

	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 □□□□□ □□□□ • □□□□□ □□□□ □□□□□□□□ (□□□ □□□□ □ □□□□) • □□□□□□□ • □□□□□□□□ □□□□□□□□

		<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>□□□□□ □□□□ □□□□ □□ □□ □□□□□□ □□□□□□□□ □□ □□□□□□□?</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>□□□□□ □□□□ □□□□ □□□□ □□ □□□□□□□□ □□ □□□□ □□□□ □□□□□ □□□□ □□ □□ □□□□□?</p>

		<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 • 〇回 〇回 • 3-5 〇回 • 〇 5 〇回 〇回 • 〇〇〇〇〇 • 〇〇〇〇〇 〇〇〇〇〇〇
	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?
		<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

		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 □ Implant □ 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)

		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 □□□□ □□□ • □□□□□ □□ □□□□□□ □□□□□ □□□□□□

		[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 0000000 0000 0000 00000
		Now I will ask a few questions about each child you had beginning with the oldest one.	0000 0000000000 000000000 0000 000000 0000 0000 000000000 000000000000
		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

		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?	□□□/ □□□□ □□□□ □□□□ □□□□ □□□□□ □□□□□ □□□ □□□□?

		<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"/> <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"/> (AA AS) • <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (BA BS MA MS MD 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"/>
	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"/>