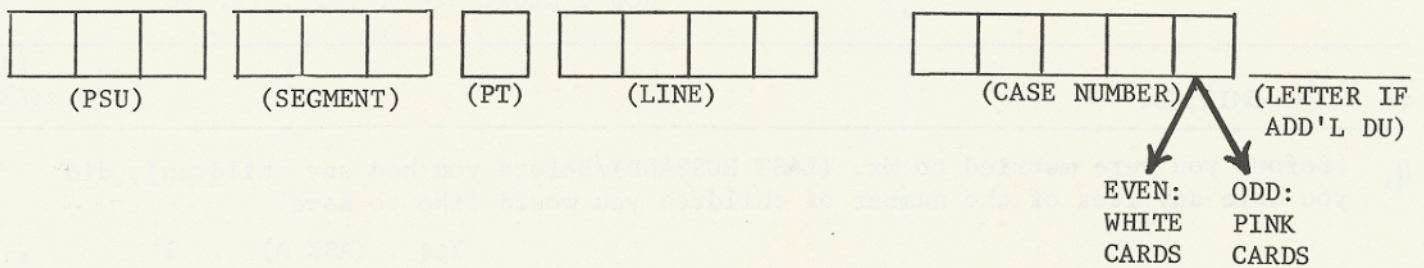


Survey 4604
July, 1973

OMB No. 68-S72170
Expires: April 30, 1974

Collected for the National
Center for Health Statistics

NATIONAL OPINION RESEARCH CENTER
University of Chicago



NATIONAL SURVEY OF FAMILY GROWTH

POST - MARRIED QUESTIONNAIRE

NOTICE: All information which would permit identification of any individual will be held in strict confidence, will be used only by persons engaged in and for the purpose of the survey, and will not be disclosed or released to others for any purpose, as in accordance with Section 305(a) of the Public Health Service Act, Section 1.103(a) of the Public Health Service Regulations [42 CFR 1.103(a)] and under Public Health Service Delegation of Authority Number 31.

SPECIAL INTERVIEWER INSTRUCTION:

IF RESPONDENT IS "SINGLE WITH OWN CHILDREN," OMIT ALL QUESTIONS PRECEDED BY AN ASTERISK (*).

TIME: _____	AM
	PM

10 11 12

SECTION I

13

We hear a lot of talk these days about the birth rate and the number of babies being born. So, to begin with, we are asking women about the number of children people have.

1. What do you think is the ideal number of children for the average American family today?

14 15

NUMBER OR RANGE

There is no ideal number 97

Depends, God's will, don't know, etc. .(ASK A) . 98

A. IF DEPENDS, ETC.: Many people feel that way, but still they have some idea. As things are now for the average American family, how many children would you say is the ideal number?

16 17

NUMBER OR RANGE

There is no ideal number . . 97

Depends, God's will, don't know, etc. 98

2. & 3. OMITTED.

18
19 29/R

4. [Before you were married to Mr. (LAST HUSBAND)/Before you had any children], did you have any idea of the number of children you would like to have?

Yes . (ASK A) . 1 30
No 2

VOLUNTEERED: R. STERILE (GO TO Q. 5)

31 32

A. IF YES: How many was that?

(NUMBER/RANGE)

5. How many babies were born to your mother altogether, including any who died after birth?

33 34

(Number of Babies Born)

IF VOLUNTEERED: Respondent adopted 97

6. When were you born?

<input type="text"/>	<input type="text"/>	<input type="text"/>
(Month)	(Day)	(Year)

35 40

7. **WHITE CARDS ONLY**

In what month and year was your mother born?

<input type="text"/>	<input type="text"/>
(Month)	(Year)

41 42

Don't know 98

* 8. And Mr. (NAME OF LAST HUSBAND). How many babies were born to his mother altogether, including any who died after birth?

43 44

(Number of Babies Born)

IF VOLUNTEERED: Last husband adopted . . 97

* 9. When was Mr. (LAST HUSBAND) born?

<input type="text"/>	<input type="text"/>	<input type="text"/>
(Month)	(Day)	(Year)

45 50

* 10. Had you ever been married before your last marriage?

Yes . . (ASK A) . 1 } RECALL
No 2 } CHART (A)

51

A. IF YES: Including your last marriage, how many times have you been married?

(Number of Times)

52

11. OMITTED.

53 59/R

ASK Q'S 12-15 FOR EACH MARRIAGE BEFORE GOING ON TO NEXT MARRIAGE.

*12. When were you married the (1st/2nd/3rd, etc.) time? CHECK BOX BELOW DATE IF INFORMAL UNION	*13. How did that marriage end? (READ CATEGORY IF NECESSARY)			*14. IF DIVORCE OR ANNULMENT: What was the date of your (divorce/annulment)?		*15. IF DIVORCE, ANNULMENT, OR SEPARATION: When did you and your (1st/2nd/etc.) husband stop living together?	
	Di- vorce/ Annul- ment	Separ- ation (SKIP TO Q.15)	Death of Hus- band	(MONTH)	(YEAR)	(MONTH)	(YEAR)
<input type="text"/> <input type="text"/> <input type="text"/> (MONTH DAY YEAR OF 1st MARRIAGE) ^{10 15} INFORMAL <input type="checkbox"/> ¹⁶ RECALL CHART (B)	1	2	3	17	<input type="text"/> <input type="text"/> <input type="text"/> (MONTH) (YEAR) ^{18 21}	<input type="text"/> <input type="text"/> <input type="text"/> (MONTH) (YEAR) ^{22 25}	
<input type="text"/> <input type="text"/> <input type="text"/> (MONTH DAY YEAR OF 2nd MARRIAGE) ^{26 31} INFORMAL <input type="checkbox"/> ³²	1	2	3	33	<input type="text"/> <input type="text"/> <input type="text"/> (MONTH) (YEAR) ^{34 37}	<input type="text"/> <input type="text"/> <input type="text"/> (MONTH) (YEAR) ^{38 41}	
<input type="text"/> <input type="text"/> <input type="text"/> (MONTH DAY YEAR OF 3rd MARRIAGE) ^{42 47} INFORMAL <input type="checkbox"/> ⁴⁸	1	2	3	49	<input type="text"/> <input type="text"/> <input type="text"/> (MONTH) (YEAR) ^{50 53}	<input type="text"/> <input type="text"/> <input type="text"/> (MONTH) (YEAR) ^{54 57}	
<input type="text"/> <input type="text"/> <input type="text"/> (MONTH DAY YEAR OF 4th MARRIAGE) ^{58 63} INFORMAL <input type="checkbox"/> ⁶⁴	1	2	3	65	<input type="text"/> <input type="text"/> <input type="text"/> (MONTH) (YEAR) ^{66 69}	<input type="text"/> <input type="text"/> <input type="text"/> (MONTH) (YEAR) ^{70 73}	

IF MORE THAN FOUR MARRIAGES, GO TO CONTINUATION BOOKLET, PAGE 3.

DECK 1 CONTINUED

* 16. ASK ONLY IF SEPARATED; OTHERWISE SKIP TO Q. 17.

Do you expect to get a divorce or annulment that will permit you to marry again?

Yes . (GO TO Q. 17) . 1 60
 No . . (ASK A) . . . 2
 Don't know (ASK A) . 8

A. IF NO OR DON'T KNOW: Do you expect that you and your husband will get together again?

Yes . . [ASK (1)] 1 61
 No . (SKIP TO SECTION II) . . . 2
 Don't know (SKIP TO SECTION II) 8 } RECALL CHART (J)

(1) IF YES TO A:
 When do you expect that will be?

SKIP TO SECTION II 62 65
 (MONTH) (YEAR)
 Don't know 98

17. IF WIDOWED, DIVORCED, ANNULLED, NEVER MARRIED, OR YES TO Q. 16:
 Do you expect to marry (again)?

Yes (ASK A) 1 } RECALL ⁶⁶
 No . (SKIP TO SECTION II) . . . 2 } CHART (J)
 Don't know (ASK B) 8

A. IF YES: Do you have an idea when you will (re)marry?

Yes . . . [ASK (1)] 1 67
 No . (SKIP TO SECTION II) . . . 2

(1) IF YES TO A:
 When do you think it might be?

68 71
 (MONTH) (YEAR)

B. IF DON'T KNOW: Well, is it more likely that you will or won't (re)marry?

Will 1 } RECALL ⁷²
 Won't 2 } CHART (J)
 Don't know 8

SECTION II

In a study of family growth in this country, one of the most important things is knowing some basic facts about pregnancies and births that women have.

18. Have you had a baby born to you at any time? Yes . . . (ASK A) 1 10 No . (SKIP TO Q. 21) . . 2

A. IF YES: Altogether, how many babies have you had born to you, including any who died very young? (Number of live births) [] Recall Chart (C)

19. Now I'd like to get some information about (each of) your (baby/babies).

(ASK A-F FOR EACH LIVE BIRTH.)

Table with 3 columns: FIRST CHILD, SECOND CHILD, THIRD CHILD. Rows include: A. When was your (first, second, etc.) child born? B. What did you name the baby? C. Was that baby a boy or a girl? D. How much did (CHILD) weigh at birth? E. IF NOT LISTED IN HOUSEHOLD, ASK: I do not have (CHILD) listed in the household. Is (he/she) still living? F. IF (CHILD) LIVED WITH MOTHER AT LEAST TWO MONTHS, ASK: (1) When (CHILD) was an infant, did you breastfeed (him/her) at all? (2) How many weeks old was (he/she) when you quit breastfeeding (him/her) altogether?

20. Sometimes we miss a baby who died shortly after birth or never lived at home. Have we listed all your babies now? Yes 1 No . (ASK A) . . . 2

A. IF NO: How many did we miss? []

GO BACK TO Q. 19 AND ASK A-F FOR EACH BABY MISSED? ENTER INFORMATION ABOUT MISSED BABIES AND INDICATE PROPER BIRTH ORDER BY ARROW ON BIRTH AND PREGNANCY RECORD AND IN COLUMNS ABOVE.

KEYPUNCH:
GO TO PAGE 6

BEGIN DECKS 41

6 7

FOURTH CHILD	FIFTH CHILD	SIXTH CHILD	SEVENTH CHILD	EIGHTH CHILD	NINTH CHILD 10 11
.....					
Boy 1 Girl 2	Boy 1 Girl 2	Boy 1 Girl 2	Boy 1 Girl 2	Boy 1 Girl 2	Boy 1 Girl 2 12
Lb ___ Oz ___	Lb ___ Oz ___	Lb ___ Oz ___	Lb ___ Oz ___	Lb ___ Oz ___	Lb ___ Oz ___ 13 16
More 1 5½ or less . 2 Don't know . 8	More 1 5½ or less . 2 Don't know . 8	More 1 5½ or less . 2 Don't know . 8	More 1 5½ or less . 2 Don't know . 8	More 1 5½ or less . 2 Don't know . 8	More 1 17 5½ or less . 2 Don't know . 8
Yes[ASK(1)]. 1 No [ASK(4)]. 2	Yes[ASK(1)]. 1 No [ASK(4)]. 2	Yes[ASK(1)]. 1 No [ASK(4)]. 2	Yes[ASK(1)]. 1 No [ASK(4)]. 2	Yes[ASK(1)]. 1 No [ASK(4)]. 2	Yes[ASK(1)]. 1 18 No [ASK(4)]. 2
Lives here . 1 Lives some- where else. 2 [ASK(2)&(3)]	Lives here . 1 Lives some- where else. 2 [ASK(2)&(3)]	Lives here . 1 Lives some- where else. 2 [ASK(2)&(3)]	Lives here . 1 Lives some- where else. 2 [ASK(2)&(3)]	Lives here . 1 Lives some- where else. 2 [ASK(2)&(3)]	Lives here. 1 19 Lives some- where else. 2 [ASK(2)&(3)]
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Yr. 20- 23
. 1 2 3 4 _____ 5	. . . . . 1 2 3 4 _____ 5	. . . . . 1 2 3 4 _____ 5	. . . . . 1 2 3 4 _____ 5	. . . . . 1 2 3 4 _____ 5	. . . . . 1 24 2 3 4 _____ 5
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Yr. 25- 28
Yes[ASK(2)]. 1 No 2	Yes[ASK(2)]. 1 No 2	Yes[ASK(2)]. 1 No 2	Yes[ASK(2)]. 1 No 2	Yes[ASK(2)]. 1 No 2	Yes[ASK(2)]. 1 29 No 2
<input type="text"/> <input type="text"/> Weeks	<input type="text"/> <input type="text"/> Weeks	<input type="text"/> <input type="text"/> Weeks	<input type="text"/> <input type="text"/> Weeks	<input type="text"/> <input type="text"/> Weeks	<input type="text"/> <input type="text"/> Weeks 30- 31
. 97 98	. . . . . 97 98	. . . . . 97 98	. . . . . 97 98	. . . . . 97 98	. . . . . 97 98

IF MORE THAN
9 LIVE BIRTHS,
GO TO CONTINUA-
TION BOOKLET,
PAGE 4.

(P)

21. Are your monthly menstrual periods regular--that is, about the same number of days between each period?
- Yes 1 13
 - No 2
 - No periods -- operation/menopause . . 3
 - Never had period. ("No" AT (E) & (F) ON RECALL CHART & SKIP TO Q. 28) . 4

22. What was the date your last normal period began?

<table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p style="text-align: center; font-size: small;">Month</p>			<table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p style="text-align: center; font-size: small;">Day</p>			<table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p style="text-align: center; font-size: small;">Year</p>		

(IF LESS THAN ONE MONTH AGO:
CODE "No" TO Q. 23 & RECALL CHART (E); 14 19
THEN SKIP TO INTRO. FOR Q'S 24-26.)

IF "operation/menopause" TO Q. 21,
ENTER YEAR ON RECALL CHART (E) &
SKIP TO INTRODUCTION FOR Q'S 24-26.

23. Are you pregnant now?

- Yes (ASK A) . . 1 } RECALL 20
- No 2 } CHART
- Don't know . . (ASK B) . . 8 } (E)

A. IF YES: When do you expect the baby to be born? ENTER DATE ON LAST LINE OF COLUMN Y ON BIRTH AND PREGNANCY RECORD.

- B. IF DON'T KNOW: Well, do you think you probably are pregnant or not?
- Probably am . . (ASK C) . . 1 } RECALL 21
 - Probably not 2 } CHART
- (E)

C. IF PROBABLY PREGNANT: If you are pregnant, when do you think the baby will be born? ENTER DATE ON LAST LINE OF COLUMN Y ON BIRTH AND PREGNANCY RECORD.

INTRODUCTION FOR Q'S 24 - 26

Many pregnancies do not end in live births. We are talking with women about all their pregnancies that did not end in live births, including those which ended very early and are easily forgotten. We are not asking whether these pregnancies ended in abortion, miscarriage, or stillbirth.

INTERVIEWER:
SEE RECALL CHART: (C)

"R" HAS HAD

- MORE THAN ONE LIVE BIRTH; GO TO Q. 24.
- ONE LIVE BIRTH: GO TO Q. 25.
- NO LIVE BIRTHS: GO TO Q. 26.

Keypunch:
Go to
page 8

24. MORE THAN ONE LIVE BIRTH (ASK A, B, & C)

- A. Before you were pregnant with (FIRST CHILD) were you pregnant at any time?
ASK FOR EACH INTERVAL
- B. Were you pregnant at any time between (1st and 2nd, 2nd and 3rd, etc.)
- C. (Besides your present pregnancy) have you been pregnant at any time since (LAST CHILD) was born?
- Yes . . [ASK (1)-(3)]
No (CIRCLE 2 IN COL. Z ON BIRTH & PREG. RECORD)
- Yes . . [ASK (1)-(3)]
No (CIRCLE 2 IN COL. Z OF BIRTH & PREG. RECORD, THEN SKIP TO Q.27)

(1) How many times? RECORD BELOW AND CIRCLE 1 IN COL. Z ON SEPARATE LINE IN PROPER BIRTH INTERVAL FOR EACH PREGNANCY LOSS. ASK (2) AND (3) FOR EACH.

Before 1st	1st-2nd	2nd-3rd	3rd-4th	4th-5th	5th-6th	6th-7th	7th-8th	8th-9th	Since last

- (2) When did that pregnancy end? ENTER DATE IN COL. Y IN PROPER BIRTH INTERVAL.
- (3) How many months were you pregnant at that time? ENTER # OF MOS. IN COL. Z IN PROPER BIRTH INTERVAL AND PROCEED TO NEXT PREGNANCY OR NEXT BIRTH INTERVAL.

IF MORE THAN NINE LIVE BIRTHS
GO TO CONTINUATION BOOKLET, PAGE 6.

AFTER LAST PREGNANCY LOSS, SKIP TO Q. 27

25. ONE LIVE BIRTH (ASK A, THEN ASK B)

- A. Before you were pregnant with (ONLY CHILD) were you pregnant at any time?
Yes . . [ASK (1)-(3)]
No . (CIRCLE 2 IN COL. Z ON BIRTH & PREG. RECORD & ASK B)
- B. (Besides your present pregnancy) have you been pregnant since (ONLY CHILD) was born?
Yes . . [ASK (1)-(3)]
No . (CIRCLE 2 IN COL. Z ON BIRTH & PREG. RECORD & SKIP TO Q. 27)

(1) How many times? RECORD BELOW AND CIRCLE 1 IN COL. Z ON SEPARATE LINE FOR EACH PREGNANCY LOSS, THEN ASK (2) & (3) FOR EACH.

Before	Since
<input type="text"/>	<input type="text"/>

- (2) When did that pregnancy end? ENTER DATE IN COL. Y.
- (3) How many months pregnant were you that time? ENTER # OF MOS. IN COL. Z.

AFTER LAST PREGNANCY LOSS, SKIP TO Q. 27

26. NO LIVE BIRTHS

- A. Have you ever been pregnant (before your present pregnancy)?
Yes (ASK B) 1
No (CIRCLE 2 IN COL. Z ON BIRTH & PREG. RECORD & GO TO Q. 27) 2
- B. How many times? _____ CIRCLE 1 IN COL. Z ON SEPARATE LINE FOR EACH PREGNANCY LOSS, THEN ASK (1) AND (2) FOR EACH.
- (1) When did (that/the 1st/etc.) pregnancy end? ENTER DATE IN COL. Y.
- (2) How many months were you pregnant that time? ENTER # OF MOS. IN COL. Z.

AFTER LAST PREGNANCY LOSS, GO TO Q. 27

REVIEW

27. Now, let me be sure that I have everything recorded correctly.

A. IF ANY LIVE BIRTHS:

Your (first) child (NAME) was born in (YEAR) . . .
and (NAME) was born in (YEAR) . . .
and your youngest child (NAME) was born in (YEAR).

B. IF NO LIVE BIRTHS:

You have had no children.

C. IF ANY PREGNANCY LOSSES:

[Before (FIRST CHILD)] you lost a pregnancy in (YEAR) . . .
Between (FIRST AND SECOND CHILD, ETC.) you lost a pregnancy in (YEAR) . . .
Since (YOUNGEST CHILD) you lost a pregnancy in (YEAR).

D. IF NO PREGNANCY LOSSES:

You have not lost any pregnancies.

E. You (are/are not) pregnant now.

F. Do I have all of that right?

Yes 1
No (REVIEW & CORRECT) . . . 2 } EVER PREGNANT?
RECALL CHART (F)

G. IF ANY PREGNANCIES:

Altogether, then, you have had _____ pregnancies (counting this one),
(TOTAL NO.) 22 23
and _____ of these ended in live births.
(NO.) 24 25

H. IF ANY MULTIPLE BIRTHS:

That is, you have had _____ children altogether.
(NO.) 26 27

INTERVIEWER: WERE ANY CHANGES MADE AS A RESULT OF THIS REVIEW?

Yes 1 28
No 2

R HAS ANY OF HER OWN CHILDREN IN HOUSEHOLD? YES OR NO ON RECALL CHART (D)

*28. (In addition to the children born to you) has your husband had any children whom you are bringing up or have brought up?

Yes (ASK A) 1 29
No 2

A. IF YES: How many children is that?

NUMBER OF HUSBAND'S CHILDREN: _____ 30 31

29. Have you adopted any children?

Yes (ASK A) 1 32
No 2

A. IF YES: How many children have you adopted?

NUMBER OF CHILDREN ADOPTED: _____ 33 34

SECTION III

We are talking with women about their uses of family planning methods, if any, and how this has affected the number and timing of their pregnancies.

HAND CARD 1

This card lists both old and new methods men and women use to plan their families. Please look it over carefully before I go on with my questions.

INTERVIEWER:

CHECK

- IF R NEVER PREGNANT, SKIP TO Q. 50, PAGE 14.
- IF FIRST PREGNANCY ENDED BEFORE JULY 1, 1970, START WITH INTERVIEWER INSTRUCTIONS AT TOP OF PAGE 10; THEN Q. 30.
- IF FIRST PREGNANCY ENDED SINCE JULY 1, 1970, OR IS A CURRENT PREGNANCY, FOLLOW INSTRUCTIONS BELOW:

FILL IN TOP OF INTERVAL COLUMNS ON PAGE 13
FROM INFO IN COLS. Y & Z OF BIRTH & PREG. RECORD;
THEN START AT TOP OF PAGE 12.

(IF MORE THAN FOUR INTERVALS AFTER JULY 1, 1970,
FILL IN COLUMNS IN CONTINUATION BOOKLET, PAGE 10.)

NOTE: IF RESPONDENT VOLUNTEERS AT ANY POINT IN THIS SECTION THAT SHE IS "OPPOSED TO OR NEVER USED A METHOD," YOU MAY CODE Q. 30, Q. 37, OR Q. 50 "No" WITHOUT ASKING IN ALL SUBSEQUENT INTERVALS. HOWEVER, BE SURE R HAS READ LIST OF METHODS!

<p>INTERVIEWER: FILL IN TOP OF INTERVAL COLS FROM INFO IN COLS Y & Z OF BIRTH & PREG. RECORD. ENTER ON P. 10 & 11 ONLY DATES/EVENTS FOR INTERVALS ENDING <u>BEFORE</u> JULY 1, 1970. ENTER ON P. 13 ONLY DATES/EVENTS FOR INTERVALS ENDING <u>SINCE</u> JULY 1, 1970, AND FILL IN TOP OF PAGE 14. (IF MORE THAN 7 INTERVALS <u>BEFORE</u> JULY 1, 1970, GO TO CONTINUATION BOOKLET, P. 8)</p>	Before first pregnancy <hr/>				
<p>30. (Before you became pregnant the first time/Between DATES/EVENTS THIS INTERVAL) did you ever use <u>any</u> method to delay or prevent a pregnancy? Yes (CODE <u>1</u> IN BOX I AND ASK A) No . . . (CODE <u>2</u> IN BOX I & GO TO Q. 31)</p> <p>A. <u>IF YES:</u> Had you stopped using all methods before you became pregnant? Yes . . . (CIRCLE 1 & GO TO Q. 31) No . . . (CIRCLE 2 & SKIP TO Q. 32)</p>	BOX I <input style="width: 40px; height: 20px; margin: 10px 0;" type="checkbox"/> Yes No 1 2				
<p>31. Was the reason you (were not/stopped) using any methods because you, yourself, wanted to become pregnant? Yes . . . (CIRCLE 1 & CODE <u>1</u> IN BOX II & SKIP TO Q. 33) No . . . (CIRCLE 2 AND GO TO Q. 32)</p>	Yes No 1 2				
<p>32. At the time you became pregnant (THIS INTERVAL) did you, yourself, actually want to have a(nother) baby at some time? Yes . . (ASK A) Don't know, didn't care . (ASK C) No . (ASK B)</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; padding: 5px;"> <p>A. As you recall, is that how you felt <u>before</u> you became pregnant, or did you come to feel that way later? Before (CODE <u>2</u> IN BOX II & GO TO Q. 33) Later (CODE <u>3</u> IN BOX II & GO TO Q. 33)</p> </td> <td style="width:50%; border: none; padding: 5px;"> <p>B. As you recall, is that how you felt <u>before</u> you became pregnant, or did you come to feel that way later? Before (CODE <u>4</u> IN BOX II & CODE <u>5</u> IN BOX III & SKIP TO Q. 34) Later (CODE <u>5</u> IN BOX II & CODE <u>6</u> IN BOX III & SKIP TO Q. 34)</p> </td> </tr> </table> <hr style="border-top: 1px dashed black;"/> <p>C. It is sometimes difficult to recall these things, but as you look back to <u>just before</u> that pregnancy began, would you say you probably wanted a(nother) baby some time or probably not? Probably yes. (CODE <u>6</u> IN BOX II & GO TO Q. 33) Probably no . (CODE <u>7</u> IN BOX II & III & SKIP TO Q. 34) Don't know. . (CODE <u>8</u> IN BOX II & III & SKIP TO Q. 34)</p>	<p>A. As you recall, is that how you felt <u>before</u> you became pregnant, or did you come to feel that way later? Before (CODE <u>2</u> IN BOX II & GO TO Q. 33) Later (CODE <u>3</u> IN BOX II & GO TO Q. 33)</p>	<p>B. As you recall, is that how you felt <u>before</u> you became pregnant, or did you come to feel that way later? Before (CODE <u>4</u> IN BOX II & CODE <u>5</u> IN BOX III & SKIP TO Q. 34) Later (CODE <u>5</u> IN BOX II & CODE <u>6</u> IN BOX III & SKIP TO Q. 34)</p>	BOX II <input style="width: 40px; height: 20px; margin: 10px 0;" type="checkbox"/>		
<p>A. As you recall, is that how you felt <u>before</u> you became pregnant, or did you come to feel that way later? Before (CODE <u>2</u> IN BOX II & GO TO Q. 33) Later (CODE <u>3</u> IN BOX II & GO TO Q. 33)</p>	<p>B. As you recall, is that how you felt <u>before</u> you became pregnant, or did you come to feel that way later? Before (CODE <u>4</u> IN BOX II & CODE <u>5</u> IN BOX III & SKIP TO Q. 34) Later (CODE <u>5</u> IN BOX II & CODE <u>6</u> IN BOX III & SKIP TO Q. 34)</p>				
<p>33. (IF PREGNANCY LOSS, CODE <u>1</u> IN BOX III AND GO TO Q. 34) <u>ASK ONLY FOR LIVE BIRTHS:</u> Did you become pregnant sooner than you actually wanted, later than you actually wanted, or just about the right time? Sooner (CODE <u>2</u> IN BOX III & ASK A) Right time (CODE <u>4</u> IN BOX III) Later (CODE <u>3</u> IN BOX III & ASK B)</p> <hr style="border-top: 1px dashed black;"/> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; padding: 5px;"> <p>A. How much later did you want to become pregnant? (ENTER # OF MOS. IN INTERVAL COLUMN.)</p> </td> <td style="width:50%; border: none; padding: 5px;"> <p>B. How much sooner did you want to become pregnant? (ENTER # OF MOS. IN INTERVAL COLUMN.)</p> </td> </tr> </table>	<p>A. How much later did you want to become pregnant? (ENTER # OF MOS. IN INTERVAL COLUMN.)</p>	<p>B. How much sooner did you want to become pregnant? (ENTER # OF MOS. IN INTERVAL COLUMN.)</p>	BOX III <input style="width: 40px; height: 20px; margin: 10px 0;" type="checkbox"/> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; padding: 5px;"> 33A. # Mos. </td> <td style="width:50%; border: none; padding: 5px;"> 33B. # Mos. </td> </tr> </table>	33A. # Mos.	33B. # Mos.
<p>A. How much later did you want to become pregnant? (ENTER # OF MOS. IN INTERVAL COLUMN.)</p>	<p>B. How much sooner did you want to become pregnant? (ENTER # OF MOS. IN INTERVAL COLUMN.)</p>				
33A. # Mos.	33B. # Mos.				
<p>*34. (IF BEFORE LAST LIVE BIRTH, CODE <u>2</u> IN BOX IV & SKIP TO INSTR. BELOW Q. 35.) <u>ASK ONLY FOR LAST LIVE BIRTH AND SUBSEQUENT PREG. LOSSES:</u> And what about your husband at the time you became pregnant (THIS INTERVAL), did he want you to have a(nother) baby at some time? Yes (CIRCLE 1 & GO TO Q. 35) No (CIRCLE 2 & CODE <u>3</u> IN BOX IV & SKIP TO INSTR. BELOW Q. 35) Don't know (CIRCLE 8 & CODE <u>8</u> IN BOX IV & SKIP TO INSTR. BELOW Q. 35) R not married at time became pregnant . (CIRCLE 7 & CODE <u>7</u> IN BOX IV & SKIP TO INSTR. BELOW Q.35)</p>	Yes No DK NM 1 2 8 7				
<p>*35. (IF PREG. LOSS SINCE LAST LIVE BIRTH, CODE <u>1</u> IN BOX IV & GO TO INSTR. BELOW Q.35) <u>ASK ONLY FOR LAST LIVE BIRTH:</u> Did you become pregnant sooner than he wanted, later than he wanted, or just about the right time? Sooner. (CODE <u>4</u> IN BOX IV) Later. (CODE <u>5</u> IN BOX IV) Right time. (CODE <u>6</u> IN BOX IV) Don't know . . . (CODE <u>8</u> IN BOX IV)</p>	BOX IV <input style="width: 40px; height: 20px; margin: 10px 0;" type="checkbox"/>				

INTERVIEWER INSTRUCTIONS:

IF NEXT PREGNANCY ENDED BEFORE JULY 1, 1970, GO BACK TO Q. 30, NEXT INTERVAL.
 IF NEXT PREGNANCY ENDED SINCE JULY 1, 1970, GO TO PAGE 12.
 IF NO ADDITIONAL PREGNANCIES, GO TO PAGE 14.

For pregnancies ending in the last three years, we are talking with women about particular methods of family planning they have used, if any, and about other matters which affect the timing of their pregnancies. Please look again at the card.

36. DO NOT ASK FOR INTERVAL BEFORE FIRST PREGNANCY. Between (DATES/EVENTS THIS INTERVAL), were there any periods of one month or more in which you were not having intercourse-- such as after your pregnancy ended, when one of you was away, sick, or for some other reason?

Yes . . . (ASK A) No . . (CIRCLE 2 IN APPROPRIATE INTERVAL COL.)

A. What months & year were those? PROBE: What other months? ENTER MO. & YR. IN INTERVAL COL.

37. (Before you became pregnant the first time/Between DATES/EVENTS THIS INTERVAL) did you ever use any method to delay or prevent a pregnancy?

Yes . . . (CODE 1 IN BOX I & GO TO Q. 38) No . (CODE 2 IN BOX I & SKIP TO Q. 42)

38. Starting with the first method used during this time, please tell me all methods in the order you used them. (INTERVIEWER: DO NOT COUNT METHODS USED FOR LESS THAN ONE MONTH.)

PROBE: What other methods?

IF MORE THAN ONE METHOD: Did you use any of these together? (IF YES, CIRCLE METHODS USED TOGETHER AND TREAT AS SINGLE METHOD.)

39. In what month and year did you start to use (METHOD)? ENTER MONTH & YEAR IN APPROPRIATE INTERVAL COLUMN.

40. While you were using (METHOD) were there some times when you skipped using any method at all? Yes . . . (ASK A) No . . (CIRCLE 1 IN INTERVAL COLUMN)

A. Would you say you skipped using (METHOD) often, sometimes, or only once or twice? Often . . (CIRCLE 2) Sometimes . . (CIRCLE 3) Only once or twice . (CIRCLE 4)

41. In what month and year did you stop using (METHOD)? ENTER MONTH AND YEAR IN APPROPRIATE INTERVAL COLUMN.

IF LAST METHOD, CONTINUE; OTHERWISE GO BACK TO Q. 39 FOR NEXT METHOD.

42. In what month and year did you become pregnant? ENTER MONTH & YEAR IN APPROPRIATE INTERVAL COLUMN.

IF NO METHOD THIS INTERVAL, SKIP TO Q. 44.

IF PREGNANCY BEGAN AFTER LAST METHOD STOPPED, SKIP TO Q. 44. BEFORE LAST METHOD STOPPED, SKIP TO Q. 45. IN SAME MONTH LAST METHOD STOPPED, CONTINUE WITH Q. 43.

43. Had you stopped using (METHOD) before you became pregnant? Yes . . . (CIRCLE 1 & GO TO Q. 44) No . . (CIRCLE 2 & SKIP TO Q. 45)

44. Was the reason you (were not/stopped) using any methods because you, yourself, wanted to become pregnant? Yes . (CIRCLE 1 & CODE 1 IN BOX II & SKIP TO Q. 46) No . (CIRCLE 2 & GO TO Q. 45)

45. At the time you became pregnant (THIS INTERVAL) did you, yourself, actually want to have a(nother) baby at some time? Yes . . . (ASK A) Don't know, didn't care . . (ASK C) No . . (ASK B)

A. As you recall, is that how you felt before you became pregnant, or did you come to feel that way later? B. As you recall, is that how you felt before you became pregnant, or did you come to feel that way later? Before (CODE 2 IN BOX II & GO TO Q. 46) Later (CODE 3 IN BOX II & GO TO Q. 46) Before (CODE 4 IN BOX II & CODE 5 IN BOX III & SKIP TO Q. 47) Later (CODE 5 IN BOX II & CODE 6 IN BOX III & SKIP TO Q. 47)

C. It is sometimes difficult to recall these things, but as you look back to just before that pregnancy began, would you say you probably wanted a(nother) baby some time or probably not? Probably yes. (CODE 6 IN BOX II & GO TO Q. 46) Probably no . (CODE 7) Don't know . (CODE 8) IN BOX II & III & SKIP TO Q. 47

46. (IF PREGNANCY LOSS, CODE 1 IN BOX III AND GO TO Q. 47) ASK ONLY FOR LIVE BIRTHS & CURRENT PREGNANCY: Did you become pregnant sooner than you actually wanted, later than you actually wanted, or just about the right time?

Sooner (CODE 2 IN BOX III & ASK A) Right time (CODE 4 IN BOX III) Later (CODE 3 IN BOX III & ASK B)

A. How much later did you want to become pregnant? ENTER # OF MONTHS IN INTERVAL COLUMN. B. How much sooner did you want to become pregnant? ENTER # OF MONTHS IN INTERVAL COLUMN.

*47. And what about your husband at the time you became pregnant (THIS INTERVAL), did he want you to have a(nother) baby at some time? Yes . . . (CIRCLE 1 & GO TO Q. 48) No . . . (CIRCLE 2 & CODE 3 IN BOX IV & SKIP TO INSTR. BELOW Q. 48) Don't know (CIRCLE 8 & CODE 8 IN BOX IV & SKIP TO INSTR. BELOW Q. 48) R not married at time became pregnant . (CIRCLE 7 & CODE 7 IN BOX IV & SKIP TO INSTR. BELOW Q. 48)

*48. (IF PREGNANCY LOSS, CODE 1 IN BOX IV AND GO TO INSTRUCTION BELOW Q. 48) ASK ONLY FOR LIVE BIRTH & CURRENT PREGNANCY: Did you become pregnant sooner than he wanted, later than he wanted, or just about the right time? Sooner . (CODE 4 IN BOX IV) Later . (CODE 5 IN BOX IV) Right time . (CODE 6 IN BOX IV) Don't know . . . (CODE 8 IN BOX IV)

INTERVALS ENDING SINCE JULY 1, 1970

Betwn: _____ & _____ or before 1st pregnancy		Between: _____ And: _____		Between: _____ And: _____		Between: _____ And: _____		6 7
Month(s)/Year(s) _____ _____ _____	No 2	Month(s)/Year(s) _____ _____ _____	No 2	Month(s)/Year(s) _____ _____ _____	No 2	Month(s)/Year(s) _____ _____ _____	No 2	8 9
BOX I <input type="checkbox"/>		BOX I <input type="checkbox"/>		BOX I <input type="checkbox"/>		BOX I <input type="checkbox"/>		10
1st (METHOD SYMBOL)	2nd	3rd	4th	1st (METHOD SYMBOL)	2nd	3rd	4th	11- 14
<input type="checkbox"/> Mo. <input type="checkbox"/> Yr.	<input type="checkbox"/> Mo. <input type="checkbox"/> Yr.	<input type="checkbox"/> Mo. <input type="checkbox"/> Yr.	<input type="checkbox"/> Mo. <input type="checkbox"/> Yr.	<input type="checkbox"/> Mo. <input type="checkbox"/> Yr.	<input type="checkbox"/> Mo. <input type="checkbox"/> Yr.	<input type="checkbox"/> Mo. <input type="checkbox"/> Yr.	<input type="checkbox"/> Mo. <input type="checkbox"/> Yr.	15- 22 23- 30
1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	31- 34
<input type="checkbox"/> Mo. <input type="checkbox"/> Yr.	<input type="checkbox"/> Mo. <input type="checkbox"/> Yr.	<input type="checkbox"/> Mo. <input type="checkbox"/> Yr.	<input type="checkbox"/> Mo. <input type="checkbox"/> Yr.	<input type="checkbox"/> Mo. <input type="checkbox"/> Yr.	<input type="checkbox"/> Mo. <input type="checkbox"/> Yr.	<input type="checkbox"/> Mo. <input type="checkbox"/> Yr.	<input type="checkbox"/> Mo. <input type="checkbox"/> Yr.	35- 42 43- 50
<input type="checkbox"/> <input type="checkbox"/> Month Year		<input type="checkbox"/> <input type="checkbox"/> Month Year		<input type="checkbox"/> <input type="checkbox"/> Month Year		<input type="checkbox"/> <input type="checkbox"/> Month Year		51 55/R
Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	56- 59
Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	Yes 1	No 2	60 61
BOX II <input type="checkbox"/>		BOX II <input type="checkbox"/>		BOX II <input type="checkbox"/>		BOX II <input type="checkbox"/>		62
BOX III <input type="checkbox"/>		BOX III <input type="checkbox"/>		BOX III <input type="checkbox"/>		BOX III <input type="checkbox"/>		63
46A. # Mos.	46B. # Mos.	46A. # Mos.	46B. # Mos.	46A. # Mos.	46B. # Mos.	46A. # Mos.	46B. # Mos.	64- 65
Yes 1	No 2	DK 8	NM 7	Yes 1	No 2	DK 8	NM 7	66
BOX IV <input type="checkbox"/>		BOX IV <input type="checkbox"/>		BOX IV <input type="checkbox"/>		BOX IV <input type="checkbox"/>		67

OPEN INTERVAL

CURRENTLY PREGNANT: CHECK AND SKIP TO Q. 56.

IF NO PREGNANCIES SINCE JULY 1, 1970, READ: We are talking with women about particular methods of family planning they have used during the last three years. Please look again at the card.

CHECK RESPONDENT: OPEN INTERVAL BEGINS:

- NEVER PREGNANT
- LAST EVENT ENDED BEFORE JULY 1, 1970 } JULY 1, 1970 TO: PRESENT
- LAST EVENT ENDED SINCE JULY 1, 1970 → _____ (DATE/NAME) LAST EVENT SINCE JULY 1, 1970

6 7/88

49. DO NOT ASK IF NEVER PREGNANT. Since (your last pregnancy/July 1, 1970) have there been any periods of one month or more in which you were not having intercourse such as (after your pregnancy ended) when you were sick or for some other reason?

Yes.. (ASK A) No.. (CIRCLE 2)

A. IF YES: What months and years were those? (ENTER MOS/YRS IN OPEN INTERVAL COL. & "Z" IN 3-YR. CHART)

Month(s)/Year(s)	No
	2
	8 9/R

IF NO INTERCOURSE FOR ENTIRE OPEN INTERVAL, SKIP TO Q. 56.

50. Since (your last pregnancy/July, 1970), did you ever use any method to delay or prevent a pregnancy?

Yes. (CODE 1 IN BOX I) No. (CODE 2 IN BOX I, RECALL CHART (H) AND SKIP TO Q. 56)

10

51. Starting with the first method used during this time, please tell me all methods in the order that you used them. (INTERVIEWER: DO NOT COUNT METHODS USED FOR LESS THAN ONE MONTH.)

PROBE: What other methods?
IF MORE THAN ONE METHOD: Did you use any of these together? (IF YES, CIRCLE METHODS USED TOGETHER AND TREAT AS SINGLE METHOD.)

1st	2nd	3rd	4th	
(METHOD | SYMBOL)				
				11- 14

52. In what month and year did you start to use (METHOD)? ENTER MONTH AND YEAR.

IF R OR HUSB. STERILIZATION OPERATION, SKIP TO Q.56

Mo	Mo	Mo	Mo	
Yr	Yr	Yr	Yr	15- 22 23- 30

53. While you were using (METHOD) during this time, were there some times when you skipped using any method at all?

Yes.. (ASK A) No .. (CIRCLE 1)

A. Would you say you skipped using (METHOD) often, sometimes, or only once or twice?
Often.. (CIRCLE 2) Sometimes.. (CIRCLE 3)
Only once or twice.. (CIRCLE 4)

IF LAST METHOD, SKIP TO Q. 55; OTHERWISE CONTINUE WITH Q. 54.

	1	2	3	4	
1	1	1	1	1	31- 34
2	2	2	2	2	
3	3	3	3	3	
4	4	4	4	4	

54. In what month and year did you stop using (METHOD)?

GO BACK TO Q. 52 FOR NEXT METHOD.

Mo	Mo	Mo	Mo	
Yr	Yr	Yr	Yr	35- 42 43- 50

55. LAST METHOD THIS INTERVAL, ASK: Have you stopped using (METHOD)?

Yes . . (CIRCLE 3 AND ASK A) RECALL CHART (H)
No . . (CIRCLE 4 AND GO TO Q. 56)

Yes	No	
3	4	51

A. In what month and year did you stop using (METHOD)? ENTER MONTH AND YEAR AND GO TO Q. 56.

Mo	Mo	Mo	Mo	
Yr	Yr	Yr	Yr	52 55 56 67/R

56. Now let me review the past three years with you - month by month - to be sure I have recorded the information correctly.

PROCEDURE FOR 3 YEAR CHART

REFERRING TO INTERVAL PAGES, ENTER DATA ON 3 YEAR CHART FOR PERIOD SINCE JULY 1, 1970 TO THE PRESENT.

READ THE ENTRIES TO THE RESPONDENT AS YOU RECORD THEM TO GIVE HER A CHANCE TO MAKE ADDITIONS OR CORRECTIONS.

EACH MONTH MUST HAVE A SYMBOL.

ENTER SYMBOLS IN BEGINNING AND ENDING MONTHS FOR EACH METHOD AND PERIOD. THEN DRAW A CONNECTING LINE BETWEEN THEM.

- ENTER PERIODS OF PREGNANCY -- V
- ENTER PERIODS OF NO INTERCOURSE -- Z
- ENTER PERIODS OF USE FOR EACH METHOD -- A-W
- ENTER PERIODS OF NO METHOD -- 0
- ENTER X IN ALL MONTHS WHICH HAVE NOT OCCURRED

IF A CORRECTION IS MADE TO THE 3-YEAR CHART, BE SURE TO CORRECT THE CORRESPONDING INTERVAL COLUMNS, IF APPROPRIATE.

SECTION IV

IF R HAS ALREADY MENTIONED HER STERILITY, CHECK AND SKIP TO Q. 59.

10

We are talking with women about children they may have in the future, as well as about those they already have. For the moment we are talking only about babies who may be born to you.

57. Some women find it difficult to have children. Do you have any reason to believe it would be difficult or impossible for you to have a(nother) baby (after this one)?

Yes 1 11

No (SKIP TO Q. 60) . 2

58. Have you talked with a doctor about this?

Yes . . (ASK A) 1 No . . (ASK B) 2 12

A. What did the doctor say?

B. Why do you think it would be difficult or impossible?

RECORD VERBATIM AND CODE CATEGORY CLOSEST TO RESPONDENT'S RESPONSE

13 14

- "R" has had an operation(GO TO Q. 59) . 02
- Impossible due to accident(GO TO Q. 59) . 03
- "R" sterile for other reasons(GO TO Q. 59) . 04
- "R" has reached menopause (SKIP TO Q. 65) . 05
- It is difficult for "R" to carry baby the full nine months(SKIP TO Q. 60) . 06
- There is a physical difficulty getting pregnant, but no danger(SKIP TO Q. 60) . 07
- "R" has difficulty getting pregnant but reason is unknown(SKIP TO Q. 60) . 09
- There is a non-medical/non-physical reason(SKIP TO Q. 60) . 10
- It would be dangerous for "R" to become pregnant (again)(SKIP TO Q. 60) . 11
- It would be dangerous for the baby(SKIP TO Q. 60) . 12

59.

A	B	C
(IF "Sterile--unspecified" OR "Accident or illness," CODE 7 OR 8 WITHOUT ASKING & GO TO B) ----- What kind of operation was it?	CHOOSE APPROPRIATE QUESTION (1) When was the operation done? (2) When did the accident occur? (3) When did you learn you were sterile?	ASK FOR OPERATIONS Was the operation done at least partly so that you would not have any (more) children?
		Yes | No
Removal of one ovary (Ovariectomy) 1 ¹⁵	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Month) (Year) ^{16 19}	1 2 ²⁰
Removal of both ovaries (Ovariectomy) 2 *	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Month) (Year)	1 2 (SKIP TO Q. 65)
One tube tied (tubal ligation) or removed . . . 3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Month) (Year)	1 2
Both tubes tied (tubal ligation) or removed . . . 4 *	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Month) (Year)	1 2 (SKIP TO Q. 65)
Removal of uterus (hysterectomy) 5 *	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Month) (Year)	1 2 (SKIP TO Q. 65)
Accident or illness 7 *	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Month) (Year)	..... (SKIP TO Q. 65)
Sterile--unspecified 8 *	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Month) (Year)	..... (SKIP TO Q. 65)

* = STERILE (MONTH AND YEAR AT Ⓒ ON RECALL CHART.)

60. At any time has a medical doctor advised you never to become pregnant (again)?

Yes . . . (ASK A) 1 21
 No . . (SKIP TO Q. 67) 2

A. IF YES: Did he say it would be dangerous for you, and/or for the baby, or was it for some other reason?

Dangerous for R 1 22
 Dangerous for baby 2
 Dangerous for both 3
 Other reason 4

61. When did you talk with the doctor about this? 23 26
 (Month) (Year)

62. Will you have an operation to be sure you don't become pregnant (again)?

Yes . (SKIP TO Q. 65) 1 27
 No 2
 Maybe 3

63. OMITTED. 28/R

64. If you should ever become pregnant (again), will you have the pregnancy ended by a doctor for health or medical reasons?

Yes 1 29
 No . (SKIP TO Q. 67) 2
 Maybe. (SKIP TO Q. 67) 3

65. Even though it is unlikely or impossible for you to have a(nother) baby, would you like to have a(nother) baby (after this one)?

Yes . (SKIP TO Q. 109). 1 30
 No . . (SKIP TO Q. 109). 2

66. OMITTED. 31/R

67. IF R EXPECTS TO REMARRY/GET TOGETHER WITH HUSBAND (SEE RECALL CHART (J)), CONTINUE; OTHERWISE SKIP TO Q. 107.

If [you marry (again)/you and your husband get together again], do you intend to have a(nother) baby?

Yes . (GO TO Q. 68) . 1

Don't Know, Up to God, etc. (SKIP TO Q. 73) . . 8

No . (SKIP TO Q. 71) . 2



68. How many (more) babies do you intend to have?

(NUMBER/RANGE) 11 12
Don't know . (SKIP TO Q. 73) . 98

69. Of course, sometimes things do not work out exactly as we intend them to, or something makes us change our minds. In your case, how sure are you that you will have (NUMBER/RANGE IN Q. 68) (more) babies? Would you say you are very sure or not very sure?

Very sure. .(SKIP TO Q. 97). . 1
Not very sure 2

70. Even though you are not completely sure, still you probably have some idea about how close you will come to the number of babies you now intend to have. As things are likely to work out for you,

A. What is the largest number of (additional) babies you expect to have?

(NUMBER) 14 15
Don't know 98

B. What is the smallest number of (additional) babies you expect to have?

(NUMBER) 16 17
Don't know 98

SKIP TO Q. 97

71. Of course, sometimes things do not work out exactly as we intend them to, or something makes us change our minds. In your case how sure are you that you will have no (more) babies? Would you say you are very sure or not very sure?

Very sure . (SKIP TO Q. 97). . 1
Not very sure 2

72. Even though you are not completely sure, still you probably have some idea about how likely you are to have (more) babies in the future. As things are likely to work out for you,

What is the largest number of (additional) babies you expect to have?

(NUMBER) 19 20
Don't know 98

SKIP TO Q. 97

73. Many people aren't sure, but still have some idea about the future. As things are working out for you,

A. What is the largest number of (additional) babies you expect to have?

(NUMBER) NONE, SKIP TO Q. 97 21 22
Don't know 98

B. What is the smallest number of (additional) babies you expect to have?

(NUMBER) 23 24
Don't know . (SKIP TO Q. 97) . . 98

SECTION V

In this survey, we are also talking with women about where they go for medical services and information about planning their families, and about medical conditions which they have experienced.

IF NEVER PREGNANT, OR CURRENTLY PREGNANT WITH FIRST PREGNANCY, SKIP TO Q. 118. (SEE RECALL CHART (E) AND (F))

112. This card lists some of the places where women go for prenatal care. During your last pregnancy, to which of these places did you go for prenatal care, or did you go to some other place? CODE ONLY ONE.

HAND CARD 2

- Own medical doctor or group of doctors 1 30
A hospital out-patient clinic where they assign a doctor to you 2
A separate clinic which is not in a hospital 3
A midwife 4
Some other place (SPECIFY) 5
No care during pregnancy. (SKIP TO Q. 114) 6

113. This card lists some of the ways in which prenatal care could be paid for. During your last pregnancy, in which of these ways was the care paid for, or was it paid for in some other way? CODE ONLY ONE.

HAND CARD 3

- Your own income only 1 31
Insurance only (which you carry or is carried for you) 2
Own income and insurance 3
Medicaid (Welfare) 4
Other government (such as military) 5
Parents or relatives 6
Some other way (SPECIFY) 7

114. ASK ONLY IF ANY LIVE BIRTHS; OTHERWISE SKIP TO Q. 117 (SEE RECALL CHART (C)) This card lists some of the ways in which hospital bills can be paid. When your (last) baby was born, in which of these ways was the hospital bill paid, or was the bill paid for in some other way? CODE ONLY ONE.

HAND CARD 3

- Your own income only 1 32
Insurance only (which you carry or is carried for you) 2
Own income and insurance 3
Medicaid (Welfare) 4
Other government (such as military) 5
Parents or other relatives 6
Some other way (SPECIFY) 7
No hospital care (SKIP TO Q. 116) 0

115. Did (LAST CHILD) come home from hospital at the same time you did, or did (he/she) stay longer?

- Same time (or before mother). 1 33
Stay longer (or was transferred to another institution). 2

116. Did (LAST CHILD) have to be hospitalized any time during the first year after (he/she) was born?

- Yes 1 34
No 2

117. Other than hospitalization for normal delivery or false labor, have you ever been hospitalized because of pregnancy?

Yes . (ASK A & B) . . . 1 35
 No 2 36

IF YES:

A. How many times? _____

B. In what year were you (first) hospitalized for a complication of pregnancy? 37 38
 (YEAR)

118. Have you ever experienced any of these conditions? READ CONDITIONS SLOWLY AND DISTINCTLY.

A. Diabetes or sugar? Yes . [ASK (1)] . . . 1 39
 No . (GO TO B) . . . 2 40

(1) IF YES TO A: In what year did you first know you had diabetes? 40 41
 (YEAR)

B. High blood pressure when you were not pregnant? Yes . [ASK (1)] . . . 1 42
 No . (GO TO C) . . . 2 43

(1) IF YES TO B: In what year did you first know you had high blood pressure? 43 44
 (YEAR)

C. Anemia or thin blood of any kind when you were not pregnant? Yes [ASK (1) & (2)] 1 45
 No 2 46

IF YES TO C:

(1) In what year did you first know you had anemia? 46 47
 (YEAR)

(2) Did a medical doctor tell you what kind? What did (he/she) say?

Iron-deficiency anemia 1 48
 Cooley's anemia . . . 2
 Sickle cell anemia . . 3
 Other (SPECIFY) . . . 4

Not medically diagnosed, doctor didn't say, don't know . . . 8

* **119.** ASK ONLY IF FIRST MARRIED SINCE JAN. 1968; OTHERWISE, SKIP TO Q. 120 (SEE RECALL CHART (B))

Around the time you were (first) married, did you see a medical doctor in connection with your marriage? Yes . (ASK A-D) . . . 1 49
 No (GO TO Q. 120) . . . 2 50

IF YES:

A. Did you have a pelvic or internal examination at that time? Yes . (GO TO B) . . . 1 50
 No . [ASK (1)] . . . 2 51

(1) IF NO TO A: Have you had a pelvic exam at any time within the last five years? Yes . (GO TO B) . . . 1 51
 No . (GO TO B) . . . 2 52

B. Did you have a Pap smear to test for cancer at the time you saw the doctor in connection with your marriage? Yes . (GO TO C) . . . 1 52
 No . [ASK (1)] . . . 2 53

(1) IF NO TO B: Have you had a Pap smear at any time within the last five years? Yes . (GO TO C) . . . 1 53
 No . (GO TO D) . . . 2 54

C. In what year did you last have a Pap smear? 54 55
 (YEAR)

D. Did the doctor prescribe or talk with you about methods for delaying or preventing a pregnancy? Yes . . . [ASK (1)] 1 56
 No . . . (SKIP TO Q. 121) . . . 2 57

(1) IF YES TO D: Did you bring up the subject or did (he/she)?

Respondent (SKIP TO Q. 122) . . . 1 57
 Doctor . (SKIP TO Q. 122) . . . 2
 Don't remember (SKIP TO Q. 122) 8

120. Have you seen a medical doctor for any reason within the past five years?

- Yes . (ASK A & B) . 1 58
- No 2

IF YES:

A. Have you had a pelvic or internal exam during the past five years?

- Yes 1 59
- No 2

B. Have you had a Pap smear to test for cancer within the past five years?

- Yes . [ASK (1)] . . 1 60
- No 2
- Don't know 8

(1) IF YES TO B: In what year did you last have a Pap smear?

--	--

(YEAR)

61 62

121. IF STERILE BEFORE JAN. 1968, CHECK , AND SKIP TO Q. 129 (SEE RECALL CHART ©); OTHERWISE, CONTINUE.

During the past five years, has a doctor or other trained person prescribed, or talked with you about a method for delaying or preventing pregnancy?

- Yes 1 63
- No (SKIP TO Q.124) 2

122. When was the last time you talked about methods of family planning with a doctor or trained person?

		→	(ASK A)
(MONTH)	(YEAR)		

64 67

A. Where was this? CODE ONLY ONE.

HAND
CARD
4

- Own doctor's office/group of doctors 1
- General medical clinic, hospital outpatient clinic or public health clinic 2
- Family planning clinic or office 3
- While R was in the hospital [ASK (1)] 4
- Somewhere else (SPECIFY AND ASK B) 5

68

(ASK B)

(1) IF WHILE R WAS IN HOSPITAL:

Was this with your regular doctor, a doctor assigned to you, or someone else?

- Regular doctor 1
- Assigned doctor 2
- Someone else (SPECIFY). . 3

69

(ASK B)

B. Did you bring up the subject or did (he/she)?

- Respondent 1
- Trained person 2
- Don't remember, don't know 8

70

123. At that time did the doctor or trained person recommend a change in method or that you start a method?

Yes . . (ASK A-D) . 1 10
No (GO TO Q. 124). 2

IF YES:

A. What method was recommended? (CODE AS MANY AS MENTIONED.)

- Pill A 11
Douche B
Foam C 12
Jelly, Cream, Suppository D
IUD, Coil, Loop E
Condom, Rubber F
Diaphragm G
Diaphragm and Jelly H
Rhythm or safe period - calendar J
Rhythm or safe period - temperature K
Not having intercourse to avoid pregnancy,
abstinence L
Withdrawal, Coitus interruptus M
Operation; sterilization - Wife N
Operation; sterilization - Husband P
Abortion S
Other W

B. Did (he/she) say how effective (METHOD was/METHODS were)?

Yes 1 13
No 2

C. Did (he/she) discuss possible side effects or problems with you?

Yes 1 14
No 2

D. Did (he/she) tell you to return for a check-up in connection with using (METHOD)?

Yes . [ASK (1)] . . 1 15
No 2

(1) IF YES TO D: How soon?

(MONTHS FROM VISIT) 16 17

124. IF R IS: STERILE, OR USING
(SEE- NO METHOD,
RECALL ABSTINENCE,
CHART RHYTHM,
(8 & 1) WITHDRAWAL

} SKIP TO Q. 125; OTHERWISE CONTINUE.

You are now using (METHOD). Where did you go the last time for (METHOD/ supplies)?

- Clinic 1 18
Drugstore 2
Medical doctor 3
Other . (SPECIFY) 4

125. In the past five years, have you talked with a medical doctor or to any other trained person about increasing your chances of having a baby? Yes (ASK A&B) 1 19
 No 2

IF YES:

A When did you last go for help?

(MONTH)		(YEAR)	

20 23

HAND CARD 5

B. On this card are listed some places people go for this kind of help. To which of these places did you go, or did you go someplace else?

Your own medical doctor or group of doctors . . 1 24
 A separate medical clinic not in a hospital . . . 2
 A hospital out-patient clinic 3
 A family counselling service 4
 Somewhere else (SPECIFY) 5

126. IF STERILE BEFORE JULY 1, 1970, CHECK AND SKIP TO Q. 129 (SEE RECALL CHART (G)); OTHERWISE CONTINUE.

In the past three years, have you used a calendar or temperature method of rhythm to increase your chances of becoming pregnant? That is, in order to know the days when you are most likely to become pregnant.

Yes (ASK A) . 1 25
 No 2

A. IF YES: Can you tell me in which months you were trying to become pregnant this way? (IF MORE THAN ONE PREGNANCY ATTEMPTED, ENTER DATES IN APPROPRIATE BOXES.)

	First Time		Second Time					
Started	<input type="text"/>	<input type="text"/>	26 29	<input type="text"/>	<input type="text"/>	34 37		42
	(MONTH)	(YEAR)		(MONTH)	(YEAR)			
Stopped	<input type="text"/>	<input type="text"/>	30 33	<input type="text"/>	<input type="text"/>	38 41		
	(MONTH)	(YEAR)		(MONTH)	(YEAR)			

CHECK IF MORE THAN TWO TIMES

127. In the past three years, have you used the Pill for medical reasons only--not for delaying or preventing pregnancy? Yes (ASK A) . 1 43
 No (GO TO Q. 128) . 2

A. IF YES: Can you tell me when you started and when you stopped using the Pill this way? (IF MORE THAN ONE PERIOD, ENTER DATES IN APPROPRIATE BOXES.)

	First Time		Second Time					
Started	<input type="text"/>	<input type="text"/>	44 47	<input type="text"/>	<input type="text"/>	52 55		60
	(MONTH)	(YEAR)		(MONTH)	(YEAR)			
Stopped	<input type="text"/>	<input type="text"/>	48 51	<input type="text"/>	<input type="text"/>	56 59		
	(MONTH)	(YEAR)		(MONTH)	(YEAR)			

CHECK IF MORE THAN TWO TIMES

128. Do you regularly douche after intercourse? Yes (ASK A) . 1 61
 No 2

A. IF YES: How soon after intercourse do you usually douche? Would you say less than a half hour or more than a half hour? Less than a half hour [ASK (1)] . 1 62
 More than a half hour . . . 2

(1) IF LESS THAN HALF HOUR: In what year did you start to douche regularly after intercourse?

(YEAR)	

63 64

129. IF R. HAS SAID THAT SHE IS OPPOSED TO OR NEVER USED A METHOD, CHECK AND SKIP TO Q. 130; OTHERWISE CONTINUE.

A

CIRCLE "1" FOR LAST (CURRENT) METHOD;
 CIRCLE "2" FOR ALL OTHERS USED.
 (SEE RECALL CHART (1))

[In addition to (METHODS CIRCLED)],
 have you ever used any (other)
 method to delay or prevent a
 pregnancy?

Yes . 2 Which ones? CIRCLE
 No . 3 (GO TO Q. 130)

↓

B

FOR EACH METHOD USED, EXCEPT LAST
 (CURRENT) METHOD, ASK:

You used (METHOD). Why did
 you change to another method? 9

RECORD REASON ON LINE FOR
 THAT METHOD.

Type of Method	Last (Current) Method	Other Methods	Reason
A) Pill	1	2	10 11 12 13
B) Douche	1	2	14 15 16 17
C) Foam	1	2	18 19 20 21
D) Jelly, Cream, Suppository	1	2	22 23 24 25
E) IUD, Coil, Loop	1	2	26 27 28 29
F) Condom, Rubber	1	2	30 31 32 33
G) Diaphragm	1	2	34 35 36 37
H) Diaphragm and Jelly	1	2	38 39 40 41
J) Rhythm - Calendar	1	2	42 43 44 45
K) Rhythm - Temperature	1	2	46 47 48 49
L) Not having intercourse to <u>avoid pregnancy</u> , abstinence	1	2	50 51 52 53
M) Withdrawal	1	2	54 55 56 57
N) Operation: Wife	1	2	.....58 59
P) Operation: Husband	1	2	.....60 61
S) Abortion	1	2	62 63 64 65
W) Other	1	2	66 67 68 69

SECTION VI

130. CODE RACE OF RESPONDENT BY OBSERVATION.

Black	1	10
White	2	
Other	3	

131. These questions are about your family background. When you were growing up, that is, between the ages of 6 and 16, did you live on a farm most of the time? (Half of the time, or more.)

Yes	1	11
No	2	

132. When you were growing up, that is, between the ages of 6 and 16, in what state or foreign country did you live most of the time? (Half of the time, or more.)

REFER TO STATE CODES BELOW AND ENTER CODE NUMBER IN BOX

12 13

IF FOREIGN COUNTRY, ENTER CODE NUMBER IN BOX AND SPECIFY HERE: _____

STATE CODES		
Alabama	63	Louisiana 73
Alaska	94	Maine 11
Arizona	87	Maryland 52
Arkansas	71	Massachusetts 14
California	93	Michigan 34
Colorado	86	Minnesota 41
Connecticut	15	Mississippi 64
Delaware	51	Missouri 43
Washington, D.C.	55	Montana 81
Florida	59	Nebraska 46
Georgia	58	Nevada 84
Hawaii	95	New Hampshire 13
Idaho	82	New Jersey 22
Illinois	32	New Mexico 88
Indiana	33	New York 21
Iowa	42	North Carolina 56
Kansas	47	North Dakota 44
Kentucky	61	Ohio 35
		Oklahoma 72
		Oregon 92
		Pennsylvania 23
		Rhode Island 16
		South Carolina 57
		South Dakota 45
		Tennessee 62
		Texas 74
		Utah 85
		Vermont 12
		Virginia 54
		Washington 91
		West Virginia 53
		Wisconsin 31
		Wyoming 83
		Foreign country 01

133. When you were 14, were you living with both your own mother and your own father?

Yes	1	14
No (ASK A).	2	

A. IF NO: Was that because one or both of them had died, they were divorced, or for some other reason?

One or both died	3	15
They were divorced	4	
Some other reason	5	

134. What is your origin or descent? CODE ALL THAT APPLY.

HAND CARD 6

ORIGIN CODES

German	1 16	Puerto Rican	2	24
Italian	2 17	Cuban	3	25
Irish	3 18	Other Spanish (HISPANO)	4	26
French	4 19	Black, African, Negro	5	27
Polish	5 20	American Indian	6	28
Russian	6 21	Asian -- Chinese, Japanese, etc.	7	29
English, Scot, Welsh	7 22	Other (SPECIFY) _____	1	30
Mexicano, Chicano, Mexican American	1 23	Don't know	8	31

135. What is the highest grade or year of regular school or college you have attended?

REFER TO GRADE CODES AND ENTER CODE NUMBER IN BOX

Two empty boxes for entering code numbers.

32 33

GRADE CODES

No formal schooling 00 (SKIP TO Q. 140)

Elementary:

- 1st grade 01
- 2nd grade 02
- 3rd grade 03
- 4th grade 04
- 5th grade 05
- 6th grade 06
- 7th grade 07
- 8th grade 08

High School:

- 1st year 09
- 2nd year 10
- 3rd year 11
- 4th year 12

College:

- 1 year 13
- 2 years 14
- 3 years 15
- 4 years 16
- 5 years 17
- 6 years or more 18

136. Did you complete that grade or year? Yes 1 34
 No 2

137. Have you had any other schooling, such as business college, nursing, or technical school? Yes . . (ASK A & B) . . 1 35
 No 2

IF YES:

A. How many years of such schooling have you had?

- Less than one year . . . 0 36
- 1 year 1
- 2 years 2
- 3 years 3

B. Did you include any of this schooling in answering the question on the highest grade of regular school you have attended?

Yes . . (GO BACK AND CORRECT CODE IN Q. 135) 1 37
 No 2

138. Did you get any of your education in a church-related school (or college)?

Yes . . . (ASK A & B)	1	38
No	2	

IF YES:

A. Which grades of school (and/or college) were in a church-related school?

CODE ALL THAT APPLY

Elementary:	High school:	
1st grade 01	1st year 09	
2nd grade 02	2nd year 10	
3rd grade 03	3rd year 11	
4th grade 04	4th year 12	
5th grade 05	College:	
6th grade 06	1st year 13	
7th grade 07	2nd year 14	
8th grade 08	3rd year 15	
	4th year 16	39
	5th year 17	40
	6th year or higher . 18	41

B. Which church or religious group was that?

Roman Catholic	1	42
Baptist, Lutheran, or other Protestant	2	
Jewish	3	
Muslim	4	
Other (SPECIFY)	5	

*139. What was the highest grade or year of regular school (or college) you had completed at the time of your (first) marriage?

REFER TO GRADE CODES IN Q. 135, AND
ENTER CODE NUMBER IN BOX 43 44

*140. ASK ONLY IF MARRIED MORE THAN ONCE (SEE RECALL CHART (A)); OTHERWISE SKIP TO Q. 142. What was the highest grade or year of regular school or college your first husband had completed, at the time of your marriage?

REFER TO GRADE CODES IN Q. 135, AND
ENTER CODE NUMBER IN BOX 45 46

*141. When was your first husband born?

47 52
MONTH DAY YEAR

IF DON'T KNOW:

Don't know (ASK A & B) . 98

A. How old was he when you were married? AGE: _____ 53 54

B. When is his birthday? 55 58
MONTH DAY

*142. Before you were (first) married, did you ever work for pay? Yes . . (ASK A) . . 1 59
No 2

A. IF YES: Altogether, how long did you work before you were (first) married? _____ (YEARS) 60 61
Less than one year 00

143. IF R HAS NEVER HAD A LIVE BIRTH, SKIP TO Q. 148 (SEE RECALL CHART ©); OTHERWISE CONTINUE.

[Between the time of your (first) marriage and the birth of your (first) child/ Before the birth of your (first) child], did you ever work for pay?

Yes . . . (ASK A) . 1 10
No 2

A. Altogether, how long did you work [between the time of your (first) marriage and the birth of your (first child/before the birth of your (first) child]? (YEAR) 11 12
Less than one year . 00

144. IF R HAS HAD ONLY ONE LIVE BIRTH, SKIP TO INTERV. CHECK ITEM BELOW (SEE RECALL CHART ©); OTHERWISE CONTINUE.

Between the birth of your first child and the birth of your second child, did you ever work for pay? Yes . . . (ASK A) . 1 13
No 2

A. Altogether, how long did you work between the birth of your first child and the birth of your second child? (YEARS) 14 15
Less than one year . 00

145. IF R HAS HAD ONLY TWO LIVE BIRTHS, SKIP TO INTERV. CHECK ITEM BELOW (SEE RECALL CHART ©); OTHERWISE CONTINUE.

Between the birth of your second child and the birth of your third child, did you ever work for pay? Yes . . . (ASK A) . 1 16
No 2

A. Altogether, how long did you work between the birth of your second child and the birth of your third child? (YEARS) 17 18
Less than one year . 00

146. IF R HAS HAD ONLY THREE LIVE BIRTHS, SKIP TO INTERV. CHECK ITEM BELOW (SEE RECALL CHART ©); OTHERWISE CONTINUE.

Between the birth of your third child and the birth of your last child, did you ever work for pay? Yes . . . (ASK A) . 1 19
No (SKIP TO Q. 149). 2

A. Altogether, how long did you work between the birth of your third child and the birth of your last child? (YEARS) 20 21
Less than one year . 00

INTERVIEWER CHECK ITEM

MORE THAN ONE LIVE BIRTH:

DID R WORK BETWEEN BIRTH OF NEXT TO LAST CHILD AND LAST CHILD?

Yes CHECK [] & CONTINUE WITH Q. 147.
No CHECK [] & SKIP TO Q. 149.
Don't know . CHECK [] CONTINUE WITH Q. 147.

ONLY ONE LIVE BIRTH:

DID R WORK BEFORE BIRTH OF CHILD?

Yes CHECK [] & CONTINUE WITH Q. 147.
No CHECK [] & SKIP TO Q. 149.

147. How long before the birth of your (last) child did you stop working?

Less than one month (SKIP TO Q. 149) . 00 22 23
Number of months _____ (SKIP TO Q. 149)
One year or more (SKIP TO Q. 149) . . 12

*148. Since you were (first) married, have you ever worked for pay?

Yes (ASK A) 1 24
No 2

A. Altogether, how long have you worked since your (first) marriage? (YEAR) 25 26
Less than one year . 00

149. ASK EVERYONE: Last week, were you working full time, part time, going to school, keeping house, or what?

CIRCLE ONE CODE ONLY. IF MORE THAN ONE RESPONSE, CODE RESPONSE WITH SMALLEST NUMBER.

- Working full time (35 hours or more) 1 27
 - Working part time (1 to 34 hours) 2
 - With a job, but on maternity leave 3
 - With a job, but not at work because of temporary illness, vacation, strike 4
 - Unemployed, laid off, looking for work 5
 - Retired 6
 - In school 7
 - Keeping house 8
- } SKIP TO Q. 153

150. ASK ONLY IF R. HAS CHILDREN IN HOUSEHOLD (SEE RECALL CHART (D)); IF R. HAS NO LIVE BIRTHS, SKIP TO Q. 157 (SEE RECALL CHART (C)); IF R. HAS NO CHILDREN IN HOUSEHOLD, SKIP TO Q. 154. Do you have any regular arrangement for the care of your child(ren) while you are working?

- Yes 1 28
- No . (SKIP TO Q. 155). 2

151. Who takes care of your child(ren), and where? RECORD VERBATIM AND CODE AS MANY AS APPLY.

- In own home, by relative. 1 29
- In own home, by nonrelative 2 30
- In relative's home 3 31
- In nonrelative's home 4 32
- In day care center or other special organized facility . . . 5 33
- Other 6 34

152. During the average week of the school year, how many hours per week of child care do you use for (your child/each of your children)? RECORD HOURS FOR EACH CHILD, AND ADD UP.

CHILD	HOURS NEEDED	
1	_____	
2	_____	
3	_____	
4	_____	
5	_____	
6	_____	
7	_____	
8	_____	
9	_____	
TOTAL	_____ (SKIP TO Q. 155)	35 37

153. Do you expect to look for, or return to, a job sometime in the future?

- Yes . . . (ASK A) 1 38
- No 2
- Don't know 8

A. About how soon will that be?

- Less than one year . 00 39 40
- Number of years . _____
- Don't know 98

154. IF NO LIVE BIRTHS, SKIP TO Q. 157 (SEE RECALL CHART (C)); OTHERWISE CONTINUE. Have you worked for pay at any time since your (last) child was born?

- Yes 1 41
- No . (SKIP TO Q. 157) . 2

155. Altogether, how long have you worked since the birth of your (last) child? Less than one year 00 42 43
Number of years

156. In what month and year did you begin to work after your (last) child was born? 44 47

(MONTH) (YEAR)

157. ASK ONLY IF R HAS EVER WORKED; OTHERWISE SKIP TO Q. 161.

A. What (is/was) your (last) occupation That is, what (is/was) your job called?
 JOB TITLE: _____ 48 50

B. What (are/were) your most important activities or duties?
 DUTIES: _____ 51 52

C. What kind of place (do/did) you work for? What do they make or do?
 INDUSTRY: _____

158. How much (do/did) you earn per hour on this job? 53 56

AMOUNT: _____ per HOUR 57 61

OR

AMOUNT: _____ per MONTH 62

WEEK . . 1
 YEAR . . 3

159. How many hours a week (do/did) you usually work at this job? 63 64

HOURS PER WEEK _____

160. IF R HAS NOT WORKED SINCE LAST CHILD WAS BORN (Q. 154), SKIP TO Q. 161.
 In the past 12 months--that is, since (MONTH), 1972--how many weeks did you work either full-time or part-time, including paid vacations and paid sick leave?
 NUMBER OF WEEKS _____ 65 66

None 00

ASK EVERYONE:

161. Are you Protestant, Roman Catholic, Jewish or something else? 67 68

Roman Catholic . . . (SKIP TO Q. 163) . . . 10

Protestant (ASK A) 20

Jewish (GO TO Q. 162) . . . 30

← Other (SPECIFY AND GO TO Q. 162) . . . 40

None (SKIP TO Q. 164) . . . 50

A. IF PROTESTANT: What specific denomination is that, if any:

Baptist 21

Lutheran 22

Methodist 23

Presbyterian 24

Episcopalian 25

No specific denomination . . . 28

← Other (SPECIFY) 00

162. IF PROTESTANT, JEWISH, OR OTHER: About how often do you usually attend religious services? 69

Once a week or more 1	}	(SKIP TO Q.164)
2 or 3 times a month 2		
Once a month 3		
Several times a year 4		
About once a year 5		
Less than once a year 6		
Never 7		

163. IF ROMAN CATHOLIC: How often do you receive Communion? 70

More than once a week 1

Once a week 2

2 or 3 times a month 3

Once a month 4

Several times a year 5

About once a year 6

Less than once a year 7

Never 8

ASK EVERYONE:

*164. Now about Mr. (LAST HUSBAND). When he was growing up, that is between the ages of 6 and 16, did he live on a farm most of the time? (Half of the time, or more.)

- Yes 1 10
- No 2
- Don't know 8

*165. In what state or foreign country did he live most of the time (between the ages of 6 and 16)?

REFER TO STATE CODES BELOW,
AND ENTER CODE NO. IN BOX

11 12

IF FOREIGN COUNTRY, ENTER CODE NUMBER IN BOX AND
SPECIFY HERE: _____

STATE CODES

Alabama 63	Louisiana 73	Oklahoma 72
Alaska 94	Maine 11	Oregon 92
Arizona 87	Maryland 52	Pennsylvania 23
Arkansas 71	Massachusetts 14	Rhode Island 16
California 93	Michigan 34	South Carolina 57
Colorado 86	Minnesota 41	South Dakota 45
Connecticut 15	Mississippi 64	Tennessee 62
Delaware 51	Missouri 43	Texas 74
Washington, D.C. 55	Montana 81	Utah 85
Florida 59	Nebraska 46	Vermont 12
Georgia 58	Nevada 84	Virginia 54
Hawaii 95	New Hampshire 13	Washington 91
Idaho 82	New Jersey 22	West Virginia 53
Illinois 32	New Mexico 88	Wisconsin 31
Indiana 33	New York 21	Wyoming 83
Iowa 42	North Carolina 56	
Kansas 47	North Dakota 44	Foreign country
Kentucky 61	Ohio 35	_____ 01

*166. What (is/was) his origin or descent? CODE ALL THAT APPLY.

HAND
CARD
6

ORIGIN CODES

German 1 13	Puerto Rican 2 21
Italian 2 14	Cuban 3 22
Irish 3 15	Other Spanish (HISPANO) 4 23
French 4 16	Black, African, Negro 5 24
Polish 5 17	American Indian 6 25
Russian 6 18	Asian -- Chinese, Japanese, etc. 7 26
English, Scot, Welsh 7 19	Other (SPECIFY) _____ 1 27
Mexicano, Chicano, Mexican American 1 20	Don't know 8 28

*167. When your (last) husband was 14, was he living with both his own mother and his own father?

- Yes 1 29
- No . . (ASK A) 2

A. IF NO: Was that because one or both of them had died, they were divorced, or for some other reason?

- One or both died 3 30
- They were divorced 4
- Some other reason 5

* 168. What is the highest grade or year of regular school or college your (last) husband attended?

REFER TO GRADE CODES AND ENTER CODE NO IN BOX

31 32

GRADE CODES

No formal schooling 00 (SKIP TO Q. 170)	
Elementary:	High School:
1st grade 01	1st year 09
2nd grade 02	2nd year 10
3rd grade 03	3rd year 11
4th grade 04	4th year 12
5th grade 05	College:
6th grade 06	1 year 13
7th grade 07	2 years 14
8th grade 08	3 years 15
	4 years 16
	5 years 17
	6 years or more 18

* 169. Did he complete that grade or year?	Yes 1	33
	No 2	
	Don't know . . 8	

* 170. Was your (last) husband married before he married you?	Yes 1	34
	No 2	

* 171. (Is/Was) he Protestant, Roman Catholic, Jewish, or something else?	Roman Catholic 10	35 36
	Protestant . . . (ASK A) . 20	
	Jewish 30	
	← Other (SPECIFY) 40	
	None 50	
	Don't know 98	

A. IF PROTESTANT: What specific denomination is that, if any?

Baptist 21
Lutheran 22
Methodist 23
Presbyterian 24
Episcopalian 25
No specific denomination . 28
← Other (SPECIFY) 00

172.-174. OMITTED. 37 40/R

* 175. ASK ONLY IF (LAST) MARRIAGE ENDED IN 1968 OR LATER; OTHERWISE SKIP TO Q. 180.
A. What was your husband's occupation at the time you were (divorced/widowed/separated)? (That is, what [is/was] his job called?)

JOB TITLE: _____ 41 43

B. What (are/were) his most important activities or duties?
DUTIES: _____ 44 45

C. What kind of place (do/did) he work for? What do they make or do?
INDUSTRY: _____

IF "UNEMPLOYED," CHECK AND ASK: What was his occupation at his last job before you were (divorced/widowed/separated)? ENTER ANSWER IN A, B, AND C ABOVE. 46

176.-179. OMITTED. 47 54/R

180. ASK ONLY IF R WORKED IN LAST 12 MONTHS (Q. 160); OTHERWISE SKIP TO Q. 182.
 In the past 12 months--that is, since (MONTH), 1972--what did you earn in wages, salary or in your own business or profession?

Total earnings: _____ 55 59

Don't know, refused (ASK A)

A. IF DON'T KNOW OR REFUSED: Here is a card showing amounts of weekly and yearly incomes. Next to each amount is a letter. Would you tell me what letter represents the income before taxes and other deductions that you earned in wages, salary or in your own business or profession during the past 12 months?

HAND
CARD
7

CARD 7	
Weekly Income	Yearly Income
A. Under \$20	AA. Under \$1,000
B. \$20 - \$38	BB. \$ 1,000 - \$ 1,999
C. \$39 - \$57	CC. \$ 2,000 - \$ 2,999
D. \$58 - \$77	DD. \$ 3,000 - \$ 3,999
E. \$78 - \$96	EE. \$ 4,000 - \$ 4,999
F. \$97 - \$115	FF. \$ 5,000 - \$ 5,999
G. \$116 - \$134	GG. \$ 6,000 - \$ 6,999
H. \$135 - \$154	HH. \$ 7,000 - \$ 7,999
I. \$155 - \$173	II. \$ 8,000 - \$ 8,999
J. \$174 - \$192	JJ. \$ 9,000 - \$ 9,999
K. \$193 - \$231	KK. \$10,000 - \$11,999
L. \$232 - \$288	LL. \$12,000 - \$14,999
M. \$289 - \$480	MM. \$15,000 - \$24,999
N. \$481 or more	NN. \$25,000 or more

ENTER LETTER: _____ 60 61

Don't know . . . 98

Refused 98

BEGIN DECK 14

181. OMITTED.

10 16/R

182. ASK IF OTHER FAMILY MEMBERS LIVING IN HOUSEHOLD; OTHERWISE SKIP TO Q. 183.
 Did any members of your family (other than yourself) living here have earnings from wages, salary, or their own business or profession?

Yes . . (ASK A AND B) . . . 1 17

No 2

A. How many other family members had earnings in the past twelve months?

Number of other earners: _____ 18

B. How much did (EACH ADDITIONAL EARNER) earn?

First _____ Total Earnings Don't know 99998 19 23

Second _____ Total Earnings Don't know 99998 24 28

Third _____ Total Earnings Don't know 99998 29 33

183. ASK IF R'S EARNINGS ARE LESS THAT \$10,000; OTHERWISE SKIP TO Q. 184.
 In the past 12 months, did you or anyone else in the family here receive any welfare payments for aid to your dependent children?

Yes (ASK A) . . 1 34

No 2

A. Altogether, how much did you receive in the past twelve months for support of the children?

Total Amounts: _____ 35 38

Don't know (ASK B AND C) . . 9998

IF DON'T KNOW TO A:

B. How much did you receive per month?

Monthly rate: _____ 39 41

C. In how many of the last 12 months did you receive welfare aid for your dependent children?

_____ Months 42 43

184. Did you or any members of your family living here receive income in the past twelve months from any of these sources? READ ITEM (1). THEN ASK A AND B AS NECESSARY BEFORE ASKING NEXT ITEM.

Source of Income	IF YES:			A. How much total income did your family receive from (SOURCE)?		Amount	
	Yes	No	Don't know	Don't know	Amount		
(1) Dividends, interest, property rental? . .	1	2	8	9998	\$	_____	
			10			11 14	15 18/R
(2) Unemployment or Workmen's Compensation?	1	2	8	9998	\$	_____	
			19			20 23	24 27/R
(3) Social Security or retirement?	1	2	8	9998	\$	_____	
			28			29 32	33 36/R
(4) Any (other) public assistance or welfare payments? (INCLUDE old age assistance, aid to the blind or totally disabled, general assistance)	1	2	8	9998	\$	_____	
			37			38 41	42 45/R
* (5) Alimony, child support, or other help from your husband	1	2	8	9998	\$	_____	
			46			47 50	
(6) Regular contributions from persons not in this household, or anything else? . . .	1	2	8	9998	\$	_____	
			51			52 55	56 59/R

BEGIN DECK 16

185. ASK EVERYONE: Taken altogether, then, about what was the total income of your family during the past twelve months?

Total Amount _____ 10 14

Don't know, refused (ASK A)

A. IF DON'T KNOW OR REFUSED: Here is a card showing amounts of weekly and yearly incomes. Next to each amount is a letter. Would you tell me what letter represents the income of your family during the past 12 months? This includes income from all sources that you, and all other members of your family living here received, before taxes and other deductions.

HAND CARD 7

ENTER LETTER: _____ 15 16

Don't know 98

Refused 97

186. Are there any other persons not living with you now who are dependent upon your family's income for at least half of their support? Don't forget to include (any children of a former marriage), other relatives, adopted children, and so on.

Yes (ASK A) . . 1 17

No 2

A. IF YES: How many persons? _____ persons 18 19

187. PINK CARDS ONLY

This time last year, did you live in a different county or state than this one? (IF THE RESPONDENT NOW LIVES IN LOUISIANA, SAY: "different parish or state." IF R. NOW LIVES IN THE NEW ENGLAND STATES, SAY: "different township or state.")

Yes 1 20

No 2

188. ASK EVERYONE: As far as you know now, where will you be living this time next year?

Same address (RECORD ADDRESS BELOW) . 1
Other (GET BEST POSSIBLE ADDRESS AND OBTAIN MAILING ADDRESS IF R IS IN RURAL AREA AND RECORD BELOW) 2

(Number)	(Street)
(City/Town)	(State) (Zip)

189. At some time in the future, we will need to talk again with some of the women we are interviewing now. We don't know who these women will be, as they will be chosen by chance. In case we need to get in touch with you again . . .

A. Would you please give me the names of two close relatives or friends who would be likely to know where you have moved? ENTER NAMES BELOW. THEN ASK B-E FOR EACH.

	(Name)	(Name)
B. How is (PERSON) related to you?	(Relationship)	(Relationship)
C. What is (his/her) address?	(Number) (Street)	(Number) (Street)
	(City/Town & State) (Zip)	(City/Town & State) (Zip)
D. What is (his/her) telephone number?	(Area Code-Phone No.)	(Area Code-Phone No.)
E. <u>IF PERSON IS MARRIED FEMALE, ASK:</u> What is her husband's first name?	(Husband's First Name)	(Husband's First Name)
	Single . . . X	Single . . . X

<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"/>
PSU	SEG.	PT	LINE						

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CASE				

CONTINUE WITH Q. 190 ON PAGE 39.

INTERVIEWER REMARKS--FILL OUT AS SOON AS POSSIBLE AFTER LEAVING RESPONDENT.

A. Respondent's cooperation was:

Very good	1	22
Good	2	
Fair	3	
Poor	4	

D. Total length of interview:

_____ minutes 31 33

B. (Was/Were) other person(s) present during the interview, other than an official observer?

Yes [ANSWER (1)]	1	23
No	2	

E. Number of interruptions during the interview. CODE ONE

0	1	2	3	4	5	6	7	8+	34
---	---	---	---	---	---	---	---	----	----

[IF ANY, ANSWER (1) & (2)]

(1) IF YES: Who was that? CODE ALL THAT APPLY.

Child(ren) under 6	3	24
Older child(ren)	4	25
Husband	5	26
Other relatives	6	27
Other adults	7	28

(1) Total time taken for interruptions: _____ minutes 35 36

(2) Reason(s) for interruptions:

	Yes No		
Telephone call(s)	1	2	37
Visitor(s)	3	4	38
Attend to child(ren)'s needs	5	6	39
Attend to household chores	1	2	40
Other (SPECIFY)	3	4	41

C. The quality of this interview is:

Questionable [ANSWER (1)]	1	29
Generally adequate	2	
High quality	3	

(1) IF QUESTIONABLE QUALITY: The main reason for this is: CODE ONLY ONE.

Spoke English poorly	1	30
Evasive, suspicious	2	
Drunk, mentally disturbed	3	
Poor hearing or vision	4	
Confused by frequent interruptions	5	
Bored or uninterested	6	
Other (SPECIFY)	7	

F. Was this interview officially observed?

Yes, in person	1	42
Yes, tape recorded	2	
Yes, both	3	
No	4	

G. Note anything else essential to the interpretation and understanding of this interview.

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REMEMBER INTERVIEWER REMARKS ON P. 40.

H. Date interview completed:

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 /

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44 47

MONTH DAY

I. Interviewer's signature: _____

J. Interviewer's ID Number:

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48 52