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| | Q2 | What language(s) do you speak most often with your closest friends? [INTERVIEWER NOTE: Allow for two languages to be given] | <p>□□□□ □□□□ □□ □□□□ □□□□□□</p> <p>□□□□(□□) □□□□ □□□□(□□□□□□ □□□□□□)</p> <p>□□□ □□□□□ □□□□□ □□□□□</p> |
| | Q3 | In what country does your mother live now? | □□□□ □□□ □□□□□ □□ □□□ □□? |
| | | <ul style="list-style-type: none"> • Mother passed away [GO TO Q5] • Don't Know [GO TO Q5] • Prefer not to answer [GO TO Q5] | <ul style="list-style-type: none"> • □□□□ □□□□□(□□□ □□□□ 5 □□□□) • □□□□□□(□□□ □□□□ 5 □□□□) • □□□□□□ □□□□□□□□ (□□□ □□□□ 5 □□□□) |
| | Q4 | How often do you speak with your mother? | □□□□□□ □□ □□ □□□ □□ □□□□□□ |
| | | <ul style="list-style-type: none"> • Daily • 2-3 times a week • Once a week • Once/twice a month • Less than once a month • Never • Don't Know • Prefer not to answer | <ul style="list-style-type: none"> • □□□□□ • 2-3 □□ □□□□□□ • □□□□□□ □□□ □□ • □□□□ □□/□□□□ □□□□ • □□□□ □□□□ □□ □□□□ • □□□□ □□□□□□ • □□□□□□ • □□□□□□ • □□□□□□ □□□□□□□□ |
| | Q5 | How many times have you traveled to each of the following countries? [ENTER 0 IF RESPONDENT HAS NEVER TRAVELED TO COUNTRY] | □□□□□□□□ □□□□□ □□ □□□□ □□ □□□□□□? |
| | | <ul style="list-style-type: none"> • Burkina Faso • Egypt • Eritrea • Ethiopia • Gambia • Guinea • Mali • Mauritania • Sierra Leone • Somalia • Sudan | <ul style="list-style-type: none"> • □□□□□ □□ • □□□□ • □□□□□ • □□□□□□ • □□□□□ • □□ • □□ • □□□□□□ • □□□□□□ • □□□□□ • □□□□ |
| | Q6 | How long ago did you move to the United States? [INTERVIEWER NOTE: Select best option based on answer for the most recent time] | □□□□ □□□□ □□ □□□□ □□□□ □□ □□□□□□ |
| | | <ul style="list-style-type: none"> • Within the last year • 1-5 years ago • 6-10 years ago • Over 10 years ago • Born in the U.S. [GO TO SECTION C] • Don't Know • Prefer not to answer | <ul style="list-style-type: none"> • □□□□□ □□□□ □□□□ • □ 1-5 □□□□□ □□□□ • □ 6-10 □□□□□ □□□□ • □ 10 □□□□□ □□□□ • □□□□□ □□□□ □□□□□□□□ (□□□ □□□□ □ □□□□) • □□□□□□□ • □□□□□□□□ □□□□□□□□ |

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| | Q7 | How old were you when you moved to the United States? | <p>□□ □□□□ □□□□ □□□□ □□□□ □□□□?</p> <ul style="list-style-type: none"> • □ 0-6 □□□□ • □ 7-12 □□□□ • □ 13-17 □□□□ • 18 □□□□ □□□□ □□□□ • □□□□□□ • □□□□□□□□ □□□□□□□□ |
| SECTION C. MARRIAGE AND HOUSEHOLD | | | |
| Intro | | Next, I am going to ask you questions about your marital status and living arrangements. | <p>□□□□□□ □□□□ □□□□ □□ □□□□□□ □□□□□□ □□□□□□□□□□</p> |
| | Q8 | Including yourself, how many people live in your household now? Please count children and elders. Do NOT count people staying in the home for less than one month. | <p>□□□□□□ □□□□□□ □□□□□□□□ □□□□ □□□□ □□ □□□□□□ □□□□□□ □□□□□□ □□ □□□□□□□□ □□□□ □□□□□□ □□□□□□ □□□□ □□□□ □□□□ □□□□ □□□□ □□□□ □□ □□□□ □□ □□□□ □□□□ □□□□</p> |
| | | <ul style="list-style-type: none"> • Don't Know • Prefer not to answer | <ul style="list-style-type: none"> • □□□□□□ • □□□□□□ □□□□□□□□ |
| | Q9 | Which of the following describes your current marital status? Are you married, living with a partner, widowed, divorced, separated, or have you never been married? | <p>□□□□□□ □□□□ □□□□ □□□□ □□□□ □□□□ □□□□ □□□□ □□□□□□□□? □□□□□□□□ □□□□ □□ □□□□□ □□□□ □□□□ □□□□□□□□□□□□□□□□□□□□□□ □□□□ □□□□ □□□□□□ □□□□□□□□</p> |
| | | <ul style="list-style-type: none"> • Married • Widowed • Divorced • Separated • Not married, but living with a partner • Never married/lived with partner [GO TO Q14] • Prefer not to answer [GO TO Q14] | <ul style="list-style-type: none"> • □□□□ • □□□□□□ □□□□ □□ □□□□□ □□ □□□□□□ [□□ □□□□ 16 □□□□] • □□□□□□ • □□□□□□ • □□□□□□□□ • □□□□ □□□□□□ [□□□□ □□□□ 14 □□□□] • □□□□□□ □□□□□□□□ [□□□□ □□□□ 14 □□□□] |
| | Q10 | How old were you when you first got married or started living with a partner? | <p>□□□□□□ □□□□□ □□□□□ □□□□ □□□□?</p> |

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| | | <ul style="list-style-type: none"> • Under 18 years • 18-24 years • 25-29 years • 30-39 years • 40-49 years • Over 49 years • Don't Know • Prefer not to answer | <ul style="list-style-type: none"> • 18 በታች ዓመት • 18-24 ዓመት • 25-29 ዓመት • 30-39 ዓመት • 40-49 ዓመት • 49 በላይ ዓመት • ግንዛቤ • ማጠቃለያ ማልታወቅ |
| | Q11 | How old was your husband/partner when you first got married or started living together? | የተከታተሉት ግን ገቢዎ ለውጥ / ገቢዎ ለውጥ ግን ገቢዎ? |
| | | <ul style="list-style-type: none"> • Under 18 years • 18-24 years • 25-29 years • 30-39 years • 40-49 years • Over 49 years • Don't Know • Prefer not to answer | <ul style="list-style-type: none"> • 18 በታች ዓመት • 18-24 ዓመት • 25-29 ዓመት • 30-39 ዓመት • 40-49 ዓመት • 49 በላይ ዓመት • ግንዛቤ • ማጠቃለያ ማልታወቅ |
| | Q12 | In what country did your first marriage/partnership take place? | የተከታተሉት ግን ገቢዎ ለውጥ ገቢዎ ለውጥ ገቢዎ ለውጥ |
| | Q13 | In what country was your husband/partner born? | የተከታተሉት ግን ገቢዎ ለውጥ ገቢዎ ለውጥ ገቢዎ ለውጥ |
| SECTION D. COMMUNITY ACTIVITIES | | | |
| Intro | | I am now going to ask you some questions about your participation in community activities such as neighborhood organizations or groups. | የተከታተሉት ግን ገቢዎ ለውጥ ገቢዎ ለውጥ ገቢዎ ለውጥ ገቢዎ ለውጥ |
| | Q14 | Are you a member of any club, association, or religious organization for people from your family's home country or ethnic/cultural background? | የተከታተሉት ግን ገቢዎ ለውጥ ገቢዎ ለውጥ ገቢዎ ለውጥ ገቢዎ ለውጥ |
| | | <ul style="list-style-type: none"> • Yes • No • Not sure • Prefer not to answer | <ul style="list-style-type: none"> • ሰው • ሰው • ግንዛቤ ግንዛቤ • ማጠቃለያ ማልታወቅ |
| | Q15 | When you invite people to your home, are they... | የተከታተሉት ግን ገቢዎ ለውጥ ገቢዎ ለውጥ ገቢዎ ለውጥ |
| | | <ul style="list-style-type: none"> • Mostly people <u>from</u> my home | <ul style="list-style-type: none"> • ግንዛቤ ግን ገቢዎ ለውጥ ገቢዎ ለውጥ ገቢዎ ለውጥ / |

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| | | <p>country or ethnic/cultural background</p> <ul style="list-style-type: none"> • Mostly people <u>NOT from</u> my home country or ethnic/cultural background • A mix of people <u>from AND not from</u> my home country or ethnic/cultural background • I never invite people to my home • Prefer not to answer | <p>□□□□ □□□□□□ □□□ □□□□</p> <ul style="list-style-type: none"> • □□□□□□ □□ □□□□□□ □□□ □□□ □□□□ / □□□□ □□□□□□ □□□□ □□□□ • □□□□□□ □□□□ □□□□ □□□□ / □□□□□□ □□□□□□ □□□□□ □□□□ □□□□ □□□□ • □□□□ □□□□ □□ □□ □□□□□□□□ • □□□□□□□□ □□□□□□□□ |
| | Q16 | <p>Have you done any work outside of the home for pay in the past 30 days?</p> | <p>□□□□□ 30 □□□□ □□□□ □□ □□□□□□□□ □□□□□□□□ □□ □□□□□□□?</p> |
| | | <ul style="list-style-type: none"> • Yes • No • Don't Know • Prefer not to answer | <ul style="list-style-type: none"> • □□ • □□□□□□ • □□□□□□ • □□□□□□ □□□□□□□□ |
| SECTION E. HEALTH-SEEKING BEHAVIOR AND PROVIDER EXPERIENCE | | | |
| | | <p>Now I am going to ask you some questions about your overall health and experiences with health care, services, and providers.</p> | <p>□□□□ □□□□□□□□□□ □□□□ □□ □□□□ □□□□□□□□□□□□□□ □□ □□□□□□□□ □□ □□□□ □□□□□□□□□□□□</p> |
| | Q17 | <p>In general, how would you describe your health? Is it excellent, very good, good, fair, or poor?</p> | <p>□□□□□□□□□□□□□□ □□□□□ □□□□□□□□ □□□□ □□ □□ □□□□ □□□□□□□□ □□□□ □□□□ □□□□</p> |
| | | <ul style="list-style-type: none"> • Excellent • Very good • Good • Fair • Poor • Not sure • Prefer not to answer | <ul style="list-style-type: none"> • □□□□ □□□□ □□ • □□□□ □□ • □□ • □□□□ • □□□□ • □□□□ □□□□□□□□ • □□□□□□ □□□□□□□□ |
| | Q18 | <p>How many times have you gone to a clinic or hospital for health care for yourself in the past 12 months?</p> | <p>□□□□□ 12 □□□□ □□□□□ □□ □□□□□□□□ □□ □□□□ □□□□ □□□□□ □□□ □□ □□□□□?</p> |

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| | | <ul style="list-style-type: none"> • Not at all • Once • Twice • 3-5 times • More than 5 times • Don't Know • Prefer not to answer | <ul style="list-style-type: none"> • 〇回もありません • 〇回 • 〇回 • 3-5回 • 5回以上 • 〇〇〇〇 • 〇〇〇〇回もありません |
| | Q19 | When visiting your healthcare provider, would you like to have someone present to interpret? | 〇〇〇 〇〇〇〇〇〇 〇〇〇〇〇〇 〇〇〇〇〇〇〇〇 〇〇 〇〇〇 〇〇〇〇〇〇 〇〇 〇〇〇〇〇〇 〇〇〇〇〇〇〇? |
| | | <ul style="list-style-type: none"> • Yes • No [GO TO Q22] • Do not have a healthcare provider [GO TO Q22] • Don't Know [GO TO Q22] • Prefer not to answer [GO TO Q22] | <ul style="list-style-type: none"> • 〇〇 • 〇〇 [〇〇 〇〇〇 22 〇〇〇] • 〇〇〇 〇〇〇〇〇〇 〇〇〇〇 〇〇〇〇 [〇〇 〇〇〇 22 〇〇〇] • 〇〇〇〇〇〇 [〇〇 〇〇〇 22 〇〇〇] • 〇〇〇〇〇〇〇 〇〇〇〇〇〇 [〇〇 〇〇〇 22 〇〇〇] |
| | Q20 | During your last visit, was an interpreter offered to you? | 〇〇〇〇 〇〇〇 〇〇〇 〇〇〇〇〇〇 〇〇〇〇〇〇〇〇 〇〇〇〇〇 〇〇〇? |
| | | <ul style="list-style-type: none"> • Yes • No • Don't Know • Prefer not to answer | <ul style="list-style-type: none"> • 〇〇 • 〇〇〇〇〇〇 • 〇〇〇〇〇〇 • 〇〇〇〇〇〇 〇〇〇〇〇〇 |
| | Q21 | Who usually serves as an interpreter for you? | 〇〇〇〇〇 〇〇 〇〇〇 〇〇〇〇〇〇 〇〇〇〇〇〇〇〇 〇〇 〇〇〇 |
| | | <ul style="list-style-type: none"> • My health provider • Professional interpreter • A staff person • A female friend or relative • My husband/partner, or other male relative • Other, please specify: | <ul style="list-style-type: none"> • 〇〇〇 〇〇〇〇〇 • 〇〇〇〇〇 〇〇〇〇 • 〇〇〇〇〇 〇〇 〇〇〇〇 • 〇〇〇 〇〇〇 〇〇〇 • 〇〇〇〇/〇〇〇〇 〇〇〇 〇〇 〇〇〇 〇〇〇 • 〇〇〇 〇〇〇〇 〇〇〇〇 |
| | Q22 | Are you currently covered by any of the following types of health insurance? | 〇〇〇 〇〇 〇〇〇〇〇〇 〇〇〇〇 〇〇〇 〇〇〇〇〇〇 〇〇〇 〇〇〇 〇〇〇? |
| | | <ul style="list-style-type: none"> • A plan purchased through an employer or union (includes plans purchased through another person's 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 | <ul style="list-style-type: none"> • 〇〇〇 〇〇〇 〇〇〇〇〇(〇〇〇 〇〇 〇〇〇 〇〇〇〇〇 〇〇〇〇 〇〇〇 〇〇〇〇〇) 〇〇〇〇 〇〇〇 • 〇〇〇〇 〇〇〇 〇〇 〇〇〇〇〇 〇〇〇 〇〇〇 〇〇〇〇 〇〇〇 • Medicaid 〇〇〇 〇〇 〇〇〇〇 〇〇〇 〇〇〇〇〇 〇〇〇〇〇〇 • 〇〇 〇〇〇〇〇〇〇〇 〇〇〇〇〇 • 〇〇〇 〇〇 〇〇〇〇 〇〇〇 〇〇〇〇 • 〇〇〇〇〇〇 • 〇〇〇〇〇〇 〇〇〇〇〇〇 |

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| | | insurance • Don't Know • Prefer not to answer | |
| | Q23 | 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? | □□□□ 12 □□□□□□□□□□ □□□□□□ □□□□□□ □□ □□□□□□ □□□ □□□□□□□□ □□□□□ □□□□□ □□ □□□□ |
| | | • Yes • No • Don't Know • Prefer not to answer | • □□ • □□□□□□ • □□□□□□ • □□□□□□ □□□□□□□□ |
| SECTION F. WOMEN'S HEALTH AND PREGNANCY OUTCOMES | | | |
| | | I am now going to ask you questions about family planning and your sexual health. | □□□□ □□ □□□□□ □□□□ □□ □□□□ □□□□□□ □□□□□□ □□□□□□□□□□ |
| | Q24 | Have you ever used any contraceptives or birth control methods to avoid or delay getting pregnant? | □□□□□□□ □□□□□□□ □□□□ □□□□□□□□ □□□□□□□ □□□□□ □□□□□ □□□□ □□□□□ □□□□□□□ □□□□□□ □□□□ □□□□□□□ □□□□□□□? |
| | | • Yes • No [GO TO Q26] • Don't Know [GO TO Q26] • Prefer not to answer [GO TO Q26] | • □□ • □□ [□□□ □□□□ 26 □□□□] • □□□□□□ [□□□ □□□□ 26 □□□□] • □□□□□□□□ □□□□□□□ [□□□ □□□□ 26 □□□□] |
| | Q25 | Which method(s) have you ever used? Have you used this method in the past 30 days? | □□□□ □□□□□□ □□ (□□□) □□□□□□□ □□□□□□□? □□□□□ 30 □□□□ □□□□ □□□□□ □□ □□□□□□□? |
| | | Ever Used? | □□□□□□ □□□□□□ |
| | | Used in past 30 days? | □□□□□ 30 □□□□ □□□□□□□□□□ |
| | | Female sterilization (tubes tied) | □□ □□□□ □□□□□ (□□ □□□□) |
| | | Male sterilization | □□□□ □□□□ □□□□□ |
| | | Contraceptive implant (Nexplanon, Jadelle, Sino, Implant, Implanon) | □□□□□□□ □□□□□□□ □□□□□(Nexplanon, Jadelle □ Sino □ Implanon □ Implanon) |
| | | IUD (for example, Paragard, Mirena, Skyla, Liletta) | IUD(□□□□□□□ Paragard □ Mirena □ Skyla □ Liletta) |
| | | Shots/Injections (for example, Depo-Provera) | □□□□/□□□□□(□□□□□□□□□□ Depo-Provera) |
| | | Birth control pills (daily pills, any kind) | □□□□□ □□□□□□ □□□□(□□□□□□□□ □□□□□□□□□□□□□□□□□□□□□□□□□□□□) |
| | | Contraceptive patch (Ortho Evra, Xulane) | □□□□□□□□ □□□□□□□ □□(Ortho Evra □ Xulane) |

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| | | 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: | □□□ □□□□ □□□□□ |
| | Q26 | In the past 12 months, have you had trouble getting the contraceptives or birth control methods you wanted? | □□□□ 12 □□□ □□□ □□□□□□□□ □□□□ □□□□□ □□□ □□□□ □□□□□□ □□□□ □□□□□ □□□ □□□□□□□? |
| | | <ul style="list-style-type: none"> • Yes • No • I did not need a birth control method • Don't Know • Prefer not to answer | <ul style="list-style-type: none"> • □□ • □□□□□ • □□□□□ • □□□□□ □□□□□□ |
| | Q27 | When was your last pelvic exam and/or pap smear? | □□□□□□ □□□ □□□ □□□□□□ □□ / □□□□ □□□□□ □□□ □□□□□ □□ □□□□? |
| | | <ul style="list-style-type: none"> • Within past year • 2-3 years ago • 3 to 5 years ago • More than 5 years ago • Never • Don't Know • Prefer not to answer | <ul style="list-style-type: none"> • □□□□ □□□ □□□ • 2-3 □□□□ □□□ • 3 □□□□ 5 □□□□ □□□ • □ 5 □□□□ □□□ • □□□□□ □□□□□□ • □□□□□□ • □□□□□□ □□□□□□ |
| | Q28 | How old were you when you had sexual intercourse for the first time? [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]. | □□□□□□ □□ □□□□ □□ □□□□□□ □□□□□□ □□□□□ □□□ □□□□□ [□□□□□□ □□□ □□□□□□ □□□ □□ □□□□□□ □□□□□ □□□□□□ □□□□□□ □□□□□ □□□□□ □□□□□ □□□ □□ □□□□□ □□□□□ □□□□□□□□ □□□□□□ □□□ □□□ □□□□□□ □□□□□ □□□□□□□□] |
| | | <ul style="list-style-type: none"> • Under 18 years • 18-24 • 25-29 years • 30-39 years • 40-49 years • Over 49 years • Never had sexual intercourse | <ul style="list-style-type: none"> • □ 18 □□□□ □□□ • 18-24 • 25-29 □□□ • 30-39 □□□ • 40-49 □□□ • □ 40 □□□□ □□□ • □□□□□ □□ □□□□□□ □□□□□ □□□□□□ |

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| | | [GO TO Q37] • Prefer not to answer | [00 0000 37 0000] • 000000 00000000 |
| SECTION G. WOMEN'S HEALTH AND PREGNANCY OUTCOMES | | | |
| | Intro | To finish up our questions about health and health care, we have a few questions for you about pregnancy and prenatal care. Prenatal care is when you get checkups from a doctor, nurse, or midwife while you are pregnant. | 0000 00 0000 00000000 00000 000000 00000000 00000 00 0000000 00 00 0000 0000 00000000 0000 00000000 000000 00000 0000 000000000 0000 000000000 0000 00000 0 00000 0000 00000000 00 000000 000000 0000 |
| | Q29 | Are you pregnant now? | 0000 000000 0000 |
| | | • Yes • No [GO TO Q31] • Don't Know [GO TO Q31] • Prefer not to answer [GO TO Q31] | • 00 • 00000000[00 0000 31 0000] • 0000000 (00 0000 31 0000) • 0000000 000000000 (00 0000 31 0000) |
| | Q30 | Have you had prenatal care for this pregnancy? | 0000 0000000 00000 0000 000000000 000000000 |
| | | • Yes • No • Prefer not to answer | • 00 • 0000000 • 0000000 000000000 |
| | | Now we have some questions about your children. | 0000 00000000 0000 00000000 00000 |
| | Q31 | How many children have you given birth to that were born alive? | 0000000 00000000 0000 0000 00000 |
| | | Now I will ask a few questions about each child you had beginning with the oldest one. | 0000 00000000000 000000000 0000 000000 0000 0000 0000000000 00000000000 |
| | | Child | 00 |
| | | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 |

| | | | |
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| | | 15 | 15 |
| | Q32 | In what month and year was this child born? | □□□□ □□ □□ □□ □□ □□ □□ □□□□□□ |
| | | Month: Year: Prefer not to answer | □□□ □□□□ □□□□□ □□□□□□ |
| | Q33 | Is this child still alive? | □□ □□ □□□□ □□□□□ □□□ |
| | | Yes No Prefer not to answer | □□ □□□ □□□□□ □□□□□□ |
| | Q34 | Was this child born in the U.S.? | □□ □□ □ U.S. □□ □□□□□□□□ |
| | | Yes No Prefer not to answer | □□ □□□□□ □□□□□ □□□□□□ |
| | Q35 | How many weeks (or months) pregnant were you at the time of your first prenatal care visit? | □□□□ □□□□□(□□□□ □□□□) □□□□ □□□□ □□□□□□ □□□□ □□□ □□□□□ □ □□□□□□ |
| | | Weeks Months No Prenatal Care Don't Know Prefer not to answer | □□□□□□ □□□□ □□□ □□□□□□□□ □□□□□□ □□□□ □□□□□□ □□□□□□ □□□□□□□ |
| | Q36 | Was this baby delivered by caesarean section (c-section)? | □□ □□□ □□□ □□□□ (□-□□□□□) □□ □□□□□□? |
| | | Yes No Prefer not to answer | □□ □□□□□ □□□□□ □□□□□□ |
| SECTION H. 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. | □□□□□ □□□□□ □□□□ □□□□ □□□ □□ □□□ □□□□□ □□□ □□□ □□ □□□□ □□□□□ □□□ □□□□□□□ □□□ □□□ □□ □□ □□ □□□□ □□□□ □□□□ □□ □□□ □□□ □□□□□□ □□□□□ □□□□□□□ |
| | Q37 | Do you come from a family that has practiced the tradition of female circumcision? | □□□ □□ □□□□ □□□□ □□□□□ □□□□ □□ □□□□□□ |
| | | • Yes • No • Don't Know • Prefer not to answer | • □□ • □□□□□□ • □□□□□□ • □□□□□ □□□□□□ |
| | Q38 | Does your husband/partner come from a family that has practiced the tradition of female circumcision? | □□□/ □□□□ □□□□ □□□□ □□□□ □□□□□ □□□□□ □□□ □□□□? |

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| | | <ul style="list-style-type: none"> • Yes • No • Do not have husband/partner • Don't Know • Prefer not to answer | <ul style="list-style-type: none"> • <input type="checkbox"/> • <input type="checkbox"/> • <input type="checkbox"/>/ <input type="checkbox"/> <input type="checkbox"/> • <input type="checkbox"/> • <input type="checkbox"/> <input type="checkbox"/> |
| | Q39 | Have you ever been circumcised? | <input type="checkbox"/> <input type="checkbox"/> |
| | | <ul style="list-style-type: none"> • Yes • No [GO TO Q50] • Don't Know [GO TO Q50] • Prefer not to answer [GO TO Q50] | <ul style="list-style-type: none"> • <input type="checkbox"/> • <input type="checkbox"/> <input type="checkbox"/> (<input type="checkbox"/> <input type="checkbox"/> 50 <input type="checkbox"/>) • <input type="checkbox"/> <input type="checkbox"/> (<input type="checkbox"/> <input type="checkbox"/> 50 <input type="checkbox"/>) • <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (<input type="checkbox"/> <input type="checkbox"/> 50 <input type="checkbox"/>) |
| | Q40 | How old were you when first circumcised? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | | <ul style="list-style-type: none"> • Less than 1 year old • 1-4 years old • 5-9 years old • 10-14 years old • 15-19 years old • More than 19 years old • Too young to remember • Don't Know • Prefer not to answer | <ul style="list-style-type: none"> • <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> • 1-4 <input type="checkbox"/> • 5-9 <input type="checkbox"/> • 10-14 <input type="checkbox"/> • 15-19 <input type="checkbox"/> • <input type="checkbox"/> 19 <input type="checkbox"/> <input type="checkbox"/> • <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> • <input type="checkbox"/> • <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | Q41 | Now I would like to ask you some more questions about your circumcision. Was any flesh removed from the genital area? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | | <ul style="list-style-type: none"> • Yes [GO TO Q43] • No • Don't Know • Prefer not to answer | <ul style="list-style-type: none"> • <input type="checkbox"/> (<input type="checkbox"/> <input type="checkbox"/> 43 <input type="checkbox"/>) • <input type="checkbox"/> • <input type="checkbox"/> • <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | Q42 | Was the genital area nicked without removing any flesh? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | | <ul style="list-style-type: none"> • Yes • No • Don't Know • Prefer not to answer | <ul style="list-style-type: none"> • <input type="checkbox"/> • <input type="checkbox"/> • <input type="checkbox"/> • <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | Q43 | Was your genital area sewn closed? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | | <ul style="list-style-type: none"> • Yes • No • Don't Know • Prefer not to answer | <ul style="list-style-type: none"> • <input type="checkbox"/> • <input type="checkbox"/> • <input type="checkbox"/> • <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | Q44 | What kind of circumcision do you have? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | | <ul style="list-style-type: none"> • Type 1 • Type 2 • Type 3 | <ul style="list-style-type: none"> • <input type="checkbox"/> 1 • <input type="checkbox"/> 2 • <input type="checkbox"/> 3 |

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| | | <ul style="list-style-type: none">• Don't Know• Prefer not to answer | <ul style="list-style-type: none">• <input type="checkbox"/>• <input type="checkbox"/> |
| | Q45 | Have you ever had any problems related to your circumcision? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | | <ul style="list-style-type: none">• Yes• No [GO TO Q47]• Don't Know [GO TO Q47]• Prefer not to answer [GO TO Q47] | <ul style="list-style-type: none">• <input type="checkbox"/>• <input type="checkbox"/> <input type="checkbox"/> [GO TO Q47]• <input type="checkbox"/> <input type="checkbox"/> [GO TO Q47]• <input type="checkbox"/> <input type="checkbox"/> [GO TO Q47] |
| | Q46 | Please describe what problems occurred. [INTERVIEWER NOTE: DO NOT READ RESPONSES OUT LOUD. SELECT ALL OPTIONS RESPONDENT MENTIONS OR SELECT OTHER AND WRITE IN OPEN ENDED BOX]. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | | <ul style="list-style-type: none">• Difficulty passing menstrual blood• Difficulty passing urine• Pain with urination• Recurrent Urinary Tract Infections• Pain with sex• Bleeding with sex• Emergency C-section• Postpartum Hemorrhage• Extensive vaginal tears from childbirth• Other, please specify: _____• Don't Know• Prefer not to answer | <ul style="list-style-type: none">• <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>• <input type="checkbox"/> <input type="checkbox"/>• <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>• <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>• <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>• <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>• <input type="checkbox"/> <input type="checkbox"/> C-section• <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>• <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>• <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>• <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>• <input type="checkbox"/>• <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | Q47 | Would you feel comfortable discussing your circumcision with a health care provider? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | | <ul style="list-style-type: none">• Yes• No• Don't Know• Prefer not to answer | <ul style="list-style-type: none">• <input type="checkbox"/>• <input type="checkbox"/>• <input type="checkbox"/>• <input type="checkbox"/> |
| | Q48 | Have you ever talked with a health care provider about your circumcision? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | | <ul style="list-style-type: none">• Yes• No [GO TO Q50]• Don't Know [GO TO Q50]• Prefer not to answer [GO TO Q50] | <ul style="list-style-type: none">• <input type="checkbox"/>• <input type="checkbox"/> <input type="checkbox"/> [GO TO Q50]• <input type="checkbox"/> <input type="checkbox"/> [GO TO Q50]• <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> [GO TO Q50] |
| | Q49 | Who started the conversation about your circumcision, you or | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

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| | Q54 | Which of the following best describes your views about female circumcision? Would you say... | □□□□□□ □□ □□ □□ □□□□ □□□□ □□□□□□ □□□□ □□□□□□ □□ □□□□□□... |
| | | <ul style="list-style-type: none">• It should be stopped• It should continue as is• Depends on the family• I have mixed feelings about it• Other, please specify:• Don't Know• Prefer not to answer | <ul style="list-style-type: none">• □□□□ □□□□• □□□□ □□□□ □□□□• □□□□□□□□ □□□□ □□□□□□• □□□□ □□□□□□□□ □□□ □□ □□□□• □□□□ □□□□ □□□□□□• □□□□□□• □□□□□□ □□□□□□□□ |
| | Q55 | Has your opinion about female circumcision changed in any way since you moved to the U.S.? | □□ U.S. □□□ □□□ □□□□□ □□ □□□□□ □□□□□□□□ □□□□□□□□ |
| | | <ul style="list-style-type: none">• Yes• No [GO TO 57]• Not applicable, born in the U.S. [GO TO 57]• Not applicable, did not have opinion before moving to U.S. [GO TO 57]• Don't Know [GO TO 57]• Prefer not to answer [GO TO 57] | <ul style="list-style-type: none">• □□• □□□□□□□□ (□□ □□□ □□□□ □□□□)• □□□□□□ □□□□ □ □□□□□□ □□□□□□ (□□ □□□ □□□□ □□□□)• □□□□ □□□□□□□□ □□ U.S. □□□□□□ □□□□ □□□□□□□□ □□□□□□□□ (□□ □□□ □□□□ □□□□)• □□□□□□ (□□ □□□ □□□□ □□□□)• □□□□□□ □□□□□□□□ (□□ □□□ □□□□ □□□□) |
| | Q56 | How has your opinion changed? Would you say your opinion is... | □□□□□□□□ □□□□ □□□□□□? □□□□□□□□ □□□□□□ □□ □□□□□□... |
| | | <ul style="list-style-type: none">• More accepting of female circumcision• Less accepting of female circumcision• Don't Know• Prefer not to answer | <ul style="list-style-type: none">• □□□□ □□ □□□□□□ □□□□□□ □□□□□□• □□□□ □□ □□□□□□ □□□□□□□□ □□□□□□• □□□□□□□□• □□□□□□□□ □□□□□□□□ |
| | Q57 | Do you believe that female circumcision is required by your religion? | □□□□□□□□ □□□□ □□ □□□□□ □□□□□□ □□ □□□□ □□□□□□ |
| | | <ul style="list-style-type: none">• Yes• No• No Religion• Don't Know• Prefer not to answer | <ul style="list-style-type: none">• □□• □□□□□□• □□□□□□ □□□□□□• □□□□□□□□• □□□□□□ □□□□□□□□ |
| | Q58 | In your opinion, can female circumcision cause any health problems for women later on (for example during pregnancy and delivery)? | □□□□ □□□□□□□□ □□□□ □□ □□□□□ □□□□ □□ □□□□□□ □□□□ □□□□ □□□□ □□□□ □□□□□□ (□□□□ □□□□□□□ □□ □□□□ □□)? |
| | | <ul style="list-style-type: none">• Yes• No• Don't Know• Prefer not to answer | <ul style="list-style-type: none">• □□• □□□□□□• □□□□□□• □□□□□□ □□□□□□□□ |
| | Q59 | What are your husband/partner's views about female circumcision? Do you think he would say... | □□□□ / □□□□□ □□□□□ □□ □□ □□ □□□□□ □□ □□□□□□ □□□□ □□□□ □□□□ □□□□ □□□□□□□□... |

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|-----------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | <ul style="list-style-type: none"> • It should be stopped • It should continue as is • Depends on the family • He has mixed feelings about it • Other, please specify: • Do not have husband/partner • Don't Know • Prefer not to answer | <ul style="list-style-type: none"> • <input type="checkbox"/> <input type="checkbox"/> • <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> • <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> • <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> • <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> • <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> • <input type="checkbox"/> <input type="checkbox"/> • <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| SECTION J. EDUCATION | | | |
| | Q60 | What is the highest level of schooling you have completed? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | | <ul style="list-style-type: none"> • No formal school [END OF SURVEY] • Less than a high school diploma • High school diploma or GED • Some college credit, no degree • Associate's degree (for example: AA, AS) • Bachelor's degree or higher (for example: BA, BS, MA, MS, MD, PhD, etc) • Don't Know • Prefer not to answer | <ul style="list-style-type: none"> • <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> • <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> • <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GED • <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> • <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (<input type="checkbox"/> <input type="checkbox"/> AA <input type="checkbox"/> AS) • <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (<input type="checkbox"/> <input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> MD <input type="checkbox"/> PhD <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> • <input type="checkbox"/> <input type="checkbox"/> • <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | Q61 | Have you ever attended school in the U.S.? | U.S. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | | <ul style="list-style-type: none"> • Yes • No [END OF SURVEY] • Prefer not to answer | <ul style="list-style-type: none"> • <input type="checkbox"/> • <input type="checkbox"/> <input type="checkbox"/> • <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | Q62 | Are you attending school now? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | | <ul style="list-style-type: none"> • Yes • No • Prefer not to answer | <ul style="list-style-type: none"> • <input type="checkbox"/> • <input type="checkbox"/> <input type="checkbox"/> • <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | N/A | Interview End Time Hour Minute | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |