Full Questionnaire				
Cove r Page	Public reporting burden of this collection of information is estimated to average 45 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).			000 000 0000 0000 0000 0000 000 0000 000 0000
OMB notic e	Form Approved		омв □□□□ □	
	OMB Number:			OMB [[[
	Expiration Date:			
Surv ey Title	Women's Health Needs Study			
Title				
SECTION B. BACKGROUND		d		

CHARACTE	RISTIC				
S	Intro	Now we can begin. I am going to start by asking you some basic questions about your background.			000 0000 00000 00000 000 00000 000000 00000 000000
	Q1	What languages do you speak comfortably now?		0001	000 0000 000000 000 0000 00?
	Q2	Do you speak a language other than English at home?		2	00 000 000000 00 000000 000 00?
		Yes No [GO TO Q4] Prefer not to answer [GO TO Q4]			00 00000(00 000 4 000) 00000 000000(00 000 4 000)
	Q3	What is this language? [Specific languages will vary by country of origin].		<u> </u>	00 000 0000 00?(00 00000 0000 000 0000010
	Q4	What language(s) do you speak most often with your closest friends? [INTERVIEWER NOTE: Allow for two languages to be given]		0004	0000 0000 00 0000 00000 000(00) 0000 000(00000 00000 000 00000 00000 0000)
	Q5	If you think of yourself as belonging to a particular ethnic group or tribe, what would that be?		5	0000 000 0000 000 000 000 00?
		Don't Know Prefer not to answer			00000 00000 000000
Skip logic		[SKIP LOGIC: IF RESPONDENT WAS BORN IN THE U.S. (SCREENER Q4), GO TO Q8]	00000 0 0000		[000000 00000 000 U.S. 000 00000 000 (00000 0000 000 4)0 00 000 8 000]
	Q6	In what year did you first move to the United States?		□□□ 6	00 0000 0000 000 00 00?
		 Within the last year 1-5 years ago 6-10 years ago Over 10 years ago Don't Know Prefer not to answer 			. 0000 000 000 . 1-5 000 000 . 6-10 000 000 . 0 10 000 000 . 00000
	Q7	Since moving to the United States, how many times have you traveled home? "Home country" is the country where you were born or where you		□□□ 7	00 0000 000 000 000 000 000 00 000 00 00

	I	T	I	I	
		lived most of the time			
		before coming to the U.S.			
		Never			• 000
		• Once			.000 00
		• 2-3 times			. 2-3 🔲 🔲
		Four or more times			• 000 000 000 00 000
		Don't know			.0000
		 Prefer not to answer 			
		GO TO Q9			
	Q8	How many times have you		8 [[[□ U.S □□ □□□ □□ □□□□□?
		traveled outside the U.S.?			
		Never			.00 0000
		• Once			.000 00
		• 2-3 times			. 2-3 □□□□
		Four or more times			
		Don't know			
		Prefer not to answer			
	Q9	In what country does your		9	
	۷′	mother live now?			
		Mother passed away			. 000 0000(00 000 11 000)
		[GO TO Q11]			
		• Don't Know [GO TO Q11]			
		Prefer not to answer			
		[GO TO Q11]			
	Q10	How often do you speak			
	Q10	with your mother?		10	
		• Daily			.0000
		• 2-3 times a week			
		Once a week			
		Once/twice a month			
		Less than once a month			
		Never			
		Don't Know			· 000 00000
		Prefer not to answer			• 00000 • 00000
SECTION C.		• Prefer flot to allswer			
MARRIAGE					
HOUSEHOL					
HOUSEHOL	ט.				
intro		Next, I am going to ask			
IIIII		you questions about your			
		marital status and living			
		arrangements.			
	Q11	Including yourself, how			nnnnn nnnn nnnnnn nnn nnn nn
	\ \dir	many people live in your		11	
		household now? Please		**	
		count children and elders.			
					UUU UUUU UU UUU UU UUUU UUUU
		Do NOT count visitors. A			
		visitor is someone staying			
		in the home for less than			
		one month.			

		1	I	I	
		• Don't Know			.0000
		 Prefer not to answer 			
	Q12	Which of the following			
	~	describes your current		12	
		marital status? Are you			
		married, living with a			
		partner, widowed,			
		divorced, separated, or			
		-			
		have you never been married?			
		Married			
		Not married, but living			
		with a partner			
		[GO TO Q16]			• 0000
		• Widowed			• 0000
		• Divorced			• 00000
		Separated			. 000 0000 (00 000 16 000)
		Never married [GO TO			. 00000 000000 (00 000 16 000)
		Q16]			
		 Prefer not to answer 			
		[GO TO Q16]			
	Q13	How old were you when			
		you first got married?		13	
		Under 18 years			. 🛮 18 🔲 🗎 🗎
		• 18-24 years			. 18-24 □□□
		• 25-29 years			. 25-29 🔲 🗎
		• 30-39 years			. 30-39 🔲
		• 40-49 years			. 40-49 □□□
		Over 49 years			. 🛮 49 🗆 🗆 🗆 🗆
		Don't Know			.0000
		Prefer not to answer			. 00000 000000
	Q14	How old was your			00000 0000 000000 000 000 000?
		husband when you first		14	
		got married?			
		• Under 18 years			. 🛮 18 🔲 🔲 🖂
		• 18-24 years			. 18-24 □□□
		• 25-29 years			. 25-29 🔲
		• 30-39 years			. 30-39 🔲
		• 40-49 years			. 40-49 🔲
		Over 49 years			. 🛮 49 🔲 🗎 🗎
		Don't Know			.0000
		Prefer not to answer			. 00000 000000
	Q15	In what country did your			
		first marriage take place?		15	
CECTION					
SECTION D					
EFFECTS O					
MIGRATIO	IN	Language to the color			
intro		I am now going to ask you			
		some questions about			

		your participation in		
		community activities such		
		as neighborhood		
		organizations or groups.		
	Q16	Are you a member of any		
		club or association for	16	
		people from your family's		
		home country or		
		ethnic/cultural		
		background?		
		• Yes		.00
		• No		
		Not sure		
		Prefer not to answer		
	Q17	When you invite people to		
	,	your home, are they	17	
		usually people from your		
		family's home country or		
		ethnic/cultural		□□□?
		background, or with		
		people who are NOT from		
		your family's home		
		country or ethnic/cultural		
		background?		
		Mostly people from my		
		home country or		
		ethnic/cultural		
		background		
		Mostly people NOT from		
		my home country or		
		ethnic/cultural		
		background		
		A combination		
		I never invite people to		
		my place		
		Prefer not to answer		
	Q18	Have you done any work		
	QIO	outside of the home for	18	
		pay in the past 30 days?	10	
		pay in the past oo days:		
SECTION E.	HEALTH	I-SEEKING BEHAVIOR AND		
PROVIDER				
		Now I am going to ask you		000 0000000 000 00 000
		some questions about		0000000000 00 00000 00 0000
		your overall health and		
		experiences with health		
		care, services, and		
		providers.		
	Q19	In general, how would you		
	(1)	describe your health? Is it	19	
		describe your fleature is it		

	excellent, very good,			
	good, fair, or poor?			
	• Excellent			
	Very good			
	• Good			
	• Fair			
	• Poor			• 000
	Not sure			
	Prefer not to answer			
020				
Q20	How many times have you			
	gone to a clinic or hospital		20	
	for health care for yourself			
	in the past 12 months?			
	• Not at all			- 000 000000
	• Once			- 000 00
	• Twice			.000 00
	• 3-5 times			. 3-5 🔲
	More than 5 times			. 0 5 00 000
	• Don't Know			.0000
	Prefer not to answer			- 00000 000000
Q21	When visiting your doctor,			0000 00 0000 000000 00000 00000?
	would you like to have an		21	
	interpreter present?			
	• Yes			• 00
	• No [GO TO Q24]			
	Do not have a doctor			. 000 0000 (00 000 24 000)
	[GO TO Q24]			
	• Don't Know [GO TO Q24]			
	Prefer not to answer			
	[GO TO Q24]			
Q22	During your last visit, was			
	an interpreter offered to		22	
	you?			
Q23	Who usually serves as an			
	interpreter for you?		23	
	My health provider			
	Professional interpreter			• 00000 0000
	A staff person			. 0000 00 0000
	A friend or relative			• 000 000 000
	My husband or other			
	male relative			
	Other, please specify:			
Q24	Are you currently covered			
	by any of the following		24	
	types of health insurance?			
	A plan purchased			
	through an employer or			000 000 00000 0000 000
	union (includes plans			. 0000 000 00 00000 000 000 000
	purchased through			
	another person's			. Medicaid 🛛 🖺 🖺 🗎 🗎 🗎 🗎
	1	L	<u> </u>	

	Q25	employer) • A plan that you or a family member buys on their own • Medicaid or other state or federal program • Some other source, please specify: • I do not currently have health insurance During the past 12			
		months, was there any time when you needed medical care but didn't get it because you couldn't afford it?		25	
		N'S HEALTH AND	000 00.		
PREGNANC	TOUIC				
		I am now going to ask you questions about family			000 00 0000 0000 00 0000 00000 00000 000000
		planning and your sexual			
		health.			
	Q26	Have you ever used any			
	423	contraceptives or birth		26	
		control methods to avoid			
		or delay getting pregnant?			
	Q27	Which method(s) have you			
		used? Have you ever		27	
		used? Have you used			
		this method in the past 30			
		days?			
		Ever Used?			
		Used in past 30 days?			
		Female sterilization (tubes			00 000 0000(00 000)
		tied)			
		Male sterilization			
		Contraceptive implant			
		(Nexplanon, Jadelle, Sino,			□□□□(Nexplanon,Jadelle□Sino□Implant□I mplanon)
		Implant, Implanon) IUD (for example,			
		Paragard, Mirena, Skyla,			Paragard∏Mirena∏Skyla∏Liletta)
		Liletta)			таладага 🖂 тала Спа 🖰 экула 🗠 спекса /
		Shots/Injections (for			
		example, Depo-Provera)			
		Birth control pills (daily			0000 00000 000(0000 000000000
		pills, any kind)			
		Contraceptive patch			
		(Ortho Evra, Xulane)			

	Contraceptive ring		(NuvaRing)
	(NuvaRing)		
	Male condoms		
	Diaphragm		
	Female condoms		
	Foam, jelly, or cream		
	Emergency contraception		
	(morning after pill)		
	Not having sex at certain		
	times (rhythm or natural		
	family planning)		
	Withdrawal (pulling out)		
	Other, please specify:		
Q28	In the past 12 months,		
`	have you had trouble	28	
	getting the contraceptives		
	or birth control methods		
	you wanted for any		
	reason?		
	• Yes		. 00
	• No [GO TO Q30]		. 0000000 [00 000 30 000]
	• I did not need a birth		
	control method		[30]
	[GO TO Q30]		[30]
	• Don't Know [GO TO Q30]		. 00000 000000
	Prefer not to answer		
	[GO TO Q30]		
Q29	Why did you have trouble		
	getting the birth control	29	
	method that you wanted?		
Q30	When was your last pelvic		
	exam and/or pap smear?	30	
	Within past year		-0000 000 000
	• 2-3 years ago		. 2-3 [] [] [] []
	• 3 to 5 years ago		.3 000 5 000 000
	More than 5 years ago		. [] 5 [] [] [] []
	Never Don't Know		
	Prefer not to answer		
021			
Q31	How old were you when you had sexual intercourse	□□□ 31	000000 00 0000 00 00000 00000 0000 000
	for the first time?	31	l LUUUUU UUU UUUUU UUU UU UUUUU
	[READ IF NECESSARY: Do		
	not count oral sex, anal		
	sex, heavy petting, or		
	other forms of sexual		
	activity that do not involve		
	vaginal penetration. Do		
	not count sex with a		
	female partner].		

	 Under 18 years 18-24 25-29 years 30-39 years 40-49 years Over 49 years Never had sexual intercourse 			. [] 18 [] [] [] [] [] [] . 18-24 . 25-29 [] [] [] [] . 30-39 [] [] [] [] . 40-49 [] [] [] [] [] [] [] [] [] [] [] [] []
	[GO TO Q39] • Prefer not to answer			. 00000 000000
	SECTION G. WOMEN'S HEALTH AND PREGNANCY OUTCOMES			
	To finish up our questions about health and health care, we have a few questions for you about pregnancy and prenatal care.			
Q32	2 Are you pregnant now?		□□□ 32	
	 Yes No [GO TO Q34] Don't Know [GO TO Q34] Prefer not to answer [GO TO Q34] 			. 00 . 00000[00 000 34 000] . 00000 [00 000 34 000] . 00000 000000 [00 000 34 000]
Q3:	3 Have you had prenatal care for this pregnancy? Now we have some questions about your		33	000 00000 0000 000 00000 000 000000 000 00000 0000
Q3-	children. How many children have you had that were born alive?		34	
	Now I will ask a few questions about each child you had beginning with the oldest one.			
	Child 1 2 3 4 5 6 7			1 2 3 4 5 6 7
Q3:			□□□ 35	

		Month: Year:			
	Q36	Is this child still alive?			
		Yes No Prefer not to answer		36	
	Q37	Was this child born in the U.S.?		□□□ 37	
		Yes No [GO TO 39] Prefer not to answer			00 0000 (00 000 39 000) 00000 000000
	Q38	How many weeks (or months) pregnant were you at the time of your first prenatal care visit?		38	0000 00000(000 000) 0000 000 000000 0000
		Weeks Months No Prenatal Care Don't Know Prefer not to answer			0000 000 000 000000 000000 000 00000 000000
	Q39	Was this baby delivered by caesarean section (c-section)?		39	
SECTION H. FGM/C			□□□ □□. FGM/C		
intro		In a number of countries,			
		there is a practice called circumcision in which a girl or young woman may have part of her genitals cut. Now I would like to ask you some questions about your knowledge and experiences with female circumcision.			
	Q40	circumcision in which a girl or young woman may have part of her genitals cut. Now I would like to ask you some questions about your knowledge and experiences with female		□□□ 40	
	Q40 Q41	circumcision in which a girl or young woman may have part of her genitals cut. Now I would like to ask you some questions about your knowledge and experiences with female circumcision. Do you come from a family that has practiced the tradition of female			
		circumcision in which a girl or young woman may have part of her genitals cut. Now I would like to ask you some questions about your knowledge and experiences with female circumcision. Do you come from a family that has practiced the tradition of female circumcision? Does your husband come from a family that has practiced the tradition of		40	

	• No [GO TO Q53]		. 0000 [00 000 53 000]
	• Don't Know [GO TO Q53]		. 0000 [00 000 53 000]
	 Prefer not to answer 		. 00000 000000 (00 000 53 000)
	[GO TO Q53]		
Q43	What kind of circumcision		
	do you have?	43	
Q44	How old were you when		
	you were first	44	
	circumcised?		
	• Less than 1 year old		. 🛮 1 🖂 🗘 🖂 🖂
	• 1-4 years old		. 1-4 🔲 🗎
	• 5-9 years old		. 5-9 □□□
	• 10-14 years old		. 10-14 🔲
	• 15-19 years old		. 15-19 🔲
	• More than 19 years old		. 🛮 19 🔲 🗎 🗎
	• Don't Know		. 0000
	 Prefer not to answer 		. 00000 000000
Q45	Now I would like to ask		
	you some more questions	45	000000 00000 0000 00 000000
	about your circumcision.		
	Was any flesh removed		
	from the genital area?		
	• Yes [GO TO Q47]		[47]
	• No		
	• Don't Know		
	 Prefer not to answer 		
Q46	Was the genital area		
`	nicked without removing	46	
	any flesh?		
Q47	Was your genital area		
`	sewn closed?	47	
Q48	Have you ever had any		
`	health problems related to	48	
	your circumcision?		
	• Yes		.00
	• No [GO TO Q50]		
	• Don't Know [GO TO Q50]		
	Prefer not to answer		. 0000 00000 (00 000 50 000)
	[GO TO Q50]		
Q49	Please specify what health		
	problems occurred.	49	
Q50	Would you feel		
	comfortable discussing	50	
	your circumcision with a		
	health care provider?		
Q51	Have you ever talked with		
-	a health care provider	51	
	about your circumcision?		_
	• Yes		.00
	• No [GO TO Q53]		. 0000 (00 000 53 000)
	- [

		I		
	Don't Know [GO TO Q53] Prefer not to answer [CO TO Q53]			. 00000 (00 000 53 000) . 00000 000000 (00 000 53 000)
	[GO TO Q53]			
Q52	Who started the			
	conversation about your		52	
	circumcision, you or the			
	health care provider?			
	• You			• 000
	Your health care			
	provider			• 00000
	Don't Know			. 00000 000000
	 Prefer not to answer 			
	Have you ever			
	experienced any of these			
	health issues or			
	conditions?			
Q53	Have you ever had			00 00000 0000?
	a/an?		53	
	Emergency C-section			□□□□ C-section
	Postpartum hemorrhage			
	Extensive vaginal tears			
	from childbirth			
	Pain with intercourse			
	Bleeding with intercourse			
	Difficulty passing			
	menstrual blood			
	Difficulty passing urine			
	Pain with urination			
	Recurrent Urinary Tract			
	Infections			
	Feeling sad for many			
	weeks at a time			
	yes			
Q54	[if YES] Did you seek			(00 000) 000 0000 000 000000
	professional health care		54	
	for this?			
	Yes			
	No			
	Not treatable by a doctor			
Q55	[if YES] Were you satisfied			(00 000) 000 00000 000 0000
`	with how the problem was		55	
	addressed?			
Q56	Is this an ongoing			
` -	problem?		56	
	,			
	<refer resource<="" th="" to=""><th></th><th></th><th>< 0000 00 0000 000 0000 00 0000</th></refer>			< 0000 00 0000 000 0000 00 0000
	HANDOUT TO			
	RESPONDENT FOR			
 _			_	

		COLINICELING AND		<u> </u>	
		COUNSELING AND			
CECTION		SUPPORT GROUPS>			
SECTION					
I. FGC					
BELIEFS					
		I am now going to ask you			
		some questions about			000 0000 00 0000 0000 00000 00 000000 00000 0000 00000
		your beliefs and opinions			
		about female			
		circumcision.			
		CITCUITICISION.			
	Q57	In your opinion, can			0000 0000000 000 00 000 000
	ζ37	female circumcision cause		57	
		any health problems for		",	
		women later on (for			
		example during pregnancy			
		and delivery)?			
	Q58	What are your husband's			0000 00 0000 000000 00000 0000
	430	views about female		58	
		circumcision? Do you think			
		he would say			
		"It should be stopped			
		"It should continue as is			
		" Depends on the family			
		" I have mixed feelings			
		about it			
		"Other, please specify:			
	Q59	Which of the following			
	ζ37	best describes your views		59	
		about female		37	
		circumcision? Would you			
		say			
	Q60	Do you believe that			
	QUU	female circumcision is		60	
		required by your religion?			
		• Yes			.00
		• No			
		No Religion			
		Don't Know			.0000
		Prefer not to answer			
	Q61	Has your opinion about			
		female circumcision		61	
		changed in any way since			
		you moved to the U.S.?			
		• Yes			.00
		• No [GO TO Q63]			. 000000 [00 000 63 000]
		Not applicable, did not			
		have opinion before			
		moving to U.S. [GO TO			

		Q63]			. 0000 00000 [00 000 63 000]
		• Don't Know [GO TO Q63]			
		Prefer not to answer			
	0/2	[GO TO Q63]			
	Q62	How has your opinion changed?		62	
		Probe: Would you say			
		your opinion is:			
		More accepting of			
		female circumcision			.0000
		Less accepting of female			
		circumcision			
		Don't Know			
		Prefer not to answer			
SECTION		- Trefer flot to dilawer	000 0.		
J.					
EDUCATI					
ON					
- O14	Q63	What is the highest level			
	QUS	of schooling you have		63	
		completed?			
		No formal school			
		Less than a high school			
		_			
		diploma			. 0000 000 0000 000 GED
		High school diploma or			- 00000 0000 00000000 0000
		GED			AS)
		Some college credit, no			
		degree			BA[]BS[]MA[]MS[]MD[]PhD[][][])
		Associate's degree (for			.0000
		example: AA, AS)			
		Bachelor's degree or			
		higher (for example: BA,			
		BS, MA, MS, MD, PhD, etc)			
		• Don't Know			
		Prefer not to answer			
	Q64	Have you ever attended			U.S. 000 00000 00 000000
		school in the U.S.?		64	
		• Yes			.00
		No [END OF SURVEY]			.0000
		Prefer not to answer			- 00000 000000
	Q65	Are you attending school			
		now?		65	
STUDY					
INVITE					
CARD					
		Congratulations! The			
		person who gave you this			
		card thinks you would be a			
		good fit for our study.			

	INTERESTED IN BEING PART OF THE WOMEN'S HEALTH NEEDS STUDY? • Please contact (NAME) for more information. Call: or email: WomensHealthNeeds@no rc.org	0000 00 0000 000 0000 0000 0000 0000 0000
INFORME D CONSENT		
Women's Health Needs Study Informed Consent to be a Research Participan t		
	My name isand I am working with NORC and the Centers for Disease Control and Prevention on this study.	NORC Centers for Disease Control and Prevention
	Why we are doing this study? We are trying to find out about the health care needs of women age 18 to 49 years in your community. We plan on interviewing about 100 women for this study.	
	Who is funding this study? This study is funded by the Centers for Disease Control and Prevention. What would I be asked to do if I am in this study? The interview will take you	□□□ □□□ □□□□□ □□□□□ □□□□□□□□□□□□□□□□□
	about 45 minutes. We will read you the questions in your preferred language.	

We will be asking you some questions to see if you are eligible to be in the study. These will be about things like where you and your family are from, what languages you speak, and if you have lived in certain countries.
you are eligible to be in the study. These will be about things like where you and your family are from, what languages you speak, and if you have lived in certain countries.
the study. These will be about things like where you and your family are from, what languages you speak, and if you have lived in certain countries.
These will be about things like where you and your family are from, what languages you speak, and if you have lived in certain countries.
like where you and your family are from, what languages you speak, and if you have lived in certain countries.
family are from, what languages you speak, and if you have lived in certain countries.
languages you speak, and if you have lived in certain countries.
if you have lived in certain countries.
countries.
│
consent, and then choose
to enroll in the study, then
we will be asking you
questions such as how UUUU UUUUUU UUU UUU UUU UUU UUU UUUUUU
long you have been in the UU UUUUU UU UUUUUUU UU UUU UUU
US, if you have had a UUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUU
medical exam, your
childbirth experiences,
and what you and your
family thinks about female
circumcision and your
experiences with female
circumcision.
Some of the study 0000 0000 0000 0000 0000
questions may make you
feel uncomfortable. You
can skip any question.
Your answers are
completely private and
only results from the
whole group of women
will be included in any
report.
How long will it take for
me to participate in this 0000000 000 000 45 0000 000
study? For this study you 000 000 000 000 000 000 000 000 000 0
will do one interview that
will take about 45 minutes
to complete. This will end
your time in the study.
Are there any risks for me
if I decide to participate?
The risks to participating
in this research are 00000 000 000 000 000 000 000 000
minimal. However, some
of the questions are 0000 0000 00000 000 0000
personal and might make
you uncomfortable. You LILILI LILILI LILILI LILILI
are free to skip or not

-	1	 	
	answer any questions. You		
	can stop at any time. I		
	have community		
	resources available for you		
	if you need help finding		
	support or services in your		
	community.		
	If you choose to do the		
	survey whether you		
	complete the survey or		
	not, you will not lose		000 000 0000000 00000 00 00000
	access to any services that		
	you would otherwise be		
	eligible for. Your answers		
	will be kept private to the		
	extent allowed by law and		
	will be used only for		
	research. The study has a		000 000 000000 0000 000 0000
	Certificate of		0000 00000 000 0000 00000
	Confidentiality, so no one		
	outside the study, even an		
	official of the court, the		
	government or law, can		
	request your information.		
	However, if interviewers		
	and other study staff learn		
	of plans to have your		
	minor daughter		
	circumcised they may be		
	legally obligated to report		
	this as child abuse to state		
	or local authorities The		
	study does not ask you		
	about circumcision in your		
	daughter.		
	Employees of CDC, or		
	experts and contractors		N CDC NANA NANANANANANANANANANANANANANANANAN
	working for CDC, may		
	review information sent		
	through computer		
	networks to assess		
	security. We will not		
	collect your name or other information that identifies		
	you during this interview.		
	When results from this		
	research are presented,		
	we will not include any		
	information that might be		
	used to figure out who		

you are.		
Are there any benefits for		
me if I decide to		
participate? There is no		
direct benefit to you for		
participating in the study.		
We believe the answers		
you provide will help us		
better understand the		
health care needs of		
women in your		
community.		
Payment for participation:		
If you agree to be in this		
study we will give you \$20		
for your travel and/or		
child care expenses. In		
addition, if you recruit		
another women to be in		
this study, we will give you		
\$5 for cell phone calls		
and/or transportation.		
You may recruit up to 3		
women and receive \$5 for		
each woman you recruit.		
You may need to contact		
these 3 women with our		
study invitation card. You		
will be able to receive a		
total of \$35		
reimbursement for		
expenses you may need to		
participate in the study		
and for recruiting up to		
three women.		
A unique passcode will let		
us know which women		
you helped recruit so that		
we can reimburse you.		
Your name will not be		
collected at any time		
during this study.		
Do I have to be in this		
study? No you do not. If		
you choose to be in this		
study, you can stop at any		
time and you are also free		
to skip or not answer any		
questions.		
What happens if I would		

 T		
like to stop this interview? If you start the interview		
-		
and decide to stop, that is		
perfectly OK. You will still		
receive the \$20 for your		
travel and/or any child		
care expenses you may		
have during this interview.		
We will be able to keep		
and use the information		
you have shared up until		
that point. If you do not		
want your responses to be		
included, let us know and		
we will destroy your		
information.		
Right to Ask Questions:		
Please contact Field		
Coordinator at (XX) with		NONDO NO DE LA COLLECTION DEL COLLECTION DE LA COLLECTION DE LA COLLECTION DE LA COLLECTION
questions, complaints or		
concerns about this		
		NORC IRB
research. If you have any		
questions or concerns		Board(IRB)
about your rights as a		
research participant,		UUUUUUUUU
please contact the NORC		
IRB Manager by toll-free		
phone number at (866)		
309-0542. An Institutional		
Review Board (IRB)		
operates under Federal		
regulations and they		
review research involving		
human subjects to ensure		
the ethical, safe, and		
equitable treatment of		
study participants.		
Do you have any questions		
about this study? If you		
have any questions or		
concerns regarding this		
study please ask. If you		
think of them later,		
contact the study number		
at 866-315-7130.		
What if I do not want to		
		000 000 000 000 0000000 0000
be in this study? If you do		
not wish to participate, we		
sincerely thank you for		
your time.		

If you would like to participate: You must be 18 to 49 years of age to take part in this research study.		0000 00000 000 00000 000 00000 0 18-49 000 0000 00000
Participation in this study implies that you have reviewed and understand what is being asked of you for this study and that you are voluntarily willing to take part of this study. Your answers will be private and you can stop at any time.		000 000 00000 0000000 00000 00000 00 000 000 00
Would you like a copy of this form?		0000 00 00 00000