

## Survey data on Vietnamese propensity to attend periodic general health examinations

The data for the project comes from a socio-demographic survey of behaviours and tendencies concerning periodic general health examinations (GHE) attendance in Vietnam. The data you will be using is a subset of the survey limited to the city of Hanoi. The original intent of the survey was to examine how and what factors, such as possession of health insurance, attitude towards health service, *etc.*, affect the demand for attend regular GHEs.

The dataset is a comma-separated-value excel file with one record per individual. A description of the variables in the dataset is given below.

- 1) id: respondent id
- 2) date: date of interview
- 3) Age: age in years
- 4) Age\_gr: age groups (< 18; 18-29; 30-39; 40-49; >= 50)
- 5) Sex: gender (male or female)
- 6) Jobstt: job status (stable; unstable; student; retiree; housewife; other)
- 7) MaritalStt: marital status (married; unmarried; other)
- 8) Edu: education (PostGrad = post-graduate; Grad = college/university; Second = high school; Hi = middle school)
- 9) height: height in m
- 10) weight: weight in kg
- 11) BMI: body mass index =  $\text{weight}/\text{height}^2$
- 12) HealthIns (yes or no)
- 13) RecExam: time since last medical examination (less12 = less than 12 months; b1224 = between 12 and 24 months; g24 = over 24 months; unknown = respondent unable to recall)

- 14) RecPerExam: time since last GHE (less12 = less than 12 months; b1224 = between 12 and 24 months; g24 = over 24 months; unknown = respondent unable to recall)
- 15) ReaExam: reasons for their most recent GHE (noti.disease = concerns over illnesses/epidemics; adv.sig = worrying symptoms; request = prompted by employer/community/insurance; volunteer = no immediate reason)
- 16) SuitFreq: how often respondent believes GHEs should be carried out (6m = every 6 months; 12m = every 12 months, 18m = every 18 months; g18m = less frequent than every 18 months)
- 17) Wsttime: reasons for delay to take a GHE – it is a waste of time (yes or no)
- 18) Wstmon: reasons for delay to take a GHE – it is a waste of money (yes or no)
- 19) DiscDisease: reasons for delay to take a GHE – fear of discovering diseases (yes or no)
- 20) Lessbelqual: reasons for delay to take a GHE – little faith in the quality of the medical service (yes or no)
- 21) NotImp: reasons for delay to take a GHE – does not consider GHEs to be urgent or important (yes or no)
- 22) HthyPriority: reasons for attending a GHE – health is first priority (yes or no)
- 23) ComSubsidy: reasons for attending a GHE – it is subsidised by employer or community (yes or no)
- 24) Habit: reasons for attending a GHE – respondent has acquired the habit of regular GHEs from family/employer (yes or no)
- 25) FlwHealth: reasons for attending a GHE – constantly following updates on health measures (yes or no)
- 26) PerTrmt: respondent was receiving long-term medical treatment (yes or no)
- 27) AcqTrmt: a member of the family was receiving long-term medical treatment (yes or no)
- 28) StabHthStt: respondent and their family all enjoyed good health (yes = respondent and family all in good health, no = otherwise)

- 29) StChoise: preferred way of dealing with new symptoms (clinic = go to the clinic and consult professionals; askrel = seek advice from family and relatives; selfstudy = do personal research)
- 30) MedCabinet: does the respondent keep a medical cabinet and basic medical equipment in the house? (yes or no)
- 31) Tooluseskill: does the respondent have the skills to use basic medical equipment? (yes or no)
- 32) ExpCare: does the respondent have experience in taking care of a sick family member? (yes or no)
- 33) ExamTools: does the respondent's family regularly take simple medical measurements? (yes or no)
- 34) Tangibles: perception of GHE – quality of medical equipment and personnel (1 to 5 scale, 1 = lowest quality)
- 35) Assurance: perception of GHE – knowledge/ability to assure professional reliance (1 to 5 scale, 1 = lowest quality)
- 36) Reliability: perception of GHE – ability of examiner to perform medical services that meet the patient's expectations (1 to 5 scale, 1 = lowest quality)
- 37) Respon: perception of GHE – timeliness of service (1 to 5 scale, 1 = lowest quality)
- 38) Empathy: perception of GHE – thoughtfulness and having a high sense of responsibility (1 to 5 scale, 1 = lowest quality)
- 39) CHPerc: general opinion of public health (good = good, quite = quite good, bad = bad)
- 40) AffCost: GHE costs (low = under 1 million VND; med = from 1 to 2 million VND; hi = over 2 million VND)
- 41) Usemon: which of the following options respondent would choose if provided cash for having GHEs (allsoon = use all the money to have a GHE soon, partly = use part of the money for a GHE and save the rest, later = take the money and have a GHE later)
- 42) SuffInfo: mass media information respondent received on health care – sufficiency (1 to 5 scale, 1 = lowest)

- 43) AttractInfo: mass media information respondent received on health care – attractiveness (1 to 5 scale, 1 = lowest)
- 44) ImpressInfo: mass media information respondent received on health care – impressiveness (1 to 5 scale, 1 = lowest)
- 45) PopularInfo: mass media information respondent received on health care – popularity (1 to 5 scale, 1 = lowest)
- 46) UseIT: is the respondent willing to use IT to detect health problems if it is reliable? (yes; no; maybe)
- 47) AfterIT: would the respondent set up a healthcare app if it is needed to receive a GHE? (yes; no; maybe)
- 48) SuitExer: respondent's opinion on how much time people need to spend on sports and physical exercise to stay in shape
- 49) EvalExer: respondent's opinion on their own time spent on sports and physical exercise (verysuff = more than enough; quitesuff = enough; little = only a little; trivial = none or almost none)