

VIETNAM VMIS 2001

# household questionnaire

Motarlity and Injury information in the past year

1. Province .....		2. District.....	
2. Commune.....		4. House No:.....	
5. Interviewee .....			
6. Interviewer .....			
7. Date of interview .....		/...../2001	
<p>Injury is becoming a major health problem in vietnam, in order to have a better strategy for prevention we would like to collect information about your, and your family on disease and injury in the past year. Please answer all questions in this form.</p>			
<p><b>Injury is defined as any condition caused by : fall, hitting, burn, etc. that condition lead to bleeding, hospitalized, etc. and need medical care, leave of work or school at least 1 day</b></p>			
<p><b>Household is defined as a member have relationship, leaving in a house, sharing meal and information in at least past 3 months</b></p>			
<b>Interviewer comment</b>		<b>Questionaire check</b>	
Interviewee attitude		Quality of questionnaire	
<i>Cooporate</i> <input type="checkbox"/>		<i>Good</i> <input type="checkbox"/>	
<i>Not cooporate</i> <input type="checkbox"/>		<i>Re-interview</i> <input type="checkbox"/>	
<b>Interviewer (sign)</b>		<b>Supervisor (sign)</b>	

## household information

		question		answer		code		
H1	How many family member are living in this house in last 12 months			-----		<input type="text"/>		
H2	Please give name, gender, age, education, occupation of each household member							
no	Name	Sex		Date of birth	Education	Occupation	<input type="text"/>	
		M	F					
1								<input type="text"/>
2								
3								
4								
5								
6								
7								
8								
9								
10								
<b>Education</b>		<b>Occupation</b>						
1. illiterate		1. Farmer		8. Retired		<input type="text"/>		
2. Primary school		2. Government officer		9. Retired because poor health				
3. Lower secondary school		3. Petty trader		10. Unemployed				
4. Upper secondary school		4. Employed		11. Other				
5. Vocational school		5. Studying						
6. Undergraduate level		6. Children						
7. Graduate level		7. Handicraft						
8. Children								
Please give us the number of following equipment in your house								
H3	-Bycle					<input type="text"/>		
	- Motorcycle					<input type="text"/>		
	- Car/small van					<input type="text"/>		
	- TV					<input type="text"/>		
	- Radio/Cassette					<input type="text"/>		
H4	Monthly income of your family							<input type="text"/>
	1: 0- 99.000 VN \$							
	2: 100.000 - 249.000 VN \$							
	3: 250.000 - 499.000 VN \$							
	4: 500.000 - 749.000 VN \$							
	5: 750.000 - 999.000 VN \$							
	6: 1.000.000 - 1.499.000 VN \$							
	7: 1.500.000 - 1.999.000 VN \$							
	8: 2.000.000 - 2.499.000 VN \$							
	9: 2.500.000 - 2.999.000 VN \$							
	10: 3.000.000 - 3.499.000 VN \$							
	11: 3.500.000 - 3.999.000 VN \$							
	12: 4.000.000 - 6.499.000 VN \$							
	13: Tr <sup>a</sup> n 6.500.000 VN \$							
14: Tô ch <sup>e</sup> i tr <sup>a</sup> l <sup>e</sup> i								

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<b>H5</b>	In the past 12 months, is there anyone in your family has injured/feel ill/ that made the person limit daily activities at least 1 day/or went to hospital/or died	
	1: Yes 2: No 3: Not answer 4: Don't know	} Stop

**List all cases: disease, injured, death in following table**  
( )

TT	Name	Sex	DOB	Disease/Death Cause	Injured cause	DOD
(1)	(2)	(3)	(4)	(5)	(6)	(7)

Nhập tiếp ở đây

- (3)** 1- Male; 2: Female
- (4)** Date of birth
- (5)** 1: Disease/Injury; 2: Death
- (6)** 1: Communicable disease  
2: Chronic disease  
3: Injury related  
4: Other
- (8)** Date of death

- (7) Injury causes**
- 1: Transportation related
  - 2: Sharp object: knife, sharp objects
  - 3: Drowning
  - 4: Food poisoning
  - 5: Poisoning
  - 6: Fall
  - 7: Assaulted
  - 8: Thunder
  - 9: Electric shock
  - 10: Animal bite
  - 11: Burn
  - 12: Suffocation
  - 13: Natural objects
  - 14: machinery
  - 15: Suicide

**if there is any injury related case(s), continue with injury form**

**if more than one case, use separated form for each case**

**if no injury case, stop interviewing**

## injury form

No	Question	code	
<b>Q1</b>	When the injur happened _____/_____/_____	____/____/____	
<b>Q2</b>	<b>Causes:</b>	<input type="checkbox"/>	
	1: Unintentional by other		
	2: Unintentional by oneself      Go to Q4		
	3: Intention by other		
	4: Intention by oneself      Go to Q4		
	5: Natural      Go to Q4		
	6: Not answer      Go to Q4		
	7: Don't know      Go to Q4		
<b>Q3</b>	Do the victim know the person that made the cause	<input type="checkbox"/>	
	1: Yes		
	What relationship _____		
	2: No, don't know		
	3: Not answer		
<b>Q4</b>	<b>What is the cause of injury?</b> (Choose all causes)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	1: Transportation related      Go to Q4.1		
	2: Unintentional by sharp object      Go to Q4.2		
	3: Downing      Go to Q4.3		
	4: Food poisoning      Go to Q4.4		
	5: Other poisoning      Go to Q4.4		
	6: Fall      Go to Q4.5		
	7: Electronic shock      Go to Q4.6		
	8: Animal bite      Go to Q4.7		
	9: Burning      Go to Q4.8		
	10: Suffodination      Go to Q4.9		
	11: Natural objects      Go to Q4.10		
	12: Machinery      Go to Q4.11		
	13: Lightening      Go to Q4.12		
	14: Others      Go to Q4.12		
<b>Q4.1</b>	<b>Transportation</b>	Victim	The other
	1: Car	<input type="checkbox"/>	<input type="checkbox"/>
	2: Tricycle	<input type="checkbox"/>	<input type="checkbox"/>
	3: Bicycle	<input type="checkbox"/>	<input type="checkbox"/>
	4: Motorcycle (<70cc)	<input type="checkbox"/>	<input type="checkbox"/>
	5: Motorcycle (70 - <150 cc)	<input type="checkbox"/>	<input type="checkbox"/>
	6: Motorcycle (> 150 cc)	<input type="checkbox"/>	<input type="checkbox"/>
	7: Small van (< 1.5 ton)	<input type="checkbox"/>	<input type="checkbox"/>
	8: Truck	<input type="checkbox"/>	<input type="checkbox"/>
	9: Animal cab	<input type="checkbox"/>	<input type="checkbox"/>
	10: Train	<input type="checkbox"/>	<input type="checkbox"/>
	11: Boat, ship	<input type="checkbox"/>	<input type="checkbox"/>
	12: Small cab	<input type="checkbox"/>	<input type="checkbox"/>
	13: Pedestrian/other _____	<input type="checkbox"/>	<input type="checkbox"/>

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<b>Q4.1a</b>	<b>Victim was</b>	1: Driver	
		2: Accompany with driver	
		3: Other	<input type="checkbox"/>
<b>Q4.2</b>	<b>Sharp objects</b>	1: Fire arm	<input type="checkbox"/>
		2: Sport gun	
		3: Knife	
		4: Explosion	
		5: Other _____	
<b>Q4.3</b>	<b>Downing</b>	1: Bathtub	<input type="checkbox"/>
		2: Swimming pool	
		3: River/stream	
		4: Pond	
		5: Sea	
		6: Dwelling	
		7: Other	
<b>Q4.4</b>	<b>Poisoning</b>	1: Pharmaceutical over dose	<input type="checkbox"/>
		2: Liquid poison	
		3: Drug use	
		4: Gas or poisonous smoke	
		5: Food poisoning	
		6: Poisonous fruit	
		7: Alcohol/	
		8: Other _____	
<b>Q4.5</b>	<b>Fall</b>	1: Stair	<input type="checkbox"/>
		2: Ground	
		3: Street	
		4: Elevator	
		5: Tree	
		6: Sport ground	
		7: Building	
		8: Furniture	
		9: Vehicle	
		10: Toilet	
		11: Bathtub	
		12: Hole	
		13: Other _____	
<b>Q4.5a</b>	<b>Falling cause</b>	1: Slipping	<input type="checkbox"/>
		2: Jumping	
		3: Hitting	
		4: Overbalance	
		5: Epileptic fit	
		6: Other _____	

<b>Q4.6</b>	<b>Electronic shock</b>		<input type="checkbox"/>
	1: Touch opened electric cable		
	2: Touch electric equipment		
	3: Touch electric wallet/socket		
	4: Using electrical catching equipment		
	5: Electric fence		
	6: Other _____		
<b>Q4.7</b>	<b>Animal bite</b>		<input type="checkbox"/>
	1: Feeding animal at home	Ghi rã: _____	
	2: Feeding animal at farm	Ghi rã: _____	
	3: Feeding animal for trade	Ghi rã: _____	
	4: Ownerless animal (dog, cat,...)	Ghi rã: _____	
	5: Wise animal (bee, snake,.....)	Ghi rã: _____	
<b>Q4.8</b>	<b>Burning</b>		<input type="checkbox"/>
	1: Cigarette/pipe		
	2: Cooking equipment		
	3: fireplace		
	4: Electrical burn		
	5: Machinery device		
	6: Firework/other expositive thing		
	7: Hot water/hot steam		
	8: Hot food		
	9: Chemical agent		
	10: Slacked lime		
	11: Other _____		
<b>Q4.9</b>	<b>Suffocation</b>		<input type="checkbox"/>
	1: Nylon bag		
	2: Blanket and pillow		
	3: Hanging		
	4: Strange object in throat		
	5: Suffocated by buried		
	6: other _____		
<b>Q4.10</b>	<b>Natural object</b>		<input type="checkbox"/>
	1: Object from sky		
	2: Tree branches		
	3: Other _____		
<b>Q4.11</b>	<b>Injury caused by machine</b>		<input type="checkbox"/>
	1: Power-loom/		
	2: Tractor/plow		
	3: Sawmill		
	4: Brick-machine		
	5: Other _____		
<b>Q4.12</b>	<b>Other causes</b>		<input type="checkbox"/>
	Thunderstruck		
	2: _____		
	3: _____		

<b>Q5</b>	<b>What did the victim do when injury happened</b>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>		
1: Driving				
2: Accompany with other				
3: Working, have paid				
4: Working, no paid				
5: Gardening				
6: Study at school				
7: Playing sport				
8: Outdoor activities not include sport				
9: Take a rest/party				
10: Cooking				
11: taken care by other				
12: Don't know				
13 Other _____				

<b>Q6</b>	<p><b>Identify the injured location in victim body</b></p> <div style="text-align: center;"> </div>	<table border="1" style="width: 100%; height: 100px;"> <tr><td>a</td><td><input type="checkbox"/></td></tr> <tr><td>b</td><td><input type="checkbox"/></td></tr> <tr><td>c</td><td><input type="checkbox"/></td></tr> <tr><td>d</td><td><input type="checkbox"/></td></tr> <tr><td>e</td><td><input type="checkbox"/></td></tr> <tr><td>f</td><td><input type="checkbox"/></td></tr> <tr><td>g</td><td><input type="checkbox"/></td></tr> <tr><td>h</td><td><input type="checkbox"/></td></tr> <tr><td>i</td><td><input type="checkbox"/></td></tr> <tr><td>j</td><td><input type="checkbox"/></td></tr> <tr><td>k</td><td><input type="checkbox"/></td></tr> <tr><td>l</td><td><input type="checkbox"/></td></tr> </table>	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>	d	<input type="checkbox"/>	e	<input type="checkbox"/>	f	<input type="checkbox"/>	g	<input type="checkbox"/>	h	<input type="checkbox"/>	i	<input type="checkbox"/>	j	<input type="checkbox"/>	k	<input type="checkbox"/>	l	<input type="checkbox"/>
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j	<input type="checkbox"/>																									
k	<input type="checkbox"/>																									
l	<input type="checkbox"/>																									

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<b>Q7</b>	<b>Where the injury happened</b>		
	1: In a house		
	2: Outside the house(near by)		
	3: At school		
	4: At child garden		
	5: At sanatorium		
	6: Health care facilities (include hospital)		
	7: In highway		
	8: Parking area		
	9: Sport area		
	10: Trading area		
	11: Office		
	12: Farm/field		
	13: Park/entertainment areas		
	14: River/stream/pond/lake/sea		
	15: Construction area		
	16: Swimming pool		
	17: Mining area		
	18: Public area. Detail _____		
	19: Other _____		
	20: Not answer		
21: Don't know			
<b>if it is death case, move to q21 otherwise continue with next question</b>			
<b>Q8</b>	<b>Due to this injury, did the victim have go to hospital at least 1 day and 1 night?</b>		<input type="checkbox"/>
	1: Yes		
	2: No	Go to Q10	
	3: Not answer	Go to Q10	
	4: Don't know	Go to Q10	
<b>Q9</b>	<b>If yes, for how many day _____</b>	<input type="text"/> <input type="text"/> <input type="text"/>	
<b>Q10</b>	<b>Is victim working?</b>		<input type="checkbox"/>
	1: Yes		
	2: No	Go to Q13	
<b>Q11</b>	<b>Did the victim have leave off work?</b>		<input type="checkbox"/>
	1: Yes		
	2: No	Go to Q13	
	3: Not answer	Go to Q13	
	4: Don't know	Go to Q13	
<b>Q12</b>	<b>If leave off work, how many day _____</b>	<input type="text"/> <input type="text"/> <input type="text"/>	
<b>Q13</b>	<b>Is the victim studying?</b>		<input type="checkbox"/>
	1: Yes		
	2: No	Go to Q16	



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<b>Q14</b>	<b>Is he/she have to leave off school?</b> 1: Yes 2: No <span style="float: right;">Go to Q16</span> 3: Not answer <span style="float: right;">Go to Q16</span> 4: Don't know <span style="float: right;">Go to Q16</span>	<input type="checkbox"/>    
<b>Q15</b>	<b>If yes, how many day</b> _____	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
<b>Q16</b>	<b>Due to the injury, was the victim have suffered from permanent following disabilities?</b> 1: Sightless/blindness 2: Hard of hearing/deaf 3: Disfunction in waking/handling 4: Mental disfunction 5: Other disabilities _____ 6: Don't know 7: Not answer 8: No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Q17</b>	<b>Because of injury, did the victim need support from other in daily activities such as: taking bath, eating, moving, etc/</b>  1: Yes 2: No <span style="float: right;">Go to Q19</span> 3: Not answer <span style="float: right;">Go to Q19</span> 4: Don't know <span style="float: right;">Go to Q19</span>	<input type="checkbox"/>    
<b>Q18</b>	<b>If yes, for how long</b> 1: Number of day _____ 2: More than 3 months _____ 3: Permanent 4: Don't know	<input type="checkbox"/>    
<b>Q19</b>	<b>Because of injury, do the victim need suport from other in other activities such as: shopping, going out, go to school, etc.</b>  1: Yes 2: No <span style="float: right;">Go to Q21</span> 3: Not answer <span style="float: right;">Go to Q21</span> 4: Don't know <span style="float: right;">Go to Q21</span>	<input type="checkbox"/>    
<b>Q20</b>	<b>If yes, for how long</b> 1: Number of day _____ 2: More than 3 months _____ 3: Permanent 4: Don't know	<input type="checkbox"/>    

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<b>Q21</b>	<b>Before injured, the victim was:</b>	<input type="checkbox"/>
	1: Main source of income in the family	
	2: Other source of income the family	
	3: No income	
	4: Not answer	
5: Don't know		
<b>Q22</b>	<b>Because of this injury, your economic status has been:</b>	<input type="checkbox"/>
	1: strong affected and continue to be affected	
	2: Strong affected but have overcame	
	3: Moderate affected and continue	
	4: moderate affected but overcame	
	5: light affected	
	6: No affected	
	7: Not answer	
8: Don't know		

**Thank you and stop interview**