#### Asian Women’s Health Survey

Your answers to this survey will be completely anonymous and confidential. If you are involved in any government program, none of your responses in the survey will impact your participation in those programs. If you are an immigrant, participation will not affect your immigration status.

The survey will take you 15 – 20 minutes to complete. Some of the questions may make you very uncomfortable. In addition to general health questions we will be asking questions about marriage, sex and experiences with violence. Remember, you can skip any question that you don’t want to answer. Please find a safe and quiet place to complete the survey by yourself. (It is OK to have someone with you who you trust and who can help you translate or help you better understand the questions.)

Thank you for helping us better understand the health issues of Asian women in Minnesota! We need to hear your voice.

**If you are single or never married, please skip questions asking about a spouse/partner, but do answer for yourself.**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **YOU** | **Spouse/Partner****(SKIP IF SINGLE)** |
| **1.** | **How old are you?** |  \_\_\_\_\_\_\_ |  \_\_\_\_\_\_\_\_\_\_\_ |
| **2.** | **If you were not born in the U.S., what** **year did you arrive in the US?** | ­­­\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Which of the following best describes you: (Check all that apply). If single, please answer just for yourself.**

|  |  |  |
| --- | --- | --- |
|  | **You** | **Spouse/Partner** |
| **Asian Indian** | ❑1 | ❑1 |
| **Bangladeshi** | ❑1 | ❑1 |
| **Bhutanese** | ❑1 | ❑1 |
| **Burmese/**[**Karen**](https://www.google.com/search?q=karenni&start=0&spell=1) | ❑1 | ❑1 |
| **Cambodian** | ❑1 | ❑1 |
| **Chinese** | ❑1 | ❑1 |
| **Filipino** | ❑1 | ❑1 |
| **Hmong** | ❑1 | ❑1 |
| **Japanese** | ❑1 | ❑1 |
| **Karen** | ❑1 | ❑1 |
| **Korean** | ❑1 | ❑1 |
| **Laotian** | ❑1 | ❑1 |
| **Nepalese** | ❑1 | ❑1 |
| **Pakistani** | ❑1 | ❑1 |
| **Sri Lankan** | ❑1 | ❑1 |
| **Thai** | ❑1 | ❑1 |
| **Tibetan** | ❑1 | ❑1 |
| **Vietnamese** | ❑1 | ❑1 |
| **Other:**  | **\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_** |

1. **If you were not born in the U.S., what was your status when you arrived to the U.S.? (Check all that apply).**

❑1 Immigrant/Lawful Permanent Resident/Green Card

❑**1** Refugee/Asylee ❑**1** Adoptee

❑**1** Fiancée Visa ❑**1** Dependent Visa

❑**1** Student Visa ❑**1** Employment Visa

❑**1** Exchange Visa (i.e., nanny or au pair)

❑**1** Don’t have any documents ❑**1** I don’t know

❑**1** Other Visa: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4a. If you arrived as a permanent resident or had a green card, who sponsored you? (Check all that apply).**

❑**1** Spouse ❑**1** Adult child

❑**1** Fiancé/Fiancée ❑**1** Parent

❑**1** Other family ❑**1** Sibling

❑**1** Employer

❑**1** You were the child of someone in the above groups

❑**1** Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **It is common in some Asian cultures for women to be married both legally and culturally, or only culturally.** **What is your current marital status?**

| ❑1 Single, never married | ❑2 Married, legally  |
| --- | --- |
| ❑3 Married, culturally only | ❑4 Married, legally & culturally |
| ❑5 Living with partner❑7 Separated legally❑9 Sep. legally & culturally | ❑6 Widowed❑8 Separated, culturally❑10 Divorced, legally |
| ❑11 Divorced, culturally | ❑12 Div. legally & culturally |
|  |  |

**5a. SKIP IF NEVER BEEN MARRIED: If you have ever been married (including a legal and/or a cultural marriage)** **how old were you when you first got married?** \_\_\_\_\_\_\_\_\_years

**For questions, 5b** **to 5e Please check (“X”) for yes or no. SKIP IF NEVER MARRIED**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **5b. Did you have a traditional arranged marriage?** |  |  |
| **5c. If yes, were you forced into the marriage?** |  |  |
| **5d. To the best of your knowledge, were any financial transactions (cash, gold, cars, land/property or other assets) involved in your marriage?** |  |  |
| **5e. Do you or your parents continue to receive periodic demands for cash and goods from your spouse or their family?** |  |  |

1. **Do you have a driver’s license?** ❑0 No ❑1 Yes
2. **How many children live in your household (under the age of 18)? \_\_\_\_\_\_\_ children**
3. **Including yourself, how many adults (18 years old or older) live in your household? \_\_\_\_\_\_\_ adults**
4. **Who are those adults? (Check all that apply).**

| ❑1 Spouse/Partner | ❑1 Your parents |
| --- | --- |
| ❑1 Friends | ❑1 Your grandparent(s) |
| ❑1 Spouse/Partner’s parents❑1 Spouse/Partner’s grandparents | ❑1 Spouse/Partner’s other wife/partner❑1 Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **What is your highest level of schooling? Select one.**

|  |  |  |
| --- | --- | --- |
|  | **In US** | **Other Country** |
| **Less than High School** | ❑1 | ❑1 |
| **High School Grad or GED**  | ❑2 | ❑2 |
| **Some college, no degree** | ❑3 | ❑3 |
| **Associate’s (2-year) degree** | ❑4 | ❑4 |
| **Bachelor’s (4-year) degree** | ❑5 | ❑5 |
| **Master’s, Professional, or Doctoral degree** | ❑6 | ❑6 |
| **None** | ❑7 | ❑7 |

1. **What is your spouse/partner’s highest level of schooling? Select one. SKIP IF SINGLE.**

|  |  |  |
| --- | --- | --- |
|  | **In US** | **Other Country** |
| **Less than High School** | ❑1 | ❑1 |
| **High School Grad or GED**  | ❑2 | ❑2 |
| **Some college, no degree** | ❑3 | ❑3 |
| **Associate’s (2-year) degree** | ❑4 | ❑4 |
| **Bachelor’s (4-year) degree** | ❑5 | ❑5 |
| **Graduate degree** | ❑6 | ❑6 |
| **None** | ❑7 | ❑7 |

1. **During the past week, were you working full-time (35 hours or more) or part-time?**

❑1 Yes, working full-time (# hours: \_\_\_\_\_)

❑2 Yes, working part-time (# hours: \_\_\_\_\_)

❑3 No, I have a job but was not at work because of temporary illness, vacation or strike

❑4 No

**12a. If you reported that you do not work, which one of the following best describes your current situation?**

❑1 Unemployed and looking for work

❑2 Unemployed and not looking for work

❑3 Disabled and not looking for work

❑4 Retired

❑5 In school

❑6 Stay at home mother/wife

❑7 Spouse/partner does not allow me to work

 ❑8 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **During the past week, was your spouse/partner working full-time (35 hours or more) or part-time? SKIP IF SINGLE**

❑1 Yes, working full-time ❑2 Yes, working part-time

❑3 No, my spouse/partner has a job but was not at work because of temporary illness, vacation or strike

❑4 No

**13a. If you reported that your spouse/partner does not work, which one of the following best describes their current situation? SKIP IF SINGLE**

| ❑1 Unemployed and looking for work | ❑2 Unemployed and not looking for work |
| --- | --- |
| ❑3 Disabled and not looking for work | ❑4 Stay at home mother/wife  |
| ❑5 In school | ❑6 Retired |
| ❑7 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **If you and your spouse/partner works either part/full time, would you say that your spouse/partner earns less than you, your earnings are about the same, or that your spouse/partner earns more than you? SKIP IF SINGLE**

| ❑1 Spouse/partner earns less than me  | ❑2 Earn about the same amount |
| --- | --- |
| ❑3 Spouse/partner earns more than me | ❑4 Don’t know  |
| ❑5 Not Applicable |  |

**GENERAL HEALTH**

1. **Do you have health insurance?**

❑1 Yes, Public (Medicare, Medicaid, MNsure, MNCare)

❑2 Yes, Private (through work, or purchased)

❑3 Yes, Private but underinsured (e.g., worry about copays)

❑0 No

❑4 Don’t know

**15a. If you have health insurance, do you have access to your insurance card?** ❑0 No ❑1 Yes

1. **When did you last see any doctor including a gynecologist?**

❑0 Never

❑1 Within the past 12 months

❑2 More than 12 months ago

❑3 Don’t know

1. **Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? \_\_\_\_\_\_ days** (answer from 0 – 30 days)
2. **Thinking about your emotional health, which includes stress, feeling sad or worried a lot, and problems with emotions, for how many days during the past 30 days was your mental health not good?**

 **\_\_\_\_\_\_**days (answer from 0 – 30 days)

1. **During the past 30 days, on how many days did poor physical or emotional health keep you from doing your usual activities, such as self-care, work, or recreation? \_\_\_\_\_\_days** (answer from 0 – 30 days)
2. **How often do you or your spouse/partner drink? If you are single, please fill only for yourself.**

|  |  |
| --- | --- |
| **YOU** | **SPOUSE/PARTNER** |
| **❑1 Never drink** | **❑1 Never drink** |
| **❑2 A few times a year or less** | **❑2 A few times a year or less** |
| **❑3 Once every two months**  | **❑3 Once every two months**  |
| **❑4 Once a month** | **❑4 Once a month** |
| **❑5 A couple of times a month** | **❑5 A couple of times a month** |
| **❑6 Once or twice a week** | **❑6 Once or twice a week** |
| **❑7 Every day or almost every day** | **❑7 Every day or almost every day** |
| **❑8 Don’t know** | **❑8 Don’t know** |

1. **Have any of the following behaviors or substances been a problem for you or your spouse/partner? (Place an “X” for all that apply). If you are single, please fill only for yourself.**

|  |  |  |
| --- | --- | --- |
|  | **You** | **Spouse/Partner** |
| **Gambling** |  |  |
| **Alcohol** |  |  |
| **Drugs** |  |  |
| **Controlling temper** |  |  |
| **Smoking** |  |  |
| **None of the above** |  |  |

1. **In the past 30 days, on how many days did alcohol or drug use keep you or your spouse/partner from doing usual activities, such as self-care, work, or recreation? If you are single, please fill only for yourself.**

|  |  |
| --- | --- |
| **You** | **Spouse/Partner** |
| **\_\_\_ \_\_\_ days (answer from 0 – 30 days)** | **\_\_\_ \_\_\_ days (answer from 0 – 30 days)** |

**CULTURE AND LANGUAGE**

1. **What is your familiarity with English and with the language from your ethnic group? (Check all that apply).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Not at all** | **Not too well** | **Pretty well** | **Very well** |
| **Understand English** | ❑0 | ❑1 | ❑2 | ❑3 |
| **Speak English** | ❑0 | ❑1 | ❑2 | ❑3 |
| **Read English**  | ❑0 | ❑1 | ❑2 | ❑3 |
| **Write in English** | ❑0 | ❑1 | ❑2 | ❑3 |
| **Understand origin language** | ❑0 | ❑1 | ❑2 | ❑3 |
| **Speak origin language** | ❑0 | ❑1 | ❑2 | ❑3 |
| **Read origin language** | ❑0 | ❑1 | ❑2 | ❑3 |
| **Write origin language** | ❑0 | ❑1 | ❑2 | ❑3 |

1. **What is your spouse/partner’s level of familiarity with English and with the language from their ethnic group? (Check all that apply). SKIP IF SINGLE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Not at all** | **Not too well** | **Pretty well** | **Very well** |
| **Understand English** | ❑0 | ❑1 | ❑2 | ❑3 |
| **Speak English** | ❑0 | ❑1 | ❑2 | ❑3 |
| **Read English**  | ❑0 | ❑1 | ❑2 | ❑3 |
| **Write in English** | ❑0 | ❑1 | ❑2 | ❑3 |
| **Understand origin language** | ❑0 | ❑1 | ❑2 | ❑3 |
| **Speak origin language** | ❑0 | ❑1 | ❑2 | ❑3 |
| **Read origin language** | ❑0 | ❑1 | ❑2 | ❑3 |
| **Write origin language** | ❑0 | ❑1 | ❑2 | ❑3 |

1. **What is your use of English compared to the language for your ethnic group? (Check all that apply).**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Only Origin** | **Mostly Origin** | **Origin /English equally** | **Mostly English** | **Only English** |
| **With most of your friends** | ❑0 | ❑1 | ❑2 | ❑3 | ❑4 |
| **With most of your neighbors** | ❑0 | ❑1 | ❑2 | ❑3 | ❑4 |
| **At family gatherings**  | ❑0 | ❑1 | ❑2 | ❑3 | ❑4 |

**Important Note: The following questions on the next page ask about events that happened during your childhood** **before you were 18 years old. Some of these questions will not relate to you, while others may make you very uncomfortable, including questions around violence and sexual abuse. Please remember that you may skip questions that make you uncomfortable and that all of your responses are confidential.**

**Looking back before you were 18 years old…**

1. **Did you live with anyone… (Check all that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **No** | **Yes** | **Not sure** |
| **Who was sad a lot, mentally ill, or suicidal?** | ❑0 | ❑1 | ❑2 |
| **Who was a problem drinker or alcoholic?** | ❑0 | ❑1 | ❑2 |
| **Who used illegal drugs or who abused prescription medications?** | ❑0 | ❑1 | ❑2 |
| **Who served time or was sentenced to serve time in a prison, jail, or other correctional facility?** | ❑0 | ❑1 | ❑2 |

1. **Before you were 18 years old, were your parents separated or divorced?**

❑0 No ❑1 Yes ❑2 Not sure

1. **Before you were 18 years old, how often did… (Check all that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Never** | **Once** | **More than once** |
| **Parents or adults in your home ever slap, hit, kick, punch or beat each other up?** | ❑0 | ❑1 | ❑2 |
| **A parent or adult in your home ever hit, beat, kick, of physically hurt you in anyway? Do not include spanking.** | ❑0 | ❑1 | ❑2 |
| **A parent or adult in your home ever swear at you, insult you, or put you down?** | ❑0 | ❑1 | ❑2 |

1. **Before you were 18 years old, how often did… (Check all that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Never** | **Once** | **More than once** |
| **Anyone at least 5 years older than you, or an adult, ever touch you sexually?** | ❑0 | ❑1 | ❑2 |
| **Anyone at least 5 years older than you, or an adult, try to make you touch them sexually?** | ❑0 | ❑1 | ❑2 |
| **Anyone at least 5 years older than you, or adult, force you to have sex?** | ❑0 | ❑1 | ❑2 |

**EVENTS AS AN ADULT (ages 18 and above)**

**The following questions are about events that happened to you as an adult** **when you were age 18 or older.**

1. **Has anyone frightened, concerned, angered, or annoyed you in any of the following ways (not including bill collectors or sales people)? (Check all that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Never | **Yes, in past 12 months** | **Yes, 12+ months ago** |
| **Made unwanted phone calls or left messages** | ❑0 | ❑1 | ❑2 |
| **Sent you unwanted letters, emails, texts** | ❑0 | ❑1 | ❑2 |
| **Secretly followed or watched you** | ❑0 | ❑1 | ❑2 |
| **Waited for you at home, work, other places** | ❑0 | ❑1 | ❑2 |
| **Showed up at places where you were** | ❑0 | ❑1 | ❑2 |
| **Posted offensive comments about you on the internet** | ❑0 | ❑1 | ❑2 |
| **Shared intimate/private photos or videos of you on the internet or by mobile phone** | ❑0 | ❑1 | ❑2 |

1. **Have any of the following people threatened to harm you by hitting, physically attacking, or using a weapon against you? (Check all that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Never** | **Yes, in past 12 months** | **Yes, 12+ months ago** |
| **Spouse/partner’s parents or grandparents** | ❑0 | ❑1 | ❑2 |
| **Your parents or grandparents** | ❑0 | ❑1 | ❑2 |
| **Spouse/partner’s other wife, wives** | ❑0 | ❑1 | ❑2 |
| **Your children or your spouse/partner’s children** | ❑0 | ❑1 | ❑2 |
| **Other family** | ❑0 | ❑1 | ❑2 |
| **Friends** | ❑0 | ❑1 | ❑2 |
| **Stranger** | ❑0 | ❑1 | ❑2 |
| **Other** | ❑0 | ❑1 | ❑2 |

1. **Have any of the following people taken your children, money or official papers away from you by using violence or threat of violence? (Check all that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Never** | **Yes, in past 12 months** | **Yes, 12+ months ago** |
| **Spouse/partner’s parents or grandparents** | ❑0 | ❑1 | ❑2 |
| **Your parents or grandparents** | ❑0 | ❑1 | ❑2 |
| **Spouse//partners other wife, wives** | ❑0 | ❑1 | ❑2 |
| **Your children or your spouse/partner’s children** | ❑0 | ❑1 | ❑2 |
| Other family | ❑0 | ❑1 | ❑2 |
| **Friends** | ❑0 | ❑1 | ❑2 |
| **Stranger** | ❑0 | ❑1 | ❑2 |
| **Other** | ❑0 | ❑1 | ❑2 |

1. **Did anyone ever take and keep your identification, for example, your passport or driver’s license and not allow you to have it back when you wanted it?**

❑0 No❑1 Yes

1. **Has your current or previous spouse/partner… (SKIP IF NOT YET HAD SPOUSE/PARTNER) (Check all that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Never** | **Yes, in past 12 months** | **Yes, 12+ months ago** |
| **Attempted to keep you from seeing your friends or family?** | ❑0 | ❑1 | ❑2 |
| **Prevented you from leaving your home or seeking help?** | ❑0 | ❑1 | ❑2 |
| **Prevented you from making decisions about family finances and from shopping independently?** | ❑0 | ❑1 | ❑2 |
| **Threatened to hurt your children?** | ❑0 | ❑1 | ❑2 |
| **Insulted, humiliated or embarrassed you?** | ❑0 | ❑1 | ❑2 |
| **Slapped, kicked, or pushed you?** | ❑0 | ❑1 | ❑2 |
| **Touched private body parts against your will?** | ❑0 | ❑1 | ❑2 |
| **Had sexual intercourse against your will?** | ❑0 | ❑1 | ❑2 |

1. **Has ANYONE other than your current or previous spouse/partner… (Check all that apply.)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Never | **Yes, in past 12 months** | **Yes, 12+ months ago** |
| **Attempted to keep you from seeing your friends or family?** | ❑0 | ❑1 | ❑2 |
| **Did not allow you to leave your home or prevented you from seeking help?** | ❑0 | ❑1 | ❑2 |
| **Prevented you from making decisions about family finances and from shopping independently?** | ❑0 | ❑1 | ❑2 |
| **Threatened to hurt your children?** | ❑0 | ❑1 | ❑2 |
| **Insulted, humiliated or embarrassed you?** | ❑0 | ❑1 | ❑2 |
| **Slapped, kicked, or pushed you?** | ❑0 | ❑1 | ❑2 |
| **Touched private body parts against your will?** | ❑0 | ❑1 | ❑2 |
| **Had sexual intercourse against your will?** | ❑0 | ❑1 | ❑2 |

**Note: If you did NOT experience any type of violence listed in questions 30 and 31, please SKIP TO question 39.**

1. **Of the violence you experienced in question 34 or 35, think about the most recent incident. Did you report the incident to the police?**

❑0 No ❑1 Yes

**36a. If you did not report the incident to the police, why not? (Check all that apply).**

|  |  |
| --- | --- |
| ❑1 Incident not that bad | ❑1 Don’t trust police |
| ❑1 Incident would get worse | ❑1 Don’t want partner arrested |
| ❑1 Against my culture❑1 Worried about money or housing or children | ❑1 Shame or embarrassment❑1 Did not know where to go or how to access support |
| ❑1 Dealt with it myself/involved a friend/family matter | ❑1 Thought it was my fault ❑1 Other reason:  |
|  |  |

1. **If you shared about that incident with someone, who did you tell? (Check all that apply)**

❑1 Mother/Sister ❑1 Friend

❑1 Medical Practitioner ❑1 Mother-in-law

❑1 Social worker/Counselor

❑1 Community/Religious/Spiritual/Clan Leader

❑1 Another family member of yours

❑1 A family member of the abuser

❑1 Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**37a. If no, what were the reasons that you did not seek help from any of these people or organizations? (Check all that apply)**

| ❑1 Incident not that bad | ❑1 Don’t trust police |
| --- | --- |
| ❑1 Incident would get worse | ❑1 Don’t want partner arrested |
| ❑1 Against my culture❑1 Worried about money or housing or children | ❑1 Thought it was my fault ❑1 Did not know where to go or how to access support |
| ❑1 Dealt with it myself/involved a friend/family matter | ❑1 Shame or embarrassment |
| ❑1 Other reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**Note: Below is a list of information, advice, or support that people sometimes need after experiencing an incident.**

1. **What types of information, advice or support would be helpful following an incident? (Check all that apply)**

 ❑1 How to keep safe/prevent incident

 ❑1 Housing or shelter

 ❑1 Resources for children (e.g., new school, counseling)

❑1 Someone to talk to/moral support

❑1 Help in reporting to the police

❑1 Medical help/Help with health insurance

❑1 Financial support

❑1 Legal resources (e.g., order of protection, divorce)

❑1 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note: The next questions ask about the services and resources available in your community for people affected by violence.**

1. **Do you know where to find support or services for women who are experiencing violence?**

❑0 No ❑1 Yes

1. **How would you rate your level of knowledge of programs (shelters, counseling, legal or police assistance) for Asian women needing assistance?**

❑1 I want to learn a lot more

❑2 I want to learn a little more

❑3 I do not wish to know more

1. **If you wanted to learn more about community resources (e.g., shelters, counseling, legal or police assistance) for women like you needing resources to prevent violence, where you would seek out this information? (Check all that apply).**

❑1 Internet

❑2 Friends

❑3 Community/Clan/Religious/Spiritual Leaders

❑4 Healthcare Provider

❑5 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CULTURAL NORMS**

1. **In your opinion, should a woman ever be beaten?**

❑0 No❑1 Yes ❑2 Maybe

1. **Among the men you know in your ethnic group, how many do you think sometimes hit their wives?**

❑1 All or most of them ❑2 About half of them

❑3 A few of them ❑4 None of them

1. **If a man hits his wife, do you think most of the men in your ethnic group would…?**

❑1 Approve of his action

❑2 Disapprove of his action

❑3 Not have an opinion / Think it was none of their business

❑4 Don’t know

**Note: Many of the following questions may make you uncomfortable. *You may skip any question*.**

1. **Have you ever exchanged sex or sexual activities to obtain anything of value, such as money, a place to stay, food, drugs, gifts or favors?** If yes, please complete the questions 45a – 45c.

❑0 No❑1 Yes

**45a. Do you feel someone pressured, tricked, or**

**forced you to do this?** ❑0 No❑1 Yes

**45b.** **Do you think someone else profited or made money from this?** ❑0 No❑1 Yes

**45c.Were you under the age of 18 when this first occurred?** ❑0 No❑1 Yes

1. **If you are currently married (cultural or legally) or living with your male partner, does your spouse/partner have another wife? SKIP IF SINGLE** ❑0 No❑1 Yes

 **46a. If yes, has your husband forced another wife into**

 **divorce?** ❑0 No❑1 Yes

**46b. Are you the “first wife”?** ❑0 No❑1 Yes

**46c. How many other wives are there?** \_\_\_\_\_\_\_

**46d. Do you currently experience any of the following**

 **from any other wife? (Check all that apply).**

❑1 Hitting, slapping, punching

❑2 Put-downs, swearing, extreme criticism

❑3 Control over your access to money, paperwork

❑4 Control over where you go, who you see, talk to

❑5 Control over your

1. **Which of the following terms best describes your sexual identity?**

❑1 Heterosexual/Straight ❑2 Lesbian

❑3 Bisexual ❑4 I am not sure

❑5 I am not sure what this question means

❑6 Something else: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What is your current immigration status? If you are single, only answer for yourself.**

|  |  |  |
| --- | --- | --- |
|  | **You** | **Spouse/****Partner** |
| **U.S. Citizen** | ❑1 | ❑1 |
| **Permanent Resident/Green card** | ❑1 | ❑1 |
| **Temporary Visa (e.g. student. Dependent, employment, etc.)** | ❑1 | ❑1 |
| **Don’t have any documents** | ❑1 | ❑1 |
| **I don’t know****Other Visa** | ❑1 | ❑1 |

1. **Which of the following categories best represents your combined family income?** (Please include all sources of income, including money from jobs, social security, public assistance, and any other money income received for everyone who lives with you).

❑1 Less than $10,000 ❑2 $10,000 - 14,999

❑3 $15,000 - 24,999 ❑4 $25,000 - 34,999

❑5 $35,000 - 49,999 ❑6 $50,000 - 74,999

❑7 $75,000 - 99,999 ❑8 $100,000 – 149,999

❑9 $150,000 or more

**Thank you for your time with this important survey! If you have anything you would like us to know, please use this space or additional paper:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for your help! Please return the questionnaire in the enclosed envelope.**