

Attachment H6. Women’s Health Needs Study Questionnaire (Tigrinya Translations)

Section	Question	English Items	Tigrinya Translation
<b>Full Questionnaire</b>			
<b>SECTION B. BACKGROUND CHARACTERISTICS</b>			ግጥም B፣ ግጥም ስለግንባር ግጥም
	Intro	Interview Start Time Hour Minute	ግጥም ስለግንባር ግጥም ግጥም ግጥም ግጥም
	Intro	Now we can begin. I am going to start by asking you some basic questions about your background. Your answers will not be shared with anyone outside of the research team.	ግጥም ስለግንባር ግጥም
	Q1	What language do you speak most often at home?	ግጥም ግጥም ግጥም ግጥም ግጥም ግጥም ግጥም ግጥም
	Q2	What language(s) do you speak most often with your closest friends? [INTERVIEWER NOTE: Allow for two languages to be given]	ግጥም ግጥም ግጥም ግጥም ግጥም ግጥም ግጥም ግጥም (ግጥም) ግጥም ግጥም (ግጥም ግጥም ግጥም ግጥም ግጥም ግጥም ግጥም ግጥም ግጥም ግጥም)
	Q3	In what country does your mother live now?	ግጥም ግጥም ግጥም ግጥም ግጥም ግጥም
		<ul style="list-style-type: none"> <li>• Mother passed away [GO TO Q5]</li> <li>• Don't Know [GO TO Q5]</li> <li>• Prefer not to answer [GO TO Q5]</li> </ul>	<ul style="list-style-type: none"> <li>• ግጥም ግጥም ግጥም (ግጥም ግጥም 5 ግጥም)</li> <li>• ግጥም ግጥም ግጥም (ግጥም ግጥም 5 ግጥም)</li> <li>• ግጥም ግጥም ግጥም (ግጥም ግጥም 5 ግጥም)</li> </ul>
	Q4	How often do you speak with your mother?	ግጥም ግጥም ግጥም ግጥም ግጥም ግጥም ግጥም ግጥም
		<ul style="list-style-type: none"> <li>• Daily</li> <li>• 2-3 times a week</li> <li>• Once a week</li> <li>• Once/twice a month</li> <li>• Less than once a month</li> <li>• Never</li> <li>• Don't Know</li> <li>• Prefer not to answer</li> </ul>	<ul style="list-style-type: none"> <li>• ግጥም ግጥም</li> <li>• 2-3 ግጥም ግጥም ግጥም</li> <li>• ግጥም ግጥም ግጥም</li> <li>• ግጥም/ግጥም ግጥም ግጥም ግጥም</li> <li>• ግጥም ግጥም ግጥም ግጥም ግጥም</li> <li>• ግጥም ግጥም</li> <li>• ግጥም ግጥም ግጥም</li> <li>• ግጥም ግጥም ግጥም</li> </ul>
	Q5	How many times have you traveled to each of the following countries? [ENTER 0 IF RESPONDENT HAS NEVER TRAVELED TO COUNTRY]	ግጥም ግጥም ግጥም ግጥም ግጥም ግጥም ግጥም ግጥም ግጥም ግጥም (ግጥም ግጥም ግጥም ግጥም ግጥም ግጥም ግጥም ግጥም ግጥም 0 ግጥም)

		<ul style="list-style-type: none"> <li>• Burkina Faso</li> <li>• Egypt</li> <li>• Eritrea</li> <li>• Ethiopia</li> <li>• Gambia</li> <li>• Guinea</li> <li>• Mali</li> <li>• Mauritania</li> <li>• Sierra Leone</li> <li>• Somalia</li> <li>• Sudan</li> </ul>	<ul style="list-style-type: none"> <li>• [REDACTED]</li> <li>• [REDACTED]</li> <li>• [REDACTED]</li> <li>• [REDACTED]</li> <li>• [REDACTED]</li> <li>• [REDACTED]</li> <li>• [REDACTED]</li> <li>• [REDACTED]</li> <li>• [REDACTED]</li> <li>• [REDACTED]</li> <li>• [REDACTED]</li> <li>• [REDACTED]</li> </ul>
	Q6	How long ago did you move to the United States? [INTERVIEWER NOTE: Select best option based on answer for the most recent time]	[REDACTED]
		<ul style="list-style-type: none"> <li>• Within the last year</li> <li>• 1-5 years ago</li> <li>• 6-10 years ago</li> <li>• Over 10 years ago</li> <li>• Born in the U.S. [GO TO SECTION C]</li> <li>• Don't Know</li> <li>• Prefer not to answer</li> </ul>	<ul style="list-style-type: none"> <li>• [REDACTED]</li> <li>• [REDACTED] 1-5 [REDACTED]</li> <li>• [REDACTED] 6-10 [REDACTED]</li> <li>• [REDACTED] [REDACTED] 10 [REDACTED]</li> <li>• [REDACTED] [REDACTED] [REDACTED] [REDACTED]</li> <li>• [REDACTED] [REDACTED] C [REDACTED]</li> <li>• [REDACTED]'s</li> <li>• [REDACTED] [REDACTED]</li> </ul>
	Q7	How old were you when you moved to the United States?	[REDACTED]
		<ul style="list-style-type: none"> <li>• 0-6 years old</li> <li>• 7-12 years old</li> <li>• 13-17 years old</li> <li>• 18 years or older</li> <li>• Don't Know</li> <li>• Prefer not to answer</li> </ul>	<ul style="list-style-type: none"> <li>• 0-6 [REDACTED] [REDACTED]</li> <li>• 7-12 [REDACTED] [REDACTED]</li> <li>• 13-17 [REDACTED] [REDACTED]</li> <li>• 18 [REDACTED] [REDACTED] [REDACTED] [REDACTED]</li> <li>• [REDACTED]'s</li> <li>• [REDACTED] [REDACTED]</li> </ul>
<b>SECTION C. MARRIAGE AND HOUSEHOLD</b>			[REDACTED] C [REDACTED] [REDACTED]
Intro		Next, I am going to ask you questions about your marital status and living arrangements.	[REDACTED]
	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.	[REDACTED]
		<ul style="list-style-type: none"> <li>• Don't Know</li> <li>• Prefer not to answer</li> </ul>	<ul style="list-style-type: none"> <li>• [REDACTED]'s</li> <li>• [REDACTED] [REDACTED]</li> </ul>

	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"> <li>• Married</li> <li>• Widowed</li> <li>• Divorced</li> <li>• Separated</li> <li>• Not married, but living with a partner</li> <li>• Never married/lived with partner [GO TO Q14]</li> <li>• Prefer not to answer [GO TO Q14]</li> </ul>	<ul style="list-style-type: none"> <li>• □□□□□□</li> <li>• □□□□□□ □□□□</li> <li>• □□□□□□</li> <li>• □□□□□□□□</li> <li>• □□□□□□□□□□ □□ □□ □□□□□□ □□□□□□ (□□□□ □□ 14 □□□□)</li> <li>• □□□□□□□□ □□□□□□□□ (□□□□ □□ 14 □□□□)</li> <li>• □□□□□□□□ □□□□□□□□ (□□□□ □□ 14 □□□□)</li> </ul>
	Q10	How old were you when you first got married or started living with a partner?	<p>□□□□□□ □□ □□□□□□□□□□ □□ □□□□□□  □□□□□□ □□□□□□</p>
		<ul style="list-style-type: none"> <li>• Under 18 years</li> <li>• 18-24 years</li> <li>• 25-29 years</li> <li>• 30-39 years</li> <li>• 40-49 years</li> <li>• Over 49 years</li> <li>• Don't Know</li> <li>• Prefer not to answer</li> </ul>	<ul style="list-style-type: none"> <li>• □□□□ 18 □□□□□□</li> <li>• 18-24 □□□□□□</li> <li>• 25-29 □□□□□□</li> <li>• 30-39 □□□□□□</li> <li>• 40-49 □□□□□□</li> <li>• □□□□ 49 □□□□□□</li> <li>• □□□□□□□□□□'□</li> <li>• □□□□□□□□ □□□□□□</li> </ul>
	Q11	How old was your husband/partner when you first got married or started living together?	<p>□□□□□□ □□ □□□□□□□□□□  □□□□□□□□/□□□□□□□□□□ □□□□□□ □□□□□□  □□□□□□</p>
		<ul style="list-style-type: none"> <li>• Under 18 years</li> <li>• 18-24 years</li> <li>• 25-29 years</li> <li>• 30-39 years</li> <li>• 40-49 years</li> <li>• Over 49 years</li> <li>• Don't Know</li> <li>• Prefer not to answer</li> </ul>	<ul style="list-style-type: none"> <li>• □□□□ 18 □□□□□□</li> <li>• 18-24 □□□□□□</li> <li>• 25-29 □□□□□□</li> <li>• 30-39 □□□□□□</li> <li>• 40-49 □□□□□□</li> <li>• □□□□ 49 □□□□□□</li> <li>• □□□□□□□□□□'□</li> <li>• □□□□□□□□ □□□□□□</li> </ul>
	Q12	In what country did your first marriage/partnership take place?	<p>□□ □□□□□□ □□□□□□ □□□□□□ □□□□  □□□□□□</p>
	Q13	In what country was your husband/partner born?	<p>□□□□□□□□/□□□□□□□□ □□□□□□ □□□□  □□□□□□</p>
<b>SECTION D. COMMUNITY ACTIVITIES</b>			
Intro		I am now going to ask you some	<p>□□ □□□□ □□□□□□□□ □□ □□□□  □□□□□□ □□ □□ □□□□ □□□□</p>

		questions about your participation in community activities such as neighborhood organizations or groups.	<p>□□□□ □□ □□□□□ □□□□□ □□</p> <p>□□□□ □□□□ □□□□</p>
	Q14	Are you a member of any club, association, or religious organization for people from your family's home country or ethnic/cultural background?	<p>□□□□ □□ □□□□ □□□□□ □□</p> <p>□□□□□□ □□□□ □□ □□ □□□□□□</p> <p>□□□□□ □□□ □□ □□□□□/ □□□□□</p> <p>□□□□□□□ □□□□ □□□□ □□□□</p>
		<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Not sure</li> <li>• Prefer not to answer</li> </ul>	<ul style="list-style-type: none"> <li>• □□</li> <li>• □□□□</li> <li>• □□□□□ □□□□□□□</li> <li>• □□□□□□ □□□□□</li> </ul>
	Q15	When you invite people to your home, are they...	<p>□□□□ □□ □□□□ □□ □□□□□ □□□□</p> <p>□□□□ ...</p>
		<ul style="list-style-type: none"> <li>• Mostly people <u>from</u> my home country or ethnic/cultural background</li> <li>• Mostly people <u>NOT from</u> my home country or ethnic/cultural background</li> <li>• A mix of people <u>from AND not from</u> my home country or ethnic/cultural background</li> <li>• I never invite people to my home</li> <li>• Prefer not to answer</li> </ul>	<ul style="list-style-type: none"> <li>• □□□□□□□□ □□ □□□□ □□□□□</li> <li>□□ □□ □□□□□/□□□□□ □□□□□□□□</li> <li>□□□□ □□□□</li> <li>• □□□□□□□□ □□ □□□□ □□□□□</li> <li>□□ □□ □□□□□/□□□□□ □□□□□□□□</li> <li>□□□□□ □□□□□</li> <li>• □□ □□□□ □□□□ □□ □□□□□ □□□□□</li> <li>□□</li> <li>• □□□□□□ □□□□□</li> </ul>
	Q16	Have you done any work outside of the home for pay in the past 30 days?	<p>□□□□□ □□□□□ 30 □□□□□□ □□ □□</p> <p>□□□□ □□□□ □□□□□ □□□□ □□□□□-</p> <p>□□□□□□□</p>
		<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Don't Know</li> <li>• Prefer not to answer</li> </ul>	<ul style="list-style-type: none"> <li>• □□</li> <li>• □□□□</li> <li>• □□□□□□□□□</li> <li>• □□□□□□ □□□□□</li> </ul>
<b>SECTION E. HEALTH-SEEKING BEHAVIOR AND PROVIDER EXPERIENCE</b>			
		Now I am going to ask you some questions about your overall health and experiences with health care, services, and providers.	<p>□□ □□ □□□□ □□□□ □□□□□</p> <p>□□□□ □□□□ □□ □□□□□□□□ □□</p> <p>□□□□□ □□□□□ □□□□□□□□□ □</p> <p>□□□□□ □□□□□ □□□□□ □□□□□ □□□□</p>
	Q17	In general, how would you describe your health? Is it excellent, very good, good, fair, or poor?	<p>□□□□□□ □□□□□□ □□□□□</p> <p>□□□□□□□□ □□□□□ □□□□ □□□□□</p> <p>□□□□□ □□ □□□□ □□□□</p>

		<ul style="list-style-type: none"> <li>• Excellent</li> <li>• Very good</li> <li>• Good</li> <li>• Fair</li> <li>• Poor</li> <li>• Not sure</li> <li>• Prefer not to answer</li> </ul>	<ul style="list-style-type: none"> <li>• <input type="checkbox"/> Excellent</li> <li>• <input type="checkbox"/> Very good</li> <li>• <input type="checkbox"/> Good</li> <li>• <input type="checkbox"/> Fair</li> <li>• <input type="checkbox"/> Poor</li> <li>• <input type="checkbox"/> Not sure</li> <li>• <input type="checkbox"/> Don't know</li> <li>• <input type="checkbox"/> Prefer not to answer</li> </ul>
	Q18	How many times have you gone to a clinic or hospital for health care for yourself in the past 12 months?	<p>How many times have you gone to a clinic or hospital for health care for yourself in the past 12 months?</p>
		<ul style="list-style-type: none"> <li>• Not at all</li> <li>• Once</li> <li>• Twice</li> <li>• 3-5 times</li> <li>• More than 5 times</li> <li>• Don't Know</li> <li>• Prefer not to answer</li> </ul>	<ul style="list-style-type: none"> <li>• <input type="checkbox"/> Not at all</li> <li>• <input type="checkbox"/> Once</li> <li>• <input type="checkbox"/> Twice</li> <li>• <input type="checkbox"/> 3-5 times</li> <li>• <input type="checkbox"/> More than 5 times</li> <li>• <input type="checkbox"/> Don't know</li> <li>• <input type="checkbox"/> Prefer not to answer</li> </ul>
	Q19	When visiting your healthcare provider, would you like to have someone present to interpret?	<p>When visiting your healthcare provider, would you like to have someone present to interpret?</p>
		<ul style="list-style-type: none"> <li>• Yes</li> <li>• No [GO TO Q22]</li> <li>• Do not have a healthcare provider [GO TO Q22]</li> <li>• Don't Know [GO TO Q22]</li> <li>• Prefer not to answer [GO TO Q22]</li> </ul>	<ul style="list-style-type: none"> <li>• <input type="checkbox"/> Yes</li> <li>• <input type="checkbox"/> No [GO TO Q22]</li> <li>• <input type="checkbox"/> Do not have a healthcare provider [GO TO Q22]</li> <li>• <input type="checkbox"/> Don't know [GO TO Q22]</li> <li>• <input type="checkbox"/> Prefer not to answer [GO TO Q22]</li> </ul>
	Q20	During your last visit, was an interpreter offered to you?	<p>During your last visit, was an interpreter offered to you?</p>
		<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Don't Know</li> <li>• Prefer not to answer</li> </ul>	<ul style="list-style-type: none"> <li>• <input type="checkbox"/> Yes</li> <li>• <input type="checkbox"/> No</li> <li>• <input type="checkbox"/> Don't know</li> <li>• <input type="checkbox"/> Prefer not to answer</li> </ul>
	Q21	Who usually serves as an interpreter for you?	<p>Who usually serves as an interpreter for you?</p>
		<ul style="list-style-type: none"> <li>• My health provider</li> <li>• Professional interpreter</li> <li>• A staff person</li> <li>• A female friend or relative</li> <li>• My husband/partner, or other male relative</li> <li>• Other, please specify:</li> <li>• Prefer not to answer</li> </ul>	<ul style="list-style-type: none"> <li>• <input type="checkbox"/> My health provider</li> <li>• <input type="checkbox"/> Professional interpreter</li> <li>• <input type="checkbox"/> A staff person</li> <li>• <input type="checkbox"/> A female friend or relative</li> <li>• <input type="checkbox"/> My husband/partner, or other male relative</li> <li>• <input type="checkbox"/> Other, please specify:</li> <li>• <input type="checkbox"/> Prefer not to answer</li> </ul>
	Q22	Are you currently covered by any of the following types of health	<p>Are you currently covered by any of the following types of health</p>

		insurance?	<ul style="list-style-type: none"> <li>• A plan purchased through an employer or union (includes plans purchased through another person’s employer)</li> <li>• A plan that you or a family member buys on their own</li> <li>• Medicaid or other state or federal program</li> <li>• Some other source, please specify: <ul style="list-style-type: none"> <li>• I do not currently have health insurance</li> <li>• Don't Know</li> <li>• Prefer not to answer</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <input type="checkbox"/> 我僱主或工會購買的保險計劃(包括通過其他人員的僱主購買的保險計劃)</li> <li>• <input type="checkbox"/> 我或我的家人自己購買的保險計劃</li> <li>• <input type="checkbox"/> Medicaid 或其他州或聯邦保險計劃</li> <li>• <input type="checkbox"/> 其他一些來源,請具體說明: <ul style="list-style-type: none"> <li>• <input type="checkbox"/> 我目前沒有健康保險</li> <li>• <input type="checkbox"/> 不知道</li> <li>• <input type="checkbox"/> 不想回答</li> </ul> </li> </ul>
	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?		<p>請在過去12個月內,您是否有過因為負擔不起而需要醫療護理但沒得到的時候?</p> <p><input type="checkbox"/> 是  <input type="checkbox"/> 不是  <input type="checkbox"/> 不知道  <input type="checkbox"/> 不想回答</p>
				<p><input type="checkbox"/> 是  <input type="checkbox"/> 不是  <input type="checkbox"/> 不知道  <input type="checkbox"/> 不想回答</p>
<b>SECTION F. WOMEN’S HEALTH AND PREGNANCY OUTCOMES</b>				<p>第F部分 婦女健康及孕產結果</p>
		I am now going to ask you questions about family planning and your sexual health.		<p>我現在將向您詢問有關家庭計劃和您的性健康的問題。</p>
	Q24	Have you ever <u>used</u> any contraceptives or birth control methods to avoid or delay getting pregnant?		<p>您是否曾經使用過任何避孕或節育方法,以避開或延遲懷孕?</p> <p><input type="checkbox"/> 是  <input type="checkbox"/> 不是 [GO TO Q26]  <input type="checkbox"/> 不知道 [GO TO Q26]  <input type="checkbox"/> 不想回答 [GO TO Q26]</p>
				<p><input type="checkbox"/> 是  <input type="checkbox"/> 不是 [請前往 Q26]  <input type="checkbox"/> 不知道 [請前往 Q26]  <input type="checkbox"/> 不想回答 [請前往 Q26]</p>
	Q25	Which method(s) have you ever used? Have you used this method in the past 30 days?		<p>您曾經使用過哪種(些)方法? 您在過去30天內使用過此方法嗎?</p>
		Ever Used?		<p><input type="checkbox"/> 是  <input type="checkbox"/> 不是</p>
		Used in past 30 days?		<p><input type="checkbox"/> 是  <input type="checkbox"/> 不是</p>

		Female sterilization (tubes tied)	□□□□ □□□□□□ (□□□□ □□□□)
		Male sterilization	□□□□ □□□□□□
		Contraceptive implant (Nexplanon, Jadelle, Sino, Implant, Implanon)	□□□□ □□□□□ □□□ (□□□□□□□□ □□□□ □□□□ □□□□□□□ □□□□□□□)
		IUD (for example, Paragard, Mirena, Skyla, Liletta)	IUD (□□□□□□ □□□□□□ □□□□□ □□□□□□ □□□□)
		Shots/Injections (for example, Depo-Provera)	□□□□□/□□□□□□ (□□□□□□□ □□- □□□□□)
		Birth control pills (daily pills, any kind)	□□□□□□ □□□□ □□□□□□ (□□□□□□□ □□□□□□□□ □□□□ □□□□□)
		Contraceptive patch (Ortho Evra, Xulane)	□□□□□ □□□□□□ □□□□ (□□□□ □□□□□ □□□□□)
		Contraceptive ring (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"> <li>• Yes</li> <li>• No</li> <li>• I did not need a birth control method</li> <li>• Don't Know</li> <li>• Prefer not to answer</li> </ul>	<ul style="list-style-type: none"> <li>• □□</li> <li>• □□□□□</li> <li>• □□□□□ □□□□□□ □□□□ □□□□□□□</li> <li>• □□□□□□□□□'□</li> <li>• □□□□□□□ □□□□□</li> </ul>
	Q27	When was your last pelvic exam and/or pap smear?	□□ □□□□□□□ □□ □□□□□□□ □□□□□ □□□□□ □□□□ □□/□□ □□ □□□□ (□□□□□ □□□□□ □□) □□□□ □□□□□
		<ul style="list-style-type: none"> <li>• Within past year</li> <li>• 2-3 years ago</li> <li>• 3 to 5 years ago</li> <li>• More than 5 years ago</li> <li>• Never</li> <li>• Don't Know</li> <li>• Prefer not to answer</li> </ul>	<ul style="list-style-type: none"> <li>• □□ □□□ □□ □□□□□ □□□□</li> <li>• □□□□ 2-3 □□□□□</li> <li>• □□□□ 3 □□□□ 5 □□□□□</li> <li>• □□□□ □□□□ 5 □□□□□</li> <li>• □□□□□</li> <li>• □□□□□□□□□'□</li> <li>• □□□□□□□ □□□□□</li> </ul>
	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].	[REPLACE WITH TRANSLATION OF THE ABOVE TEXT]
		<ul style="list-style-type: none"> <li>• Under 18 years</li> <li>• 18-24</li> <li>• 25-29 years</li> <li>• 30-39 years</li> <li>• 40-49 years</li> <li>• Over 49 years</li> <li>• Never had sexual intercourse [GO TO Q37]</li> <li>• Prefer not to answer</li> </ul>	<ul style="list-style-type: none"> <li>• 18 以下</li> <li>• 18-24</li> <li>• 25-29</li> <li>• 30-39</li> <li>• 40-49</li> <li>• 49 以上</li> <li>• 性交経験なし [37 へ移動]</li> <li>• 回答を希望しない</li> </ul>
<b>SECTION G. WOMEN'S HEALTH AND PREGNANCY OUTCOMES</b>			
	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.	[REPLACE WITH TRANSLATION OF THE ABOVE TEXT]
	Q29	Are you pregnant now?	現在、妊娠していますか？
		<ul style="list-style-type: none"> <li>• Yes</li> <li>• No [GO TO Q31]</li> <li>• Don't Know [GO TO Q31]</li> <li>• Prefer not to answer [GO TO Q31]</li> </ul>	<ul style="list-style-type: none"> <li>• はい</li> <li>• いいえ [31 へ移動]</li> <li>• 分からない [31 へ移動]</li> <li>• 回答を希望しない [31 へ移動]</li> </ul>
	Q30	Have you had prenatal care for this pregnancy?	この妊娠のために、 prenatal care を受けていますか？
		<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Prefer not to answer</li> </ul>	<ul style="list-style-type: none"> <li>• はい</li> <li>• いいえ</li> <li>• 回答を希望しない</li> </ul>
		Now we have some questions about your children.	今、お子さんに関するいくつかの質問があります。
	Q31	How many children have you given birth to that were born alive?	生きて生まれたお子さんの数は何人ですか？
		Now I will ask a few questions about each child you had beginning with the oldest one.	今、一番年長のお子さんについていくつかの質問をします。
		Child	お子さん



		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	1 2 3 4 5 6 7 8 9 10 11 12 13 14 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.?	□□ □□□□□ □□ □□□□□ □□□□□□□□ □□□□ □□ □□□□□□
		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)?	□□ □□□□□ □□□□□□□ (c-section) □□ □□□□□□
		Yes No Prefer not to answer	□□ □□□□ □□□□□ □□□□
			□□□□ H□ FGM/C (□□□□□□ □□□□□ □□□□□□□□□)
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.	<p>□□□□□ □□□ □□ □□□□ □□□□</p> <p>□□□□□ □□ □□□□ □□□□□□</p> <p>□□□□□□□□ □□□ □□□□□□□□</p> <p>□□□□□□□□□ □□□□ □□□□□□</p>
	Q37	Do you come from a family that has practiced the tradition of female circumcision?	<p>□□ □□ □□□□□ □□□□□□□□ □□□□</p> <p>□□ □□□□□ □□□□□ □□ □□□□□</p>
		<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Don't Know</li> <li>• Prefer not to answer</li> </ul>	<ul style="list-style-type: none"> <li>• □□</li> <li>• □□□□□</li> <li>• □□□□□□□'□</li> <li>• □□□□□□ □□□□□</li> </ul>
	Q38	Does your husband/partner come from a family that has practiced the tradition of female circumcision?	<p>□□□□□□/□□□□□□ □□□□□ □□□□</p> <p>□□□□□ □□□□□□□□ □□ □□□□□□□□</p> <p>□□□□□□ □□ □□□□□</p>
		<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Do not have husband/partner</li> <li>• Don't Know</li> <li>• Prefer not to answer</li> </ul>	<ul style="list-style-type: none"> <li>• □□</li> <li>• □□□□□</li> <li>• □□□□ □□/□□□□□ □□□□□□□□</li> <li>• □□□□□□□'□</li> <li>• □□□□□□ □□□□□</li> </ul>
	Q39	Have you ever been circumcised?	<p>□□□□□□□ □□□□□'□□</p>
		<ul style="list-style-type: none"> <li>• Yes</li> <li>• No [GO TO Q50]</li> <li>• Don't Know [GO TO Q50]</li> <li>• Prefer not to answer [GO TO Q50]</li> </ul>	<ul style="list-style-type: none"> <li>• □□</li> <li>• □□□□□ (□□ □□ 50 □□)</li> <li>• □□□□□□□'□ (□□ □□ 50 □□)</li> <li>• □□□□□□ □□□□□ (□□ □□ 50 □□)</li> </ul>
	Q40	How old were you when first circumcised?	<p>□□□□□□ □□ □□□□□□□□□□ □□□□ □□□□</p> <p>□□□□ □□□□ □□□□□□</p>
		<ul style="list-style-type: none"> <li>• Less than 1 year old</li> <li>• 1-4 years old</li> <li>• 5-9 years old</li> <li>• 10-14 years old</li> <li>• 15-19 years old</li> <li>• More than 19 years old</li> <li>• Too young to remember</li> <li>• Don't Know</li> <li>• Prefer not to answer</li> </ul>	<ul style="list-style-type: none"> <li>• □□□□ 1 □□□□ □□□□</li> <li>• 1-4 □□□□□ □□□□</li> <li>• 5-9 □□□□□ □□□□</li> <li>• 10-14 □□□□□ □□□□</li> <li>• 15-19 □□□□□ □□□□</li> <li>• □□□□ 19 □□□□□ □□□□</li> <li>• □□□□ □□□□□ □□□□□□□□ □□□□□□□□</li> <li>• □□□□□□□□'□</li> <li>• □□□□□□□ □□□□□</li> </ul>
	Q41	Now I would like to ask you some more questions about your circumcision. Was any flesh removed from the genital area?	<p>□□ □□ □□□□□ □□□□□ □□□□□</p> <p>□□□□□□ □□□□□ □□□□□□ □□□□ □□</p> <p>□□□□□ □□□□ □□□□ □□ □□□□□ □□□□</p>
		<ul style="list-style-type: none"> <li>• Yes [GO TO Q43]</li> <li>• No</li> <li>• Don't Know</li> <li>• Prefer not to answer</li> </ul>	<ul style="list-style-type: none"> <li>• □□ (□□ □□ 43 □□)</li> <li>• □□□□□</li> <li>• □□□□□□□'□</li> <li>• □□□□□□ □□□□□</li> </ul>
	Q42	Was the genital area nicked without removing any flesh?	<p>□□□□ □□ □□□□□ □□□□ □□ □□□□</p> <p>□□□□□ □□□□□ □□□□ □□□□</p>

		<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Don't Know</li> <li>• Prefer not to answer</li> </ul>	<ul style="list-style-type: none"> <li>• <input type="checkbox"/></li> <li>• <input type="checkbox"/></li> <li>• <input type="checkbox"/></li> <li>• <input type="checkbox"/></li> </ul>
	Q43	Was your genital area sewn closed?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Don't Know</li> <li>• Prefer not to answer</li> </ul>	<ul style="list-style-type: none"> <li>• <input type="checkbox"/></li> <li>• <input type="checkbox"/></li> <li>• <input type="checkbox"/></li> <li>• <input type="checkbox"/></li> </ul>
	Q44	What kind of circumcision do you have?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		<ul style="list-style-type: none"> <li>• Type 1</li> <li>• Type 2</li> <li>• Type 3</li> <li>• Don't Know</li> <li>• Prefer not to answer</li> </ul>	<ul style="list-style-type: none"> <li>• <input type="checkbox"/> 1</li> <li>• <input type="checkbox"/> 2</li> <li>• <input type="checkbox"/> 3</li> <li>• <input type="checkbox"/></li> <li>• <input type="checkbox"/></li> </ul>
	Q45	Have you ever had any problems related to your circumcision?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		<ul style="list-style-type: none"> <li>• Yes</li> <li>• No [GO TO Q47]</li> <li>• Don't Know [GO TO Q47]</li> <li>• Prefer not to answer [GO TO Q47]</li> </ul>	<ul style="list-style-type: none"> <li>• <input type="checkbox"/></li> <li>• <input type="checkbox"/> (GO TO Q47)</li> <li>• <input type="checkbox"/> (GO TO Q47)</li> <li>• <input type="checkbox"/> (GO TO Q47)</li> </ul>
	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"/>
		<ul style="list-style-type: none"> <li>• Difficulty passing menstrual blood</li> <li>• Difficulty passing urine</li> <li>• Pain with urination</li> <li>• Recurrent Urinary Tract Infections</li> <li>• Pain with sex</li> <li>• Bleeding with sex</li> <li>• Emergency C-section</li> <li>• Postpartum Hemorrhage</li> <li>• Extensive vaginal tears from childbirth</li> <li>• Other, please specify: _____</li> <li>• Don't Know</li> <li>• Prefer not to answer</li> </ul>	<ul style="list-style-type: none"> <li>• <input type="checkbox"/></li> <li>• <input type="checkbox"/></li> <li>• <input type="checkbox"/></li> <li>• <input type="checkbox"/></li> <li>• <input type="checkbox"/></li> <li>• <input type="checkbox"/></li> <li>• <input type="checkbox"/></li> <li>• <input type="checkbox"/></li> <li>• <input type="checkbox"/></li> <li>• <input type="checkbox"/></li> <li>• <input type="checkbox"/></li> <li>• <input type="checkbox"/></li> <li>• <input type="checkbox"/></li> <li>• <input type="checkbox"/></li> <li>• <input type="checkbox"/></li> <li>• <input type="checkbox"/></li> <li>• <input type="checkbox"/></li> <li>• <input type="checkbox"/></li> <li>• <input type="checkbox"/></li> <li>• <input type="checkbox"/></li> <li>• <input type="checkbox"/></li> </ul>
	Q47	Would you feel comfortable talking about your circumcision with a health care provider?	<input type="checkbox"/> <input type="checkbox"/>
		<ul style="list-style-type: none"> <li>• Yes</li> </ul>	<ul style="list-style-type: none"> <li>• <input type="checkbox"/></li> </ul>

		<ul style="list-style-type: none"> <li>• No</li> <li>• Don't Know</li> <li>• Prefer not to answer</li> </ul>	<ul style="list-style-type: none"> <li>• <input type="checkbox"/></li> <li>• <input type="checkbox"/></li> <li>• <input type="checkbox"/></li> </ul>
	Q48	Have you ever talked with a health care provider about your circumcision?	<p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p>
		<ul style="list-style-type: none"> <li>• Yes</li> <li>• No [GO TO Q50]</li> <li>• Don't Know [GO TO Q50]</li> <li>• Prefer not to answer [GO TO Q50]</li> </ul>	<ul style="list-style-type: none"> <li>• <input type="checkbox"/></li> <li>• <input type="checkbox"/> ( <input type="checkbox"/> <input type="checkbox"/> 50 <input type="checkbox"/> )</li> <li>• <input type="checkbox"/> ( <input type="checkbox"/> <input type="checkbox"/> 50 <input type="checkbox"/> )</li> <li>• <input type="checkbox"/> ( <input type="checkbox"/> <input type="checkbox"/> 50 <input type="checkbox"/> )</li> </ul>
	Q49	Who started the conversation about your circumcision, you or the health care provider?	<p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p>
		<ul style="list-style-type: none"> <li>• You</li> <li>• The health care provider</li> <li>• Don't Know</li> <li>• Prefer not to answer</li> </ul>	<ul style="list-style-type: none"> <li>• <input type="checkbox"/></li> <li>• <input type="checkbox"/></li> <li>• <input type="checkbox"/></li> <li>• <input type="checkbox"/></li> </ul>
		Have you ever experienced any of these health issues or conditions?	<p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p>
		Is this an ongoing problem?	<p><input type="checkbox"/> <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• <input type="checkbox"/></li> <li>• <input type="checkbox"/></li> <li>• <input type="checkbox"/></li> </ul>
		Did you seek professional health care for this?	<p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• <input type="checkbox"/></li> <li>• <input type="checkbox"/></li> <li>• <input type="checkbox"/></li> <li>• <input type="checkbox"/></li> </ul>
		Were you satisfied with how the problem was addressed?	<p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• <input type="checkbox"/></li> <li>• <input type="checkbox"/></li> <li>• <input type="checkbox"/></li> </ul>
	Q50	Have you ever had. . .?	<p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/>...</p>
		a. Difficulty passing menstrual blood	<input type="checkbox"/> <input type="checkbox"/>
		b. Difficulty passing urine	<input type="checkbox"/> <input type="checkbox"/>
		c. Pain with urination	<input type="checkbox"/> <input type="checkbox"/>
		d. Recurrent Urinary Tract Infections	<input type="checkbox"/> <input type="checkbox"/>
	Q51	Have you ever. . .?	<input type="checkbox"/> <input type="checkbox"/>
		a. Felt sad for many weeks at a time	<input type="checkbox"/> <input type="checkbox"/>
	Q52	Have you ever had. . .?	<input type="checkbox"/> <input type="checkbox"/>
		a. Pain with sex	<input type="checkbox"/> <input type="checkbox"/>

	b.	Bleeding with sex	□□□□□ □□ □□□ □□□
Q53		Have you ever had. . .?	□□ □□□ □□□□ □□□ □□□□ □□...□
	a.	Emergency C-section	□□ □□□ □□□ □□□□□□
	b.	Postpartum hemorrhage	□□ □□□-□□□ □□□□□□
	c.	Extensive vaginal tears from childbirth	□□□ □□□□ □□□□□ □□ □□□ □□□□
<b>SECTION I. FGC BELIEFS</b>			
		I am now going to ask you some questions about your beliefs and opinions about female circumcision.	□□ □□ □□ □□ FGC (□□□□□ □□□□□ □□□□□□□) □□□□□
Q54		Which of the following best describes your views about female circumcision? Would you say...	□□ □□□ □□□□□□□□□□ □□□□ □□□□□ □□□□□□□□ □□□□□ □□□□ □□□□ □□□ □□□ □□□□'□ □□□□...
		<ul style="list-style-type: none"> <li>• It should be stopped</li> <li>• It should continue as is</li> <li>• Depends on the family</li> <li>• I have mixed feelings about it</li> <li>• Other, please specify:</li> <li>• Don't Know</li> <li>• Prefer not to answer</li> </ul>	<ul style="list-style-type: none"> <li>• □□ □□□□□ □□□□ □□□</li> <li>• □□□□□ □□□□ □□□</li> <li>• □□□ □□□□□'□ □□□□</li> <li>• □□□□□ □□□□□□ □□□□□ □□□</li> <li>• □□□□ □□□□□□ □□□□□</li> <li>• □□□□□□'□</li> <li>• □□□□□ □□□□</li> </ul>
Q55		Has your opinion about female circumcision changed in any way since you moved to the U.S.?	□□ □□□ □□□□□□ □□□□ □□ □□□□ □□□□ □□□□□ □□□□ □□□□□ □□□□□□□ □□□□ □□□□ □□□□'□□
		<ul style="list-style-type: none"> <li>• Yes</li> <li>• No [GO TO 57]</li> <li>• Not applicable, born in the U.S. [GO TO 57]</li> <li>• Not applicable, did not have opinion before moving to U.S. [GO TO 57]</li> <li>• Don't Know [GO TO 57]</li> <li>• Prefer not to answer [GO TO 57]</li> </ul>	<ul style="list-style-type: none"> <li>• □□</li> <li>• □□□□ (□□ □□ 57 □□)</li> <li>• □□□□□□ □□□□□ □□ □□□□□ □□□□□□ □□□□ □□□□□□ (□□ □□ 57 □□)</li> <li>• □□□□□□ □□□□□ □□ □□□□□ □□□□□□ □□□□ □□□ □□□□□ □□□□ □□□□□□ (□□ □□ 57 □□)</li> <li>• □□□□□□□'□ (□□ □□ 57 □□)</li> <li>• □□□□□ □□□□ (□□ □□ 57 □□)</li> </ul>
Q56		How has your opinion changed? Would you say your opinion is...	□□□□□ □□□□ □□□□ □□□ □□□□□ □□□ □□□□ □□□□'□ □□□□...
		<ul style="list-style-type: none"> <li>• More accepting of female circumcision</li> <li>• Less accepting of female circumcision</li> <li>• Don't Know</li> <li>• Prefer not to answer</li> </ul>	<ul style="list-style-type: none"> <li>• □□□□□□□ □□□□□□□ □□□□□ □□□□</li> <li>• □□□□□□□ □□□□□□□ □□ □□□□□ □□□□</li> <li>• □□□□□□□'□</li> <li>• □□□□□ □□□□</li> </ul>
Q57		Do you believe that female circumcision is required by your	□□□□□ □□□□□□□ □□□□□□□□ □□□□ □□ □□□ □□□□'□□

		religion?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• No Religion</li> <li>• Don't Know</li> <li>• Prefer not to answer</li> </ul>	<ul style="list-style-type: none"> <li>• <input type="checkbox"/></li> <li>• <input type="checkbox"/></li> <li>• <input type="checkbox"/></li> <li>• <input type="checkbox"/></li> <li>• <input type="checkbox"/></li> </ul>
	Q58	In your opinion, can female circumcision cause any health problems for women later on (for example during pregnancy and delivery)?		<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
		<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Don't Know</li> <li>• Prefer not to answer</li> </ul>	<ul style="list-style-type: none"> <li>• <input type="checkbox"/></li> <li>• <input type="checkbox"/></li> <li>• <input type="checkbox"/></li> <li>• <input type="checkbox"/></li> </ul>	
	Q59	What are your husband/partner's views about female circumcision? Do you think he would say...		<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
		<ul style="list-style-type: none"> <li>• It should be stopped</li> <li>• It should continue as is</li> <li>• Depends on the family</li> <li>• He has mixed feelings about it</li> <li>• Other, please specify:</li> <li>• Do not have husband/partner</li> <li>• Don't Know</li> <li>• Prefer not to answer</li> </ul>	<ul style="list-style-type: none"> <li>• <input type="checkbox"/> _____</li> <li>• <input type="checkbox"/> _____</li> <li>• <input type="checkbox"/> _____</li> <li>• <input type="checkbox"/> _____</li> <li>• <input type="checkbox"/> _____</li> <li>• <input type="checkbox"/> _____</li> <li>• <input type="checkbox"/> _____</li> <li>• <input type="checkbox"/> _____</li> <li>• <input type="checkbox"/> _____</li> <li>• <input type="checkbox"/> _____</li> </ul>	
<b>SECTION J. EDUCATION</b>				_____
	Q60	What is the highest level of schooling you have completed?		_____
		<ul style="list-style-type: none"> <li>• No formal school [END OF SURVEY]</li> <li>• Less than a high school diploma</li> <li>• High school diploma or GED</li> <li>• Some college credit, no degree</li> <li>• Associate's degree (for example: AA, AS)</li> <li>• Bachelor's degree or higher (for example: BA, BS, MA, MS, MD, PhD, etc)</li> <li>• Don't Know</li> <li>• Prefer not to answer</li> </ul>	<ul style="list-style-type: none"> <li>• <input type="checkbox"/> _____</li> <li>• <input type="checkbox"/> _____</li> <li>• <input type="checkbox"/> _____</li> <li>• <input type="checkbox"/> _____</li> <li>• <input type="checkbox"/> _____</li> <li>• <input type="checkbox"/> _____</li> <li>• <input type="checkbox"/> _____</li> <li>• <input type="checkbox"/> _____</li> </ul>	
	Q61	Have you ever attended school in the U.S.?		_____

		<ul style="list-style-type: none"> <li>• Yes</li> <li>• No [END OF SURVEY]</li> <li>• Prefer not to answer</li> </ul>	<ul style="list-style-type: none"> <li>• <input type="checkbox"/></li> <li>• <input type="checkbox"/> <input type="checkbox"/> (<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></li> <li>• <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></li> </ul>
	Q62	Are you attending school now?	<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"> <li>• Yes</li> <li>• No</li> <li>• Prefer not to answer</li> </ul>	<ul style="list-style-type: none"> <li>• <input type="checkbox"/></li> <li>• <input type="checkbox"/> <input type="checkbox"/></li> <li>• <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></li> </ul>
	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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>