OMB #: 0970-0531

Expiration Date: XX/XX/XXXX

OAW Survey of Resettled Afghans Questionnaire

What language do you prefer to complete the survey?

- 1) English
- يښتو (2
- دری (3

Consent Notice

The Office of Refugee Resettlement (ORR), U.S. Department of Health and Human Services, invites you to participate in a survey to identify recently arrived Afghans' needs and gaps in resettlement services. ORR will use collected data to inform program decisions to better serve the recently arrived Afghans.

This survey is voluntary and should take around 10 minutes to complete. The answers you give will be kept private and anonymous. Once you begin the survey, please do not close the webpage before you answer all the questions in the survey. Each answer will be submitted after you click "Next," and you will not be able to go back or change your answers.

By clicking "Agree and Next," you consent to participate in the survey.

We would like to start by asking you a few questions about how your household is doing since your arrival in the United States...

Q1. How many family members currently live in your household, including yourself?

- 1) 1
- 2) 2
- 3) 3
- 4) 4
- 5) 5
- 6) 6 or more
- Q2. How many people (16 years and older) in your household are currently employed, including yourself?
 - 1) 0
 - 2) 1
 - 3) 2
 - 4) 3 or more

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to inform ORR program decisions to better serve the recently arrived Afghan. Public reporting burden for this collection of information is estimated to average 10 minutes per respondent, including any time you needed to collect information to be able to answer our questions. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0531 and the expiration date is XX/XX/XXXX. If you have any comments on this collection of information, please contact: asr@acf.hhs.gov.

- Q3. Was your household able to pay your living expenses (rent, food, medical bills, etc.) last month?
 - 1) Yes
 - 2) No
 - 3) Don't know
- Q4. How many months did your household live in temporary housing (like a hotel or Airbnb) before moving into a house or apartment where you expect to stay for a longer while? (If the length includes part of the month, please round up to credit the full month.)
 - 1) 1 month
 - 2) 2 months
 - 3) 3 months
 - 4) 4 months
 - 5) 5 months
 - 6) 6 months or longer
 - 7) Still living in temporary housing
 - 8) Never resided in temporary housing
- Q5. In which state does your household currently live? (Select from the dropdown)
- Q6. If your household has moved out of the state where you were first resettled outside of the military base, what was the main reason?
 - 1) Have not moved out of the first state where we were first resettled
 - 2) For employment reasons
 - 3) To be closer to family
 - 4) To be closer to an Afghan community
 - 5) For better housing options
 - 6) Other
- Q7. Are all the school-age children (around 5 to 18 years old) in your household currently attending school in the United States?
 - 1) Yes
 - 2) No
 - 3) Do not have school-age children
- Q8. How many people (16 years and older) in your household are currently attending English language classes, including yourself?
 - 1) 0
 - 2) 1
 - 3) 2
 - 4) 3 or more

- Q9. Which of the following does your household need immediate assistance with? (select up to 3 to help us understand needs of Afghan families like yours.)
 - 1) Food
 - 2) Transportation
 - 3) Childcare
 - 4) Medical
 - 5) Employment
 - 6) Housing
 - 7) School enrollment
 - 8) English language classes
 - 9) Immigration status adjustment
- Q10. Has your household been able to receive professional assistance for any household member experiencing physical pain or serious difficulty concentrating, remembering, or making decisions because of sadness, grief, anxiety, depression, worry, or stress?
 - 1) Yes.
 - 2) No, have not been able to receive professional assistance.
 - 3) No, no one in the household has experienced these serious difficulties.
- Q11. How often was your household in contact with a resettlement agency in the last month?
 - 1) At least once a week
 - 2) At least once every other week
 - 3) Once in the last month
 - 4) Not at all

Now we want to know a little bit about you...

- Q12. How well do you speak English now?
 - 1) Not at all
 - 2) Not well
 - 3) Well
 - 4) Very well
- Q13. What is the highest education level you have completed?
 - 1) None
 - 2) Primary
 - 3) Secondary
 - 4) Vocational
 - 5) University or higher
 - 6) Prefer not to answer
- Q14. What best describes your current employment status?
 - 1) Employed
 - 2) Self-employed (work for yourself, business owner, independent contractor, etc.)
 - 3) Unemployed and actively looking for a job
 - 4) Unemployed and not actively looking for a job

- Q15. How would you describe your skills in relation to the job requirements for your current job (or most recent job) in the United States?
 - 1) My skills are higher than what my job requires
 - 2) My skills are matched to what my job requires
 - 3) My skills are lower than what my job requires
 - 4) I have not been employed in the United States
 - 5) Don't know
- Q16. How welcome do you currently feel where you live today?
 - 1) Very welcome
 - 2) Somewhat welcome
 - 3) Somewhat unwelcome
 - 4) Very unwelcome
- Q17. What is your gender?
 - 1) Male
 - 2) Female
 - 3) Prefer not to answer
- Q18: Thank you for your participation in the survey. What is your preferred phone number and/or email address that we can use to reach out to your family again to learn how you are settling in the U.S..

1)	Phone number:	
2)	Email address:	

3) Prefer not to answer