Attachment G5. Women's Health Needs Study Eligibility Screener (Amharic translations)

English Items			
Form Approved	00000 0000 000 000		00 00000 00000
OMB Number:			
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Public reporting burden of this collection of information is estimated to average 1 minute per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this			Image: Constraint of the second state of the second sta
	Form Approved OMB Number: Expiration Date: Women's Health Needs Study Public reporting burden of this collection of information is estimated to average 1 minute per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments	Form ApprovedImage: Constraint of the sector of	Form ApprovedImage: Constraint of the sector of

Screener	Screener Start Time Hour Minutes Intro	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). N/A		N/A
		you general information about the languages you speak, where you were born, and your age. Please answer these questions to tell if you are a good fit for this study.		
SECTION A. SCREENER			000 0· 00000 0000	
A	Screener 1	Have you previously participated in the Women's Health Needs Study (WHNS)? Yes [END SURVEY] No		Image: Control of the control of th

Screener 2	Which of the following languages do you speak? Amharic Arabic English Somali French Tigrinya Other, please		
Screener 3	specify Which language would you prefer to use for this interview?		000 00 0000 00000 000 0000 00000? (00000 000000 000000 000 0000
	[INTERVIEWER NOTE: IF YOU DO NOT SPEAK THE LANGUAGE PREFERRED, MAKE NOTE AND END INTERVIEW].		
Screener 4	In which country		00 000 00 000000?
	were you born? Don't Know	00004	
	Prefer not to answer		
Screener 5	In which country was your mother born?		
	Don't Know Prefer not to answer		0000 00000 000000
Screener 6	How old are you?	0000 0000 9	
	Under 18 years [END SURVEY] 18-24 25-29 30-34 35-39 40-49 Over 49 years [END SURVEY]		18 10   18-24   25-29   30-34   35-39   40-49   49 10   100 100
	Prefer not to answer		
N/A	ELIGIBILITY CHECK LIST	N/A	0000 0000 0000

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	EACH BOX SHOULD BE	00 0000 00000 000 000000 000 0000 00000
	CHECKED BEFORE MOVING FORWARD WITH SURVEY.	00000 000 000 0 WHNS 000 00000000
	Respondent did not previously	
	participate in WHNS.	00000 0000 0000 0000 00000 0000 000 00000 0000
	Respondent between 18-49 years old.	
	Respondent OR respondent's mother born in	
	one of the following countries:	
	Burkina Faso Egypt Eritrea Ethiopia	
	Gambia Guinea Mali Mauritania	
	Sierra Leone Somalia Sudan	
	Interviewer is available to conduct	00000 00000 00000 00000 (0000 000 0000]
	interview in respondent's preferred language	000 000 00 00000 000000 0000 0000 00 000 0000 0000
	(Question 3). If respondent	
	meets all 4 criteria above, please check the eligible box	

	below.		
	Respondent is eligible Respondent is NOT eligible [END SURVEY]		
	If respondent is eligible, then review consent material and proceed to interview.		
N/A		N/A	