

|  |  |
| --- | --- |
| **Better Work Impact Assessment**  **Survey questionnaire for Better Work Vietnam – Workers** | |
|  |  |
| **Question Number/Label** | **Question/Instruction** |
|  |  |
|  | [Survey begins with a computer tutorial] |
|  |  |
|  | **Section A: Consent** |
| Purpose | Over the next two years, a program named Better Workwill be introduced in Vietnamese apparel factories like yours. Our purpose today is to learn about factory life. We would like to ask you several questions about your life and experience working in this factory. |
|  |  |
| Benefits | Your participation gives you the opportunity to share your own ideas about how programs like Better Work can help factories, workers and their families. |
|  |  |
| Confide | All of your answers will remain confidential.  We will keep your answers private. Your answers will only be used to assess how the Better Work Program affects factory life. |
|  |  |
| Voluntary | Please understand that participation in this study is voluntary. You may refuse to participate. If, for any reason, you wish to stop the interview, you will be free to go. Simply raise your hand and tell one of the staff that you would like to leave. |
|  |  |
| Risk | You may not know the answers to some of our questions. If that is the case, you can click on the green square that says “I do not know the answer.”    Some of our questions may make you feel uncomfortable. You can skip uncomfortable questions by clicking on the green square that says “I do not want to answer.”  Some of our questions may sound confusing. If you need us to read the question again, just click on the replay button at the bottom of the screen.  Some of our questions may have more than one right answer. In these cases, we will ask you to check all of the choices that apply to you.  If you have a question during the survey, raise your hand. A staff person will help you. |
|  |  |
| Follow | After you have completed the survey you may have some questions or concerns. We will provide you with contact information for Better Work Vietnam and the name of a person who you can talk to. We would also like to offer you a small gift showing our appreciation for your participation. |
|  |  |
| A01 | Do you consent to participate in this study of the Better Work Program? |
|  | 1. Yes 2. No |
|  | *If “no” on A01*: Thank you for your time. Please raise your hand and inform the staff that you are done. |
|  |  |
| A02 | Thank you for agreeing to participate. |
|  |  |
| A03 | When you arrived today, you were given a card with a number on it. First, we would like you to enter the number using the number pad. |
|  |  |
| A04 | This is the number you entered. Does it match the number on your card? |
|  | 1. Yes 2. No |
|  |  |
| A05 | *If “no” on A04*: Let’s try again.  *Return to A03.* |
|  | **Section B: Demographic Characteristics** |
| B02 | We would like to begin by asking some questions about you and your family.  What is your gender? |
|  | 1. Female 2. Male |
|  |  |
| B03A | What year are you? |
|  | 1. Rat 2. Buffalo 3. Tiger 4. Cat 5. Dragon 6. Snake 7. Horse 8. Goat 9. Monkey 10. Rooster 11. Dog 12. Pig |
| B03B | What year were you born? |
|  | *If “Rat” on B03A*   1. 1948 2. 1960 3. 1972 4. 1984 |
|  | *If “Buffalo” on B03A*   1. 1949 2. 1961 3. 1973 4. 1985 |
|  | *If “Tiger” on B03A*   1. 1950 2. 1962 3. 1974 4. 1986 |
|  | *If “Cat” on B03A*   1. 1951 2. 1963 3. 1975 4. 1987 |
|  | *If “Dragon” on B03A*   1. 1952 2. 1964 3. 1976 4. 1988 |
|  | *If “Snake” on B03A*   1. 1953 2. 1965 3. 1977 4. 1989 |
|  | *If “Horse” on B03A*   1. 1954 2. 1966 3. 1978 4. 1990 |
|  | *If “Goat” on B03A*   1. 1955 2. 1967 3. 1979 4. 1991 |
|  | *If “Monkey” on B03A*   1. 1956 2. 1968 3. 1980 4. 1992 |
|  | *If “Rooster” on B03A*   1. 1957 2. 1969 3. 1981 4. 1993 |
|  | *If “Dog” on B03A*   1. 1958 2. 1970 3. 1982 4. 1994 |
|  | *If “Pig” on B03A*   1. 1959 2. 1971 3. 1983 4. 1995 |
|  |  |
| B04 | What is your current marital status? |
|  | 1. Never married 2. Married 3. Widowed, divorced or separated |
|  |  |
| B07 | Think about the area where you grew up.  Was it in the city, in the country or near a city? |
|  | 1. Urban, in a city 2. Rural, in the country 3. Suburban, near a city |
|  |  |
| B08 | What is the name of the village or district where you grew up? |
|  |  |
| B09 | What is the name of the village or district where you register for residency? |
|  |  |
| B11 | What is your highest level of education? |
|  | 1. No formal education 2. Primary school 3. Lower secondary school 4. Upper secondary school 5. Short-term technical training 6. Long-term technical training 7. Professional secondary school 8. Junior college diploma 9. Bachelor’s degree |
|  |  |
| B12 | How many years have you gone to school?  Use the scale below to indicate the number of years.  *Scale is 0 to 16 years.* |
|  |  |
| B13 | Do you still go to school? |
|  | 1. Yes 2. No |
|  |  |
| B16 | How would you rate your overall health? |
|  | 1. Very good 2. Good 3. Fair 4. Poor |
|  |  |
| B17 | Who lives in the household in which you register for residency?  Please check all family members that apply. |
|  | 1. Mother 2. Father 3. Spouse’s mother 4. Spouse’s father 5. Spouse 6. Siblings 7. Grandparents 8. Aunts or uncles 9. Children 10. Co-workers 11. Friends 12. Other people |
|  |  |
| B18 | Think about the last 12 months.  Who has lived in the same dwelling with you for at least six of those 12 months?  Include children and only those adults who have lived under the same roof and with whom you have shared living costs. |
|  | 1. Mother 2. Father 3. Spouse’s mother 4. Spouse’s father 5. Spouse 6. Siblings 7. Aunts or uncles 8. Grandparents 9. Children 10. Co-workers 11. Friends 12. Other people |
|  |  |
| B19 | Do you have any daughters? |
|  | 1. Yes 2. No |
|  | *If “no” to B19 go to B49.* |
| B20 | *If “yes” to B19:* How many daughters do you have who are aged 0 to 5 years? |
|  | 1. None 2. 1 girl 3. 2 girls 4. 3 girls 5. 4 or more girls |
|  |  |
| B21 | *If not “none” to B20:* How would you rate the health of your daughter (or daughters) who is aged 0 to 5?  You may check more than one answer if you have more than one daughter aged 0 to 5. |
|  | 1. Very good 2. Good 3. Fair 4. Poor |
|  |  |
| B22 | *If not “none” to B20:* Where does your daughter (or daughters) aged 0 to 5 live?  Check all that apply. |
|  | 1. Live with you 2. Live with your parents or grandparents 3. Live with spouse’s parents or grandparents 4. Live with other relatives or other family 5. Other place, such as a factory dormitory or farm |
| B23 | *If not “none” to B20:*  Who takes care of your daughter (or daughters) aged 0 to 5 while you work in the factory?  Check all that apply. |
|  | 1. Factory-based child care center 2. Other child care center 3. Relatives 4. A friend or neighbor 5. Other 6. No one. She takes care of herself. |
| B24 | *If “yes” to B19:* How many daughters do you have who are aged 6 to 9? |
|  |  |
| B25 | *If not “none” to B24:* How would you rate the health of your daughter (or daughters) who is aged 6 to 9?  You may check more than one answer if you have more than one daughter aged 6 to 9. |
|  | 1. Very good 2. Good 3. Fair 4. Poor |
|  |  |
| B26 | *If not “none” to B24:* Where does your daughter (or daughters) aged 6 to 9 live?  Check all that apply. |
|  | 1. Live with you 2. Live with your parents or grandparents 3. Live with spouse’s parents or grandparents 4. Live with other relatives or family 5. Other place, such as a factory dormitory or farm |
|  |  |
| B27 | *If not “none” to B24:* Who takes care of your daughter (or daughters) aged 6 to 9 while you work in the factory?  Check all that apply. |
|  | 1. School 2. Babysitter 3. Relatives 4. A friend or neighbor 5. Other 6. No one. She takes care of herself. |
|  |  |
| B30 | *If not “none” to B24:* Did your daughter (or daughters) aged 6 to 9 attend school in the past six months? |
|  | 1. Yes 2. No |
|  |  |
| B31 | *If “no” to B30:* Why is your daughter (or daughters) aged 6 to 9 out of school?  Check all that apply. |
|  | 1. Illness 2. Cannot afford school fees or uniforms 3. School too far away from home 4. Transportation too difficult 5. Working to support family 6. Taking care of family members 7. Did not want to continue school 8. Working in family enterprise 9. No time to study 10. Completed school required by law 11. Other |
|  |  |
| B32 | *If “yes” to B19:* How many daughters do you have who are aged 10-12? |
|  |  |
| B33 | *If not “none” to B32:* How would you rate the health of your daughter (or daughters) who is aged 10 to 12?  You may check more than one answer if you have more than one daughter aged 10 to 12. |
|  | 1. Very good 2. Good 3. Fair 4. Poor |
|  |  |
| B34 | *If not “none” to B32:* Where does your daughter (or daughters) aged 10 to 12 live?  Check all that apply. |
|  | 1. Live with you 2. Live with your parents or grandparents 3. Live with spouse’s parents or grandparents 4. Live with other relatives or other family 5. Other place, such as a factory dormitory or farm |
|  |  |
| B36 | *If not “none” to B32:* Did your daughter (or daughters) aged 10 to 12 attend school in the past six months? |
|  | 1. Yes 2. No |
|  |  |
| B37 | *If “no” to B36:* Why is your daughter (or daughters) aged 10 to 12 out of school?  Check all that apply. |
|  | 1. Illness 2. Cannot afford school fees or uniforms 3. School too far away from home 4. Transportation too difficult 5. Working to support family 6. Taking care of family members 7. Did not want to continue 8. Working in family enterprise 9. No time to study 10. Completed school required by law 11. Other |
| B38 | *If “yes” to B19:* How many daughters do you have who are aged 13 to 17? |
|  |  |
| B39 | *If not “none” to B38:* How would you rate the health of your daughter (or daughters) who is aged 13 to 17?  You may check more than one answer if you have more than one daughter aged 13 to 17. |
|  | 1. Very good 2. Good 3. Fair 4. Poor |
|  |  |
| B40 | *If not “none” to B38:* Where does your daughter (or daughters) aged 13 to 17 live?  Check all that apply. |
|  | 1. Live with you 2. Live with your parents or grandparents 3. Live with spouse’s parents or grandparents 4. Live with other relatives or other family 5. Other place, such as a factory dormitory or farm |
|  |  |
| B42 | *If not “none” to B38:* Did your daughter (or daughters) aged 13 to 17 attend school in the past six months? |
|  | 1. Yes 2. No |
|  |  |
| B43 | *If “no” to B42:* Why is your daughter (or daughters) aged 13 to 17 out of school?  Check all that apply. |
|  | 1. Illness 2. Cannot afford school fees or uniforms 3. School too far away from home 4. Transportation too difficult 5. Working to support family 6. Taking care of family members 7. Did not want to continue 8. Working in family enterprise 9. No time to study 10. Completed school required by law 11. Other |
|  |  |
| B44 | *If “yes” to B19:* How many daughters do you have who are aged 18 or older? |
|  |  |
| B45 | *If not “none” to B44:* How would you rate the health of your daughter (or daughters) who is aged 18 or older?  You may check more than one answer if you have more than one daughter aged 18 or older. |
|  | 1. Very good 2. Good 3. Fair 4. Poor |
|  |  |
| B47 | *If not “none” to B44:* Did your daughter (or daughters) aged 18 years or older attend school in the past six months? |
|  | 1. Yes 2. No |
|  |  |
| B48 | *If “no” to B47:* Why is your daughter (or daughters) aged 18 or older out of school?  Check all that apply. |
|  | 1. Illness 2. Cannot afford school fees or uniforms 3. School too far away from home 4. Transportation too difficult 5. Working to support family 6. Taking care of family members 7. Did not want to continue 8. Working in family enterprise 9. No time to study 10. Completed school required by law 11. Other |
|  |  |
| B49 | Do you have any sons? |
|  | 1. Yes 2. No |
|  | *If “no” to B49 and “yes” to B19 go to C01.*  *If “no” to B49 and “no” to B19 go to S19.* |
|  |  |
| B50 | *If “yes” to B49:* How many sons do you have who are aged 0 to 5? |
|  | 1. None 2. 1 boy 3. 2 boys 4. 3 boys 5. 4 or more boys |
|  |  |
| B51 | *If not “none” to B50:* How would you rate the health of your son (or sons) who is aged 0 to 5?  You may check more than one answer if you have more than one son aged 0 to 5. |
|  | 1. Very good 2. Good 3. Fair 4. Poor |
|  |  |
| B52 | *If not “none” to B50:* Where does your son (or sons) aged 0 to 5 live?  Check all that apply. |
|  | 1. Live with you 2. Live with your parents or grandparents 3. Live with spouse’s parents or grandparents 4. Live with other relatives or other family 5. Other place, such as a factory dormitory or farm |
|  |  |
| B53 | *If not “none” to B50:* Who takes care of your son (or sons) aged 0 to 5 while you work in the factory?  Check all that apply. |
|  | 1. Factory-based child care center 2. Other child care center 3. Relatives 4. A friend or neighbor 5. Other 6. No one. He takes care of himself. |
|  |  |
| B54 | *If “yes” to B49:* How many sons do you have who are aged 6 to 9? |
|  |  |
| B55 | *If not “none” to B54:* How would you rate the health of your son (or sons) who is aged 6 to 9?  You may check more than one answer if you have more than one son aged 6 to 9. |
|  | 1. Very good 2. Good 3. Fair 4. Poor |
|  |  |
| B56 | *If not “none” to B54:* Where does your son (or sons) aged 6 to 9 live?  Check all that apply. |
|  | 1. Live with you 2. Live with your parents or grandparents 3. Live with spouse’s parents or grandparents 4. Live with other relatives or other family 5. Other place, such as a factory dormitory or farm |
|  |  |
| B57 | *If not “none” to B54:* Who takes care of your son (or sons) aged 6 to 9 while you work in the factory?  Check all that apply. |
|  | 1. School 2. Babysitter 3. Relatives 4. A friend or neighbor 5. Other 6. No one. He takes care of himself. |
|  |  |
| B60 | *If not “none” to B54:* Did your son (or sons) aged 6 to 9 attend school in the past six months? |
|  | 1. Yes 2. No |
|  |  |
| B61 | *If “no” to B60:* Why is your son (or sons) aged 6 to 9 out of school?  Check all that apply. |
|  | 1. Illness 2. Cannot afford school fees or uniforms 3. School too far away from home 4. Transportation too difficult 5. Working to support family 6. Taking care of family members 7. Did not want to continue 8. Working in family enterprise 9. No time to study 10. Completed school required by law 11. Other |
|  |  |
| B62 | *If “yes” to B49:* How many sons do you have who are aged 10-12? |
|  |  |
| B63 | *If not “none” to B62:* How would you rate the health of your son (or sons) who is aged 10 to 12?  You may check more than one answer if you have more than one son aged 10 to 12. |
|  | 1. Very good 2. Good 3. Fair 4. Poor |
|  |  |
| B64 | *If not “none” to B62:* Where does your son (or sons) aged 10 to 12 live?  Check all that apply. |
|  | 1. Live with you 2. Live with your parents or grandparents 3. Live with spouse’s parents or grandparents 4. Live with other relatives or other family 5. Other place, such as a factory dormitory or farm |
|  |  |
| B66 | *If not “none” to B62:* Did your son (or sons) aged 10 to 12 attend school in the past six months? |
|  | 1. Yes 2. No |
|  |  |
| B67 | *If “no” to B66:* Why is your son (or sons) aged 10 to 12 out of school?  Check all that apply. |
|  | 1. Illness 2. Cannot afford school fees or uniforms 3. School too far away from home 4. Transportation too difficult 5. Working to support family 6. Taking care of family members 7. Did not want to continue 8. Working in family enterprise 9. No time to study 10. Completed school required by law 11. Other |
|  |  |
| B68 | *If “yes” to B49:* How many sons do you have who are aged 13 to 17? |
|  |  |
| B69 | *If not “none” to B68:* How would you rate the health of your son (or sons) who is aged 13 to 17?  You may check more than one answer if you have more than one son aged 13 to 17. |
|  | 1. Very good 2. Good 3. Fair 4. Poor |
|  |  |
| B70 | *If not “none” to B68:* Where does your son (or sons) aged 13 to 17 live?  Check all that apply. |
|  | 1. Live with you 2. Live with your parents or grandparents 3. Live with spouse’s parents or grandparents 4. Live with other relatives or other family 5. Other place, such as a factory dormitory or farm |
|  |  |
| B72 | *If not “none” to B68:* Did your son (or sons) aged 13 to 17 attend school in the past six months? |
|  | 1. Yes 2. No |
|  |  |
| B73 | *If “no” to B72:* Why is your son (or sons) aged 13 to 17 out of school?  Check all that apply. |
|  | 1. Illness 2. Cannot afford school fees or uniforms 3. School too far away from home 4. Transportation too difficult 5. Working to support family 6. Taking care of family members 7. Did not want to continue 8. Working in family enterprise 9. No time to study 10. Completed school required by law 11. Other |
|  |  |
| B74 | *If “yes” to B49:* How many sons do you have who are aged 18 or older? |
|  |  |
| B75 | *If “none” to B74 go to C01*  *If not “none” to B74:* How would you rate the health of your son (or sons) who is aged 18 or older?  You may check more than one answer if you have more than one son aged 18 or older. |
|  | 1. Very good 2. Good 3. Fair 4. Poor |
|  |  |
| B77 | *If not “none” to B74:* Did your son (or sons) aged 18 years or older attend school in the past six months? |
|  | 1. Yes 2. No |
|  |  |
| B78 | *If “no” to B77:* Why is your son (or sons) aged 18 or older out of school?  Check all that apply. |
|  | 1. Illness 2. Cannot afford school fees or uniforms 3. School too far away from home 4. Transportation too difficult 5. Working to support family 6. Taking care of family members 7. Did not want to continue 8. Working in family enterprise 9. No time to study 10. Completed school required by law 11. Other |
|  |  |
|  | **Section C: Health** |
| C01 | Now we would like to ask you some questions about health and health care for you and your family.  How would you rate the health of your mother? |
|  | 1. Very good 2. Good 3. Fair 4. Poor 5. Deceased |
|  |  |
| C06 | Over the last 12 months, how many times have you or members of your family visited a health facility? |
|  | 1. None 2. 1 3. 2 4. 3 5. 4 or more |
|  |  |
| C08 | Over the last 12 months, did your family have enough income to cover all of the health care fees? |
|  | 1. Yes 2. No |
|  |  |
| C09 | *If “no” to C08:* What did your family do if you did not have enough income to cover health fees?  Check all the reasons that apply. |
|  | 1. Sold products made by the household 2. Sold assets 3. Borrowed money (no interest) 4. Borrowed money (interest owed) 5. Quit treatment 6. Received an exemption 7. Health insurance 8. Free Health Care Certificate 9. Other |
|  |  |
| C10 | Does this factory have a health clinic? |
|  | 1. Yes 2. No |
|  |  |
| C12 | What health services are available in the factory?  Please check all that apply. |
|  | 1. Treatment for workplace injuries 2. Treatment for headaches or fatigue 3. Treatment for general illness 4. General health check-up 5. Check-up for pregnant women 6. Check-up for women after giving birth 7. Health education 8. Health care for my family 9. No health services   *1-8 and 9 mutullly exclusive* |
|  |  |
| C13 | *If “yes” to C10:* How would you rate the treatment you receive at the factory clinic? |
|  | 1. Very good 2. Good 3. Fair 4. Poor |
|  |  |
| C15 | Have you visited a health facility in the past year?  Check all that apply. |
|  | 1. No 2. Yes, for immunization 3. Yes, for pregnancy check-up 4. Yes, for check-up after giving birth 5. Yes, for general health check-up 6. Yes, for treatment of injury 7. Yes, for treatment of illness 8. Yes, other health care   *1 and 2-8 mutually exclusive* |
|  |  |
| C17a | We are now going to ask you about some health symptoms you may have experienced recently.  How often do you experience severe fatigue? |
|  | *For each symptom C17a-C17p, respondents answer on the scale:*   1. Never 2. Occasionally 3. Often 4. Every day |
| C17b | Severe Headache |
|  |  |
| C17e | Severe Stomach pain |
|  |  |
| C17i | Severe Skin problems or rashes |
|  |  |
| C17j | Severe Dizziness |
|  |  |
| C17m | Severe Backache or muscle ache |
|  |  |
| C17n | Severe hunger |
|  |  |
| C17p | Severe thirst |
|  |  |
|  | **Section D: Work History** |
| D02A | Now we would like to ask you some questions about your work history in this factory.  Have you been working in this factory for more than one year? |
|  | 1. Yes 2. No |
|  |  |
| D02B | Use the scale below to indicate how long you have been working in this factory.  *If “no” to D02A scale range [0,12] months*  *If “yes” to D02A scale range [1,20] years* |
|  |  |
| D04 | What department do you work in?  Check all that apply. |
|  | 1. Sewing 2. Cutting 3. Printing 4. Packing 5. Embroidery 6. Quality control 7. Washing 8. Weaving 9. Design 10. Marker-making 11. Sample-making 12. Training 13. Finishing 14. Other |
|  |  |
| D05 | What is your job in the factory?  Check all that apply. |
|  | 1. Sewer 2. Cutter 3. Spreader 4. Checker 5. Mechanic 6. Packer 7. Quality control 8. Supervisor 9. Helper 10. Other |
|  |  |
| D06A | Have you been in your present position for more than one year? |
|  | 1. Yes 2. No |
| D06B | Use the scale below to indicate how long you have been in your present position.  *If “no” to D06A scale range [0,12] months*  *If “yes” to D06A scale range [1,20] years* |
|  |  |
| D07A | Have you been promoted since you entered this factory? |
|  | 1. Yes, once 2. Yes, two times 3. Yes, more than two times 4. No |
|  |  |
| D07B | Are there any barriers you face getting promoted in this factory?  Check all that apply. |
|  | 1. Because I am a woman 2. My age 3. My education 4. My religion 5. Ethnic minority 6. Family obligations 7. My skill or ability 8. Relationship with supervisors 9. There are no opportunities for promotion 10. Lack of seniority 11. My nationality 12. No barriers to promotion   *1-11 and 12 mutually exclusive* |
|  |  |
| D08 | How would you rate your skill level? |
|  | 1. Unskilled 2. Semi-skilled 3. Skilled 4. Multi-skilled 5. I do not know |
|  |  |
|  | **Section E: Contracts** |
| E02 | Now we would like to ask you some questions about your terms of employment.  What type of work contract do you have? |
|  | 1. I do not have a contract 2. Training or probationary contract 3. A temporary contract or less than one year 4. A definite or term contract for one to three years 5. Indefinite or open-ended contract 6. I do not know |
|  |  |
| E04 | *If “Probationary” or “Temporary” on E02*: How long have you had a training, probationary or temporary contract?  *Scale: Range [1,12] months* |
|  |  |
| E05 | Are you represented by a collective bargaining agreement that you know of? |
|  | 1. Yes 2. No |
|  |  |
|  | **Section F: Work Hours** |
| F08 | Now we would like to ask you some questions about your work hours.  Which days did you work in this factory last week?  Check all of the days that you worked last week. |
|  | 1. Monday 2. Tuesday 3. Wednesday 4. Thursday 5. Friday 6. Saturday 7. Sunday |
| F02M | *If “Monday” on F08:* On the scale below, indicate the time you started work last Monday.  *Scale Range [0,24] hours* |
| F03M | *If “Monday” on F08:* On the scale below, indicate the time you finished work last Monday.  *Scale Range [0,24] hours* |
| F02F | *If “Friday” on F08:* What time did you start work last Friday?  *Scale Range [0,24] hours* |
| F03F | *If “Friday” on F08:* What time did you finish work lastFriday?  *Scale Range [0,24] hours* |
| F02SAT | *If “Saturday” on F08:* What time did you start work last Saturday?  *Scale Range [0,24] hours* |
| F03SAT | *If “Saturday” on F08:* What time did you finish work last Saturday?  *Scale Range [0,24] hours* |
| F02SUN | *If “Sunday” on F08:* What time did you start work last Sunday?  *Scale Range [0,24] hours* |
| F03SUN | *If “Sunday” on F08:* What time did you finish work last Sunday?  *Scale Range [0,24] hours* |
|  |  |
| F05 | How many Sundays do you usually work each month? |
|  | 1. None 2. 1 3. 2 4. 3 5. 4 or more |
|  |  |
| F06 | We would like to ask about worker concerns with work hours. For each concern indicate the importance for workers in this factory. Was the concern   1. Discussed with co-workers 2. Discussed with the supervisor or manager 3. Discussed with the trade union representative   Did the concern   1. Make some workers consider quitting 2. Lead some workers to consider striking 3. Cause a strike   Click on the green forward arrow to proceed. |
|  |  |
| F07A | Is too much overtime a concern for workers in this factory?  Check all that apply. |
|  | 1. No, not a concern 2. Yes, discussed with co-workers 3. Yes, discussed with supervisor or manager 4. Yes, discussed with the trade union representative 5. Yes, considered quitting 6. Yes, threatened a strike 7. Yes, caused a strike   *Response “1” and “2-7” mutually exclusive.* |
|  |  |
| F07F | Is too much work on Sundays a concern for workers in this factory? |
|  | 1. No, not a concern  2. Yes, discussed with co-workers  3.Yes, discussed with supervisor or manager  4. Yes, discussed with the trade union representative  5. Yes, considered quitting  6. Yes, threatened a strike  7. Yes, caused a strike  *Response “1” and “2-7” mutually exclusive.* |
|  |  |
|  | **Section G: Work Productivity and Quality** |
| G02 | We now turn to ask some questions about work productivity.  Does your supervisor set a production target or quota for you? |
|  | 1. Yes, I have a daily production target 2. Yes, I have a weekly production target 3. No |
|  | *If “no” on G02 go to G06.* |
| G02A | Which days do you usually work in this factory?  Check all of the days that you usually. |
|  | 1. Monday 2. Tuesday 3. Wednesday 4. Thursday 5. Friday 6. Saturday 7. Sunday |
| G02M | *If “Monday” on G02A and “yes, daily “(1) on G02*: What time do you usually finish your production target on Monday?  *Scale: Range [0,24] hours* |
| G02F | *If “Friday” on G02A and “yes, daily “(1) on G02*: What time do you usually finish your production target on Friday?  *Scale: Range [0,24] hours* |
| G02SAT | *If “Saturday” on G02A and “yes, daily “(1) on G02*: What time do you usually finish your production target on Saturday?  *Scale Range [0,24] hours* |
| G02SUN | *If “Sunday” on G02A and “yes, daily “(1) on G02*: What time do you usually finish your production target on Sunday?  *Scale Range [0,24] hours* |
| G03Day | *If “Weekly”(2) on G02:* What day of the week do you usually complete your production target? |
|  | 1. Monday 2. Tuesday 3. Wednesday 4. Thursday 5. Friday 6. Saturday 7. Sunday |
| G03Hour | *If “Weekly”(2) on G02:* What time of the day do you usually finish your weekly production target?  *Scale: [0,24] hours* |
|  |  |
| G06 | Do you correct your own work errors or defects? |
|  | 1. Yes 2. No |
|  |  |
| G07 | *If “yes” to G06*: How much time do you spend in a typical day correcting your own errors or defects?  *Scale: Range [0,6] hours in 30 minute increments* |
|  |  |
| G09 | *If ”yes” to G06*: When do you correct your errors or defects?  Check all times that apply. |
|  | 1. During the lunch, dinner or work break 2. At the end of the regular workday 3. During the overtime shift 4. During the regular workday |
|  |  |
|  | **Section H: Compensation** |
| H02 | We are now going to ask some questions about the pay you receive for your work.  How is your pay determined?  Check all that apply. |
|  | 1. By the hour 2. By the piece 3. Both by the hour and by the piece 4. I do not know |
|  |  |
| H03 | How do you currently receive your pay?  Check all that apply. |
|  | 1. Cash 2. Check 3. Direct deposit or ATM 4. In-kind 5. Other 6. I do not know |
|  |  |
| H04 | When you get paid, do you also receive a statement explaining your wage calculations? |
|  | 1. Yes 2. No |
|  |  |
| H05 | *If “yes” to H04:* Which of the following information is included on your pay statement?  Check all that apply. |
|  | 1. The date 2. My name 3. My factory identification number 4. My regular hours 5. My over-time hours 6. My wage rate 7. My piece rate 8. My number of pieces completed 9. My bonuses 10. My deductions 11. My union dues 12. My fines |
|  |  |
| H06 | Do you receive any pay bonuses or allowances?  Check all that apply. |
|  | 1. No 2. Attendance bonus for regular work hours and overtime hours 3. Bonus for my own productivity 4. Bonus for my line’s productivity 5. Skill bonus 6. Annual bonus 7. TET bonus 8. An allowance for rent 9. An allowance for food 10. Other bonus   *Response catetory 1 and categories 2-10 mutually exclusive.* |
|  |  |
| H07 | Does your employer make any of the following deductions from your wages?  Check all that apply. |
|  | 1. Absent from work 2. Late for work 3. Food 4. Housing 5. Low production 6. Social insurance 7. Union dues 8. My behavior at work 9. Other 10. I do not know |
|  |  |
| H11A | How often are you paid? |
|  | 1. Once each week 2. Once every two weeks 3. Once each month 4. Once every two months 5. I am not paid regularly |
| H11B | How much money did you receive the last time you were paid? *[Vietnamese đồng]* |
| H11C | How much money do you usually receive when you are paid? *[Vietnamese đồng]* |
| H12 | How much was your TET bonus this year? *[Vietnamese đồng]* |
|  |  |
| H14A | We would like to ask about worker concerns with pay. Is the piece rate a concern for workers in this factory?  Check all that apply. |
|  | 1. No, not a concern 2. Yes, discussed with co-workers 3. Yes, discussed with supervisor or manager 4. Yes, discussed with the trade union representative 5. Yes, considered quitting 6. Yes,threatened a strike 7. Yes, caused a strike   *Response “1” and “2-7” mutually exclusive.[This scale is also used for H14B-H14J]* |
| H14B | Is the explanation of the piece rate a concern for workers in this factory? |
|  |  |
| H14C | Is late payment of wages a concern for workers in this factory? |
|  |  |
| H14D | Are excessive deductions from wages a concern for workers in this factory? |
|  |  |
| H14E | Is the amount of in-kind compensation a concern for workers in this factory? |
|  |  |
| H14F | Are low wages a concern for workers in this factory? |
|  |  |
| H14H | Is the size of the TET bonus a concern for workers in this factory? |
|  |  |
| H14J | Is a broken or inaccurate punch clock a concern for workers in this factory? |
|  |  |
|  | **Section J: Workplace Benefits** |
| J02 | Below is a list of some workplace benefits.  Check all the benefits that are available in this factory. |
|  | 1. Free meals 2. Commuter bus 3. Free medicine 4. Factory-organized entertainment 5. Learning opportunities 6. Factory newsletter 7. Free travel home for TET 8. School fees 9. School uniforms |
|  |  |
| J03 | We are going to list some workplace facilities.  Check all the facilities that are available in this factory. |
|  | 1. Canteen 2. Dormitory 3. Child care nursery or crèche 4. Factory library 5. Sports or exercise facilities |
|  |  |
| J06A | *If “Canteen”/1 selected on J03:* How satisfied are you with the food in the canteen? |
|  | 1. Very satisfied 2. Somewhat satisfied 3. Somewhat unsatisfied 4. Not satisfied at all |
|  |  |
| J06C | How satisfied are you with the bathrooms in the factory? |
|  |  |
| J06D | *If “Dormitory”/2 selected on J03:* [How satisfied are you with]Dormitory |
|  |  |
| J06N | [How satisfied are you with] Drinking water |
|  |  |
|  |  |
|  | **Section K: Training** |
| K03 | Did you receive any training the first month you worked in this factory? |
|  | 1. Yes 2. No |
|  |  |
| K04 | *If “yes” on K03:* What types of training did you receive when you first started working in this factory?  Check all that apply. |
|  | 1. Basic skills 2. Upgrading skills 3. Worker rights 4. Labor law 5. Collective bargaining agreement 6. Health and safety 7. Pay procedures 8. Benefits 9. Fines 10. Work hours 11. Over time regulations 12. Grievance or complaints procedures |
|  |  |
| K05 | *If “yes” on D02A:* Have you received any training in the past 6 months? |
|  | 1. Yes 2. No |
|  |  |
| K06 | *If “yes” on K05:* What types of training have you received in the past 6 months?  Check all that apply. |
|  | 1. New skills 2. New equipment 3. New operations 4. Worker rights 5. Collective bargaining agreement 6. Supervisory skills training 7. Grievance procedures 8. Health and safety 9. Factory organization 10. Other training |
|  |  |
|  | **Section L: Communication and Grievances** |
| L15B | We would now like to ask you some questions about the communication within your factory.  If you were having a problem at work, how comfortable would you feel seeking help from your supervisor? |
|  | 1. Very comfortable 2. Somewhat comfortable 3. Uncomfortable 4. Very uncomfortable   *Same scale used for L15E and L15G* |
|  |  |
| L15E | If you were having a problem at work, how comfortable would you feel seeking help from the trade union representative? |
|  |  |
| L15G | If you were having a problem at work, how comfortable would you feel seeking help from the PICC? |
|  |  |
| L09A | Does your supervisor correct a worker who has made a mistake with fairness and respect? |
|  | 1. All of the time 2. Most of the time 3. Sometimes 4. Rarely 5. Never |
|  |  |
| L09C | How would you rate your supervisor’s ability to follow the rules of the factory? |
|  | 1. Very good  2. Good  3. Fair  4. Poor |
|  |  |
| L10 | Have you had any complaints about work in this factory during the last year? |
|  | 1. Yes 2. No |
| L11 | *If “yes” to L10:* Who did you discuss your complaint with?  Check all that apply. |
|  | 1. Supervisor 2. Factory manager 3. Suggestion box 4. Co-workers 5. My family or friends 6. Trade union representative 7. Customer representative 8. CSR representative 9. NGO representative 10. Hotline 11. No one   *1-10 mutually exclusive with 11* |
|  |  |
| L11H | Do workers in this factory meet with managers to discuss concerns in the factory?  Check all that apply. |
|  | 1. Yes, this factory has a Safety committee  2. Yes, this factory has a Collective Bargaining committee  3. Yes, this factory has a Performance Improvement Consultative committee or PICC.  4. Yes, there are other worker-manager committees we can join.  5. No, this factory does not have any committees. |
|  |  |
| L12 | *If “yes” to L10:* How satisfied were you with the outcome of your complaint? |
|  | 1. Very satisfied 2. Somewhat satisfied 3. Somewhat unsatisfied 4. Not satisfied at all |
|  |  |
| L14 | Have you given any suggestions or ideas to your direct supervisor in the last 6 months?  Check all that apply. |
|  | 1. No 2. Yes, my supervisor listened to my suggestion 3. Yes, my supervisor used my suggestion 4. Yes, but my suggestion was ignored 5. Yes, other outcome   *Response 1 and 2-5 mutually exclusive* |
|  |  |
|  | **Section M: Working Conditions** |
| M03A | We would like to ask about worker concerns with working conditions.  Is sexual harassment or sexual touching a concern for workers in this factory?  Check all that apply. |
|  | 1. No, not a concern 2. Yes, discussed with co-workers 3. Yes, discussed with supervisor or manager 4. Yes, discussed with the trade union representative 5. Yes, considered quitting 6. Yes, threatened a strike 7. Yes, caused a strike   *Response “1” and “2-7” mutually exclusive.The same scale is used for questions M03B and M03C.* |
|  |  |
| M03B | Is verbal abuse such as yelling or vulgar language a concern for workers in this factory? |
|  |  |
| M03C | Is physical abuse such as hitting or shoving a concern for workers in this factory? |
|  |  |
| M06 | Over the last year, have you been denied permission to use the factory toilet during work hours? |
|  | 1. Never 2. Occasionally 3. Frequently 4. Always |
|  |  |
| M07 | How often do you get a drink of water while you are at work? |
|  | 1. Hourly or more often 2. Every 2 hours 3. Every 3 or 4 hours 4. A couple of times a workday 5. Only during lunch, dinner and breaks 6. Never |
| M11A | We would like to ask about worker concerns with health and safety.  Are workers concerned that this factory is too hot or too cold?  Check all that apply. |
|  | 1. No, not a concern 2. Yes, discussed with co-workers 3. Yes, discussed with supervisor or manager 4. Yes, discussed with the trade union representative 5. Yes, considered quitting 6. Yes, threatened a strike 7. Yes, caused a strike   *Response “1” and “2-7” mutually exclusive. The same scale is used for questions M11D-M11G* |
|  |  |
| M11D | Are workers concerned about dangerous equipment or machinery? |
|  |  |
| M11E | Are workers concerned about accidents or injuries in this factory? |
|  |  |
| M11F | Are workers concerned about dusty or polluted air in this factory? |
|  |  |
| M11G | Are workers concerned about bad chemical smells in the factory? |
|  |  |
|  | **Section N: Life Aspirations** |
| N03 | Finally, we would like to ask you some questions about your life outside the factory.  How much time do you have each day for activities you do for fun such as reading, writing, listening to music and visiting friends and family?  *Scale: Range [0,6] hours at 30 minute intervals* |
|  |  |
| N04 | Do you need financial support from your parents or other people in your family? |
|  | 1. Yes, occasionally 2. Yes, regularly 3. No |
|  |  |
| N05 | Do you send or give money to your parents or other family members? |
|  | 1. Yes, occasionally 2. Yes, regularly 3. No |
| N06 | *If not “No” on N05:* How much money did you send or give to your family in the last 12 months? *[Vietnamese đồng]* |
|  |  |
| N08 | If you send money home to your parents, what do they usually spend it on?  Check all that apply. |
|  | 1. Food 2. Clothes 3. Utensils 4. Pay debt 5. Family business or household enterprise 6. House building or renovation 7. Wedding or other ceremonies 8. Education for your children 9. Education for your siblings 10. Health care 11. Farming tools 12. Motorbike 13. Luxury goods like TV sets 14. Leisure 15. Travel 16. I do not know   *1-15 and 16 mutually exlusive* |
|  |  |
| N16 | How satisfied are you with your current life? |
|  | 1. Very satisfied 2. Satisfied 3. Somewhat satisfied 4. Somewhat unsatisfied 5. Not satisfied at all |
|  |  |
| N17A | During the past month, including today, how much have you been bothered or troubled by feeling sad? |
|  | 1. not at all 2. a little of the time 3. some of the time 4. most of the time 5. all of the time   *The same scale is used for questions N17B-N17G* |
|  |  |
| N17B | During the past month, including today, how much have you been bothered or troubled by crying easily? |
|  |  |
| N17C | During the past month, including today, how much have you been bothered or troubled by feeling hopeless about the future? |
|  |  |
| N17F | During the past month, including today, how much have you been bothered or troubled by feeling restless or unable to sit still? |
|  |  |
| N17G | During the past month, including today, how much have you been bothered or troubled by feeling fearful? |
|  |  |
|  | **Additional training questions** |
| Gen | Apart from this training, have you ever participated in one or more of the following Better Work trainings?  Please mark all relevant trainings. |
|  | Workplace Cooperation  Negotiation Skills  PICC Training  Human Resources Management  Worker Induction ToT for HR managers  Occupational Safety and Health Awareness  Supervisory Skills Training  Rights and responsibilities at work  Maternal Health Care  Financial Literacy  Introduction to HIV and AIDS  Introduction to Workplace Communication  Nutrition  Other Better Work Training  No |
|  |  |
| 6.4 | The relationship between me and my direct supervisor is: |
|  | excellent  good, most of the time  not good, not bad  bad, most of the time  very bad |
|  |  |
| 6.5 | I am comfortable raising concerns about poor quality and low productivity work by my direct colleague to my direct supervisor |
|  | All of the time  Most of the time  Sometimes  Rarely  Never |
|  |  |
| 8.1 | I feel valued at my job |
|  | strongly agree  agree  neutral  disagree  strongly disagree |
|  |  |
| 8.2 | I know what is expected of me in my job |
|  | strongly agree  agree  neutral  disagree  strongly disagree |
|  |  |
| 9.2 | Do you believe a strong community can help you and your family? |
|  | very much  somewhat  not so much  not at all |
|  |  |
| 9.3 | Do you believe you have a responsibility to be engaged outside the factory?  Check all that apply. |
|  | towards my family  in my community  in my neighborhood  in a sport club  in a religious group  in a school committee  in a political organization  in a volunteer group  in another type of group  I do not think I have a responsibility outside the factory  I do not see myself engaged outside the factory |
|  |  |
| 13.2 | Has this training help you believe a strong community is good for you and your family? |
|  | very much  somewhat  not so much  not at all |
|  |  |
| 13.3 | Has training affected your life outside the factory? |
|  | Changed my behavior at home with my family  Changed my sense of responsibility in my community  inspired me to participate politically  Changed my understanding of the importance of the rights of people  No |
|  |  |
| Debrief | You have now completed the survey! We want to thank you very much for taking the time to answer our questions. We will keep your answers private. Your answers will only be used to assess how the Better Work Program affects factory life.  After you leave today, you may have some questions or concerns about this survey. The staff person will provide you with the name, phone number and address of someone you can talk to about your concerns. We would also like to offer you a small gift showing our appreciation for your participation.  Thank you again. Please raise your hand and let the staff person know that you are finished. |