

**BASELINE PATIENT SURVEY**

Name of OPC: .....

ID:

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District: .....

Name of interviewer: .....

Date of Interview: ...../...../.....

Starting time: .....hour .....minute

What is patient's gender?	Male ..... 1 Female ..... 2	
What is your age? <b>(LESS THAN 18 NOT ELIGIBLE)</b>	..... Years	
What is the highest level of education you have achieved?	No schooling ..... 1 Primary school (Grade 1-5) ..... 2 Secondary school (Grade 6-9) ..... 3 High school (Grade 10-12) ..... 4 Vocational training/College ..... 5 University ..... 6 Graduate ..... 7	
What is your marital status?	Single/Never married ..... 1 Married ..... 2 Divorced ..... 3 Separated ..... 4 Widowed ..... 5 Other (Specify): ..... 6	
Who do you live with? (Multiple choices)	I live alone ..... 0 Spouse/Partner ..... 1 Children under the age of 18 ..... 2 Children over 18 or older ..... 3 Other adults over age 18 ..... 4	
What is your current <b>main</b> job?	Farmer (farming, livestock, cultivation)/ Fishermen ..... 1 Officers and employees (state, locality) ..... 2 Working for non-state agencies (including workers) ..... 3 Small business/Craft/Trading/Services (tailor, hairdresser, mason)/Freelance ..... 4 Business ..... 5 Homemaker ..... 6 Student/Pupil ..... 7 Retired ..... 8 Unemployment ..... 9 Other (Specify): ..... 99	
What was your total household income during the past 12 months?  <b>(Total income of every family member</b>	<2,000,000 ..... 1 2,000,000 - <10,000,000 ..... 2 10,000,000 - <50,000,000 ..... 3 50,000,000 - <100,000,000 ..... 4	

<b>calculated in VND)</b>	100,000,000 - 300,000,000 ..... 5 More than 300,000,000 ..... 6 Do not know ..... 8	
Do you currently smoke cigarettes every day, or some days, ?	Every day ..... 1 Some days ..... 2	
How soon after you wake up do you smoke your first cigarettes?	5 min or less ..... 1 6–30 min ..... 2 31–60 min ..... 3 61 min or more ..... 0	
Do you find it difficult to refrain from smoking in places where it is forbidden? (e.g, in hospital, school, workplace, theater, etc.)	Yes ..... 1 No ..... 0	
Which cigarette would you hate most to give up?	The first one in the morning ..... 1 All others ..... 2	
Do you smoke more frequently during the first hours after waking than during the rest of the day?	Yes ..... 1 No ..... 0	
Do you smoke when you are so ill that you are in bed most of the day?	Yes ..... 1 No ..... 0	

When was the last time you stopped smoking cigarettes for 24 hours or longer because you were trying to quit?	Never tried to quit before ..... 0 Within the last month ..... 1 1-6 months ago ..... 2 7-12 months ago ..... 3 More than a year ago ..... 4 Don't know/don't remember ..... 8	
Please indicate which statement best describes what you think about quitting cigarettes? <b>READ EACH ANSWER</b>	I am thinking about (or planning to) quit within the next 30 days ..... 1 I am thinking about (or planning to) quit within the next 6 months ..... 2 I am not planning to (or intending to) quit ..... 3 I am trying to quit ..... 4	
Have you ever smoked a waterpipe?	Yes ..... 1 No ..... 2	<b>2 → B28</b>
How soon after you wake up do you smoke your first water pipe?	5 min or less ..... 1 6–30 min ..... 2 31–60 min ..... 3 61 min or more ..... 4	
Do you find it difficult to refrain from smoking in places where there is no available waterpipe, you cannot bring waterpipe, and/or smoking is forbidden ?	Yes ..... 1 No ..... 0	

When would you hate most to give up smoking waterpipe?	The first one in the morning..... 1 All others ..... 2	
Do you smoke waterpipe more frequently during the first hours after waking than during the rest of the day?	Yes..... 1 No..... 0	
Do you smoke waterpipe when you are so ill that you are in bed most of the day?	Yes..... 1 No..... 0	
Please indicate which statement best describes what you think about quitting smoking waterpipe? <b>READ EACH ANSWER</b>	I am thinking about (or planning to) quit within the next 30 days ..... 1 I am thinking about (or planning to) quit within the next 6 months ..... 2 I am not planning to (or intending to) quit ..... 3 I am trying to quit ..... 4	

**DRUG USE CONSUMPTION**

Drug list	a. Marijuana a/bhang/ K2/ hashish/ Other	b. Cocaine	c. Heroin	d. Amphetamines/M ethamphetamine (meth, blue, ice, crystal)	e. Glue	f. Ecstasy/ molly (MDMA)	g. Opium	h. Other
In your life, which of the following substances have you <u>ever</u> used? (read list)	Yes ....1 No .....0 Don't remember..3 Refused...4	Yes ....1 No .....0 Don't remember..3 Refused...4	Yes ....1 No .....0 Don't remember..3 Refused...4	Yes ....1 No .....0 Don't remember..3 Refused...4	Yes ....1 No .....0 Don't remember..3 Refused...4	Yes ....1 No .....0 Don't remember..3 Refused...4	Yes ....1 No .....0 Don't remember..3 Refused...4	Yes ....1 Name of drug____ — No .....0 Don't remember..3 Refused...4
In the <u>past three months</u> , have you used the substances you mentioned?	Yes ....1 No .....0 Don't remember..3 Refused...4	Yes ....1 No .....0 Don't remember..3 Refused...4	Yes ....1 No .....0 Don't remember..3 Refused...4	Yes ....1 No .....0 Don't remember..3 Refused...4	Yes ....1 No .....0 Don't remember..3 Refused...4	Yes ....1 No .....0 Don't remember..3 Refused...4	Yes ....1 No .....0 Don't remember..3 Refused...4	Yes ....1 No .....0 Don't remember..3 Refused...4

**FOOD SECURITY**

For each of the following questions, consider what has happened *in the past 4 weeks*. For the questions “how often”, the answer “Rarely” means 1-2 times, “Sometimes” means 3-10 times and “Often” more than 10 times in the past 4 weeks

**Using Showcard**

1a.	In the past four weeks, did you worry that your household would not have enough food?	No .....0 Yes..... 1	0 ➔ L2a
1b.	How often did this happen?	Rarely (once or twice in the past four weeks) .....1 Sometimes (three to ten times in the past four weeks) .....2 Often (more than ten times in the past four weeks) ..... 3	
2a.	In the past four weeks, were you or any household member not able to eat the kinds of foods you preferred because of a lack of resources?	No .....0 Yes..... 1	0 ➔ L3a
2.b	How often did this happen?	Rarely (once or twice in the past four weeks) .....1 Sometimes (three to ten times in the past four weeks) .....2 Often (more than ten times in the past four weeks) ..... 3	
3a.	In the past four weeks, did you or any household member have to eat a limited variety of foods due to a lack of resources?	No .....0 Yes..... 1	0 ➔ L4a
3b.	How often did this happen?	Rarely (once or twice in the past four weeks) .....1 Sometimes (three to ten times in the past four weeks) .....2 Often (more than ten times in the past four weeks) ..... 3	
4a.	In the past four weeks, did you or any household member have to eat some foods that you really did not want to eat because of a lack of resources to obtain other types of food?	No .....0 Yes..... 1	0 ➔ L5a
4.b	How often did this happen?	Rarely (once or twice in the past four weeks) .....1 Sometimes (three to ten times in the past four weeks) .....2 Often (more than ten times in the past four weeks) 3	
5a.	In the past four weeks, did you or any household member have to eat a smaller meal than you felt you needed because there was not enough food?	No .....0 Yes 1	0 ➔ L6a
5b.	How often did this happen?	Rarely (once or twice in the past four weeks) .....1 Sometimes (three to ten times in the past four weeks) .....2 Often (more than ten times in the past four weeks) 3	
6a.	In the past four weeks, did you or any other	No .....0 Yes 1	0 ➔

	household member have to eat fewer meals in a day because there was not enough food?		<b>L7a</b>
6b.	How often did this happen?	Rarely (once or twice in the past four weeks) .....1 Sometimes (three to ten times in the past four weeks) .....2 Often (more than ten times in the past four weeks) 3	
7a.	In the past four weeks, was there ever no food to eat of any kind in your household because of lack of resources to get food?	No .....0 Yes .....1	<b>0</b> <b>L8a</b>
7b.	How often did this happen?	Rarely (once or twice in the past four weeks) .....1 Sometimes (three to ten times in the past four weeks) .....2 Often (more than ten times in the past four weeks) 3	
8a.	In the past four weeks, did you or any household member go to sleep at night hungry because there was not enough food?	No .....0 Yes .....1	<b>0</b> <b>L9a</b>
8b.	How often did this happen?	Rarely (once or twice in the past four weeks) .....1 Sometimes (three to ten times in the past four weeks) .....2 Often (more than ten times in the past four weeks) 3	
9A.	In the past four weeks, did you or any household member go a whole day and night without eating anything because there was not enough food?	No .....0 Yes .....1	
9B	How often did this happen?	Rarely (once or twice in the past four weeks) .....1 Sometimes (three to ten times in the past four weeks) .....2 Often (more than ten times in the past four weeks) 3	

<b>HIV RELATED QUESTIONS</b>			
	What was the year you were diagnosed with HIV?	____/____/____	
	Are you taking antiretroviral medicine for your HIV?	Yes ..... 1 No ..... 2 Don't know ..... 8	<b>2 or 8</b> <b>N1</b>