



LANG		UNIT		ID			CN
1	2	3	4	5	6	7	8
0	2						1

Survey on the Health Condition of Migrant Workers 2005

Greetings to migrant workers in Korea,

We are conducting a survey to understand the health conditions of migrant workers in Korea with the support of the **Korea International Foundation for Health and Development (KIFHAD)**.

The purpose of this survey is to understand the health condition of migrant workers, to identify problems in health care system for migrants and address them. We also intend, through this national-wide sample survey, to seek measures to solve the problems and the better health and welfare policy. Your answers will contribute to establish the policy for the health condition of migrant workers in Korea.

Please do not discuss with other people when you answer the questions. Your responses will be processed only as statistical data, so your privacy is completely guaranteed. Please answer all the questions from the beginning to the end. While questions may look many but it actually takes only approximately 20 minutes to answer all. We sincerely appreciate that you decided to spend your precious time for our research. Thank you.

October 2005



Principal Investigator: **Dong-Hoon SEOL** (Chonbuk National University)

Investigators: **Seung-Kwon HONG** (Seoul National University)

Hyung Ung GOH (International Organization for Migration)

In-Tae KIM (Raphael Clinic)

Simply mark '✓' on '___' or write numbers in '()'. Please select the first thing that comes up to your mind.

If there is any inquiry regarding this research, please contact us via:

IOM Seoul, Room #910 Union Center

837-11 Yeoksam-dong, Gangnam-gu, Seoul 135-754 Korea

Tel.: (02) 6245-7647 Fax: (02) 6245-7648

KIFHAD, #401 Training Center, Korea Center for Disease Control and Prevention

5 Nokbeoun-dong, Eunpyoung-gu, Seoul, 122-701 Korea

Tel.: (02) 386-3102-3 Fax: (02) 386-3155

A. Personal Information

1. What is your nationality?

- | | |
|---|--|
| <input type="checkbox"/> (1) Bangladeshi | <input type="checkbox"/> (2) Chinese (Go to question #2-1) |
| <input type="checkbox"/> (3) Indian | <input type="checkbox"/> (4) Indonesian |
| <input type="checkbox"/> (5) Iranian | <input type="checkbox"/> (6) Ghanaian |
| <input type="checkbox"/> (7) Japanese (Go to question #2-1) | <input type="checkbox"/> (8) Kazakhstani (Go to question #2-1) |
| <input type="checkbox"/> (9) Kyrgyzstaniani | <input type="checkbox"/> (10) Mongolian |
| <input type="checkbox"/> (11) Myanmar/Burmese | <input type="checkbox"/> (12) Nepalese |
| <input type="checkbox"/> (13) Nigerian | <input type="checkbox"/> (14) Pakistan |
| <input type="checkbox"/> (15) Filipinos | <input type="checkbox"/> (16) Russian (Go to question #2-1) |
| <input type="checkbox"/> (17) Sri Lankan | <input type="checkbox"/> (18) Thai |
| <input type="checkbox"/> (19) Uzbekistani (Go to question #2-1) | <input type="checkbox"/> (20) Vietnamese |
| <input type="checkbox"/> (21) Other () | |

1-1. Are you an ethnic Korean?

- | | |
|--|---|
| <input type="checkbox"/> (1) Yes, I am | <input type="checkbox"/> (2) No, I am not |
|--|---|

2. What is your sex?

- | | |
|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> (1) Male | <input type="checkbox"/> (2) Female |
|-----------------------------------|-------------------------------------|

3. When were you born?

The year of 19()

4. What is your marital status? (Real status)

- | | |
|--|--|
| <input type="checkbox"/> (1) Never married | <input type="checkbox"/> (2) Married |
| <input type="checkbox"/> (3) Separated | <input type="checkbox"/> (4) Widowed |
| <input type="checkbox"/> (5) Divorced | <input type="checkbox"/> (6) Other () |

5. What is your schooling?

- | | |
|--|--|
| <input type="checkbox"/> (1) No school education | <input type="checkbox"/> (2) Elementary school |
| <input type="checkbox"/> (3) Middle school | <input type="checkbox"/> (4) High school |
| <input type="checkbox"/> (5) Junior college (two-year) | <input type="checkbox"/> (6) College or university (four-year) |
| <input type="checkbox"/> (7) Graduate school (master) | <input type="checkbox"/> (8) Graduate school (doctor) |

6. How many years of formal schooling did you have (from elementary school)?

() years

7. What religion do you affiliate to?

- | | |
|--|--|
| <input type="checkbox"/> (1) No religion | <input type="checkbox"/> (2) Protestantism |
| <input type="checkbox"/> (3) Roman Catholicism | <input type="checkbox"/> (4) Buddhism |
| <input type="checkbox"/> (5) Hinduism | <input type="checkbox"/> (6) Islam |
| <input type="checkbox"/> (7) Other () | |

8. Have you ever been employed in your home country?

- | |
|---|
| <input type="checkbox"/> (1) Yes (Go to question #8-1 and #8-2) |
| <input type="checkbox"/> (2) No (Go to question #8-3) |

12. Where is your house located?

12-1. Administrative unit?

- | | |
|--|---|
| <input type="checkbox"/> (1) Seoul | <input type="checkbox"/> (2) Busan |
| <input type="checkbox"/> (3) Daegu | <input type="checkbox"/> (4) Incheon |
| <input type="checkbox"/> (5) Gwangju | <input type="checkbox"/> (6) Daejeon |
| <input type="checkbox"/> (7) Ulsan | <input type="checkbox"/> (8) Gyeonggi-do (province) |
| <input type="checkbox"/> (9) Gangwon-do | <input type="checkbox"/> (10) Chungcheong buk-do |
| <input type="checkbox"/> (11) Chungcheong nam-do | <input type="checkbox"/> (12) Jeonla buk-do |
| <input type="checkbox"/> (13) Jeonla nam-do | <input type="checkbox"/> (14) Gyeongsang buk-do |
| <input type="checkbox"/> (15) Gyeongsang nam-do | <input type="checkbox"/> (16) Jeju-do |

12-2. Which area do you live in?

- | | |
|---|---|
| <input type="checkbox"/> (1) Urban area | <input type="checkbox"/> (2) Rural area |
|---|---|

13. What kind of housing do you live in?

- | | |
|---|---|
| <input type="checkbox"/> (1) Owned house (by myself or husband) | <input type="checkbox"/> (2) Owned house (by parents) |
| <input type="checkbox"/> (3) Leased annually | <input type="checkbox"/> (4) Leased monthly |
| <input type="checkbox"/> (5) Dormitory | <input type="checkbox"/> (6) Government lease apartment |
| <input type="checkbox"/> (7) Relative's house | <input type="checkbox"/> (8) Boarding house |
| <input type="checkbox"/> (9) Apartment owned by company | <input type="checkbox"/> (10) Homeless |
| <input type="checkbox"/> (11) NGO shelter | <input type="checkbox"/> (12) Other () |

14. What is your current job?

- | |
|---|
| <input type="checkbox"/> (1) Factory worker (Go to question #14-1) |
| <input type="checkbox"/> (2) Construction worker (as known as "Nogada") |
| <input type="checkbox"/> (3) Fisher or marine product industry worker |
| <input type="checkbox"/> (4) Agriculture, forestry and livestock worker |
| <input type="checkbox"/> (5) Restaurant kitchen, cleaning, serving |
| <input type="checkbox"/> (6) Caretaker |
| <input type="checkbox"/> (7) Housekeeper, housemaid |
| <input type="checkbox"/> (8) Waiter or waitress at the bar |
| <input type="checkbox"/> (9) Other () |

14-1. (Only for factory worker) What is the product you manufacture in your business place?

- | |
|---|
| <input type="checkbox"/> (1) Food, beverage and tobacco |
| <input type="checkbox"/> (2) Textiles, clothing and leather industries |
| <input type="checkbox"/> (3) Wood, wood products, including furniture |
| <input type="checkbox"/> (4) Paper and paper products, printing and publishing |
| <input type="checkbox"/> (5) Chemicals, petroleum, coal, rubber and plastic products |
| <input type="checkbox"/> (6) Non-metallic mineral products, except products of petroleum and coal |
| <input type="checkbox"/> (7) Basic metal industries |
| <input type="checkbox"/> (8) Fabricated metal products, machinery and equipment |
| <input type="checkbox"/> (9) Other manufacturing industries |

15. How many hours a week do you work?

() hours

16. What is your average monthly wage? (Including bonus and fringe benefits)

() *Man* (10 thousand) *Korean Won*

17. The followings are questions on the hazardous working environments at workplace.

Please mark ✓ on 'Yes' or 'No' to express whether you are exposed to such hazards and also mark ✓ to express how serious it is.

Hazards	Exposed?		How serious?			
	Yes	No	Never serious	Little serious	Somewhat serious	Very serious
A. Inappropriate lighting (too dark to work)	(1)	(2)	(1)	(2)	(3)	(4)
B. Noise (loud)	(1)	(2)	(1)	(2)	(3)	(4)
C. Particulates (steel or wood dust)	(1)	(2)	(1)	(2)	(3)	(4)
D. Chemicals (thinner, paint, etc.)	(1)	(2)	(1)	(2)	(3)	(4)
E. Lifting heavy objects repeatedly	(1)	(2)	(1)	(2)	(3)	(4)
F. Work long time in uncomfortable position	(1)	(2)	(1)	(2)	(3)	(4)
G. Working with dangerous machines, appliances (press, cutting tools, ejection molding machine, etc.)	(1)	(2)	(1)	(2)	(3)	(4)
H. Working with no safety equipment or with broken machines	(1)	(2)	(1)	(2)	(3)	(4)
I. Lack of safety equipment	(1)	(2)	(1)	(2)	(3)	(4)

18. How satisfied are you with following items, or dissatisfied? Please mark ✓ on the option closest to your satisfaction level.

Satisfaction of employment	Very dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Very satisfied
A. Amount of work	(1)	(2)	(3)	(4)	(5)
B. Wages and other fringe benefits	(1)	(2)	(3)	(4)	(5)
C. Meals (provided by company)	(1)	(2)	(3)	(4)	(5)
D. Safety at workplace	(1)	(2)	(3)	(4)	(5)
E. Lodging facilities (dormitory)	(1)	(2)	(3)	(4)	(5)
F. Medical benefits	(1)	(2)	(3)	(4)	(5)
G. Grievance remedy	(1)	(2)	(3)	(4)	(5)
H. Entertainment facilities	(1)	(2)	(3)	(4)	(5)
I. Guarantee of employment period	(1)	(2)	(3)	(4)	(5)

19. Please indicate your level of Korea language ability.

Categories	Very good	Good	Middle	Poor	Very poor
A. Speaking	(1)	(2)	(3)	(4)	(5)
B. Listening	(1)	(2)	(3)	(4)	(5)
C. Reading	(1)	(2)	(3)	(4)	(5)
D. Writing	(1)	(2)	(3)	(4)	(5)

20. How many hours in average do you work a day (weekday)?

A. Hours working at workplace: () hours

B. Hours doing house chore: () hours

21. Including working at home or workplace, how many hours a day do you do following activities?

A. Physical work or hard exercise

__ (1) None

__ (2) Less than 1 hour

__ (3) More than 1 hour

B. Walking or standing

__ (1) Less than 1 hour

__ (2) 1-3 hours

__ (3) More than 3 hours

C. Sitting

__ (1) Less than 3 hours

__ (2) 3-8 hours

__ (3) More than 8 hours

B. Smoking and Drinking

22. Do you smoke currently?

__ (1) No (Go to Q#23)

__ (2) Yes (Go to question #22-1 and question #22-2)

__ (3) I used to smoke, but I quit. (Go to question #22-3, 22-4, 22-5)

22-1. (If you smoke currently) Since when have you been smoking?

Since () years old.

22-2. (If you smoke currently) How many cigarettes do you smoke per day (on average)?

() cigarettes per day

22-3. (If you used to smoke, but quit) Since when did you smoke?

Since () years old.

22-4. (If you used to smoke, but quit) How many cigarettes did you smoke per day (on average)?

() cigarettes per day

22-5. (If you used to smoke, but quit) How long has it been since you quit smoking?

() year(s) () month(s)

D. Meals and Sleep

28. Do you have your meal regularly?

	Regularly	Irregularly	Don't Eat
A. Breakfast	(1)	(2)	(3)
B. Lunch	(1)	(2)	(3)
C. Dinner	(1)	(2)	(3)
D. Snack	(1)	(2)	(3)

29. How often do you eat outside?

- (1) Don't eat outside (2) 2-4 times a week
 (3) More than 5-6 times a week

30. Do you have regular sleeping hours?

- (1) Yes (2) No

E. Anxiety and Mental Health

31. The followings are questions on your recent health condition. Please mark ✓ on the option that best explains it about each symptom.

	Not at all	No more than usual	Rather more than usual	Much more than usual
A. I have lost much sleep over worry	(0)	(1)	(2)	(3)
B. I have been losing confidence in myself	(0)	(1)	(2)	(3)
C. I have not been able to concentrate on my work	(0)	(1)	(2)	(3)
D. I have felt that I am playing a useful part in things	(0)	(1)	(2)	(3)
E. I have felt capable of making decisions about things	(0)	(1)	(2)	(3)
F. I have felt under strain constantly	(0)	(1)	(2)	(3)
G. I have felt I couldn't overcome my difficulties	(0)	(1)	(2)	(3)
H. I have been able to enjoy my normal day to day activities.	(0)	(1)	(2)	(3)
I. I have been able to face up to my problems	(0)	(1)	(2)	(3)
J. I have been feeling unhappy or depressed	(0)	(1)	(2)	(3)
K. I have been thinking of myself as a worthless person	(0)	(1)	(2)	(3)
L. I have been feeling reasonably happy, all things considered	(0)	(1)	(2)	(3)

32. The followings are questions on the frequency of various symptoms. Please mark ✓ on the option to express how often you have had such symptoms over the last 7 days (including today).

Symptoms	None or a little of the time	Some of the time	A good part of the time	Most or all of the time
A. I feel more nervous and anxious than usual	(0)	(1)	(2)	(3)
B. I feel afraid for no reason at all	(0)	(1)	(2)	(3)
C. I get upset easily or feel panicky	(0)	(1)	(2)	(3)
D. I feel like I'm falling apart and going to pieces	(0)	(1)	(2)	(3)
E. I feel that everything is all right and nothing bad will happen	(0)	(1)	(2)	(3)
F. My arms and legs shake and tremble	(0)	(1)	(2)	(3)
G. I am bothered by headaches neck and back pain	(0)	(1)	(2)	(3)
H. I feel weak and get tired easily	(0)	(1)	(2)	(3)
I. I feel calm and can sit still easily	(0)	(1)	(2)	(3)
J. I can feel my heart beating fast	(0)	(1)	(2)	(3)
K. I am bothered by dizzy spells	(0)	(1)	(2)	(3)
L. I have fainting spells or feel like it	(0)	(1)	(2)	(3)
M. I can breathe in and out easily	(0)	(1)	(2)	(3)
N. I get feelings of numbness and tingling in my fingers and toes	(0)	(1)	(2)	(3)
O. I am bothered by stomachs or indigestion	(0)	(1)	(2)	(3)
P. I have to empty my bladder often	(0)	(1)	(2)	(3)
Q. My hands are usually dry and warm	(0)	(1)	(2)	(3)
R. My face gets hot and blushes	(0)	(1)	(2)	(3)
S. I fall asleep easily and get a good night's rest	(0)	(1)	(2)	(3)
T. I have nightmares	(0)	(1)	(2)	(3)

38. Do you have regular period (menstruation) schedule?

- (1) Regular (Go to question #39)
- (2) Mostly regular (Go to question #38-1)
- (3) Irregular (Go to question #38-1)

38-1. If you have irregular menstruation schedule, please indicate reason why and its time frame below.

- (1) Because I am pregnant now
- (2) I had an operation in uterus or ovary. When I was () years old.
- (3) I already had menopause When I was () years old
- (4) Other ()

G. Actual Condition of Using Medical Institution

39. When you were ill, how did you treat it?

- (1) I was admitted to the hospital and treated (as an inpatient).
- (2) I went to hospital for medical treatment (as an outpatient).
- (3) I took medicine regularly.
- (4) I did not get any medical treatment (Go to question #40)
- (5) Other ()

39-1. If you used medical institution, how did you pay for the expense?

- (1) Medical insurance covered all the expense
- (2) I pay them all
- (3) Insurance + self paid
- (4) With help of others
- (5) Used free clinic
- (6) Other ()

40. Which medical facility among the followings is the one you use the most often?

- (1) General Hospital (polyclinic) (2) Clinic
- (3) Public Health Center (4) Pharmacy
- (5) Traditional Herb Clinic (6) Free Clinic

41. What kind of difficulties do you have in receiving treatment from medical facility?
Please indicate the top two reasons among below.

- A. The most important reason: ()
- B. The second most important reason: ()

- (1) Bad transportation makes it difficult
- (2) I do not have time to go to hospital or clinic
- (3) It is difficult to pay for expenses
- (4) Language difficulty causes difficulties in receiving treatment
- (5) The process is complex
- (6) It is difficult to receive necessary information or to receive consultation
- (7) No problem
- (8) Other ()

42. What is the main reason why you cannot get treatment from medical facility?

- (1) Bad transportation makes it difficult.
- (2) I do not have time to go to hospital or clinic.
- (3) It is difficult to pay for expenses.
- (4) It is difficult to find appropriate medical facility.
- (5) My medical insurance has been stopped or expired.
- (6) It is difficult to receive necessary information or to receive consultation.
- (7) Other ()

43. Do you have regular or appropriate health checkup?

- (1) Yes (Go to question #43-1)
- (2) No (Go to question #44)

43-1. Where do you usually get your health checkup?

- (1) Hospital/Clinic
- (2) Traditional Herb Clinic
- (3) Public Health Center
- (4) Pharmacy
- (5) Free Clinic
- (6) Other ()

The following questions are regarding use of public health center.

44. Have you visited or used public health center during the last 1 year?

- (1) I use it regularly (Go to question #45)
- (2) I use it from time to time (Go to question #45)
- (3) I have never used it (Go to question #47)

45. What kind of service did you use at the center? Please indicate the top two services you used most often.

- A. Number one: () B. Number two: ()

- (1) Health checkup
- (2) Vaccination (hepatitis, typhoid, cholera etc.)
- (3) Vaccination and regular checkup for babies/children
- (4) Internal treatment
- (5) Dental treatment
- (6) Pregnancy medical examination and regular checkup
- (7) Public health education
- (8) Physiotherapy
- (9) Specialized center
- (10) Visiting-nurse service
- (11) Other ()

46. Compared to using other medical facility, what kinds of difficulties there are for using public health center?

- (1) It is too far to go.
- (2) The variety of treatment is not enough.
- (3) The quality of treatment is low.
- (4) I do not have enough time to use it within officer hours.
- (5) Staffs are rude and do not explain things properly.
- (6) No problem.
- (7) Other ()

47. If you have never used public health center, why is it so?

- (1) Because I do not have money.
- (2) It is located too far.
- (3) I do not know where it is or what kinds of service they offer.
- (4) I think the quality of service might be low.
- (5) They do not have necessary service for me.
- (6) Other ()

48. The following questions are about the degree of your satisfaction of your life in Korea in general. How much are you satisfied or dissatisfied?

	Very Dissatisfied	Dissatisfied	So so	Satisfied	Very Satisfied
A. Life in Korea in general	(1)	(2)	(3)	(4)	(5)
B. Relationship with neighbors	(1)	(2)	(3)	(4)	(5)
C. Relationship with employers	(1)	(2)	(3)	(4)	(5)
D. Relationship with Korean fellow workers	(1)	(2)	(3)	(4)	(5)

The following questions are regarding use of free clinic.

49. How often do you get service from free clinic? (Average times in a month)
() times a month

50. Please indicate below how you are satisfied with the free clinics for various aspects.

Services provided at free clinic	Very Dissatisfied	Dissatisfied	So so	Satisfied	Very Satisfied
A. Intervals between treatments	(1)	(2)	(3)	(4)	(5)
B. Treatment hours	(1)	(2)	(3)	(4)	(5)
C. Waiting hours	(1)	(2)	(3)	(4)	(5)
D. Procedure for treatment	(1)	(2)	(3)	(4)	(5)
E. Facilities	(1)	(2)	(3)	(4)	(5)
F. Location of free clinic	(1)	(2)	(3)	(4)	(5)
G. Transportation	(1)	(2)	(3)	(4)	(5)
H. Administrative procedure	(1)	(2)	(3)	(4)	(5)
I. Level of medical staff	(1)	(2)	(3)	(4)	(5)
J. Service of volunteers or staffs	(1)	(2)	(3)	(4)	(5)

51. We wish to hear your comment on details of service offered by free clinic. What kind of service have you received? If you have received special kind of service, please indicate how you were satisfied below. Also, please indicate your reasons for dissatisfaction.

Services provided by free clinic	Matter of receiving service						Reason for dissatisfaction (please write down the number below)
	Not received service	Received service					
		Very Dissatisfied	Dissatisfied	So so	Satisfied	Very Satisfied	
A. Primary consultation (i.e. physical condition, medical history etc.)	(0)	(1)	(2)	(3)	(4)	(5)	()
B. Mental health service including activities of the center (i.e. comforting, encouraging etc.)	(0)	(1)	(2)	(3)	(4)	(5)	()
C. Public health education (i.e. stop smoking, complication, health care etc.)	(0)	(1)	(2)	(3)	(4)	(5)	()
D. Basic health checkup (i.e. temperature, blood pressure, level of blood sugar, urine test etc.)	(0)	(1)	(2)	(3)	(4)	(5)	()
E. Referral service (i.e. referral to appropriate secondary hospital etc.)	(0)	(1)	(2)	(3)	(4)	(5)	()
F. Other public health service (linked with other medical/public organization)	(0)	(1)	(2)	(3)	(4)	(5)	()

Reasons for Dissatisfaction

- (1) There is no special benefit in content of service
- (2) Quality of service is low
- (3) Staffs are unfriendly
- (4) The number of treatment-provision is too little.
- (5) They are not trustworthy
- (6) Other ()

52. The followings are some facial expressions portraying emotional state. Which one does best reflect your satisfactory rate of 'medical service provided by free clinic'? Please consider 'what they do good for you' and 'what they do wrong' in evaluating your satisfactory rate.



