

Form Approved  
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# Women's Health Needs STUDY

Public reporting burden of this collection of information is estimated to average 1 minute per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-xxxx).

## SECTION A. SCREENER

1. Have you previously participated in the *Women's Health Needs Study (WHNS)*?

- Yes [END SURVEY]  
 No

2. Which of the following languages do you speak?

- Amharic  
 Arabic  
 English  
 Somali  
 Swahili

Other, please specify:

3. Which language would you prefer to use for this interview? [INTERVIEWER NOTE: IF YOU DO NOT SPEAK THE LANGUAGE PREFERRED, MAKE NOTE AND END INTERVIEW].

4. In which country were you born?

- Don't Know  
 Prefer not to answer

<SKIP LOGIC: IF RESPONDENT MENTIONS EGYPT, ERITREA, KENYA, SOMALIA, or ETHIOPIA,,GUINEA, LIBERIA, NIGERIA, SIERRA LEONE or SUDAN. GO TO Q6>

**5. Have you ever lived in any of the following countries?**

	Yes	No	Don't Know	Prefer not to answer	
<b>Egypt</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Eritrea</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Kenya</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Somalia</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Ethiopia</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Guinea</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Liberia</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Nigeria</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Siera Leone</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Sudan</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**6. In which country was your father born?**

- Don't Know
- Prefer not to answer

**7. In which country was your mother born?**

- Don't Know
- Prefer not to answer

*<SKIP LOGIC: IF RESPONDENT MENTIONS EGYPT, ERITREA, KENYA, SOMALIA, or or ETHIOPIA,,GUINEA, LIBERIA, NIGERIA, SIERRA LEONE or SUDAN. \ GO TO Q9>*

**8. Has your mother lived in any of the following countries?**

	Yes	No	Don't Know	Prefer not to answer	
<b>Egypt</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Eritrea</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Kenya</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Somalia</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Ethiopia</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Guinea</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Liberia</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Nigeria</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Siera Leone</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sudan</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**9. How old are you?**

- Under 18 years
- 18-24
- 25-29
- 30-34
- 35-39
- 40-49
- Over 49 years
- Prefer not to answer



**Eligible: if between 18-49 years old, birth location or country lived if respondent or mother fits criteria from country list, and translation options are necessary and available, respondent is eligible. Review consent material and proceed to full interview if consent obtained.**