

Attachment G3. Women's Health Needs Study Questionnaire (Swahili translations)

Section	Question	English Items	Translation Section	Question	Translated item
Screeener Cover Page	OMB notice	Form Approved	Ukurasa wa Kwanza Mhoji	Notisi ya OMB	Fomu Iliyopitishwa
		OMB Number:			Nambari ya OMB
		Expiration Date:			Tarehe ya Kuisha
Screeener	Survey Title	Women's Health Needs Study	Mhoji	Mada ya Utafiti	Utafiti wa Mahitaji ya Afya ya Wanawake
Screeener	OMB Burden Statement	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).	Mhoji	Ilani ya Uzito OMB	Muda wa kuripoti mkusanyiko huu wa habari unakadiriwa kuwa dakika 1 kwa kila jibu, inajumuisha wakati wa kupitia maagizo, kutafuta rasilimali zilipo, kukusanya na kudumisha data inayohitajika, na kukamilisha na kupitia mkusanyiko wa habari. Wakala hafai kuendesha au kufadhili, na mtu hahitajiki kujibu mkusanyiko wa maswali isipokuwa inapoonyesha nambari sahihi ya OMB. Tuma maoni kuhusiana na kadiri hii ya ilani ya uzito au kipengele chochote kuhusu mkusanyiko huu wa habari, ikijumuisha ushauri wa kupunguza uzito huu hadi CDC/ATSDR ofisa wa kukamilisha; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-xxxx).
SECTION A.			SEHEMU A. SWALI		

SCREENER					
A	Screener 1	Have you previously participated in the Women's Health Needs Study (WHNS)? Yes [END SURVEY] No	A	Swali 1	Je, Umewahi kushiriki katika utafiti wa Women's Health Needs (WHNS)? Ndio [Kamilisha Utafiti] La
	Screener 2	Which of the following languages do you speak?		Swali 2	Je, unazungumza lugha gani kati ya zifuatazo?
		Amharic Arabic English Oromo Somali Swahili Tigrinya Other, please specify:			Kiamhari Kiarabu Kiingereza Kioromo Kisomali Kiswahili Kitigrinya Nyingine, tafadhali fafaua:
	Screener 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].		Swali 3	Je, ni lugha gani ungependa kutumia katika utafiti huu? [KUMBUKUMBU YA MTAFTI: IWAPO HUZUNGUMZI LUGHA INAYOPENDELEWA, TIA DUKUKUKU NA UKAMILISHE UTAFTI
	Screener 4	In which country were you born?		Swali 4	Je, ulizaliwa katika nchi ipi?
		Don't Know Prefer not to answer			Sijui Sitaki kujibu
	Screener 5	Have you ever lived in any of the following countries?		Swali 5	Je, umewahi ishi katika mataifa yafuatayo?
		Yes No			Ndio La
		Egypt Ethiopia Kenya Somalia *			Misri Ethiopia Kenya Somalia Tanzania Uganda
	Screener 6	In which country was your father born?		Swali 6	Je, babako alizaliwa katika nchi ipi?
		Don't Know Prefer not to answer			Sijui Ningependelea kutojibu
	Screener 7	In which country was your mother born?		Swali 7	Je, mamako alizaliwa katika nchi ipi?

		Don't Know Prefer not to answer			Sijui Ningependelea kutojibu
	Screeener 8	Has your mother lived in any of the following countries?		Swali 8	Je, mamako ameishi katika mataifa yafuatayo?
		Egypt Ethiopia Kenya Somalia			Misri Ethiopia Kenya Somalia Tanzania Uganda
	Screeener 9	How old are you?		Swali 9	Je, una miaka ngapi?
		Under 18 years 18-24 25-29 30-34 35-39 40-49 Over 49 years Prefer not to answer			Chini ya miaka 18 18-24 25-29 30-34 35-39 40-49 Over 49 years Ningependelea kutojibu

*Other countries depending on expected population of sites