the respondent.*

**E21.** How often did (name) visit you in the past year? *Ask for both spouses.*

1. Everyday/almost every day
2. Every few days
3. Weekly/almost weekly
4. Monthly/almost monthly
5. Every few months
6. Once a year
7. Not at all
8. Don't know
99. Proxy answered

**E22.** How often did (name) contact you by phone/other telecomm (e.g., email, SMS) in the past year?  
*Ask for both spouses.*

1. Everyday/almost every day
2. Every few days
3. Weekly/almost weekly
4. Monthly/almost monthly
5. Every few months
6. Once a year
7. Not at all
8. Don't know
99. Proxy answered

## SECTION F. DECEASED CHILDREN INFORMATION.

*Interviewer instruction: Skip to Section G if respondent answered zero (0) to questions E4 through E4c.*

Earlier you mentioned that you have had a child or children who have died. If I may, I would like to ask you a bit more about these children. Please tell me for each child that died:

**E4a.** How many children have you had that have died (including your natural children, adopted children or stepchildren)?

\_\_\_\_\_ *Note: This question is auto-filled from the previous section.*

*REPEAT QUESTIONS F1 THROUGH F5 FOR EACH DECEASED CHILD.*

**F1.** Sex

1. Male
2. Female
9. Don't know/Don't remember

**F2.** Year of birth: \_\_\_\_\_  
*If the respondent or the proxy doesn't remember exactly, ask about the difference in ages of children and identify the year of birth. Also ask the age when the child died and the year the child died to identify the year of birth. If don't know or don't remember, fill 9999*

**F3.** When did your son/daughter die?

\_\_\_\_\_ *If don't know, fill 9999.*

**F4.** What was the main cause of your child's death?

1. War-related casualty
2. Illness
3. Accident (not war-related)
4. Other (specify \_\_\_\_\_)
9. Don't know



## SECTION G: SIBLING ROSTER

I have a number of questions related to your siblings (including biological, adopted, foster siblings, step siblings), both still living and deceased.

*THIS SECTION CAN BE ASKED OF EITHER THE RESPONDENT OR THE PROXY.*

Now we would like to learn about your siblings including biological, adopted and step siblings, both still living and who have passed away. Let's start from the eldest.

**G1.** Living or dead, how many brothers do you have? (including biological, adopted and step siblings, those both still living and who have passed away)

\_\_\_\_\_

**G2.** Living or dead, how many sisters do you have? (including biological, adopted and step siblings, those both still living and who have passed away)

\_\_\_\_\_

*If G1 and G2 are both "0" → Skip to H1  
REPEAT QUESTIONS G3 THROUGH G8 FOR EACH SIBLING.*

Let's start from the eldest sibling.

**G3.** What is the sex of sibling number \_\_\_\_\_?

1. Male
2. Female
9. Không biết/Không nhớ

**G4.** What was \_\_\_\_\_'s year of birth

*Select lunar calendar or solar calendar*

1. International calendar
2. Lunar calendar

Calendar Year \_\_\_\_\_

*Don't remember/don't know, fill 9999*

**G5.** Is she/he alive?

1. Yes → *Ask about the next sibling*
2. No → *Continue to G6*

**G6.** What was \_\_\_\_\_'s year of death?

*Select lunar calendar or solar calendar*

1. International calendar
2. Lunar calendar

Calendar Year \_\_\_\_\_

*If the respondent or the proxy does not remember exactly, ask how many years different they are in age, calculate the year of birth, and fill in the form.*

*If the respondent gives an age range, take a higher age number. (Example: about 77 78 years old, 78 years old, calculated at the year of birth). If you absolutely cannot remember or do not know fill out 9999*

**G7.** Did \_\_\_\_\_ die due to war-related cause?

1. Yes, in battle
2. Yes, due to injury/illness sustained in military service
3. Yes, war-related but not in service
4. No, sibling died due to other causes
8. Don't know
9. Refused to answer

## SECTION H: RESIDENCE, HOUSING, SAVING, POSSESSIONS

I'd now like to ask you some questions about your current housing and economic situation. Please tell me about your current household/situation.

*THIS SECTION CAN BE ASKED OF BOTH RESPONDENT AND THE PROXY.*

### Household Assets

**H1.** What is the main source of drinking water for your household?

1. Bottled water
2. Piped water into residence
3. Public pipe water outside home
4. Well water in residence
5. Public well water
6. Spring/river/pond/lake
7. Rainwater
8. Other (specify)
88. No answer
9. Don't know

**H2.** What kind of toilet facility do most members of your household use?

1. One-compartment latrine
2. Two-compartment latrine (two pit)
3. Semi-septic tank
4. Septic tank
5. The discharge goes to lake
6. There's no latrine (river, ditches, pond...)
9. Other (specify)

**H3.** Does your household have any of these items?

| <b>Items</b>                            | <b>Yes</b> | <b>No</b> |
|-----------------------------------------|------------|-----------|
| <b>H3a.</b> TV                          | 1          | 2         |
| <b>H3b.</b> Telephone/ cell phone       | 1          | 2         |
| <b>H3c.</b> Refrigerator                | 1          | 2         |
| <b>H3d.</b> Air conditioner             | 1          | 2         |
| <b>H3e.</b> Motorcycle, moped, scooter  | 1          | 2         |
| <b>H3f.</b> Car, Truck                  | 1          | 2         |
| <b>H3g.</b> Computer                    | 1          | 2         |
| <b>H3h.</b> Internet access in the home | 1          | 2         |

## Income

**H4.** In the past year, did you or your spouse receive cash income from any of the following sources:

| Source                                                                                    | Yes | No |
|-------------------------------------------------------------------------------------------|-----|----|
| <b>H4a.</b> Work                                                                          | 1   | 2  |
| <b>H4b.</b> Pension (Luong huu)                                                           | 1   | 2  |
| <b>H4c.</b> Military pension                                                              | 1   | 2  |
| <b>H4d.</b> Military disability compensation<br>(war invalids/sick soldiers)              | 1   | 2  |
| <b>H4e.</b> Welfare, social agency or NGO                                                 | 1   | 2  |
| <b>H4f.</b> Rental property/land                                                          | 1   | 2  |
| <b>H4g.</b> Investments or savings                                                        | 1   | 2  |
| <b>H4h.</b> Transfers from children                                                       | 1   | 2  |
| <b>H4i.</b> Support from other family members                                             | 1   | 2  |
| <b>H4j.</b> Are there any other sources of income<br>besides the above-mentioned sources? | 1   | 2  |

**H5.** What is the main source of income support for you (and your spouse if married)?

1. Work (myself or my spouse)
2. Pension (myself or my spouse)
3. Welfare, social agency or NGO
4. Property Rental
5. Investments, savings or rental income (myself or my spouse)
6. Children (and daughters/sons in law)
7. Other relatives
8. Non-relatives
9. Other (Specify)

## Debt

*Interviewer instructions: If someone other than the chosen respondent is providing most of the answers to this questionnaire because the respondent is unable to do so, skip to Question 11 in the next section.*

**H6.** Does your household currently have any debt?

1. Yes → Continue to H8
2. No → Skip to H9
9. Don't know → Skip to H9

**H7.** How much of a burden is this debt to your household? Would you say it is:

1. A great burden
2. Somewhat of a burden
3. Not a burden
9. Don't know
99. Proxy answered

**H8.** Do you feel that your income is usually more than enough, just enough or less than enough to meet your expenses?

1. more than enough
2. just enough
3. less than enough
9. Don't know
99. Proxy answered

## SECTION I: SPOUSE MODULE

**I1.** What's your current marital status?

0. Never married → *End this section*
1. Currently married
2. Divorced
3. Widowed
4. Separated

**I1a.** What is the main lifetime occupation of your most recent spouse? *Ask if currently or ever married. If the respondent has been married more than once, ask about the most recent spouse.*

1. Soldier/defense worker
2. Agricultural, forestry, fishing, aquaculture hired laborer
3. Agricultural, forestry, fishing, aquaculture own or family business
4. Store owner or sale persons
5. Mining
6. Construction
7. Transportation (cargo and passenger)
8. Artisan, handicraft, printers
9. Factory work, e.g., garment, shoes, furniture making, plastics
10. Mechanics, metal work
11. Security, police, civil defense
12. Service industry, e.g., restaurant, hotel
13. Household helper
14. Technical work (e.g., sciences, education, medicine, law, other specialized highly trained work)
15. Professional working in an office, behind a desk
16. Government worker/public servant
17. Leader
18. Studying
19. Unemployed/looking for work
20. Did not work due to weak health
21. Did not work due to retirement
99. Other, specify: \_\_\_\_\_

**I2.** Not including your current marriage, have you ever been married before?

1. Yes, more than once → *Skip to I3*
2. No, I'm married only once → *Proceed to I2a*
9. Don't know/Don't remember → *Skip to I8*

**I2a.** How old were you when you got married? \_\_\_\_\_

**I3.** How many times have you been married before your current marriage? (*Only count past marriages. Do not count the current marriage.*)

\_\_\_\_\_

**I4.** How old were you when you got married for the \_\_\_\_\_ time?

\_\_\_\_\_ *Ask about the first marriage through the last marriage.*

**I5.** How old were you when your \_\_\_\_\_ marriage ended? (*Fill 9999 if this marriage has not ended yet.*)

\_\_\_\_\_

**I6.** Why did the marriage end?

1. Divorce → *If married more than once, return to I4. If married only once, skip to I8.*
2. Widowed → *Proceed to I7.*
9. Don't know / Don't remember → *If married more than once, return to I4. If married only once, skip to I8.*

**I7.** IF WIDOWED, how did your spouse die?

1. In war combat
2. Other war casualty
3. Other cause such as illness or accident not related to the war

*INTERVIEWER, IF MARRIED MORE THAN TWO TIMES REPEAT QUESTIONS I4-I7 FOR EACH SPOUSE.*

*Ask these questions of all ever-married respondents, referring to current spouse, or most recent spouse if widowed or divorced/separated. ONLY ASK QUESTIONS I8 THROUGH I11 OF RESPONDENT.*

**I8.** Taking all things together, how would you describe your marriage with your spouse on a scale from 1 to 5, with 1 being very unhappy and 5 being very happy?

1. Very unhappy
2. Somewhat unhappy
3. Neither happy nor unhappy
4. Happy
5. Very happy
99. Proxy answered

**I9.** How often does/did your spouse criticize, insult or talk down to you?

1. Never
2. Rarely
3. Sometimes
4. Often
99. Proxy answered

**I10.** How often does/did your spouse physically hurt you (slap, beat, push down, ...)?

1. Never
2. Rarely
3. Sometimes
4. Often
99. Proxy answered

**I11.** How often does/did your spouse threaten you with harm?

1. Never
2. Rarely
3. Sometimes
4. Often
99. Proxy answered

**I12.** Did your spouse, including if deceased, ever serve in the formal military, TNXP, or militia?

1. Yes
2. No → *Skip to I16*

**I13.** If YES, what was the time period of his/her service?

Start year: \_\_\_\_\_

End year: \_\_\_\_\_

**I14.** If YES, and she/he served in wartime, did your spouse share details of his/her experiences, or did she/he keep these memories to him/herself?

1. Shared experiences of wartime a great deal
2. Shared only a few experiences
3. Rarely shared experiences → *Skip to I16*
4. Never shared experiences of wartime → *Skip to I16*
8. Refused to answer → *Skip to I16*
9. DK → *Skip to I16*

**I15.** If your spouse shared wartime experiences a little bit or a great deal, were you, yourself, ever frightened by the things that your spouse told you about their wartime experiences?

1. Yes, often
2. Only briefly
3. No, never
8. Refused to answer
9. DK

**I16.** Does/did your spouse require your assistance to complete his/her daily needs, such as bathing, toileting, or eating?  
(*If your spouse passed away, ask about the time before death.*)

1. Yes
2. No → *End this section*
8. Not applicable → *End this section*

**I17.** How much of a mental and/or physical strain is/was it on you to provide help?

1. No strain
2. Some strain
3. A lot of strain
8. Not applicable, I do not provide help



## SECTION J: WORK AND EMPLOYMENT

*This section is for both research subject and the proxy.*

**J1a.** What was your PRIMARY occupation (at which you spent the most time) over your lifetime?

*Interviewer: ask about the PRIMARY occupation of the respondent. If the respondent is not currently working, ask about the occupation when he/she was working/in good health, i.e., the occupation in which the respondent spent the most time.*

- 1 Soldier / defense workers
- 2 Agricultural, forestry, fishing, aquaculture hired laborer
- 3 Agricultural, forestry, fishing, aquaculture own or family business
- 4 Store owner or salesperson
- 5 Mining
- 6 Construction
- 7 Transportation (cargo or passenger)
- 8 Artisan, handicraft, printers
- 9 Factory work, e.g., garment, shoes, furniture making, plastics
- 10 Mechanical/Electrical
- 11 Security, civil defense, police
- 12 Service industry, e.g., restaurant, hotel
- 13 Household helper
- 14 Technical working in an office, behind a desk
- 15 Professional e.g., science, education, medicine, law, other specialized highly trained work
- 16 Government worker/Public servant
- 17 Leader/Official (Gov't or Private sector)
- 18 Undefined
- 19 Work without pay
- 20 Too weak to work
- 21 Retired
- 99 Other, specify and specify if uncertain

**J1b1.** Are you currently still working?

1. Yes
2. No → *Skip to J1b3*

**J1b2.** If YES, what is your primary occupation? *See J1a for response options.*

**J1b3.** If NO, why don't you work anymore?

1. Complete retirement
2. Too weak to work
3. Unable to find a job
4. Other (specify)

**J3.** Did you deploy in the military/TNXP?

1. Yes
2. No → *End this section*

**J3a.** If YES, what was your primary occupation before you joined the army/ military/ volunteer forces? *(If the respondent deployed in the army/military/forces several times, ask about the first deployment.)*

*See J1a for response options.*

**J4.** For persons who deployed in military or TNXP, what was your main activity and, if working, your occupation in the year after you were discharged the military for the last time? *(If the respondent joined the military several times, ask about the last time.)*

*See J1a for response options.*

## SECTION K: MIGRATION HISTORY

I would like to ask you I want to ask you here you lived throughout your life.

Instructions: First, please tell me where you were born. Then, tell me all the places where you lived during the 10 years from 1945-2005. If your current address is different from where you lived in 2005, please indicate when you moved here.

**K1.** Where were you born?

\_\_\_\_\_ province

**K2.** Did you still live in the province where you were born in early 1965?

1. Yes, same province as at birth → *Skip to K3*
2. No, different province

**K2a.** Where did you mainly live in early 1965?

\_\_\_\_\_ province

**K3.** From 1965 until the end of the American War in April 1975, were you still living in the same place (where you lived in 1965)? *For enumerators: Living in a new place for at least 3 months is counted as a move.*

1. Yes
2. No

**K3a.** Where did you mainly live at the end of the war? (1975)

\_\_\_\_\_ province

**K4.** Over the time from 1965-1975, did you move your residence (at least 3 months)?

0. No → *Skip to K9*
1. Yes, I remember (specify how many times)
2. Yes, so many moves that I can't remember → *Skip to K9*
9. Don't know/Don't remember → *Skip to K9*

**K4a.** Specify number of migration times.

\_\_\_\_\_

*For each move enumerated in K4, ask: For the nth move...? (Interviewer instruction: If the respondent moved too many times to recall, ask him/her to describe the moves that they can recall).*

**K5a.** When did this move start?

\_\_\_\_\_  
*Don't remember / Don't know how to fill out 8888*

**K5b.** In the year \_\_\_\_\_ to which province did you move?

\_\_\_\_\_ (name of province)  
*(Select from the available lists)*

**K5c.** What was the main reason you moved to \_\_\_\_\_ in the year \_\_\_\_\_?

1. Military deployment
  2. Flee/evacuation
  3. House/Village are destroyed/bombed
  4. Marriage
  5. Job/Work
  6. Care for elderly
  7. Education
- Other reason (specify) \_\_\_\_\_  
Don't know / Don't remember

**K5d.** Until which year did you stay in \_\_\_\_\_?

\_\_\_\_\_  
*Don't remember / Don't know how to fill out 8888*

**K6.** In the five years after the war (1975 - 1979), did you ever move to another province?

1. No
2. Yes, 1 time
3. Yes, a few times
4. Yes, over 5 times
9. Don't know/don't remember

## SECTION L: FAMILY BACKGROUND, RELIGION AND ATTITUDES ON LIFE

### Parental background

**L1.** Is your father still alive?

1. Yes
2. No → *Skip to L1b*
3. Not applicable → *Skip to L2*

**L1a.** What is his current age?

*Don't remember / Don't know how to fill out 8888*

**L1b.** What was your father's age at his death:

*Don't remember / Don't know how to fill out 8888*

**L2.** What was the highest level of schooling your father completed?

1. Illiterate/Did not attend school
2. Some formal education, did not complete primary school
3. Some formal education, completed primary school
4. Did not complete junior secondary school
5. Completed junior secondary school and higher
99. Don't know/Don't remember

**L3.** Is your mother still alive?

1. Yes
2. No → *Skip to L3b*

**L3a.** What is your mother's current age?

*Don't remember / Don't know how to fill out 8888*

**L3b.** What was your mother's age at her death:

*Don't remember / Don't know how to fill out 8888*

**L4.** What was the highest level of schooling your mother completed?

1. Illiterate/Did not attend school
2. Some formal education, did not complete primary school
3. Some formal education, completed primary school
4. Did not complete junior secondary school
5. Completed junior secondary school and higher
99. Don't know/Don't remember

## Early Childhood Experiences

*Ask these questions only of the respondent.*

**L5.** Consider your health while you were growing up, before you were 16 years old. How would you rate your own health?

1. Very good
2. Good
3. Fair
4. Poor
5. Very poor
9. Don't know/don't remember
99. Proxy answered

**L6.** Did you experience severe hunger? (e.g., going to bed hungry, having to scavenge for food) for a month or longer due to food shortage during your childhood (i.e. from when you were born, up to and including age 15)?

1. Yes, only once
2. Yes, many times
3. No
8. No answer
99. Proxy answered

## Religious practice and beliefs

**L7.** How often did you practice ancestor worship at home during the last month?

1. Not at all
2. Once or twice
3. Once a week
4. Several times a week
5. Every day (or most days)
8. Refused to answer
9. Don't know/don't remember

**L8.** What is your religion?

1. Buddhism/Buddhist
2. Laoism/Taoism (Laoist/Taoist)
4. Caodaism/Cao Lai
5. Catholicism/ Catholic/Roman Catholic
6. Protestantism
7. Other (specify) \_\_\_\_\_
8. No religion
9. Don't know
10. Refused to answer

**L9.** How often did you pray, meditate or worship at home during the last month?

1. Not at all
2. Once or twice
3. Once a week
4. Several times a week
5. Every day (or most days)
8. Refused to answer
9. Don't know

**L10.** Overall, how important would you say ancestor worship is in your life?

1. Not at all important
2. Slightly important
3. Moderately important
4. Very important
8. No answer
9. Don't know
99. Proxy answered

## SECTION M: LIFE EVENT STRESS AND SOCIAL ENGAGEMENT/NETWORKS

### Life Event Stress

I would like to ask about some of your life events and their impacts on you. In the last 2-3 recent years, did you experience the following events? If yes, how did the events make you feel stressed or anxious?

*THIS SECTION IS FOR THE RESEARCH SUBJECT ONLY (QUESTIONS M1-M8)*

|                                                                                                    | <b>a. In the past 3 years did you experience...?</b> | <b>b. If YES, did the event make you feel stressed or anxious:</b>                                           |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
|                                                                                                    | 1. Yes<br>2. No                                      | 1. No stress<br>2. A little stress<br>3. Some stress<br>4. A lot of stress<br>99. Don't know/ don't remember |
| <b>M1.</b> An accident (in home, vehicle, workplace) that caused physical or psychological injury? | M1a.                                                 | M1b.                                                                                                         |
| <b>M2.</b> Marital disruption (widowhood or divorce)?                                              | M2a.                                                 | M2b.                                                                                                         |
| <b>M3.</b> A major residential move?                                                               | M3a.                                                 | M3b.                                                                                                         |
| <b>M4.</b> Death of a child?                                                                       | M4a.                                                 | M4b.                                                                                                         |
| <b>M5.</b> Spouse becoming severely ill?                                                           | M5a.                                                 | M5b.                                                                                                         |
| <b>M6.</b> Great financial difficulty?                                                             | M6a.                                                 | M6b.                                                                                                         |

### Social engagement and social networks

**M7.** During the last year, how often did you engage in the following activities? Was it never, once or a few times, about every month, about every week, or every day? Frequency of activities:

|                                                                                       | Never | Once or a few times a year | Monthly or almost monthly | Weekly or almost weekly | Daily or almost daily | Don't know |
|---------------------------------------------------------------------------------------|-------|----------------------------|---------------------------|-------------------------|-----------------------|------------|
| <b>M7a.</b> Visit a child, sibling or other family member who does not live with you? | 1     | 2                          | 3                         | 4                       | 5                     | 99         |
| <b>M7b.</b> Socialize with friends and neighbors, like chatting or eating together    | 1     | 2                          | 3                         | 4                       | 5                     | 99         |
| <b>M7c.</b> Do physical exercise (e.g, vigorous walking, play sports)                 | 1     | 2                          | 3                         | 4                       | 5                     | 99         |



|                                                                |   |   |   |   |   |    |
|----------------------------------------------------------------|---|---|---|---|---|----|
| <b>M7d.</b> Play games such as chess, cards or other games.    | 1 | 2 | 3 | 4 | 5 | 99 |
| <b>M7e.</b> Do volunteer or charity work.                      | 1 | 2 | 3 | 4 | 5 | 99 |
| <b>M7f.</b> Attend community meetings or organized activities. | 1 | 2 | 3 | 4 | 5 | 99 |

Now, please tell us about your membership and participation in organization activities.

- |                                                                                                                                                                                               |                                                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>a.</b> Are you a member of any of the following Organizations?</p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>3. No answer</li> <li>4. Don't know</li> </ol> | <p><b>b.</b> If yes, how often do you attend meetings or meet with organization members:</p> <ol style="list-style-type: none"> <li>1. Weekly</li> <li>2. Monthly</li> <li>3. Yearly</li> <li>4. Never</li> <li>8. No answer</li> <li>9. Don't know</li> </ol> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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|                                                                      |       |       |
|----------------------------------------------------------------------|-------|-------|
| <b>M8.</b> Women's Union? ( <i>Only ask women</i> )                  | M11a. | M11b. |
| <b>M9.</b> Communist Party?                                          | M12a. | M12b. |
| <b>M10.</b> Fatherland Front?                                        | M13a. | M13b. |
| <b>M11.</b> Veteran's Association?                                   | M14a. | M14b. |
| <b>M12.</b> Senior Club?                                             | M15a. | M15b. |
| <b>M13.</b> Farmer's Association?                                    | M16a. | M16b. |
| <b>M14.</b> Any other club, association, group(s);<br>Specify: _____ | M18a. | M18b. |

***Thank respondent and terminate interview.***