

Department of Health and Human Services
Public Health Service
National Center for Health Statistics

National Survey of Family Growth

Cycle IV 25 AND OLDER QUESTIONNAIRE

Hello, I am (YOUR NAME) of Westat Research, and I'm here for the United States Public Health Service. I'd like to speak with (SAMPLE WOMAN).

REMINDER: BE SURE THAT HOUSEHOLD ROSTER IS REVIEWED BEFORE YOU CONDUCT EXTENDED INTERVIEW.

Case ID #: _____

1031

Date interview Conducted: _____ | _____ | _____
MONTH DAY YEAR

25-30

Interviewer's Name: _____

ID #: _____

31-35

ASSURANCE OF CONFIDENTIALITY:

Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence by the contractor and NCHS, will be used only for purposes stated in this study, and will not be disclosed or released to anyone other than authorized staff of NCHS, without the consent of the individual or establishment in accordance with Section 308(d) of the Public Health Service Act (42 U.S.C. 242m).

SECTION A

A-1. What is your current marital status? Are you now . . .

HAND
CARD
1

- A. Married, 1 (A-3)
- B. Not married but living with a partner or boyfriend, 2 (A-2)
- C. Widowed, 3
- D. Divorced, 4
- E. Separated, or 5
- F. Never married? 6

36

A-2. What is your formal marital status? Are you widowed, divorced, separated, or have you never been married?

HAND
CARD
1

- C. Widowed. 3
- D. Divorced 4
- E. Separated. 5
- F. Never married. 6

37

A-3. (ASK OR CONFIRM): When were you born?

_____|_____|_____
 MONTH DAY YEAR

38-43

A-4. In what state were you born?

 STATE/COUNTRY

44-46

A-5. (ASK OR CONFIRM): How old were you on your last birthday?

 AGE

47-48

BOX 1. CHECK DATE OF BIRTH IN A-3.

- IF DATE OF BIRTH IS BETWEEN:
 - MARCH 16, 1963 AND MARCH 15, 1973, CHANGE TO 24 AND YOUNGER QUEX.
 - MARCH 16, 1943 AND MARCH 15, 1963, CONTINUE WITH 25 AND OLDER QUEX.
- IF DATE OF BIRTH OUTSIDE THE ABOVE RANGES, THANK R AND TERMINATE.

A-6. What we know about having babies and where we learned it can have an important effect on our lives. We hear many opinions, but no one is really sure what kinds of information young people are given about sex and childbearing or where they are taught about them. Would you say that the amount of accurate information on sex and reproduction given to the average young person today is . . .

- More than is needed, 1
- Just about right, 2
- Or not enough? 3

49

A-7. In your own case before you were 18, did you ever talk with either or both of your parents about . . .

| | YES | NO | |
|---|-----|----|----|
| A. The female monthly cycle -- that is the menstrual cycle? | 1 | 2 | 50 |
| B. How pregnancy occurs? | 1 | 2 | 51 |
| C. Venereal disease or VD? | 1 | 2 | 52 |
| D. Methods of birth control? | 1 | 2 | 53 |

BOX 2 AND A-8 OMITTED.

54 =

A-9. Before you were 18, did you ever have any formal instruction on . . . (IF R ASKS: By formal instruction we mean instruction given at school or as part of an organized program.)

| | YEAR | MONTH (SEASON) | YES | NO | |
|--|------|----------------|-----|----|-----------|
| | | | 1 | 2 | 55 |
| | | | 1 | 2 | 56-61 = + |
| | | | 1 | 2 | 62 |
| | | | 1 | 2 | 63-68 = + |
| | | | 1 | 2 | 69 |
| | | | 1 | 2 | 70-75 = + |
| | | | 1 | 2 | 76 |
| | | | 1 | 2 | 77-84 = + |

A-10 AND A-11 OMITTED.

A-12. What is the highest grade or year of regular school or college you have ever attended?

| | | | |
|---|-------------------------------|-----------|-------|
| | No formal schooling | 00 (A-25) | |
| <u>Elementary</u> | | | |
| | 1st grade | 01 | |
| | 2nd grade | 02 | |
| | 3rd grade | 03 | |
| | 4th grade | 04 | |
| | 5th grade | 05 | |
| | 6th grade | 06 | |
| | 7th grade | 07 | |
| | 8th grade | 08 | |
| <u>High school</u> | | | |
| | 9th grade | 09 | |
| | 10th grade | 10 | |
| | 11th grade | 11 | |
| | 12th grade | 12 | |
| <u>College and Graduate/Professional School</u> | | | |
| | 1 year | 13 | |
| | 2 years | 14 | |
| | 3 years | 15 | |
| | 4 years | 16 | |
| | 5 years | 17 | |
| | 6 years or more | 18 | |
| | Don't know | 98 | 85-86 |

A-13. Did you complete that grade or year?

| | | |
|---------------|---|----|
| Yes | 1 | |
| No | 2 | 87 |

A-14 THROUGH A-18 OMITTED

88-100 = +

BOX A. CHECK A-12 AND A-13. HAS R COMPLETED . . .

| | | |
|-------------------------------|----------|-----|
| 12 OR MORE GRADES? | 1 (A-19) | |
| 11 OR FEWER GRADES? | 2 (A-20) | 101 |

A-19. Do you have a regular high school diploma or do you have a high school equivalency certificate, also called a GED?

| | | | |
|---|---|--------|-----|
| Regular high school diploma | 1 | (A-21) | 102 |
| High school equivalency certificate/GED | 2 | | |

A-20. Do you have a high school equivalency certificate, also called a GED?

| | | |
|---------------|---|-----|
| Yes | 1 | |
| No | 2 | 103 |

A-21. In what month and year did you last attend regular school (or college)?

| MONTH (SEASON) | YEAR | (A-22) |
|---------------------------|------|--------------|
| Still in school | | 9696 (A-22) |
| Don't know | | 9898 (A-21a) |

18-21

A-21a. How old were you at that time? AGE

22-23

A-21b. Was it before your _____ th birthday or after?

| | |
|------------------|---|
| Before | 1 |
| After | 2 |

24

A-22. Did you get any of your regular schooling in a church-related school (and/or college)?

| | |
|---------------|----------|
| Yes | 1 (A-23) |
| No | 2 (A-25) |

25

A-23. During which grades did you attend a church-related school (and/or college)? (CIRCLE ALL THAT APPLY.)

Elementary

| | | |
|---------------------|----|-------|
| 1st grade | 01 | 26-27 |
| 2nd grade | 02 | 28-29 |
| 3rd grade | 03 | 30-31 |
| 4th grade | 04 | 32-33 |
| 5th grade | 05 | 34-35 |
| 6th grade | 06 | 36-37 |
| 7th grade | 07 | 38-39 |
| 8th grade | 08 | 40-41 |

High school

| | | |
|----------------------|----|-------|
| 9th grade | 09 | 42-43 |
| 10th grade | 10 | 44-45 |
| 11th grade | 11 | 46-47 |
| 12th grade | 12 | 48-49 |

College and Graduate/Professional School

| | | |
|---------------------------|----|-------|
| 1 year | 13 | 50-51 |
| 2 years | 14 | 52-53 |
| 3 years | 15 | 54-55 |
| 4 years | 16 | 56-57 |
| 5 years | 17 | 58-59 |
| 6 years or more | 18 | 60-61 |

A-24. Which church or religious group was that?

| | |
|-----------------------|---|
| Catholic | 1 |
| Protestant | 2 |
| Other (SPECIFY) _____ | 3 |

62

A-25. When you were 14, were you living with both your own mother and your own father?

| | |
|---------------|----------|
| Yes | 1 (A-28) |
| No | 2 (A-26) |

63

A-26. Was that because one or both of them had died, they were divorced, or for some other reason?

| | |
|------------------------------|---|
| One or both died | 1 |
| They were divorced | 2 |
| Some other reason | 3 |

64

A-27. Please look at Card 3. With whom were you living when you were 14?

HAND
CARD
3

- A. Mother only. 01
- B. Mother and stepfather. 02
- C. Mother and other adult(s). 03
- D. Father only. 04
- E. Father and stepmother. 05
- F. Father and other adult(s). 06
- G. Neither mother nor father. 07

65-66

A-28. When you were 14, how would you describe your (parents'/mother's/father's) rules about things like staying out late, dating, alcohol, and so on? Would you say the rules were . . .

- Very strict, 1
- Strict, 2
- Or not very strict? 3
- No rules 4

67

A-29. What was the highest grade or year of regular school or college that your (mother/stepmother) completed?

No formal schooling 00

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

- 9th grade 09
- 10th grade. 10
- 11th grade. 11
- 12th grade. 12

College and Graduate/Professional School

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

Don't know. 98

68-69

A-30. During most of the time you were growing up, that is, when you were between the ages of 5 and 15, did your (mother/stepmother) usually work full-time, part-time or did she not work at all?

- Full-time. 1
- Part-time. 2
- Not at all 3

70

A-31. How old was your mother when she had her first child?

(A-32)

AGE

Don't know 98 (A-31a)

71-72

A-31a. Was she under age 20, or age 20 or older?

- Under 20 1
- 20 or older. 2

73

A-32. How old were you when you had your first menstrual period? (RECORD HERE AND ON B & P RECORD. IF NECESSARY, PROBE USING GRADE IN SCHOOL.)

01 A. Mother only
 02 B. Mother and stepmother
 03 C. Mother and other adult(s)
 04 D. Only
 05 E. Father and stepmother
 06 F. Father and other adult(s)
 AGE
 Periods have not started 96 (SECTION B)

74-75

A-32a. Was it before your _____th birthday or after?

Before 1
 After 2 76

A-33. Have you had your period within the last 30 days?

Yes 1
 No 2 77

A-34. What was the highest grade or year of regular school or college that you (mother/stepmother) completed?

No formal schooling 00
 Elementary
 01 1st grade
 02 2nd grade
 03 3rd grade
 04 4th grade
 05 5th grade
 06 6th grade
 07 7th grade
 08 8th grade
 High School
 09 9th grade
 10 10th grade
 11 11th grade
 12 12th grade
 College and Graduate/Professional School
 13 1 year
 14 2 years
 15 3 years
 16 4 years
 17 5 years
 18 6 years or more
 Don't know 98

A-35. During most of the time you were growing up, that is, when you were between the ages of 5 and 15, did your (mother/stepmother) usually work full-time, part-time or did she not work at all?

Full-time 1
 Part-time 2
 Not at all 3 78

A-36. How old was your mother when she had her first child?

(A-32)
 Don't know 98 (A-32a) 79-80

A-37a. Was she under age 20, or age 20 or older?

Under 20 1
 20 or older 2 79

FOLD OUT THIS PAGE
NOW AND ASK A-32.

BIRTH AND PREGNANCY RECORD

R's DATE OF BIRTH: _____ / _____
 MONTH YEAR

| PREGNANCY # | B-11. | | | | B-13. CHILD'S NAME | B-14. | | |
|-------------|------------|--------|--------|---------|-----------------------|------------|-----|----|
| | HOW ENDED? | | | | | DATE ENDED | | |
| | MISC. | STILL. | ABORT. | LIVE B. | | MO | DAY | YR |
| 1 | 1 | 2 | 3 | 4 | | | | |
| 2 | 1 | 2 | 3 | 4 | | | | |
| 3 | 1 | 2 | 3 | 4 | | | | |
| 4 | 1 | 2 | 3 | 4 | | | | |
| 5 | 1 | 2 | 3 | 4 | | | | |
| 6 | 1 | 2 | 3 | 4 | | | | |
| 7 | 1 | 2 | 3 | 4 | | | | |
| 8 | 1 | 2 | 3 | 4 | | | | |
| 9 | 1 | 2 | 3 | 4 | | | | |
| 10 | 1 | 2 | 3 | 4 | | | | |
| 11 | 1 | 2 | 3 | 4 | | | | |
| 12 | 1 | 2 | 3 | 4 | | | | |
| 13 | 1 | 2 | 3 | 4 | | | | |
| 14 | 1 | 2 | 3 | 4 | | | | |
| 15 | 1 | 2 | 3 | 4 | | | | |
| 16 | 1 | 2 | 3 | 4 | | | | |
| 17 | 1 | 2 | 3 | 4 | | | | |
| 18 | 1 | 2 | 3 | 4 | | | | |
| 19 | 1 | 2 | 3 | 4 | | | | |
| 20 | 1 | 2 | 3 | 4 | | | | |

WORKSHEET

Calculate age at 1st pregnancy:

$$\frac{\text{Yr. 1st Pregnancy Ended}}{\text{Yr. of R's Birth}} = \text{Age (ENTER BELOW B \& P RECORD)}$$

Calculate age at 1st marriage or 1st informal union:

$$\frac{\text{Yr. of 1st Marriage or 1st Informal Union}}{\text{Yr. of R's Birth}} = \text{Age}$$

IF CURRENTLY PREGNANT, CHECK HERE

DATE OR AGE

First Menstrual Period: (A-32) _____ AGE

First Intercourse: (C-6, C-7) _____ MO | YR _____ AGE

First Intercourse After First Menstrual Period: (C-9, C-10) _____ MO | YR _____ AGE

First Pregnancy: (B-14) _____ MO | YR _____ AGE

SECTION B

In a survey about childbearing and women's health, it is important to talk with each woman about her health and each pregnancy she has had, especially pregnancies which ended in miscarriage, stillbirth or abortion, and about babies that were placed for adoption. This information is needed to provide better family planning and health services for women. So we ask everyone to try to recall all the facts about each pregnancy she has ever had.

BOX 3. HAS R HAD PERIOD WITHIN LAST 30 DAYS (SEE A-33)?

YES. 1 (B-3)
 NO 2 (B-1)
 DON'T KNOW 3 (B-1)
 R's PERIODS HAVE NOT STARTED 4 (B-1)

HAND CARD 5

78

B-1. Are you pregnant now? (IF YES, CHECK BOX ON B & P RECORD.)

Yes. 1 (B-3)
 No 2 (B-3)
 Don't know 8 (B-2)

79

B-2. Well, do you think you are probably pregnant or not? (IF YES, CHECK BOX ON B & P RECORD.)

Yes. 1
 No 2
 Don't know 8

80

B-3. (Not counting this pregnancy), how many pregnancies, if any, have you had that ended in . . .

- A. Miscarriage? 81-82
- B. How many pregnancies that ended in stillbirth? 83-84
- C. How many pregnancies that ended in abortion? 85-86
- D. How many pregnancies that ended in live birth? 87-88

B-4. So, (not counting this pregnancy) you have (never been pregnant/been pregnant _____ (sum of A, B, C, and D in B-3) times altogether). Is that right? (CIRCLE # ON B & P RECORD)

Yes. 1 (BOX 4)
 No 2 (CORRECT B-3 AND B-4)

89

90

91

BOX 4. HAS R EVER BEEN PREGNANT?

YES. 1 (B-11)
 NO 2 (BOX 15, PAGE 18)
 CURRENTLY PREGNANT WITH FIRST PREGNANCY. . . . 3 (BOX 15, PAGE 18)

92

B-5 THROUGH B-10 OMITTED.

93-106 = +

1051

18-84 = +

CODER USE ONLY:

COUNT06 _____ 85-86
 COUNT07 _____ 87-88
 COUNT08 _____ 89-90
 CURPREG _____ 91

ALL PREGNANCIES

06R

| | FIRST PREGNANCY | SECOND PREGNANCY | | | | | | | | | | |
|---|---|--|--|-----|--|----|---|----|--|-----|--|----|
| <p>B-11. Thinking about your (1st/2nd/etc.) pregnancy, in which of the ways shown on Card 5 did the pregnancy end? (CIRCLE CODE HERE AND ON B & P RECORD.)</p> | <p>A. 1 (B-14) B. 2 (B-14) C. 3 (B-14) D. 4 (B-12) E. 5 (B-12)</p> | <p>A. 1 (B-14) B. 2 (B-14) C. 3 (B-14) D. 4 (B-12) E. 5 (B-12)</p> | | | | | | | | | | |
| <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-bottom: 5px;"> HAND CARD 5 </div> <p>A. Miscarriage B. Stillbirth. C. Abortion. D. Birth by Cesarean section E. Birth by normal (vaginal) delivery.</p> <p>IF MULTIPLE OUTCOME, CIRCLE FIRST OUTCOME ABOVE AND ENTER LETTER FOR OTHER OUTCOME(S) ON LINE</p> | | | | | | | | | | | | |
| <p>B-12. Was the baby a boy or a girl?</p> <p>Boy Girl. Twins, both boys. Twins, both girls Twins, one boy, one girl.</p> | <p>. 1 2 3 4 5</p> | <p>. 1 2 3 4 5</p> | | | | | | | | | | |
| <p>B-13. What did you name (her/him/them)? (ENTER HERE AND ON B & P RECORD.)</p> | <p style="text-align: center;">NAME</p> <hr/> <p style="text-align: center;">NAME</p> | <p style="text-align: center;">NAME</p> <hr/> <p style="text-align: center;">NAME</p> | | | | | | | | | | |
| <p>B-14. On what date (was [CHILD] born/did that pregnancy end)? (ENTER HERE AND ON B & P RECORD.)</p> | <table style="width: 100%; border: none;"> <tr> <td style="border: none;">MO</td> <td style="border: none;"> </td> <td style="border: none;">DAY</td> <td style="border: none;"> </td> <td style="border: none;">YR</td> </tr> </table> | MO | | DAY | | YR | <table style="width: 100%; border: none;"> <tr> <td style="border: none;">MO</td> <td style="border: none;"> </td> <td style="border: none;">DAY</td> <td style="border: none;"> </td> <td style="border: none;">YR</td> </tr> </table> | MO | | DAY | | YR |
| MO | | DAY | | YR | | | | | | | | |
| MO | | DAY | | YR | | | | | | | | |
| <p>B-15. How many weeks or months had you been pregnant when that pregnancy ended?</p> | <p style="text-align: center;">(BOX 7) WEEKS</p> <hr/> <p style="text-align: center;">(BOX 7) MONTHS</p> <p>DK. 98 (B-16)</p> | <p style="text-align: center;">(BOX 7) WEEKS</p> <hr/> <p style="text-align: center;">(BOX 7) MONTHS</p> <p>DK. 98 (B-16)</p> | | | | | | | | | | |
| <p>B-16. Was it</p> <p>Less than 3 months, 3-6 months, or. More than 6 months?</p> | <p>. 1 2 3</p> | <p>. 1 2 3</p> | | | | | | | | | | |
| <div style="border: 2px solid black; padding: 5px;"> <p>BOX 7. R'S PREGNANCY ENDED BEFORE JANUARY 1984.</p> <p>R'S PREGNANCY ENDED JANUARY 1984 OR LATER, AND ENDED IN:</p> <ul style="list-style-type: none"> • LIVE BIRTH. • MISCARRIAGE, STILLBIRTH, OR ABORTION. </div> | <p>. 1 (BOX 8, PAGE 12)</p> <p>. 2 (B-17)</p> <p>. 3 (B-28, PAGE 12)</p> | <p>. 1 (BOX 8, PAGE 12)</p> <p>. 2 (B-17)</p> <p>. 3 (B-28, PAGE 12)</p> | | | | | | | | | | |

| | |
|-------|-------|
| COUNT | 82-86 |
| COUNT | 87-88 |
| COUNT | 89-90 |
| COUNT | 91 |

| THIRD PREGNANCY | FOURTH PREGNANCY | FIFTH PREGNANCY | SIXTH PREGNANCY |
|---|---|---|---|
| A. 1 (B-14) B. 2 (B-14) C. 3 (B-14) D. 4 (B-12) E. 5 (B-12) | A. 1 (B-14) B. 2 (B-14) C. 3 (B-14) D. 4 (B-12) E. 5 (B-12) | A. 1 (B-14) B. 2 (B-14) C. 3 (B-14) D. 4 (B-12) E. 5 (B-12) | A. 1 (B-14) B. 2 (B-14) C. 3 (B-14) D. 4 (B-12) E. 5 (B-12) |
| 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| NAME NAME | NAME NAME | NAME NAME | NAME NAME |
| MO DAY YR | MO DAY YR | MO DAY YR | MO DAY YR |
| _____ (BOX 7) WEEKS _____ (BOX 7) MONTHS DK. 98 (B-16) | _____ (BOX 7) WEEKS _____ (BOX 7) MONTHS DK. 98 (B-16) | _____ (BOX 7) WEEKS _____ (BOX 7) MONTHS DK. 98 (B-16) | _____ (BOX 7) WEEKS _____ (BOX 7) MONTHS DK. 98 (B-16) |
| 1 2 3 | 1 2 3 | 1 2 3 | 1 2 3 |
| 1 (BOX 8, PAGE 12) 2 (B-17) 3 (B-28, PAGE 12) | 1 (BOX 8, PAGE 12) 2 (B-17) 3 (B-28, PAGE 12) | 1 (BOX 8, PAGE 12) 2 (B-17) 3 (B-28, PAGE 12) | 1 (BOX 8, PAGE 12) 2 (B-17) 3 (B-28, PAGE 12) |

HAND CARD 7

**PREGNANCIES ENDING
JANUARY 1984 OR LATER**

| | FIRST PREGNANCY | SECOND PREGNANCY |
|--|--|--|
| B-17. For this pregnancy, did you have a pregnancy test done at a doctor's office or clinic? Yes No | 1 (B-18) 2 (B-20) | 1 (B-18) 2 (B-20) |
| B-18. How many weeks or months had you been pregnant when you had the pregnancy test done? | _____ OR _____ (WEEKS) (MONTHS) Don't know. . . 98 (B-20) | _____ OR _____ (WEEKS) (MONTHS) Don't know. . . 98 (B-20) |
| B-19. How long after you had the pregnancy test done did you visit a doctor, midwife or clinic for prenatal care, if ever? | _____ DAYS _____ WEEKS (B-22) _____ MONTHS No prenatal care. 96 (B-28) Don't know. . . 98 (B-21) | _____ DAYS _____ WEEKS (B-22) _____ MONTHS No prenatal care. 96 (B-28) Don't know. . . 98 (B-21) |
| B-20. (Not counting the pregnancy test), during this pregnancy, did you ever visit a doctor, midwife or clinic for prenatal care? Yes No | 1 (B-21) 2 (B-28) | 1 (B-21) 2 (B-28) |
| B-21. How many weeks or months had you been pregnant when you first visited a doctor, midwife or clinic for prenatal care? | _____ OR _____ (WEEKS) (MONTHS) | _____ OR _____ (WEEKS) (MONTHS) |
| B-22. How many times did you visit a doctor, midwife or clinic for prenatal care? | _____ NUMBER OF VISITS | _____ NUMBER OF VISITS |
| B-23. To which of the places on Card 6 did you go for most of your prenatal care visits? | | |
| HAND CARD 6 | A. Community health center clinic 01 B. Public health department clinic 02 C. Family planning clinic 03 D. Hospital clinic 04 E. Private doctor 05 F. Private group practice, co-op, or private clinic 06 G. HMO or other prepaid group practice 07 H. Other (SPECIFY) 08 | 01 02 03 04 05 06 07 08 |
| B-24. How many different places did you go to for prenatal care? | _____ NUMBER OF PLACES | _____ NUMBER OF PLACES |
| B-25. Card 7 lists some of the ways in which medical bills can be paid. When you made a visit to a doctor or clinic for prenatal care, in which of these ways was the bill paid? (CIRCLE ALL THAT APPLY AND PROBE: What other ways?) | | |
| HAND CARD 7 | A. Your (or your husband's/partner's) own income 01 B. Parents, other relatives, boyfriend or his family 02 C. Insurance (which you carry or is carried for you) 03 D. No charge -- paid by Medicaid 04 E. Government assistance other than Medicaid (state or local). 05 F. Some other way (SPECIFY). 06 | 01 02 03 04 05 06 |

| THIRD PREGNANCY | FOURTH PREGNANCY | FIFTH PREGNANCY | SIXTH PREGNANCY |
|---|---|---|---|
| <p>..... 1 (B-18)</p> <p>..... 2 (B-20)</p> | <p>..... 1 (B-18)</p> <p>..... 2 (B-20)</p> | <p>..... 1 (B-18)</p> <p>..... 2 (B-20)</p> | <p>..... 1 (B-18)</p> <p>..... 2 (B-20)</p> |
| <p>OR</p> <p>(WEEKS) (MONTHS)</p> <p>Don't know. . . 98 (B-20)</p> | <p>OR</p> <p>(WEEKS) (MONTHS)</p> <p>Don't know. . . 98 (B-20)</p> | <p>OR</p> <p>(WEEKS) (MONTHS)</p> <p>Don't know. . . 98 (B-20)</p> | <p>OR</p> <p>(WEEKS) (MONTHS)</p> <p>Don't know. . . 98 (B-20)</p> |
| <p>DAYS</p> <p>WEEKS (B-22)</p> <p>MONTHS</p> <p>No prenatal care. 96 (B-28)</p> <p>Don't know. . . 98 (B-21)</p> | <p>DAYS</p> <p>WEEKS (B-22)</p> <p>MONTHS</p> <p>No prenatal care. 96 (B-28)</p> <p>Don't know. . . 98 (B-21)</p> | <p>DAYS</p> <p>WEEKS (B-22)</p> <p>MONTHS</p> <p>No prenatal care. 96 (B-28)</p> <p>Don't know. . . 98 (B-21)</p> | <p>DAYS</p> <p>WEEKS (B-22)</p> <p>MONTHS</p> <p>No prenatal care. 96 (B-28)</p> <p>Don't know. . . 98 (B-21)</p> |
| <p>..... 1 (B-21)</p> <p>..... 2 (B-28)</p> | <p>..... 1 (B-21)</p> <p>..... 2 (B-28)</p> | <p>..... 1 (B-21)</p> <p>..... 2 (B-28)</p> | <p>..... 1 (B-21)</p> <p>..... 2 (B-28)</p> |
| <p>OR</p> <p>(WEEKS) (MONTHS)</p> | <p>OR</p> <p>(WEEKS) (MONTHS)</p> | <p>OR</p> <p>(WEEKS) (MONTHS)</p> | <p>OR</p> <p>(WEEKS) (MONTHS)</p> |
| <p>NUMBER OF VISITS</p> | <p>NUMBER OF VISITS</p> | <p>NUMBER OF VISITS</p> | <p>NUMBER OF VISITS</p> |
| <p>..... 01</p> <p>..... 02</p> <p>..... 03</p> <p>..... 04</p> <p>..... 05</p> <p>..... 06</p> <p>..... 07</p> <p>..... 08</p> | <p>..... 01</p> <p>..... 02</p> <p>..... 03</p> <p>..... 04</p> <p>..... 05</p> <p>..... 06</p> <p>..... 07</p> <p>..... 08</p> | <p>..... 01</p> <p>..... 02</p> <p>..... 03</p> <p>..... 04</p> <p>..... 05</p> <p>..... 06</p> <p>..... 07</p> <p>..... 08</p> | <p>..... 01</p> <p>..... 02</p> <p>..... 03</p> <p>..... 04</p> <p>..... 05</p> <p>..... 06</p> <p>..... 07</p> <p>..... 08</p> |
| <p>NUMBER OF PLACES</p> | <p>NUMBER OF PLACES</p> | <p>NUMBER OF PLACES</p> | <p>NUMBER OF PLACES</p> |
| <p>..... 01</p> <p>..... 02</p> <p>..... 03</p> <p>..... 04</p> <p>..... 05</p> <p>..... 06</p> | <p>..... 01</p> <p>..... 02</p> <p>..... 03</p> <p>..... 04</p> <p>..... 05</p> <p>..... 06</p> | <p>..... 01</p> <p>..... 02</p> <p>..... 03</p> <p>..... 04</p> <p>..... 05</p> <p>..... 06</p> | <p>..... 01</p> <p>..... 02</p> <p>..... 03</p> <p>..... 04</p> <p>..... 05</p> <p>..... 06</p> |

| | | FIRST PREGNANCY | SECOND PREGNANCY |
|---|--|-----------------|------------------|
| B-26. | Did the nurse or doctor, or someone where you received prenatal care make arrangements for your delivery at a hospital or birthing center? | | |
| | Yes | 1 | 1 |
| | No | 2 | 2 |
| B-27. | Did the nurse or doctor, or someone where you received prenatal care ask whether you had made arrangements for the baby's medical care after birth? | | |
| | Yes | 1 | 1 |
| | No | 2 | 2 |
| B-28. | During your pregnancy, did a doctor ever tell you to remain in bed for one or more <u>weeks</u> because of some problem related to your pregnancy? | | |
| | Yes | 1 (B-29) | 1 (B-29) |
| | No | 2 (BOX 8) | 2 (BOX 8) |
| B-29. | Why did the doctor tell you to remain in bed for one or more weeks during your pregnancy? That is, which conditions listed on Card 8 did he or she say you had? (CIRCLE ALL THAT APPLY.) | | |
| | <div data-bbox="113 1236 194 1357" style="border: 1px solid black; padding: 2px; display: inline-block;">HAND CARD 8</div> <ul style="list-style-type: none"> A. Threatened abortion; vaginal bleeding during first half of pregnancy 01 B. Vaginal bleeding during last half of pregnancy 02 C. High blood pressure or hypertension before pregnancy 03 D. High blood pressure or hypertension related to pregnancy 04 E. Early or false labor 05 F. Swollen ankles; water retention; edema 06 G. Other (SPECIFY) 07 | | |
| B-30. | Altogether, how long did you stay in bed for (CONDITIONS IN B-29) during your pregnancy? | DAYS | DAYS |
| | | WEEKS | WEEKS |
| BOX 8. DID R's PREGNANCY END IN: LIVE BIRTH 1 (B-31, PAGE 14) ABORTION 2 (B-45, PAGE 18) MISCARRIAGE OR STILLBIRTH. 3 (BOX 9) | | | |

| THIRD PREGNANCY | FOURTH PREGNANCY | FIFTH PREGNANCY | SIXTH PREGNANCY |
|---|---|---|---|
| <p>..... 1</p> <p>..... 2</p> | <p>..... 1</p> <p>..... 2</p> | <p>..... 1</p> <p>..... 2</p> | <p>..... 1</p> <p>..... 2</p> |
| <p>..... 1</p> <p>..... 2</p> | <p>..... 1</p> <p>..... 2</p> | <p>..... 1</p> <p>..... 2</p> | <p>..... 1</p> <p>..... 2</p> |
| <p>..... 1 (B-29)</p> <p>..... 2 (BOX 8)</p> | <p>..... 1 (B-29)</p> <p>..... 2 (BOX 8)</p> | <p>..... 1 (B-29)</p> <p>..... 2 (BOX 8)</p> | <p>..... 1 (B-29)</p> <p>..... 2 (BOX 8)</p> |
| <p>..... 01</p> <p>..... 02</p> <p>..... 03</p> <p>..... 04</p> <p>..... 05</p> <p>..... 06</p> <p>..... 07</p> | <p>..... 01</p> <p>..... 02</p> <p>..... 03</p> <p>..... 04</p> <p>..... 05</p> <p>..... 06</p> <p>..... 07</p> | <p>..... 01</p> <p>..... 02</p> <p>..... 03</p> <p>..... 04</p> <p>..... 05</p> <p>..... 06</p> <p>..... 07</p> | <p>..... 01</p> <p>..... 02</p> <p>..... 03</p> <p>..... 04</p> <p>..... 05</p> <p>..... 06</p> <p>..... 07</p> |
| <p>..... DAYS</p> <p>..... WEEKS</p> | <p>..... DAYS</p> <p>..... WEEKS</p> | <p>..... DAYS</p> <p>..... WEEKS</p> | <p>..... DAYS</p> <p>..... WEEKS</p> |
| <p>..... 1 (B-31, PAGE 14)</p> <p>..... 2 (B-45, PAGE 18)</p> <p>..... 3 (BOX 9)</p> | <p>..... 1 (B-31, PAGE 14)</p> <p>..... 2 (B-45, PAGE 18)</p> <p>..... 3 (BOX 9)</p> | <p>..... 1 (B-31, PAGE 14)</p> <p>..... 2 (B-45, PAGE 18)</p> <p>..... 3 (BOX 9)</p> | <p>..... 1 (B-31, PAGE 14)</p> <p>..... 2 (B-45, PAGE 18)</p> <p>..... 3 (BOX 9)</p> |

BOX 9. ● IF R HAS HAD MORE PREGNANCIES OTHER THAN A CURRENT PREGNANCY, RETURN TO B-11, PAGE 8. (USE CONTINUATION BOOKLET IF NECESSARY.)

● OTHERWISE, GO TO BOX 15, PAGE 18.

LIVE BIRTHS

07R

Pregnancy No. |__|__|

Pregnancy No. |__|__|

| CHILD'S NAME | FIRST BIRTH | SECOND BIRTH |
|---|--|--|
| | _____ | _____ |
| B-31. How much did (CHILD) weigh at birth? | _____ _____ (BOX 10) LBS. OZ. DK. 9898 (B-32) | _____ _____ (BOX 10) LBS. OZ. DK. 9898 (B-32) |
| B-32. Did (s/he) weigh more than 5 1/2 pounds, or less than 5 1/2 pounds? More than 5 1/2 pounds. Less than 5 1/2 pounds. | 1 2 | 1 2 |
| BOX 10. WAS CHILD BORN . . . BEFORE JANUARY 1984 JANUARY 1984 OR LATER | 1 (BOX 11, PAGE 16) 2 (B-33) | 1 (BOX 11, PAGE 16) 2 (B-33) |
| B-33. Card 7 lists some of the ways in which medical bills can be paid. When (CHILD) was born, in which of these ways was the bill paid? (CIRCLE ALL THAT APPLY AND PROBE: What other ways?) HAND CARD 7 A. Your (or your husband's/ partner's) own income B. Parents, other relatives, boyfriend or his family C. Insurance (which you carry or is carried for you) D. No charge -- paid by Medicaid E. Government assistance other than Medicaid (state or local). F. Some other way (SPECIFY). | 01 02 03 04 05 06 | 01 02 03 04 05 06 |
| B-34. Did (CHILD) come home from the hospital at the same time you did, or did (s/he) have to stay longer for medical reasons? Came home with mother Stayed longer Child placed for adoption Not born in hospital. Child died at hospital. | 1 (B-37) 2 (B-35) 3 (BOX 13, PAGE 16) 4 (B-37) 5 (B-41) | 1 (B-37) 2 (B-35) 3 (BOX 13, PAGE 16) 4 (B-37) 5 (B-41) |
| B-35. How many nights altogether did (CHILD) spend in the hospital after (s/he) was born? | NUMBER | NUMBER |
| B-36. Did (CHILD) stay in the hospital where (s/he) was born until (s/he) came home, or was (s/he) transferred to another hospital? Transferred Stayed. | 1 2 | 1 2 |
| B-37. (After (CHILD) came home following birth), how many times, if any, did (s/he) have to stay in the hospital for at least one night during the first year? | NUMBER Never hospitalized. . . 96 | NUMBER Never hospitalized. . . 96 |

| | | FIRST BIRTH | SECOND BIRTH |
|---|--|--|--|
| CHILD'S NAME | | | |
| B-38. | How old was (CHILD) when you first took (him/her) to the doctor or clinic for a well-baby or routine checkup? | MONTHS WEEKS Did not take. 96 | MONTHS WEEKS Did not take. 96 |
| <div style="border: 1px solid black; padding: 5px;"> BOX 11. CHECK SCREENER. DOES CHILD LIVE IN HOUSEHOLD WITH R? YES NO. </div> | | 1 (B-42) 2 (B-39) | 1 (B-42) 1 (B-39) |
| B-39. | I see (CHILD) is not listed in the household. Is (s/he) still living? | 1 (B-40) 2 (B-41) | 1 (B-40) 2 (B-41) |
| B-40. | Please look at Card 9. Where is (s/he) living now? | | |
| HAND CARD 9 | A. (Her/His) own household B. At college/away at school C. With (her/his) father D. With other relatives. E. With adoptive parents F. Other (SPECIFY) | 1 (B-42) 2 (B-42) 3 (B-42) 4 (B-42) 5 (BOX 13) 6 (B-42) | 1 (B-42) 2 (B-42) 3 (B-42) 4 (B-42) 5 (BOX 13) 6 (B-42) |
| B-41. | When did (s/he) die? | _____ _____ MONTH YEAR | _____ _____ MONTH YEAR |
| <div style="border: 1px solid black; padding: 5px;"> BOX 12. DID CHILD DIE BEFORE TWO MONTHS OLD? YES NO. </div> | | 1 (BOX 13) 2 (B-42) | 1 (BOX 13) 1 (B-42) |
| B-42. | When (CHILD) was an infant, did you breast feed (her/him) at all? | 1 (B-43) 2 (BOX 13) | 1 (B-43) 2 (BOX 13) |
| B-43. | How many weeks old was (s/he) when (s/he) first took milk or formula from a bottle or cup? (RECORD VERBATIM IF R ANSWERS IN ANYTHING OTHER THAN WEEKS.) | WEEKS OLD Hasn't yet. . . 96 (BOX 13) | WEEKS OLD Hasn't yet. . . 96 (BOX 13) |
| B-44. | How many weeks old was (s/he) when you stopped breast feeding (her/him) altogether? (RECORD VERBATIM IF R ANSWERS IN ANYTHING OTHER THAN WEEKS.) | WEEKS OLD Still breast feeding. . . 96 | WEEKS OLD Still breast feeding. . . 96 |

BOX 13. IF MORE LIVE BIRTHS FROM THIS PREGNANCY, RETURN TO B-31, PAGE 14.

IF R HAS HAD MORE PREGNANCIES OTHER THAN A CURRENT PREGNANCY, RETURN TO B-11, PAGE 8. (USE CONTINUATION BOOKLET IF NECESSARY.)

OTHERWISE, GO TO BOX 15, PAGE 18.

| THIRD BIRTH | FOURTH BIRTH | FIFTH BIRTH | SIXTH BIRTH |
|--|--|--|--|
| MONTHS | MONTHS | MONTHS | MONTHS |
| WEEKS | WEEKS | WEEKS | WEEKS |
| Did not take. 96 | Did not take. 96 | Did not take. 96 | Did not take. 96 |
| 1 (B-42) 2 (B-39) | 1 (B-42) 2 (B-39) | 1 (B-42) 2 (B-39) | 1 (B-42) 2 (B-39) |
| 1 (B-40) 2 (B-41) | 1 (B-40) 2 (B-41) | 1 (B-40) 2 (B-41) | 1 (B-40) 2 (B-41) |
| 1 (B-42) 2 (B-42) 3 (B-42) 4 (B-42) 5 (BOX 13) 6 (B-42) | 1 (B-42) 2 (B-42) 3 (B-42) 4 (B-42) 5 (BOX 13) 6 (B-42) | 1 (B-42) 2 (B-42) 3 (B-42) 4 (B-42) 5 (BOX 13) 6 (B-42) | 1 (B-42) 2 (B-42) 3 (B-42) 4 (B-42) 5 (BOX 13) 6 (B-42) |
| MONTH YEAR | MONTH YEAR | MONTH YEAR | MONTH YEAR |
| 1 (BOX 13) 2 (B-42) | 1 (BOX 13) 2 (B-42) | 1 (BOX 13) 2 (B-42) | 1 (BOX 13) 2 (B-42) |
| 1 (B-43) 2 (BOX 13) | 1 (B-43) 2 (BOX 13) | 1 (B-43) 2 (BOX 13) | 1 (B-43) 2 (BOX 13) |
| WEEKS OLD Hasn't yet. . 96 (BOX 13) | WEEKS OLD Hasn't yet. . 96 (BOX 13) | WEEKS OLD Hasn't yet. . 96 (BOX 13) | WEEKS OLD Hasn't yet. . 96 (BOX 13) |
| WEEKS OLD Still breast feeding. . 96 | WEEKS OLD Still breast feeding. . 96 | WEEKS OLD Still breast feeding. . 96 | WEEKS OLD Still breast feeding. . 96 |

BOX 13. IF MORE LIVE BIRTHS FROM THIS PREGNANCY, RETURN TO B-31, PAGE 14.

IF R HAS HAD MORE PREGNANCIES OTHER THAN A CURRENT PREGNANCY, RETURN TO B-11, PAGE 8. (USE CONTINUATION BOOKLET IF NECESSARY.)

OTHERWISE, GO TO BOX 15, PAGE 18.

ABORTIONS

08R

Pregnancy No. |__|__|

Pregnancy No. |__|__|

| | FIRST ABORTION | SECOND ABORTION |
|--|---|---|
| B-45. Was that pregnancy ended in A hospital or hospital clinic, An abortion clinic, Some other clinic, A doctor's office, Or some other place?, | 1 2 3 4 5 | 1 2 3 4 5 |
| B-46. Was this (PLACE) located In your own city or town, In a different city or town but in your own state, Or in another state?, | 1 2 3 | 1 2 3 |

BOX 14. IF R HAS HAD MORE PREGNANCIES OTHER THAN A CURRENT PREGNANCY, RETURN TO B-11, PAGE 8. (USE CONTINUATION BOOKLET, IF NECESSARY.) OTHERWISE, GO TO BOX 15.

09

BOX 15. CHECK MARITAL STATUS. IS R:

CURRENTLY MARRIED, LIVING WITH A PARTNER OR
 BOYFRIEND, WIDOWED, DIVORCED OR SEPARATED 1 (B-47)
 NEVER MARRIED 2 (B-49)

18

BOX 13. IF MORE LIVE BIRTHS FROM THIS PREGNANCY, RETURN TO B-31, PAGE 18.
 IF R HAS HAD MORE PREGNANCIES OTHER THAN A CURRENT PREGNANCY, RETURN TO B-11, PAGE 8. (USE CONTINUATION BOOKLET IF NECESSARY.)
 OTHERWISE, GO TO BOX 15, PAGE 18.

Pregnancy No. |__|__| Pregnancy No. |__|__| Pregnancy No. |__|__| Pregnancy No. |__|__|

| THIRD ABORTION | FOURTH ABORTION | FIFTH ABORTION | SIXTH ABORTION |
|---|---|---|---|
| 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 1 2 3 | 1 2 3 | 1 2 3 | 1 2 3 |

ASK B-21 THROUGH B-25 IN SEQUENCE FOR EACH ADOPTED CHILD.

| CHILD #1 | CHILD #2 | CHILD #3 | CHILD #4 | |
|---|---|---|---|--|
| 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | B-21. Thinking now about the (first/second/etc.) child, what was the child's relationship to you, if any, before the adoption? Stepchild Other relative Foster child None Other (SPECIFY) |
| 1 2 3 | 1 2 3 | 1 2 3 | 1 2 3 | B-22. Was he or she born in the United States or a foreign country? U.S. Foreign country |
| MO YR 60-63 | MO YR 61-64 | MO YR 62-65 | MO YR 63-66 | B-23. What was the child's date of birth? |
| MO YR 64-67 | MO YR 65-68 | MO YR 66-69 | MO YR 67-70 | B-24. In what month and year did he or she begin living with you? |
| 1 2 3 | 1 2 3 | 1 2 3 | 1 2 3 | B-25. Was the adoption arranged through A public agency Through a private agency Or in some other way |

B-47. (In addition to the (child/children) born to you), did your (husband/partner) have any children who you are bringing up or have brought up?

| | | |
|---------------|----------|----|
| Yes | 1 (B-48) | 19 |
| No | 2 (B-49) | |

B-48. How many children (is/was) that? _____ NUMBER 20-21

B-49. (In addition to the (child/children) born to you), have you ever adopted any children?

| | | |
|---------------|----------|----|
| Yes | 1 (B-50) | 22 |
| No | 2 (B-56) | |

B-50. How many children have you adopted? (ENTER HERE AND CIRCLE CHILD # IN CHART BELOW.) _____ NUMBER 23-24

ASK B-51 THROUGH B-55 IN SEQUENCE FOR EACH ADOPTED CHILD.

| | CHILD #1 | CHILD #2 | CHILD #3 | CHILD #4 |
|--|------------------|------------------|------------------|------------------|
| B-51. Thinking now about the (first/second/etc.) child, what was the child's relationship to you, if any, before the adoption? | | | | |
| Stepchild | . . . 1 | . . . 1 | . . . 1 | . . . 1 |
| Other relative. | . . . 2 | . . . 2 | . . . 2 | . . . 2 |
| Foster child. | . . . 3 | . . . 3 | . . . 3 | . . . 3 |
| None. | . . . 4 | . . . 4 | . . . 4 | . . . 4 |
| Other (SPECIFY) | . . . 5 | . . . 5 | . . . 5 | . . . 5 |
| | 25 | 36 | 47 | 58 |
| B-52. Was he or she born in the United States or a foreign country? | | | | |
| U.S. | . . . 1 | . . . 1 | . . . 1 | . . . 1 |
| Foreign country | . . . 2 | . . . 2 | . . . 2 | . . . 2 |
| | 26 | 37 | 48 | 59 |
| B-53. What was the child's date of birth? | MO YR 27-30 | MO YR 38-41 | MO YR 49-52 | MO YR 60-63 |
| B-54. In what month and year did he or she begin living with you? | MO YR 31-34 | MO YR 42-45 | MO YR 53-56 | MO YR 64-67 |
| B-55. Was the adoption arranged through . . . | | | | |
| A public agency, | . . . 1 | . . . 1 | . . . 1 | . . . 1 |
| Through a private agency, | . . . 2 | . . . 2 | . . . 2 | . . . 2 |
| Or in some other way? | . . . 3 | . . . 3 | . . . 3 | . . . 3 |
| | 35 | 46 | 57 | 68 |

B-56. Have you ever contacted an adoption agency or lawyer about adopting a(nother) child?

Yes 1 (B-57)
No 2 (BOX 16)

69

B-57. What steps, if any, have you taken toward adopting a(nother) child. Have you . . .

| | <u>YES</u> | <u>NO</u> | |
|--|------------|-----------|----|
| A. Formally applied to an adoption agency? | 1 | 2 | 70 |
| B. Engaged a lawyer to make arrangements for an adoption? | 1 | 2 | 71 |
| (IF NO TO A AND B, GO TO BOX 16. OTHERWISE, CONTINUE.) | | | |
| C. Had a home study completed? | 1 | 2 | 72 |
| D. Had a child come to live with you in preparation for adoption? | 1 | 2 | 73 |

B-58. At this time, are you still actively seeking to adopt a(nother) child?

Yes 1
No 2

74

BOX 16. B & P REVIEW

A. IF NO PREGNANCIES, GO TO STEP C.

B. REVIEW PREGNANCY HISTORY WITH R. THEN GO TO STEP C.

C. A few minutes ago I mentioned the importance of getting complete information on each woman's pregnancies. But, in surveys of this kind, women sometimes do not mention pregnancies that ended very early or babies that died very young or were raised by someone else. (Aside from [your current pregnancy and] the _____ pregnancies we have talked about), have we missed any pregnancies that ended in live birth, miscarriage, stillbirth, or abortion?

Yes 1 (CORRECT SECTION B
BEGINNING WITH B-3,
PAGE 7)
No 2 (C-1)

75

THIS PAGE IS
INTENTIONALLY BLANK

SECTION C

FOLD OUT METHOD CALENDAR, PAGE 39.

C-1. Another important part of women's health is the use of methods to plan the number of children one has and when they are born. Card 10 lists methods that some people use for birth control and family planning. As I read each one, please tell me if you know how it is used. Just give me a "yes" or "no" answer. Do you know how (METHOD) is used?

HAND
CARD
10

| | YES | NO | |
|---|-----|----|-------|
| A. Condom, rubber? | 1 | 2 | 76 |
| B. Condom and foam, used together? | 1 | 2 | 77 |
| C. Diaphragm with or without jelly or cream? | 1 | 2 | 78 |
| D. Douching after intercourse? | 1 | 2 | 79 |
| E. Foam? | 1 | 2 | 80 |
| F. IUD, coil, loop? | 1 | 2 | 81 |
| G. Jelly or cream alone? | 1 | 2 | 82 |
| H. Pill? | 1 | 2 | 83 |
| I. Rhythm or safe period by calendar? | 1 | 2 | 84 |
| J. Safe period by temperature or cervical mucus test, natural family planning? | 1 | 2 | 85 |
| K. Female sterilization operation, tubal ligation? | 1 | 2 | 86 |
| L. Suppository, insert? | 1 | 2 | 87 |
| M. Today™ sponge? | 1 | 2 | 88 |
| N. Vasectomy, male sterilization? | 1 | 2 | 89 |
| P. Withdrawal, pulling out? | 1 | 2 | 90 |
| Q. Do you know of any other method? (IF YES, SPECIFY) _____ | 1 | 2 | 91 |
| | | | 92-93 |

C-2. Card 11 shows seven methods of birth control. Please look at the Card and tell me . . .

HAND
CARD
11

C-2a. Which do you think is the most effective for preventing pregnancy?

_____ LETTER _____

METHODS

- A. Diaphragm
- B. Condom (rubber) 94-95
- C. IUD (loop, coil)
- D. Rhythm (safe period by calendar)

C-2b. Which do you think is the next most effective for preventing pregnancy?

_____ LETTER _____

- E. Foam
- F. Pill
- G. Withdrawal (pulling out) 96-97

C-2c. Which is the least effective for preventing pregnancy?

_____ LETTER _____

98-99

C-3. Which method do you think is more effective for preventing pregnancy: natural family planning or rhythm by calendar?

| | | |
|---------------------------------------|---|-----|
| Natural family planning | 1 | |
| Rhythm by calendar | 2 | |
| Equally effective | 3 | |
| Doesn't know the difference | 4 | 100 |

C-4. Please look at Card 12. During the monthly menstrual cycle, that is, from one period to the next, would you say the average woman is most likely to become pregnant if she has intercourse . . .

HAND
CARD
12

| | | |
|--|---|-----|
| A. Right before her menstrual period begins, | 1 | |
| B. During her period, | 2 | |
| C. About a week after her period begins, | 3 | |
| D. About two weeks after her period begins, | 4 | |
| E. Or, it makes no difference; all times are the same? | 5 | |
| Don't know | 8 | 101 |

BOX 17. IF R IS:

| | |
|---|---------|
| NEVER PREGNANT <u>AND</u> NEVER MARRIED | 1 (C-5) |
| EVER PREGNANT <u>OR</u> EVER MARRIED | 2 (C-6) |

102

C-5. At any time in your life, have you ever had sexual intercourse (that is, made love, had sex, or gone all the way)?

Yes 1 (C-6)
 No 2 (SECTION D, PAGE 41)

103

C-6. When did you have sexual intercourse for the first time -- what month and year was that?
 (PROBE AS NECESSARY FOR GRADE IN SCHOOL, AGE, OR OTHER INFORMATION ON TIME OF FIRST INTERCOURSE.
 [SEE MANUAL])

_____|_____
 MONTH (SEASON) YEAR

104-107

C-7. How old were you at that time?

 AGE
 Don't know 98 (C-7a)

108-109

C-7a. Were you less than 18 years old or were you 18 years or older?

Less than 18 years 1 (C-7b)
 18 years or older 2 (C-7c)

110

C-7b. Were you less than 15 years old or were you 15 or older?

Less than 15 years 1 (BOX 18)
 15 years or older 2 (BOX 18)

111

C-7c. Were you less than 20 years old or were you 20 or older?

Less than 20 years 1 (BOX 18)
 20 years or older 2 (BOX 18)

112

C-8. Was it before your _____ th birthday or after?

Before 1
 After 2

113

BOX 17. If R 1st
 NEVER PREGNANT AND NEVER MARRIED 1 (C-2)
 EVER PREGNANT OR EVER MARRIED 2 (C-2)

BOX 18. A. CHECK C-6 AND C-7:

- DATE GIVEN 1 (GO TO STEP B)
- DATE DON'T KNOW OR REFUSED, AGE GIVEN. 2 (ENTER AGE AT FIRST INTERCOURSE ON B & P RECORD AND GO TO STEP D)
- BOTH DATE AND AGE DON'T KNOW OR REFUSED. 3 (BOX 20, PAGE 27)

114

B. CALCULATE AGE AT FIRST INTERCOURSE:

DOES MONTH OF FIRST INTERCOURSE COME EARLIER IN THE YEAR THAN MONTH OF R'S BIRTH?

YES: $\frac{\text{YEAR IN C-6}}{\text{YEAR IN C-6}} - \frac{\text{YEAR OF BIRTH}}{\text{YEAR OF BIRTH}} - 1 = \text{AGE}$

NO: $\frac{\text{YEAR IN C-6}}{\text{YEAR IN C-6}} - \frac{\text{YEAR OF BIRTH}}{\text{YEAR OF BIRTH}} = \text{AGE}$

C. IS CALCULATED AGE SAME AS GIVEN AGE? (CHECK C-7)

- YES. 1 (ENTER DATE AND AGE ON B & P RECORD AND GO TO STEP D)
- NO 2 (REVIEW DATE AND AGE WITH R TO RESOLVE PROBLEM, ENTER CORRECTED DATE AND AGE ON B & P RECORD, THEN GO TO STEP D)
- AGE NOT GIVEN. 3 (ENTER DATE AND CALCULATED AGE ON B & P RECORD AND GO TO STEP D)

D. CHECK B & P RECORD FOR AGES AT FIRST MENSTRUAL PERIOD AND FIRST INTERCOURSE:

CHECK ITEM 1. DID R'S FIRST INTERCOURSE OCCUR AFTER OR AT THE SAME AGE AS HER FIRST MENSTRUAL PERIOD?

- YES. 1 (GO TO STEP E)
- NO 2 (C-9)
- AGE AT FIRST PERIOD UNKNOWN. 3 (GO TO STEP E)

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E. CHECK B & P RECORD FOR DATES/AGES OF FIRST INTERCOURSE AND FIRST PREGNANCY:

IF R NEVER PREGNANT, CHECK THE BOX AND GO TO C-26, PAGE 33.

IF DATES KNOWN FOR BOTH, COMPARE DATES. OTHERWISE CALCULATE AGE AT FIRST PREGNANCY ON WORKSHEET (ON B & P RECORD) AND COMPARE AGES.

CHECK ITEM 2. DID R'S FIRST PREGNANCY END AFTER HER FIRST INTERCOURSE?

- YES. 1 (BOX 20, PAGE 27)
- NO 2 (REVIEW DATES/AGES WITH R AND RESOLVE PROBLEM. THEN GO TO BOX 20, PAGE 27)

116

C-9. Thinking back, after your first menstrual period, when did you have sexual intercourse for the first time -- what month and year was that? (PROBE AS NECESSARY FOR GRADE IN SCHOOL, AGE, OR OTHER INFORMATION ON TIME OF FIRST INTERCOURSE. [SEE MANUAL])

(C-10) 117-120

MONTH (SEASON) | YEAR

Had no intercourse since first menstrual period 9595 (SECTION D, PAGE 41)

C-10. How old were you at that time?

(C-11) 121-122

AGE

Don't know 98 (C-10a)

C-10a. Were you less than 18 years old or were you 18 years or older?

123

Less than 18 years 1 (C-10b)
 18 years or older. 2 (C-10c)

C-10b. Were you less than 15 years old or were you 15 or older?

124

Less than 15 years 1 (BOX 19)
 15 years or older. 2 (BOX 19)

C-10c. Were you less than 20 years old or were you 20 or older?

125

Less than 20 years 1 (BOX 19)
 20 years or older. 2 (BOX 19)

C-11. Was it before your _____th birthday or after?

126

Before 1
 After. 2

BOX 19. A. CHECK C-9 AND C-10:

- DATE GIVEN 1 (GO TO STEP B)
- DATE DON'T KNOW OR REFUSED, AGE GIVEN. 2 (ENTER AGE AT FIRST INTER-
COURSE ON B & P RECORD AND
GO TO STEP D)
- BOTH DATE AND AGE DON'T KNOW OR REFUSED. 3 (BOX 20)

127

B. CALCULATE AGE AT FIRST INTERCOURSE AS REPORTED IN C-9:

DOES MONTH OF FIRST INTERCOURSE IN C-9 COME EARLIER IN THE YEAR THAN MONTH OF R'S BIRTH?

YES: $\frac{\text{YEAR IN C-9}}{\text{YEAR IN C-9}} - \frac{\text{YEAR OF BIRTH}}{\text{YEAR OF BIRTH}} - 1 = \text{AGE}$

NO: $\frac{\text{YEAR IN C-9}}{\text{YEAR IN C-9}} - \frac{\text{YEAR OF BIRTH}}{\text{YEAR OF BIRTH}} = \text{AGE}$

C. IS CALCULATED AGE SAME AS GIVEN AGE? (CHECK C-10)

- YES. 1 (ENTER DATE AND AGE ON B & P RECORD AND GO TO STEP D)
- NO 2 (REVIEW DATE AND AGE WITH R TO RESOLVE PROBLEM, ENTER
CORRECTED DATE AND AGE ON B & P RECORD, THEN GO TO
STEP D)
- AGE NOT GIVEN. 3 (ENTER DATE AND CALCULATED AGE ON B & P RECORD AND
GO TO STEP D)

D. CHECK B & P RECORD FOR AGES AT FIRST MENSTRUAL PERIOD AND FIRST INTERCOURSE AS REPORTED IN C-9:

CHECK ITEM 1. DID R'S FIRST INTERCOURSE (AS REPORTED IN C-9) OCCUR AFTER OR AT THE SAME AGE AS HER FIRST MENSTRUAL PERIOD?

- YES. 1 (GO TO STEP E)
- NO 2 (REVIEW DATES/AGES WITH R AND RESOLVE PROBLEM.
THEN GO TO STEP E)

128

E. CHECK B & P RECORD FOR DATES/AGES OF FIRST INTERCOURSE AFTER FIRST PERIOD AND FIRST PREGNANCY:

IF R NEVER PREGNANT, CHECK THE BOX AND GO TO C-26, PAGE 33.

IF DATES KNOWN FOR BOTH, COMPARE DATES. OTHERWISE CALCULATE AGE AT FIRST PREGNANCY ON WORKSHEET (ON B & P RECORD) AND COMPARE AGES.

CHECK ITEM 2. DID R'S FIRST PREGNANCY END AFTER HER FIRST INTERCOURSE (AS REPORTED IN C-9)?

- YES. 1 (BOX 20)
- NO 2 (REVIEW DATES/AGES WITH R AND RESOLVE PROBLEM.
THEN GO TO BOX 20)

129

BOX 20. ● IF R NEVER PREGNANT, CHECK THE BOX AND GO TO C-26, PAGE 33.

● IF R EVER PREGNANT, INCLUDING A CURRENT PREGNANCY:

- A. SET UP COLUMN HEADINGS ON PAGES 28 AND 31, RECORDING ALL PREGNANCIES FROM B & P RECORD.
- B. ENTER "V" ON METHOD CALENDAR FOR PREGNANCY ENDING DATES JANUARY 1984 OR LATER.
- C. IF R'S FIRST INTERCOURSE (AFTER FIRST MENSTRUAL PERIOD) OCCURRED LATER THAN JANUARY 1984, ENTER A "Z" IN METHOD CALENDAR IN EACH MONTH BEFORE THE MONTH OF FIRST INTERCOURSE.
- D. IF FIRST PREGNANCY:

130

- IS CURRENT PREGNANCY 1 (C-12)
- ENDED JANUARY 1984 OR LATER. 2 (C-12)
- ENDED BEFORE JANUARY 1984. 3 (C-14)

CODER USE ONLY:

COUNT10 _____ 131-132

| | | | | | | | | | | | | | | | | | | | | |
|--|---|-----------|----------|-----------|-------------|--|-----------|--|----|----|----|----|----|----|----|----|----|----|----|----|
| | Between A FIRST INTERCOURSE & B | | | | | | | | | | | | | | | | | | | |
| C-12. (IF (A) WAS BEFORE JANUARY 1982, ASK ABOUT TIME SINCE JANUARY 1982 FOR THIS QUESTION ONLY). (Many women have times when they are not having intercourse at all, for example, because of pregnancy, separation, not dating anyone, illness, or other reasons.) Between [(A)/January 1982] and (B), were there any times when you were not having intercourse at all for one month or more? Yes No | 1 (C-13) 2 (C-14) | | | | | | | | | | | | | | | | | | | |
| C-13. What months and years were those? PROBE: What other months? (ENTER LETTER "Z" FOR NO INTERCOURSE ON METHOD CALENDAR.) | <table border="1"> <tr> <td colspan="2" style="text-align: center;"><u>FROM</u></td> <td colspan="2" style="text-align: center;"><u>TO</u></td> </tr> <tr> <td>MO</td><td>YR</td> <td>MO</td><td>YR</td> </tr> <tr> <td>MO</td><td>YR</td> <td>MO</td><td>YR</td> </tr> <tr> <td>MO</td><td>YR</td> <td>MO</td><td>YR</td> </tr> </table> | | | | <u>FROM</u> | | <u>TO</u> | | MO | YR | MO | YR | MO | YR | MO | YR | MO | YR | MO | YR |
| <u>FROM</u> | | <u>TO</u> | | | | | | | | | | | | | | | | | | |
| MO | YR | MO | YR | | | | | | | | | | | | | | | | | |
| MO | YR | MO | YR | | | | | | | | | | | | | | | | | |
| MO | YR | MO | YR | | | | | | | | | | | | | | | | | |
| C-14. Between (A and B), did you or your partner ever use any method of birth control or family planning for one month or more? Yes No | 1 (C-15) 2 (BOX 23) | | | | | | | | | | | | | | | | | | | |
| C-15. Looking at Card 10 and starting with the first method you used between (A and B), please tell me the letter for each method used for one month or more in the order you used them. PROBE: What other methods? (ENTER METHODS IN ORDER IN THE ANSWER AREA. CIRCLE METHODS ON LIST OF METHODS.) | 1st Meth | 2nd Meth | 3rd Meth | Last Meth | | | | | | | | | | | | | | | | |

HAND CARD 10

BOX 21. IF PREGNANCY B ENDED BEFORE JANUARY, 1984, GO TO C-19. OTHERWISE, CONTINUE WITH C-16.

| | | | | |
|--|----|----|----|----|
| ASK C-16 AND C-17 IN SEQUENCE FOR EACH METHOD USED IN AN INTERVAL. C-16. Between (A and B), in what month and year did you start to use (METHOD)? (ENTER LETTER FOR METHOD ON METHOD CALENDAR.) | MO | MO | MO | MO |
| | YR | YR | YR | YR |
| C-17. In what month and year did you stop using (METHOD)? (ENTER LETTER FOR METHOD ON METHOD CALENDAR.) | MO | MO | MO | MO |
| | YR | YR | YR | YR |

BOX 22. IF NO OTHER METHODS USED IN THIS INTERVAL, CONTINUE WITH C-18. OTHERWISE, GO BACK TO C-16 FOR NEXT METHOD.

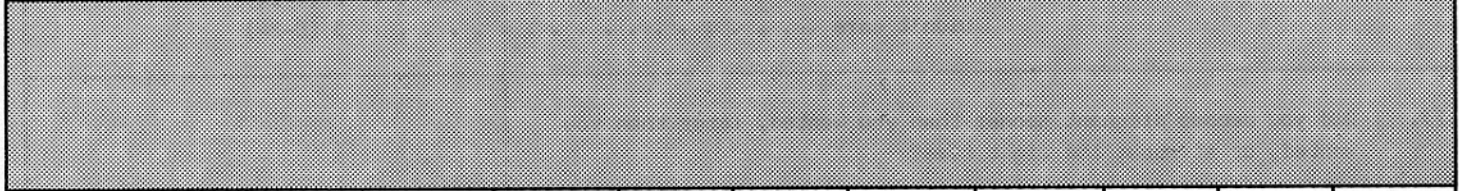
BOX 23. IF PREGNANCY B ENDED BEFORE JANUARY, 1984, GO TO C-20. OTHERWISE, CONTINUE WITH C-18.

| | | |
|--|---|--|
| YEAR _____ MONTH _____ | (ENTER LETTER Y FOR PREVALENCE BY METHOD CATEGORY.) IN WHAT MONTH AND YEAR DID YOU BECOME PREGNANT WITH (B)? | |
| 1 (C-13) 2 (C-14) | 1 (C-13) 2 (C-14) | 1 (C-13) 2 (C-14) |

| | | |
|---|---|---|
| FROM TO _____ _____ MO YR MO YR | FROM TO _____ _____ MO YR MO YR | FROM TO _____ _____ MO YR MO YR |
| _____ _____ MO YR MO YR | _____ _____ MO YR MO YR | _____ _____ MO YR MO YR |
| _____ _____ MO YR MO YR | _____ _____ MO YR MO YR | _____ _____ MO YR MO YR |

| | | |
|--|--|--|
| 1 (C-15) 2 (BOX 23) | 1 (C-15) 2 (BOX 23) | 1 (C-15) 2 (BOX 23) |
|--|--|--|

| | | | | | | | | | | | |
|-------------|-------------|-------------|--------------|-------------|-------------|-------------|--------------|-------------|-------------|-------------|--------------|
| 1st Meth | 2nd Meth | 3rd Meth | Last Meth | 1st Meth | 2nd Meth | 3rd Meth | Last Meth | 1st Meth | 2nd Meth | 3rd Meth | Last Meth |
|-------------|-------------|-------------|--------------|-------------|-------------|-------------|--------------|-------------|-------------|-------------|--------------|



| | | | | | | | | | | | |
|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| _____ MO | _____ MO | _____ MO | _____ MO | _____ MO | _____ MO | _____ MO | _____ MO | _____ MO | _____ MO | _____ MO | _____ MO |
| _____ YR | _____ YR | _____ YR | _____ YR | _____ YR | _____ YR | _____ YR | _____ YR | _____ YR | _____ YR | _____ YR | _____ YR |
| _____ MO | _____ MO | _____ MO | _____ MO | _____ MO | _____ MO | _____ MO | _____ MO | _____ MO | _____ MO | _____ MO | _____ MO |
| _____ YR | _____ YR | _____ YR | _____ YR | _____ YR | _____ YR | _____ YR | _____ YR | _____ YR | _____ YR | _____ YR | _____ YR |

C-18. In what month and year did you become pregnant with (B)?
(ENTER LETTER V FOR PREGNANCY ON METHOD CALENDAR.)

MONTH

YEAR

BOX 24. IF NO METHODS USED IN THIS INTERVAL, GO TO C-20.
OTHERWISE, CONTINUE.

C-19. Before you became pregnant with (B), had you stopped using all methods of birth control?

Yes 1 (C-20)
No 2 (C-21)

C-20. Was the reason you (had stopped/were not) using any methods because you yourself wanted to become pregnant?

Yes 1 (C-23)
No 2 (C-21)

C-21. At the time you became pregnant with (B), did you yourself, actually want to have a(nother) baby at some time?

Yes 1 (C-23)
No 2 (C-24)
Don't know 8 (C-22)

C-22. It is sometimes difficult to recall these things but, just before that pregnancy began, would you say you probably wanted a(nother) baby at some time or probably not?

Probably yes 1 (C-23)
Probably no 2 (C-24)
Didn't care 3 (C-24)

C-23. Did you become pregnant sooner than you wanted, later than you wanted, or at about the right time?

Sooner 1
Later 2
Right time 3
Didn't care 4

C-24. And what about your partner at the time you became pregnant with (B), did he want you to have a(nother) baby at some time?

Yes 1 (C-25)
No 2 (BOX 25)
Don't know 8 (BOX 25)

C-25. Did you become pregnant sooner than he wanted, later than he wanted, or at about the right time?

Sooner 1
Later 2
Right time 3
Didn't care 4

| Between A _____ & B _____ | Between A _____ & B _____ | Between A _____ & B _____ |
|---|---|---|
| MONTH YEAR | MONTH YEAR | MONTH YEAR |
| | | |
| <p>..... 1 (C-20) 2 (C-21)</p> | <p>..... 1 (C-20) 2 (C-21)</p> | <p>..... 1 (C-20) 2 (C-21)</p> |
| <p>..... 1 (C-23) 2 (C-21)</p> | <p>..... 1 (C-23) 2 (C-21)</p> | <p>..... 1 (C-23) 2 (C-21)</p> |
| <p>..... 1 (C-23) 2 (C-24) 8 (C-22)</p> | <p>..... 1 (C-23) 2 (C-24) 8 (C-22)</p> | <p>..... 1 (C-23) 2 (C-24) 8 (C-22)</p> |
| <p>..... 1 (C-23) 2 (C-24) 3 (C-24)</p> | <p>..... 1 (C-23) 2 (C-24) 3 (C-24)</p> | <p>..... 1 (C-23) 2 (C-24) 3 (C-24)</p> |
| <p>..... 1 2 3 4</p> | <p>..... 1 2 3 4</p> | <p>..... 1 2 3 4</p> |
| <p>..... 1 (C-25) 2 (BOX 25) 8 (BOX 25)</p> | <p>..... 1 (C-25) 2 (BOX 25) 8 (BOX 25)</p> | <p>..... 1 (C-25) 2 (BOX 25) 8 (BOX 25)</p> |
| <p>..... 1 2 3 4</p> | <p>..... 1 2 3 4</p> | <p>..... 1 2 3 4</p> |

BOX 25. • IF MORE PREGNANCIES (INCLUDING A CURRENT PREGNANCY) AND NEXT PREGNANCY:

- IS A CURRENT PREGNANCY, GO BACK TO C-12, PAGE 28.
- ENDED JANUARY 1984 OR LATER, GO BACK TO C-12, PAGE 28.
- ENDED BEFORE JANUARY 1984, GO BACK TO C-14, PAGE 28.

- IF NO MORE PREGNANCIES AND LAST PREGNANCY IS A CURRENT PREGNANCY, GO TO C-36, PAGE 34.
- IF NO MORE PREGNANCIES AND LAST PREGNANCY IS NOT A CURRENT PREGNANCY, GO TO C-27, PAGE 33.

| | | |
|--|--|--|
| (C-20) 1 (C-21) 2 | (C-20) 1 (C-21) 2 | (C-20) 1 (C-21) 2 |
| (C-22) 1 (C-23) 2 | (C-22) 1 (C-23) 2 | (C-22) 1 (C-23) 2 |
| (C-24) 1 (C-25) 2 (C-26) 3 | (C-24) 1 (C-25) 2 (C-26) 3 | (C-24) 1 (C-25) 2 (C-26) 3 |
| (C-27) 1 (C-28) 2 (C-29) 3 | (C-27) 1 (C-28) 2 (C-29) 3 | (C-27) 1 (C-28) 2 (C-29) 3 |
| 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| (C-30) 1 (BOX 25) 2 (BOX 25) 3 | (C-30) 1 (BOX 25) 2 (BOX 25) 3 | (C-30) 1 (BOX 25) 2 (BOX 25) 3 |
| 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |

NEVER PREGNANT RESPONDENTS

111

C-26. (IF FIRST INTERCOURSE WAS BEFORE JANUARY 1982, ASK ABOUT TIME SINCE JANUARY 1982 FOR THIS QUESTION ONLY). Many women have times when they are not having intercourse at all, for example, because of separation, not dating anyone, illness, or other reasons. Starting with the most recent time since (January 1982/your first intercourse), please tell me the times, if any, when you were not having intercourse at all for one month or more. (PROBE: What other months since (January 1982/your first intercourse)? ENTER LETTER "Z" FOR NO INTERCOURSE ON METHOD CALENDAR.)

| | | |
|--|------|--------------|
| FROM | TO | |
| | | |
| MONTH | YEAR | MONTH |
| | | YEAR |
| | | 18-25 |
| MONTH | YEAR | MONTH |
| | | YEAR |
| | | (C-29) 26-33 |
| MONTH | YEAR | MONTH |
| | | YEAR |
| | | 34-41 |
| No months of no intercourse. | | 9696 (C-29) |
| No intercourse after the first time. | | 9595 (C-39) |

OPEN INTERVAL

C-27. (IF LAST PREGNANCY ENDED BEFORE JANUARY 1982, ASK ABOUT TIME SINCE JANUARY 1982 FOR THIS QUESTION AND C-28 ONLY). Since [your (last) pregnancy/January 1982], were there any times when you were not having intercourse at all for one month or more, for example, because of pregnancy, separation, not dating anyone, illness, or other reasons?

| | | |
|--------------|----------|----|
| Yes. | 1 (C-28) | |
| No | 2 (C-29) | 42 |

C-28. Starting with the most recent time, what months and years were those? PROBE: What other months since [your (last) pregnancy/January 1982]? (ENTER LETTER "Z" FOR NO INTERCOURSE ON METHOD CALENDAR.)

| | | |
|-------|------|-------|
| FROM | TO | |
| | | |
| MONTH | YEAR | MONTH |
| | | YEAR |
| | | 43-50 |
| MONTH | YEAR | MONTH |
| | | YEAR |
| | | 51-58 |
| MONTH | YEAR | MONTH |
| | | YEAR |
| | | 59-66 |

C-29. Since your (first intercourse/last pregnancy), have you or your partner used any method of birth control or family planning for one month or more?

| | | |
|--------------|------------|----|
| Yes. | 1 (C-30) | |
| No | 2 (BOX 26) | 67 |

BOX 26. IS R CURRENTLY IN A PERIOD OF NON-INTERCOURSE? (CHECK C-26 AND C-28)

| | | |
|--------------|----------|----|
| YES. | 1 (C-36) | |
| NO | 2 (C-34) | 68 |

| C-30. Looking again at Card 10 and starting with the first method used since your (first intercourse/last pregnancy), please tell me the letter for each method used for one month or more, in the order you used them. PROBE: What other methods? (ENTER METHODS IN ORDER IN THE ANSWER AREA. CIRCLE NEW METHODS ON LIST OF METHODS.) | 1st Method 69-71 | 2nd Method 82-84 | 3rd Method 95-97 | Last Method 108-110 |
|--|--|--|---|---|
| <p>HAND CARD 10</p> <p>ASK C-31 THROUGH C-33 IN SEQUENCE FOR EACH METHOD MENTIONED.</p> <p>C-31. Since your (first intercourse/last pregnancy), in what month and year did you start to use (METHOD)? (ENTER LETTER FOR METHOD ON METHOD CALENDAR.)</p> | <p>MO YR 72-75</p> | <p>MO YR 85-88</p> | <p>MO YR 98-101</p> | <p>MO YR 111-114</p> |
| <p>BOX 27. IF METHOD IS: K -- FEMALE STERILIZATION. NOT K AND THIS IS THE LAST METHOD NOT K AND THIS IS NOT THE LAST METHOD.</p> | <p>... 1 (C-36) ... 2 (C-32) ... 3 (C-33) 76</p> | <p>... 1 (C-36) ... 2 (C-32) ... 3 (C-33) 89</p> | <p>... 1 (C-36) ... 2 (C-32) ... 3 (C-33) 102</p> | <p>... 1 (C-36) ... 2 (C-32) ... 3 (C-33) 115</p> |
| <p>C-32. Are you (and your partner) still using (METHOD)? (ENTER LETTER FOR METHOD ON METHOD CALENDAR.)</p> <p>Yes No</p> | <p>... 1 (C-36) ... 2 (C-33) 77</p> | <p>... 1 (C-36) ... 2 (C-33) 90</p> | <p>... 1 (C-36) ... 2 (C-33) 103</p> | <p>... 1 (C-36) ... 2 (C-33) 116</p> |
| <p>C-33. In what month and year did you stop using (METHOD)? (ENTER LETTER FOR METHOD ON METHOD CALENDAR.)</p> | <p>MO YR 78-81</p> | <p>MO YR 91-94</p> | <p>MO YR 104-107</p> | <p>MO YR 117-120</p> |

BOX 28. ● IF ANY OTHER METHODS, GO TO NEXT METHOD, C-31.
● (IF THIS IS THE LAST METHOD) - IS R IN A PERIOD OF NON-INTERCOURSE? (CHECK C-26 OR C-28)

YES. 1 (C-36)
NO 2 (C-34)

121

C-34. Is the reason you are not using a method of birth control or family planning now, because you, yourself, want to become pregnant as soon as possible?

Yes 1
No 2

122

C-35. And your partner, does he want you to become pregnant as soon as possible?

Yes 1
No 2

123

C-36. A. Let me review what I have recorded on this calendar to be sure I have done it correctly. In January 1984 you were . . .

B. (REVIEW THE METHOD CALENDAR MONTH-BY-MONTH IN ORDER WITH THE RESPONDENT, CHECKING AND CONNECTING THE SYMBOLS FOR:

- PREGNANCY (B & P RECORD AND C-18)
- NO INTERCOURSE (C-13, C-26, C-28)
- METHODS (C-16, C-17, C-31, C-33)

ASK RESPONDENT ABOUT ALL BLANK MONTHS. ACCOUNT FOR ALL MONTHS FROM JANUARY 1984 TO THE PRESENT.

C. Have I recorded all that correctly? Yes 1 (BOX 29)
No 2 (RESOLVE PROBLEMS, EXPLAIN CHANGES IN METHOD CALENDAR NOTES, AND GO TO BOX 29)

BOX 29. IS R CURRENTLY USING PILL?
 YES. 1 (C-37)
 NO 2 (INSTRUCTION BEFORE C-38)

HAND CARD 124

C-37. This chart shows types of oral contraceptive pills that are available for women today. Please tell me the number next to the type that you are currently using.

SHOW PILL CHART

125-126

NUMBER

REFER TO METHODS CIRCLED ON LIST OF METHODS. IF NO METHOD CIRCLED, CHECK HERE AND SKIP TO C-39. OTHERWISE, ASK C-38.

127

C-38. Looking once more at the list of methods on Card 10, you have told me that you have used (CIRCLED METHODS). Have I missed any methods you have ever used?

HAND CARD 10

Yes. 1 (C-40)
 No 2 (BOX 30) 128

C-39. Looking once more at the list of methods on Card 10, have you or your partner ever used a method of birth control or family planning, even if it was only one time?

HAND CARD 10

Yes. 1 (C-40)
 No 2 (C-46) 129

C-40. What methods would that be? (CIRCLE ALL THAT APPLY BELOW. IF R MENTIONS THAT A METHOD WAS USED FOR ONE MONTH OR MORE, CORRECT INTERVAL COLUMNS AND METHOD CALENDAR AS APPLICABLE.)

12

HAND CARD 10

- A. Condom, rubber. 01 18-19
- B. Condom and foam, used together. 02 20-21
- C. Diaphragm with or without jelly or cream. 03 22-23
- D. Douching after intercourse. 04 24-25
- E. Foam. 05 26-27
- F. IUD, coil, loop 06 28-29
- G. Jelly or cream alone. 07 30-31
- H. Pill. 08 32-33
- I. Rhythm or safe period by calendar 09 34-35
- J. Safe period by temperature or cervical mucus test, natural family planning 10 36-37
- K. Female sterilization operation, tubal ligation. 11 38-39
- L. Suppository, insert 12 40-41
- M. Today™ sponge 13 42-43
- N. Vasectomy, male sterilization 14 44-45
- P. Withdrawal, pulling out 15 46-47
- Q. Other (SPECIFY) 16 48-49

BOX 30. SEE METHOD CALENDAR AND C-40. WHAT IS THE TOTAL NUMBER OF METHODS R HAS EVER USED?
 ONE 1 (C-43)
 MORE THAN ONE 2 (C-41) 50

BOX 31 OMITTED.

51 = +

C-41. Thinking back, the very first time you ever used a method of birth control, or had intercourse with a partner who was using a method, which method on Card 10 was that?

HAND
CARD
10

- A. Condom, rubber. 01
- B. Condom and foam, used together. 02
- C. Diaphragm with or without jelly or cream. 03
- D. Douching after intercourse. 04
- E. Foam. 05
- F. IUD, coil, loop 06
- G. Jelly or cream alone. 07
- H. Pill. 08
- I. Rhythm or safe period by calendar 09
- J. Safe period by temperature or cervical mucus test,
natural family planning 10
- K. Female sterilization operation, tubal ligation. 11
- L. Suppository, insert 12
- M. Today™ sponge 13
- N. Vasectomy, male sterilization 14
- P. Withdrawal, pulling out 15
- Q. Other (SPECIFY) 16

SHOW
PILL
CHART

52-54

C-42 OMITTED.

55-56 = +

C-43. When did you (or your partner) use (FIRST METHOD) for the first time? Please tell me the letter on Card 14 that comes closest to your answer.

HAND
CARD
14

- A. The first time you had intercourse. 1 (BOX 32)
- B. Within a month of your first intercourse. 2
- C. One to three months after first intercourse 3
- D. Four to six months after first intercourse. 4
- E. Seven to twelve months after first intercourse. 5
- F. More than a year after first intercourse. 6

(C-43a)

57

C-43a. What month and year was that? (PROBE USING DATE OF FIRST INTERCOURSE FROM B & P RECORD)

MONTH (SEASON) | YEAR (BOX 32) 58-61
Don't know 9898 (C-43b)

C-43b. How old were you at that time?

AGE 62-63

BOX 32. IS CURRENT METHOD K -- FEMALE STERILIZATION?

- YES. 1 (C-46)
- NO (OR NO CURRENT METHOD). 2 (C-44)
- NO INTERCOURSE AFTER FIRST
TIME (C-26 CODED 9595) 3 (SECTION D, PAGE 41)

64

C-44. The last time you had intercourse, did you or your partner use any method of birth control or family planning?

- Yes. 1 (C-45)
- No 2 (C-46)

65

C-45. What method on Card 10 was that?

HAND CARD 10

- A. Condom, rubber. 01
- B. Condom and foam, used together. 02
- C. Diaphragm with or without jelly or cream. 03
- D. Douching after intercourse. 04
- E. Foam. 05
- F. IUD, coil, loop 06
- G. Jelly or cream alone. 07
- H. Pill. 08
- I. Rhythm or safe period by calendar 09
- J. Safe period by temperature or cervical mucus test,
natural family planning 10
- K. Female sterilization operation, tubal ligation. 11
- L. Suppository, insert 12
- M. Today™ sponge 13
- N. Vasectomy, male sterilization 14
- P. Withdrawal, pulling out 15
- Q. Other (SPECIFY) _____ 16

66-68

C-46. In the last three months in which you were having intercourse, how frequently did you have intercourse? Just tell me the letter on Card 15 that is closest to your answer.

HAND CARD 15

- A. Once a month or less 1
- B. Two or three times a month 2
- C. Once a week. 3
- D. Several times a week 4
- E. Almost every day or every day. 5

69

BOX 33. IS CURRENT METHOD:

- NOT CURRENTLY USING A METHOD 1 (SECTION D)
DOUCHING (D), CALENDAR RHYTHM (I),
FEMALE STERILIZATION (K), VASECTOMY (N),
WITHDRAWAL (P), OR OTHER (Q) 2 (SECTION D)
- ALL OTHER METHODS. 3 (C-47)

70

BOX 34 OMITTED.

71 = +

C-47. When you started to use the method you are now using, from which of the people or places on Card 13 did you get (it/the prescription)? (IF CURRENT METHOD IS PILL OR DIAPHRAGM, ASK FOR SOURCE OF PRESCRIPTION.)

HAND CARD 13

- A. Private doctor or medical service 01
- B. Clinic. 02
- C. Drug store. 03
- D. Other store 04
- E. Husband/partner/boyfriend 05
- F. Girlfriend. 06
- G. Parents 07
- H. Other (SPECIFY) _____ 08

72-73

METHOD CALENDAR NOTES

HAND CARD 10

- 01 Condom, rubber.
- 02 Condom and foam, used together.
- 03 Diaphragm with or without jelly or cream.
- 04 Douching after intercourse.
- 05 Foam.
- 06 IUD, coil, loop.
- 07 Jelly or cream alone.
- 08 Pill.
- 09 Rhythm or safe period by calendar.
- 10 Safe period by temperature or cervical mucus test.
- 11 Natural family planning.
- 12 Female sterilization operation, tubal ligation.
- 13 Intrauterine device.
- 14 "Today" sponge.
- 15 Vasectomy, male sterilization.
- 16 Withdrawal, pulling out.
- 17 Other (SPECIFY)

in the last three months in which you were having intercourse, how frequently did you have intercourse? Just tell me the letter on Card 12 that is closest to your answer.

CODER USE ONLY:

A B C D E F G H I J K L M N P Q

 74-89

| | | | | | |
|------------------|------------------|------------------|------------------|------------------|------------------|
| Jan, '84 | Feb, '84 | Mar, '84 | Apr, '84 | May, '84 | June, '84 |
| _____ 90-93 | _____ 94-97 | _____ 98-101 | _____ 102-105 | _____ 106-109 | _____ 110-113 |
| July, '84 | Aug, '84 | Sept, '84 | Oct, '84 | Nov, '84 | Dec, '84 |
| _____ 114-117 | _____ 118-121 | _____ 122-125 | _____ 126-129 | _____ 18-21 | _____ 22-25 |

| | | | | | |
|----------------|----------------|----------------|----------------|----------------|----------------|
| Jan, '85 | Feb, '85 | Mar, '85 | Apr, '85 | May, '85 | June, '85 |
| _____ 26-29 | _____ 30-33 | _____ 34-37 | _____ 38-41 | _____ 42-45 | _____ 46-49 |
| July, '85 | Aug, '85 | Sept, '85 | Oct, '85 | Nov, '85 | Dec, '85 |
| _____ 50-53 | _____ 54-57 | _____ 58-61 | _____ 62-65 | _____ 66-69 | _____ 70-73 |

| | | | | | |
|----------------|----------------|----------------|----------------|----------------|----------------|
| Jan, '86 | Feb, '86 | Mar, '86 | Apr, '86 | May, '86 | June, '86 |
| _____ 74-77 | _____ 78-81 | _____ 82-85 | _____ 86-89 | _____ 90-93 | _____ 94-97 |
| <u>14</u> | July, '86 | Aug, '86 | Sept, '86 | Oct, '86 | Nov, '86 |
| _____ 18-21 | _____ 22-25 | _____ 26-29 | _____ 30-33 | _____ 34-37 | _____ 38-41 |

| | | | | | |
|----------------|----------------|----------------|----------------|----------------|----------------|
| Jan, '87 | Feb, '87 | Mar, '87 | Apr, '87 | May, '87 | June, '87 |
| _____ 42-45 | _____ 46-49 | _____ 50-53 | _____ 54-57 | _____ 58-61 | _____ 62-65 |
| July, '87 | Aug, '87 | Sept, '87 | Oct, '87 | Nov, '87 | Dec, '87 |
| _____ 66-69 | _____ 70-73 | _____ 74-77 | _____ 78-81 | _____ 82-85 | _____ 86-89 |

| | | | | | |
|------------------|------------------|------------------|------------------|------------------|------------------|
| Jan, '88 | Feb, '88 | Mar, '88 | Apr, '88 | May, '88 | June, '88 |
| _____ 90-93 | _____ 94-97 | _____ 98-101 | _____ 102-105 | _____ 106-109 | _____ 110-113 |
| July, '88 | Aug, '88 | Mo. of Int. | | | |
| _____ 114-117 | _____ 118-121 | _____ 122-125 | | | |

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LIST OF METHODS

(C-15 and C-30)

- A. Condom, rubber
- B. Condom and foam, used together
- C. Diaphragm with or without jelly or cream
- D. Douching after intercourse
- E. Foam
- F. IUD, coil, loop
- G. Jelly or cream alone
- H. Pill
- I. Rhythm or safe period by calendar
- J. Safe period by temperature or cervical mucus test, natural family planning
- K. Female sterilization operation, tubal ligation
- L. Suppository, insert
- M. Today™ sponge
- N. Vasectomy, male sterilization
- P. Withdrawal, pulling out
- Q. Other

- O. No method
- V. Pregnant (B & P Record, C-18)
- W. Non-use because of sterility
- X. Months which have not yet occurred
- Z. Not having intercourse (C-13, C-26, C-28, B & P Record for date of first intercourse)

METHOD CALENDAR

(C-16, C-17, C-31, C-33)

(USE SLASHES TO SEPARATE EVENTS NOT OCCURRING AT SAME TIME)

| MONTH | YEAR | | | | |
|-----------|------|------|------|------|------|
| | 1984 | 1985 | 1986 | 1987 | 1988 |
| January | | | | | |
| February | | | | | |
| March | | | | | |
| April | | | | | |
| May | | | | | |
| June | | | | | |
| July | | | | | |
| August | | | | | |
| September | | | | | |
| October | | | | | |
| November | | | | | |
| December | | | | | |

(GO BACK TO C-36, PAGE 34)

We are also talking with women about children they would like to have or expect to have in the future. (IF "R" HAS ALREADY MENTIONED STERILITY OR MENOPAUSE, ETC., SAY: I think we have already talked about some of these questions, but I'd better go through them with you to be sure I record the answers correctly.)

BOX 35. IS R CURRENTLY PREGNANT?

YES 1 (D-17, PAGE 45)
NO 2 (D-1)

18

D-1. Have you (or your husband/partner) had an operation, or more than one operation, that would prevent you from conceiving a(nother) baby (together)?

Yes 1 (D-2)
No 2 (BOX 36)

19

BOX 36. IS R:

CURRENTLY MARRIED OR LIVING WITH A PARTNER 1 (D-11, PAGE 44)
WIDOWED, DIVORCED, SEPARATED OR NEVER MARRIED . . . 2 (D-13, PAGE 44)

20

D-2. What kind of operation, or operations, did you (or your husband/partner) have that would prevent you from conceiving a(nother) baby? (CIRCLE CODE(S) ON TOP OF TABLE ON NEXT TWO PAGES. IF CODE 5 CIRCLED, GO TO BOX 37 BELOW.)

BOX 37.

A. DOES "OTHER" OPERATION AFFECT ONLY ONE TUBE OR OVARY?

YES 1 (STEP B)
NO 2 (D-3)

21

B. IS R (OR HUSBAND/PARTNER)

STERILE FROM THIS OPERATION 1 (D-3)
(OTHER TUBE OR OVARY NOT FUNCTIONAL)
STERILE FROM ANOTHER OPERATION 2 (D-3)
STERILE FOR SOME OTHER REASON 3 (D-14, PAGE 45)
NOT COMPLETELY STERILE 4 (D-17, PAGE 45)

22

ASK D-3 THROUGH D-6 IN SEQUENCE FOR EACH OPERATION.

**BOTH OVARIES
REMOVED**

1 23

D-3. When did (you/your husband/partner) have (OPERATION)?

| | | |
|--|-------|-------|
| | MONTH | YEAR |
| | | 24-27 |

D-4. Was the operation performed in . . .

| | | |
|--|-------------|----|
| A hospital or hospital clinic, | 1 | |
| An abortion clinic, | 2 | |
| Some other clinic, | 3 | |
| A doctor's office, | 4 | |
| Or some place else? | 5 | 28 |

D-5. Why did (you/he) have the operation? PROBE: Any other reasons?
(RECORD VERBATIM.)

29-34

D-6. Card 16 lists reasons people often give for having sterilizing operations.
Which reason or reasons do you believe are closest to your own?
PROBE: Any other reasons? (CIRCLE ALL THAT APPLY.)

| | | |
|--|---------------|-------|
| A. I had all the children I wanted or I did not want any children. | A. 01 | 35-36 |
| B. My husband wanted no more children. | B. 02 | 37-38 |
| C. A pregnancy would be dangerous to my health | C. 03 | 39-40 |
| D. I would probably lose a(nother) pregnancy or have an unhealthy child. | D. 04 | 41-42 |
| E. I could not afford or take care of more children. | E. 05 | 43-44 |
| F. The method of birth control I was using was dangerous to my health. | F. 06 | 45-46 |
| G. I didn't like the method of birth control I was using for other reasons | G. 07 | 47-48 |
| H. Medical problems with my female organs (such as infections, cancer, etc.) | H. 08 | 49-50 |
| I. None of the above | I. 96 | 51-52 |

HAND
CARD
16

BOX 38. GO TO NEXT OPERATION OR CONTINUE WITH D-7.

| <u>BOTH TUBES TIED, CUT OR REMOVED</u> 2 53 | <u>HYSTERECTOMY (REMOVAL OF UTERUS)</u> 3 83 | <u>VASECTOMY (CUTTING MALE SPERM DUCTS)</u> 4 18 | <u>OTHER OPERATION OR TYPE UNKNOWN</u> 5 (BOX 37) 48 |
|---|--|---|---|
| MONTH YEAR 54-57 | MONTH YEAR 84-87 | MONTH YEAR 19-22 | MONTH YEAR 49-52 |
| 1 2 3 4 5 58 | 1 2 3 4 5 88 | 1 2 3 4 5 23 | 1 2 3 4 5 53 |
| _____ _____ _____ _____ _____ 59-64 | _____ _____ _____ _____ _____ 89-94 | _____ _____ _____ _____ _____ 24-29 | _____ _____ _____ _____ _____ 54-59 |
| A. 01 65-66 B. 02 67-68 C. 03 69-70 D. 04 71-72 E. 05 73-74 F. 06 75-76 G. 07 77-78 H. 08 79-80 I. 96 81-82 | A. 01 95-96 B. 02 97-98 C. 03 99-100 D. 04 101-102 E. 05 103-104 F. 06 105-106 G. 07 107-108 H. 08 109-110 I. 96 111-112 | A. 01 30-31 B. 02 32-33 C. 03 34-35 D. 04 36-37 E. 05 38-39 F. 06 40-41 G. 07 42-43 H. 08 44-45 I. 96 46-47 | A. 01 60-61 B. 02 62-63 C. 03 64-65 D. 04 66-67 E. 05 68-69 F. 06 70-71 G. 07 72-73 H. 08 74-75 I. 96 76-77 |

0-11. Some women find it physically impossible to have (more) children. As far as you know, is it possible or impossible for you to conceive (another) baby, that is, to get pregnant (again)?

1 Possible

2 Impossible

8 Don't know, not sure

0-12. What about your (husband/partner)? Is it physically possible or impossible for him to father (another) child?

1 Possible

2 Impossible

8 Don't know, not sure

BOX 41. IS IT IMPOSSIBLE FOR R OR HER HUSBAND/PARTNER TO HAVE (ANOTHER) CHILD?

(0-11 OR 0-12 CODED 2)

YES 1 (0-14)

NO 2 (0-17)

0-13. Some women find it physically impossible to have (more) children. As far as you know, is it possible or impossible for you to conceive (another) baby, that is, to get pregnant (again)?

1 (0-17) Possible

2 (0-18) Impossible

8 (0-17) Don't know, not sure

43

D-7. Before the (first) operation was it impossible for you (and your husband/partner) to conceive a(nother) baby, was it difficult, or did you have no problem at all?

| | | |
|--------------------------------|---|----|
| Impossible | 1 | |
| Difficult. | 2 | |
| No problem at all. | 3 | |
| Don't know, not sure | 8 | 78 |

D-8. As of now, if it were possible for you to have a(nother) baby, would you, yourself, like to have one?

| | | |
|--------------|---|----|
| Yes. | 1 | |
| No | 2 | 79 |

BOX 39. HAS R HAD BOTH TUBES TIED ONLY OR HAS HUSBAND/PARTNER HAD VASECTOMY ONLY?

| | | |
|---------------|-------------------|----|
| YES | 1 (D-9) | |
| NO. | 2 (D-39, PAGE 48) | 80 |

D-9. As things look to you just now, if the operation could be safely reversed, that is, changed back, would you want to have it reversed? Would you say . . .

| | | |
|--------------------------|---|----|
| Definitely yes,. | 1 | |
| Maybe, or. | 2 | |
| Definitely not?. | 3 | 81 |

BOX 40. IS R:

| | | |
|---|-------------------|----|
| NEVER MARRIED | 1 (D-39, PAGE 48) | |
| WIDOWED, DIVORCED, SEPARATED. | 2 (D-39, PAGE 48) | |
| CURRENTLY MARRIED OR LIVING WITH A PARTNER. | 3 (D-10) | 82 |

D-10. Would your (husband/partner) like to have it reversed? Would you say . . .

| | | | |
|--------------------------|---|-------------------|----|
| Definitely yes,. | 1 | } (D-39, PAGE 48) | 83 |
| Maybe, or. | 2 | | |
| Definitely not?. | 3 | | |

D-11. Some women find it physically impossible to have (more) children. As far as you know, is it physically possible or impossible for you, yourself to conceive a(nother) baby, that is, to get pregnant (again)?

| | | |
|--------------------------------|---|----|
| Possible | 1 | |
| Impossible | 2 | |
| Don't know, not sure | 8 | 84 |

D-12. What about your (husband/partner)? Is it physically possible or impossible for him to father a(nother) child?

| | | |
|--------------------------------|---|----|
| Possible | 1 | |
| Impossible | 2 | |
| Don't know, not sure | 8 | 85 |

BOX 41. IS IT IMPOSSIBLE FOR R OR HER HUSBAND/PARTNER TO HAVE A(NOTHER) CHILD? (D-11 OR D-12 CODED 2)

| | | |
|--------------|----------|----|
| YES. | 1 (D-14) | |
| NO | 2 (D-17) | 86 |

D-13. Some women find it physically impossible to have (more) children. As far as you know, is it possible or impossible for you to conceive a(nother) baby, that is, to get pregnant (again)?

| | | |
|--------------------------------|----------|----|
| Possible | 1 (D-17) | |
| Impossible | 2 (D-14) | |
| Don't know, not sure | 8 (D-17) | 87 |

D-14. What is the reason that it is physically impossible for you (and your husband/partner) to have a(nother) baby? (RECORD VERBATIM, THEN CODE ALL THAT APPLY.)

- _____ "R" has reached menopause. 01 88-89
- _____ Impossible for "R" due to accident or illness. . . 02 90-91
- _____ "R" sterile for other reasons. 03 92-93
- _____ "R" not yet fertile, periods have not started. . . 04 94-95
- _____ Impossible for husband/partner due to
accident or illness. 05 96-97
- _____ Husband/partner sterile for other reasons. . . . 06 98-99
- _____ Couple (or respondent) unable to conceive,
do not know reason 07 100-101

BOX 42. IS THE ONLY REASON FOR STERILITY "R HAS NOT YET STARTED PERIODS"?

YES. 1 (D-25)

NO 2 (D-15)

102

D-15. When did it become impossible for you (and your husband/partner) to have a(nother) baby? (IF DON'T KNOW, PROBE: When did you first know it was physically impossible . . . ?)

| MONTH (SEASON) | YEAR |
|----------------|------|
| | |

103-106

D-16. If it was possible for you to have a(nother) baby, would you yourself like to have one?

- Yes. 1 (D-39,
- No 2 } PAGE 48)

107

D-17. Some people are able to have a(nother) baby, but have difficulty getting pregnant or holding onto the baby. As far as you know, is there any problem or difficulty for you (and your husband/partner) to conceive or deliver a(nother) baby (after this pregnancy)? PROBE: Does your (husband/partner) have any difficulty fathering a child?

- Yes. 1 (D-18)
- No 2 (D-19)
- Don't know 8 (D-19)

108

D-18. What is the reason it would be difficult for you to have a(nother) baby? (RECORD VERBATIM ON LINES AT LEFT AND CIRCLE ALL THAT APPLY. PROBE: Any other reasons?)

- _____ R has physical difficulty getting pregnant 01 109-110
- _____ Difficult for husband/partner to father child. . . 02 111-112
- _____ Dangerous for "R" to become pregnant again 03 113-114
- _____ Dangerous for the baby 04 115-116
- _____ Difficult to carry pregnancy full 9 months 05 117-118
- _____ Other. 06 119-120

D-19. At any time has a medical doctor advised you never to become pregnant (again)?

- Yes. 1 (D-20)
- No 2 (BOX 44)

121

D-20. Did he or she say it would be dangerous for you, and/or for the baby, or was it for some other reason?

- Dangerous for R. 1
- Dangerous for baby 2
- Dangerous for both 3
- Other reason (RECORD VERBATIM) _____ 4

122

D-27. 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 (and your husband/partner) that you will have (no/NUMBER OR RANGE FROM D-26) (more) bab(y/ies)? Would you say you are very sure or not very sure?

Very sure 1 } (BOX 45)
 Not very sure 2 }

27

D-28. Many people aren't sure, but still have some idea about the future. As you expect things to work out for you, what is the largest number of (additional) babies you (and your husband/partner) expect to have?

None 00 (D-39)
 NUMBER _____ (D-29)
 Don't know 98 (BOX 45)

28-29

D-29. What is the smallest number of (additional) babies you (and your husband/partner) expect to have?

NUMBER _____
 Don't know 98

30-31

BOX 45. DOES R INTEND TO HAVE (MORE) BABIES? (SEE D-25 OR D-28)

YES 1 (D-30)
 NO 2 (D-39)
 DON'T KNOW 8 (D-39)

32

D-30. When do you expect to have your (first/next) child; that is, in how many years?

NUMBER OR RANGE

33-34

D-31. At what age do you expect to have your (last) baby?

AGE OR RANGE: _____ (D-39)

35-36

CURRENTLY PREGNANT

Knowing the number of children women have now and the number they expect to have in the future is important in understanding how our population will grow. It is impossible to look into the future and know exactly how things will turn out, but we often have some ideas about what we intend to do.

D-32. Looking to the future, do you (and your husband/partner) intend to have another baby after this one is born?

Yes 1 (D-33)
 No 2 (D-34)
 (Husband/partner)/R disagree 3 (D-35)
 DK, up to God, etc. 8 (D-35)

37

D-33. Not counting your current pregnancy (and the _____ bab(y/ies) you have already had), how many more do you (and your husband/partner) intend to have?

No. of live births _____ (D-34)
 NUMBER OR RANGE
 Don't know 98 (D-35)

38-39

D-34. 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 (and your husband/partner) that you will have (no/NUMBER OR RANGE FROM D-33) more bab(y/ies)? Would you say you are very sure or not very sure?

Very sure 1 } (BOX 46)
 Not very sure 2 }

40

D-35. Many people aren't sure, but still have some idea about the future. As you expect things to work out for you, what is the largest number of additional babies you (and your husband/partner) expect to have after this one is born?

None 00 (D-39)
 NUMBER _____ (D-36)
 Don't know 98 (BOX 46) 41-42

D-36. What is the smallest number of additional babies you (and your husband/partner) expect to have after this one is born?

NUMBER _____
 Don't know 98 43-44

BOX 46. DOES R INTEND TO HAVE MORE BABIES? (SEE D-32 OR D-35)

YES. 1 (D-37)
 NO 2 (D-39)
 DON'T KNOW 8 (D-39) 45

D-37. Not counting your current pregnancy, when do you expect to have your next child; that is, in how many years?

NUMBER OR RANGE _____ 46-47

D-38. At what age do you expect to have your (last) baby?

AGE OR RANGE: _____ 48-49

D-39. The number of children people expect is not always the same as the number they would most like to have. Knowing how other things are for you (and your husband/partner), if you could choose exactly the number of children to have in your whole life, how many would you choose now?

None 00 (BOX 47)
 One 01 (BOX 47)
 More than one:
 NUMBER _____ (BOX 47)
 RANGE _____ (D-41)
 Don't know 98 (D-40) 50-51

D-40. A lot of people feel that way, but if you could choose, how many would you have?

None 00 (BOX 47)
 One 01 (BOX 47)
 More than one:
 NUMBER _____ (BOX 47)
 RANGE _____ (D-41)
 Don't know 98 (BOX 47) 52-53

D-41. If you had to choose a single number between (NUMBERS IN RANGE), which would you choose?

None 00
 One 01
 More than one:
 NUMBER _____
 Don't know 98 54-55

BOX 47. HAS R EVER HAD INTERCOURSE (SINCE FIRST PERIOD)?

YES. 1 (SECTION E)
 NO 2 (E-38, PAGE 55) 56

We are also talking with women about family planning services. Some women have used these services to help them become pregnant, and others have used them to plan the pregnancies they want, or to prevent pregnancies they do not want.

E-1. Have you (or your husband/partner) ever been to a doctor or clinic to talk about ways to help you become pregnant?

- Yes 1
- No 2

18

E-2. (Not counting routine care or advice about a pregnancy), have you (or your husband/partner) ever been to a doctor or clinic to talk about ways to help you prevent a miscarriage?

- Yes 1
- No 2

19

BOX 48. IF NO TO BOTH E-1 AND E-2, CHECK THE BOX AND GO TO E-7. OTHERWISE, CONTINUE.

20

E-3. Please look at Card 17. What kinds of medical treatment or advice have you (or your husband/partner) had to help you (become pregnant/prevent miscarriage)? PROBE: Any others? (CIRCLE ALL THAT APPLY)

HAND CARD 17

- A. Drugs to make you ovulate 01 21-22
- B. Surgery or treatment on blocked tubes 02 23-24
- C. Infertility tests on you. 03 25-26
- D. Advice on how to time intercourse 04 27-28
- E. Advice to stop or start contraception 05 29-30
- F. Tests on husband/partner (e.g., sperm count). 06 31-32
- G. In vitro fertilization. 07 33-34
- H. Artificial insemination 08 35-36
- I. Bed rest. 09 37-38
- J. Other (SPECIFY) _____ 10 39-40

E-4. When was the last time you (or your husband/partner) visited a doctor or clinic for this treatment or advice?

| MONTH (SEASON) | YEAR |
|----------------|------|
| | |

41-44

E-5. To which of the places on Card 6 did you (or your husband/partner) go for that visit?

HAND CARD 6

- A. Community health center clinic. 01
- B. Public health department clinic 02
- C. Family planning clinic. 03
- D. Hospital clinic 04
- E. Private doctor. 05
- F. Private group practice, co-op, or private clinic. 06
- G. HMO or other prepaid group practice 07
- H. Other (SPECIFY) _____ 08

45-46

E-6. After you (or your husband/partner) went for this treatment or advice, were you able to have a baby?

- Yes 1
- No 2
- Too early to tell. 3

47

E-7. Have you (or your husband/partner) ever had surgery or treatment to reverse a sterilization operation?

- Yes 1 (E-8)
- No 2 (BOX 49)

48

E-8. What kind of operation or treatment did you (or your husband/partner) receive?
(RECORD VERBATIM)

_____ 49-50
 _____ 51-52
 _____ 53-54

E-9. Was the operation or treatment successful? That is, were you then able to become pregnant?

Yes. 1
 No 2
 Too early to tell. 3 55

BOX 49. DID R OR (HUSBAND/PARTNER) BECOME STERILE OR HAVE AN OPERATION BEFORE JANUARY 1987 (SEE D-3, PAGE 42 OR D-15, PAGE 45)?

YES. 1 (E-21)
 NO 2 (E-10) 56

E-10. Card 18 shows a list of services that are provided to women for their family planning needs. Please look it over with me. In the past 12 months, that is, since (MONTH/YEAR), have you visited a doctor or a clinic . . .

HAND CARD 18

| | YES | NO | |
|---|-----|----|----|
| A. To get a pregnancy test? | 1 | 2 | 57 |
| B. To continue a method of birth control you were already using, like getting a new prescription or replacing an IUD? | 1 | 2 | 58 |
| C. To get a new method of birth control or a prescription for a method? | 1 | 2 | 59 |
| D. To get a sterilizing operation? | 1 | 2 | 60 |

E-11. In the past 12 months have you had a check-up or medical test for . . .

HAND CARD 18

| | YES | NO | |
|---|-----|----|----|
| E. Correct use, fit, or position of a birth control method? | 1 | 2 | 61 |
| F. Health problems from using a birth control method? | 1 | 2 | 62 |

E-12. In the past 12 months have you visited a doctor, a nurse, a counselor, or some other trained person for advice or counseling about . . .

HAND CARD 18

| | YES | NO | |
|--|-----|----|----|
| G. Birth control? | 1 | 2 | 63 |
| H. Any problems or worries about sexual intercourse? | 1 | 2 | 64 |
| I. An unwanted pregnancy or one that occurred at a bad time? | 1 | 2 | 65 |
| J. Having a sterilizing operation? | 1 | 2 | 66 |
| K. Whether or not to have an abortion? | 1 | 2 | 67 |

BOX 50. IF R REPORTED NO VISITS IN E-10, E-11, AND E-12, CHECK THE BOX AND GO TO E-21. OTHERWISE, CONTINUE. 68

E-13. Card 19 lists the different kinds of clinics, doctor's offices and counselors where women may get these services. In the past 12 months, that is, since (MONTH/YEAR), at which of the places on Card 19 have you received (this/these) family planning service(s)? (CIRCLE ALL THAT APPLY. IF NECESSARY, PROBE BY READING SERVICES REPORTED IN E-10, E-11, AND E-12. FOLLOW SKIP FOR LOWEST CODE CIRCLED.)

HAND
CARD
19

Clinics:

- | | | | |
|--|----|----------|-------|
| A. Hospital clinic | 01 | } (E-14) | 69-70 |
| B. Family planning clinic | 02 | | 71-72 |
| C. Community health center clinic | 03 | | 73-74 |
| D. Abortion clinic | 04 | | 75-76 |
| E. Public health department clinic | 05 | | 77-78 |
| F. Other clinic (SPECIFY) _____ | 06 | | 79-80 |

Private Medical Services:

- | | | | |
|---|----|----------|-------|
| G. Private doctor | 07 | } (E-16) | 81-82 |
| H. Private group practice, co-op, HMO or private clinic | 08 | | 83-84 |

Counselors:

- | | | | |
|---|----|----------|-------|
| I. Minister, priest, religious counselor | 09 | } (E-16) | 85-86 |
| J. School counselor | 10 | | 87-88 |
| K. Social services/family services agency | 11 | | 89-90 |
| L. Youth center | 12 | | 91-92 |
| M. Other counselor (SPECIFY) _____ | 13 | | 93-94 |

E-14. Did you receive services from any of the clinics listed on Card 20? Just give me the letter(s).

HAND
CARD
20

Yes (ENTER LETTERS) 1 (E-16) 95

_____ 96

_____ 97

_____ 98

No 2 (E-15)

E-15. What is the name and address of the clinic you attended for family planning services?

NAME: _____

ADDRESS: _____

E-16. During the past 12 months, how many different times altogether have you visited a clinic, doctor or counselor for family planning services? (IF NECESSARY, PROBE BY READING SERVICES REPORTED IN E-10, E-11, AND E-12.)

One visit 01 (E-19) 102-103

Two or more visits (BOX 51)

NUMBER

BOX 51. IS THERE ONLY ONE KIND OF PLACE REPORTED IN E-13?

YES 1 (E-19)

NO 2 (E-17)

104

E-17. How many of these visits in the last 12 months were to clinics, such as letters A through F listed under "clinics" on Card 19?

HAND
CARD
19

NUMBER

105-106

E-18. How many of these visits in the last 12 months were to a private doctor's office, a private medical practice, or an HMO?

NUMBER

107-108

ASK E-19 AND E-20 IN SEQUENCE FOR EACH SERVICE CODED "NO" IN E-19.

E-19. In the past 12 months, during a visit for family planning services, did you have a (SERVICE)?

119

FOR EACH "NO" ASK E-20.

E-20. Did you have a (SERVICE) as part of a general check-up or other medical visit in the past 12 months?

01-01
02-02
03-03
04-04
05-05
06-06
07-07
08-08
09-09
10-10
11-11
12-12

(E-19)
(E-20)
(E-21)
(E-22)

| SERVICE | E-19. | E-20. |
|---|----------------------|----------------------|
| A. Pap Smear. | Yes... 1 No.... 2 | Yes... 1 No.... 2 |
| B. Pelvic exam. | Yes... 1 No.... 2 | Yes... 1 No.... 2 |
| C. Breast exam. | Yes... 1 No.... 2 | Yes... 1 No.... 2 |
| D. Blood pressure test. | Yes... 1 No.... 2 | Yes... 1 No.... 2 |
| E. Urinalysis or urine test | Yes... 1 No.... 2 | Yes... 1 No.... 2 |
| F. Test for venereal disease or VD. | Yes... 1 No.... 2 | Yes... 1 No.... 2 |
| G. Blood test for infection with the AIDS virus | Yes... 1 No.... 2 | Yes... 1 No.... 2 |

18-19

20-21

22-23

24-25

26-27

28-29

30-31

GO TO E-22

E-21. (Card 18 lists services that are provided to women for their family planning needs.) Have you ever visited a counselor, a clinic or a doctor for any of these family planning services?

HAND CARD 18

Yes. 1 (E-22)
No 2 (E-34, PAGE 54)

32

E-22. When was the most recent time you visited a clinic, doctor or counselor for any of the family planning services listed on Card 18?

HAND CARD 18

MONTH (SEASON) YEAR (BOX 52)
Don't know 9898 (E-22a)

33-36

E-22a. How old were you at that time?

AGE

37-38

E-22b. Was it before your _____ th birthday or after?

Before 1
After 2

39

BOX 52. CHECK THE NUMBER OF VISITS IN THE LAST 12 MONTHS (E-16). THE NUMBER OF VISITS REPORTED IN E-16 IS . . .

NO VISITS. 1 (E-23)
ONE VISIT. 2 (E-25)
TWO OR MORE VISITS 3 (E-23)

40

E-23. Thinking now about that last visit to a clinic, doctor or counselor for family planning services, which of the services shown on Card 18 did you receive? Please tell me the letter for each service you received. (CIRCLE ALL THAT APPLY)

HAND CARD 18

- A. To get a pregnancy test. 01 41-42
 - B. To continue a method of birth control you were already using, like getting a new prescription or replacing an IUD 02 43-44
 - C. To get a new method of birth control or a prescription for a method. 03 45-46
 - D. To get a sterilizing operation 04 47-48
- Check-up or medical test for . . .
- E. Correct use, fit, or position of a birth control method. 05 49-50
 - F. Health problems from using a birth control method. 06 51-52
- Advice or counseling on:
- G. Birth control. 07 53-54
 - H. Any problems or worries about sexual intercourse 08 55-56
 - I. An unwanted pregnancy or one that occurred at a bad time 09 57-58
 - J. Having a sterilizing operation 10 59-60
 - K. Whether or not to have an abortion 11 61-62

E-24. To which of the places on Card 19 did you go for that last visit? Please tell me the letter that describes the place. (CIRCLE ONLY ONE RESPONSE.)

HAND CARD 19

- Clinics:
- A. Hospital clinic. 01
 - B. Family planning clinic 02
 - C. Community health center clinic 03
 - D. Abortion clinic. 04
 - E. Public health department clinic. 05
 - F. Other clinic (SPECIFY) _____ 06
- Private Medical Services:
- G. Private doctor 07
 - H. Private group practice, co-op, HMO or private clinic 08
- Counselors:
- I. Minister, priest, religious counselor. 09
 - J. School counselor 10
 - K. Social services/family services agency 11
 - L. Youth center 12
 - M. Other counselor (SPECIFY) _____ 13 63-64

E-25. Card 7 lists some of the ways in which medical bills are paid. When you last visited a doctor, clinic or counselor for family planning services, in which of these ways was the bill paid? (IF BILL HAS NOT BEEN PAID, PROBE: In which of these ways will the bill be paid? CIRCLE ALL THAT APPLY AND PROBE: What other ways?)

HAND CARD 7

- A. Your (or your husband's/partner's) own income 01 65-66
- B. Parents, other relatives, boyfriend or his family 02 67-68
- C. Insurance (which you carry or is carried for you) 03 69-70
- D. No charge -- paid by Medicaid 04 71-72
- E. Government assistance other than Medicaid (state or local) 05 73-74
- F. Some other way (SPECIFY) _____ 06 75-76

E-26. Thinking back now to the very first time you received any of the family planning services on Card 18, when was that?

HAND CARD 18

MONTH (SEASON) _____ | _____ YEAR _____ (E-34)
Don't know 9898 (E-26a)

77-80

HAND CARD 18

E-26a. How old were you at that time?

AGE _____

81-82

E-26b. Was it before your _____ th birthday or after?

Before 1
After 2

83

E-26c. Was it before the first time you had intercourse or after?

Before 1 (E-34)
After 2 (E-26d)

84

E-26d. How long after your first intercourse was your first family planning visit? Please look at Card 21 and tell me the letter that comes closest to your answer.

HAND CARD 21

A. Within a month of your first intercourse 1
B. One to three months after first intercourse 2
C. Four to six months after first intercourse 3
D. Seven to twelve months after first intercourse 4
E. More than a year after first intercourse 5

85

BOX 53. HAS R EVER BEEN PREGNANT?
YES 1 (E-26e)
NO 2 (E-34)

86

E-26e. Was it before you got pregnant (the first time) or after?

Before 1
After 2

87

E-27 THROUGH E-33 OMITTED.

88-109 = +

20

18-75 = +

E-34. Some women douche after intercourse or at other times, while other women do not. Do you douche regularly?

Yes 1 (E-35)
No 2 (E-38)

76

E-35. Do you douche after intercourse, at other times, or both?

After intercourse 1 (E-36)
At other times 2 (E-37)
Both 3 (E-36)

77

E-36. How soon after intercourse do you usually douche? Would you say less than half an hour, or more than half an hour?

Less than half an hour 1
More than half an hour 2

78

E-37. About how often do you douche? Would you say . . .

Daily 1
2-3 times a week 2
Once a week 3
2-3 times a month, or 4
Once a month 5

79

E-38. We also need to know about the treatment women have received for health problems that could affect their childbearing. Have you ever been treated in a doctor's office, clinic, or emergency room for an infection in your fallopian tubes, womb, or ovaries, also called a pelvic infection, pelvic inflammatory disease or PID? (IF DON'T KNOW, PROBE: A female infection causing abdominal pain or lower stomach cramps.)

Yes 1 (E-39)
 No 2 (E-43) 80

E-39. How many times have you been treated for PID?

Once 01 (E-41) 81-82
 Two or more times (E-40)
 NUMBER

E-40. When did you first receive treatment for a pelvic infection or PID?

MONTH | YEAR 83-86

E-41. When did you (last) receive treatment for a pelvic infection or PID?

MONTH | YEAR 87-90

E-42. How many different times have you been hospitalized one day or longer for a pelvic infection. Would you say . . .

Never, 1
 Once, 2
 2-3 times, 3
 Or, more than 3 times? 4 91

E-43. Has a doctor ever told you that you have . . .

| | YES | NO | DON'T KNOW, NOT SURE | |
|---|-----|----|-------------------------|----|
| A. Diabetes (or sugar)? | 1 | 2 | 8 | 92 |
| B. Peritonitis? | 1 | 2 | 8 | 93 |
| C. Sickle cell anemia? | 1 | 2 | 8 | 94 |
| D. High blood pressure or hypertension? | 1 | 2 | 8 | 95 |
| E. Genital warts? | 1 | 2 | 8 | 96 |
| F. Endometriosis? | 1 | 2 | 8 | 97 |
| G. Gonorrhea? | 1 | 2 | 8 | 98 |
| H. Vaginitis, yeast infection? | 1 | 2 | 8 | 99 |

E-44. Have you ever heard of genital herpes?

Yes 1 (E-45)
 No 2 (E-50) 100

E-45. Please look at Card 23. Where did you hear about it? (CIRCLE ALL THAT APPLY) PROBE: Where else?

HAND CARD 23

| | | |
|--|----|---------|
| A. Friend, fellow worker or family member | 01 | 101-102 |
| B. Doctor, nurse, or other health worker | 02 | 103-104 |
| C. Hygiene or health lecture or course | 03 | 105-106 |
| D. Minister or other religious leader | 04 | 107-108 |
| E. The media (radio, television, newspapers, etc.) | 05 | 109-110 |
| F. Other (SPECIFY) | 06 | 111-112 |

E-46. Has a doctor ever told you that you have genital herpes?

Yes 1
 No 2
 Don't know, not sure 8 113

BOX 55. IS R CURRENTLY MARRIED OR CURRENTLY LIVING TOGETHER WITH A PARTNER?

- YES. 1 (E-47)
 NO 2 (BOX 56)

114

E-47. Has a doctor ever told your (husband/partner) that he has genital herpes?

- Yes. 1
 No 2
 Don't know 8

115

BOX 56. HAS R OR HER (HUSBAND/PARTNER) EVER BEEN TOLD BY A DOCTOR THAT SHE OR HE HAS GENITAL HERPES?

- YES. 1 (E-48)
 NO 2 (E-49)

116

E-48. Has that changed your plans for having a child?

- Yes. 1 } (E-50)
 No 2 }

117

E-49. Please look at Card 24. What would you say are the chances that you could get genital herpes? Would you say that you have . . .

HAND
CARD
24

- A. A very strong chance, 1
 B. A strong chance, 2
 C. Some chance, 3
 D. Not much chance, or. 4
 E. No chance at all?. 5

118

E-50. Have you ever heard of chlamydia?

- Yes. 1 (E-51)
 No 2 (E-55)

119

E-51. Please look at Card 23. Where did you hear about it? (CIRCLE ALL THAT APPLY) PROBE: Where else?

HAND
CARD
23

- A. Friend, fellow worker or family member. 01 18-19
 B. Doctor, nurse, or other health worker 02 20-21
 C. Hygiene or health lecture or course 03 22-23
 D. Minister or other religious leader. 04 24-25
 E. The media (radio, television, newspapers, etc.) 05 26-27
 F. Other (SPECIFY) _____ 06 28-29

[21]

E-52. Has a doctor ever told you that you have chlamydia?

- Yes. 1 (E-53)
 No 2 } (E-54)
 Don't know, not sure 8 }

30

E-53. Did that change your plans for having a child?

- Yes. 1
 No 2

31

E-54. Please look at Card 24. What would you say are the chances that you could get chlamydia (again)? Would you say that you have . . .

HAND
CARD
24

- A. A very strong chance, 1
 B. A strong chance, 2
 C. Some chance, 3
 D. Not much chance, or. 4
 E. No chance at all?. 5

32

E-55. Have you ever heard of AIDS or the AIDS virus?
 Yes 1 (E-56A)
 No 2 (BOX 57) 33

E-56A. Which activities listed on Card 25 are ways in which a person can get the AIDS virus? Just read me the letter for those activities in which you think a person can get the AIDS virus. (CIRCLE ALL THAT APPLY)

| | | | |
|--------------|--|----|-------|
| HAND CARD 25 | A. Shaking hands or hugging. | 01 | 34-35 |
| | B. Sharing hypodermic needles. | 02 | 36-37 |
| | C. Sharing an apartment, classroom, or office. | 03 | 38-39 |
| | D. Receiving a blood transfusion | 04 | 40-41 |
| | E. Sexual intercourse between men. | 05 | 42-43 |
| | F. Sexual intercourse between a man and a woman. | 06 | 44-45 |
| | G. Giving a blood donation | 07 | 46-47 |
| | H. Being bitten by an insect that has bitten someone with the AIDS virus | 08 | 48-49 |
| | I. Sharing personal items like dishes, toilets, etc. | 09 | 50-51 |

E-56B. Can a person get AIDS from someone who has only the AIDS virus but does not have the disease?
 Yes 1
 No 2
 Don't know 8 52

E-57. Please look at Card 24. What would you say are the chances that you could get AIDS? Would you say that you have . . .

| | | | |
|--------------|------------------------------------|---|----|
| HAND CARD 24 | A. A very strong chance, | 1 | |
| | B. A strong chance, | 2 | |
| | C. Some chance, | 3 | |
| | D. Not much chance, or | 4 | |
| | E. No chance at all?. | 5 | 53 |

BOX 57. HAS R EVER HAD SEXUAL INTERCOURSE?
 YES 1 (E-58)
 NO 2 (BOX 60) 54

E-58. To keep you or your partner from catching diseases such as genital herpes, chlamydia, or AIDS, do you use any of the methods listed on Card 26? Just tell me the letter for any methods you use for this purpose. (CIRCLE ALL THAT APPLY)

| | | | | | |
|--------------|--|----------|---|----------|----|
| HAND CARD 26 | A. Condom. | 1 | } | (BOX 58) | 55 |
| | B. Diaphragm | 2 | | | 56 |
| | C. Spermicide jelly, foam or cream | 3 | | | 57 |
| | D. Sponge. | 4 | | | 58 |
| | No methods used for this purpose. | 5 (E-60) | | | 59 |

BOX 58. HAS R EVER HEARD OF AIDS?
 YES (E-55 CODED 1) 1 (E-59)
 NO (E-55 CODED 2). 2 (E-60) 60

E-59. Which of these methods, if any, did you begin to use for protection since you first heard about AIDS? (CIRCLE ALL THAT APPLY)

| | | | |
|--------------|--|---|----|
| HAND CARD 26 | A. Condom. | 1 | 61 |
| | B. Diaphragm | 2 | 62 |
| | C. Spermicide jelly, foam or cream | 3 | 63 |
| | D. Sponge. | 4 | 64 |
| | No methods used for this purpose. | 5 | 65 |

E-60. To keep people from catching diseases such as genital herpes, chlamydia or AIDS, doctors have suggested several changes people can make in their sexual behavior. In which of the ways shown on Card 27, if any, have you changed your sexual behavior? Just read the letters for any changes you have made. (CIRCLE ALL THAT APPLY)

HAND CARD 27

- | | | | |
|--|----|------------|-------|
| A. Stopped having sexual intercourse | 01 | } (BOX 59) | 66-67 |
| B. Stopped having other types of sexual relations. | 02 | | 68-69 |
| C. Don't have sex as often | 03 | | 70-71 |
| D. Stopped having sex with more than one man | 04 | | 72-73 |
| E. Stopped having sex with men I don't know well | 05 | | 74-75 |
| F. Stopped having sex with men who are bisexual. | 06 | | 76-77 |
| G. Stopped having sex with men who use needles to take drugs | 07 | | 78-79 |
| No changes. | 08 | (BOX 60) | 80-81 |

BOX 59. HAS R EVER HEARD OF AIDS?
 YES (E-55 CODED 1) 1 (E-61)
 NO (E-55 CODED 2). 2 (BOX 60)

82

E-61. Which of these changes you listed, if any, did you make since you first heard about AIDS? (CIRCLE ALL THAT APPLY)

HAND CARD 27

- | | | |
|--|----|-------|
| A. Stopped having sexual intercourse | 01 | 83-84 |
| B. Stopped having other types of sexual relations. | 02 | 85-86 |
| C. Don't have sex as often | 03 | 87-88 |
| D. Stopped having sex with more than one man | 04 | 89-90 |
| E. Stopped having sex with men I don't know well | 05 | 91-92 |
| F. Stopped having sex with men who are bisexual. | 06 | 93-94 |
| G. Stopped having sex with men who use needles to take drugs | 07 | 95-96 |
| No changes. | 08 | 97-98 |

BOX 60. CHECK E-10, E-11, AND E-12:
 HAS R HAD A FAMILY PLANNING VISIT IN THE PAST 12 MONTHS?
 YES. 1 (BOX 61)
 NO 2 (E-62)

99

E-62. In the past 12 months, as part of a general check-up or other medical visit, did you have a . . .

- | | YES | NO | |
|--|-----|----|-----|
| A. Pap smear? | 1 | 2 | 100 |
| B. Pelvic exam? | 1 | 2 | 101 |
| C. Breast exam? | 1 | 2 | 102 |
| D. Blood pressure test? | 1 | 2 | 103 |
| E. Urinalysis or urine test? | 1 | 2 | 104 |
| F. Test for venereal disease or VD? | 1 | 2 | 105 |
| G. Blood test for infection with the AIDS virus? | 1 | 2 | 106 |

BOX 61. ● IF R NEVER PREGNANT, OR IF R CURRENTLY PREGNANT WITH FIRST PREGNANCY. 1 (SECTION F)
 ● (CHECK B & P RECORD) IF R EVER PREGNANT (BEFORE CURRENT PREGNANCY) AND LAST PREGNANCY ENDED IN:
 - AN ABORTION. 2 (SECTION F)
 - A LIVE BIRTH, MISCARRIAGE OR STILLBIRTH. 3 (E-63)

107

E-63. Recently there has been a great deal of discussion about factors affecting the health of women during pregnancy. At what address were you living when you got pregnant (the last time)?

NUMBER/STREET

CITY/STATE

ZIP CODE

Living at current address. 999996 (E-65) 108-113

E-64. How long had you been living there when you got pregnant?

AND/OR

YEARS

MONTHS

114-116

CARD A

E-65. Did you smoke cigarettes at all during the 12 months before the end of your (last) pregnancy?

- Yes. 1 (E-66)
- No 2 (E-68)

117

CARD B

E-66. Please look at Card 28. On the average, how many cigarettes did you smoke per day before you found out that you were pregnant?

HAND CARD 28

- A. About one a day or less. 01
- B. Just a few (2-4) 02
- C. About half a pack (5-14) 03
- D. About a pack (15-24) 04
- E. About 1 1/2 packs (25-34). 05
- F. About 2 packs (35-44). 06
- G. More than 2 packs (45+). 07

118-119

SHOW CARD 3

E-67. Again, looking at Card 28, on the average, how many cigarettes did you smoke per day after you found out that you were pregnant?

HAND CARD 28

- A. About one a day or less. 01
- B. Just a few (2-4) 02
- C. About half a pack (5-14) 03
- D. About a pack (15-24) 04
- E. About 1 1/2 packs (25-34). 05
- F. About 2 packs (35-44). 06
- G. More than 2 packs (45+). 07
- H. None 96

120-121

E-68. Please look at Card 29. During your (last) pregnancy, how often did you usually drink alcoholic beverages, that is, beer, wine, or liquor?

HAND CARD 29

- A. Every day. 01
- B. Nearly every day 02
- C. 3 or 4 days a week 03
- D. 1 or 2 days a week 04
- E. 3 or 4 days a month. 05
- F. About once a month 06
- G. Less than once a month 07
- H. Not at all 96

122-123

E-69. During your (last) pregnancy, did you ever take any of the following drugs or medications?

SHOW
CARD
A

A. Tranquilizers such as valium, librium, equanil, or any of the other tranquilizers pictured on Card A?

Yes 1
No 2 124

SHOW
CARD
B

B. Stimulants such as dexedrine, benzedrine, amphetamine, or any of the other stimulants pictured on Card B?

Yes 1
No 2 125

SHOW
CARD
C

C. Sedatives such as phenobarbital, seconal, chloral hydrate, or any of the other sedatives pictured on Card C?

Yes 1
No 2 126

D. Cocaine or crack?

Yes 1
No 2 127

E. Heroin?

Yes 1
No 2 128

IF "YES" TO D OR E ABOVE, ASK:

DE. Did you take the (cocaine/heroin) intravenously, that is, by a needle in the arm?

Yes 1
No 2 129

F. Marijuana, pot or hash?

Yes 1 (E-70)
No 2 (SECTION F) 130

E-70. How often did you smoke marijuana, pot, or hash during your (last) pregnancy?

Three or more times per week 1
Once or twice a week 2
Two or three times a month 3
Once a month 4
Four to six times during the whole pregnancy . . . 5
One to three times during the whole pregnancy . . . 6 131

SECTION F

22
CARD 30

In order to understand women's experiences with childbearing, we also need some information about each woman's background. The following questions are about your background, your marriages, if any, your (and your husband's) work experience, and any child care arrangements you might have.

F-1. CODE RACE OF RESPONDENT BY OBSERVATION:

| | | |
|----------------|---|----|
| Black. | 1 | |
| White. | 2 | |
| Other. | 3 | 18 |

F-2. How long have you lived at this address?

| | | | |
|----------------------|--------|--------|-----------------|
| | AND/OR | (F-3) | |
| | YEARS | MONTHS | |
| All my life. | | | 996 (F-4) 19-21 |

F-3. How long have you lived in (STATE)?

| | | | |
|----------------------|--------|--------|-----------|
| | AND/OR | | |
| | YEARS | MONTHS | |
| All my life. | | | 996 22-24 |

F-4. Are you Protestant, Roman Catholic, Jewish or something else?

| | | |
|--------------------------|---------|----|
| Protestant | 1 (F-5) | |
| Roman Catholic | 2 (F-6) | |
| Jewish | 3 (F-7) | |
| Other (SPECIFY). | 4 (F-7) | |
| <hr/> | | |
| None | 0 (F-8) | 25 |

F-5. What denomination?

| | | | |
|--|----|---------|-------|
| Baptist. | 21 | } (F-7) | |
| Lutheran | 22 | | |
| Methodist or United Methodist. | 23 | | |
| Presbyterian | 24 | | |
| Episcopalian | 25 | | |
| Other Protestant (SPECIFY) | 26 | | |
| <hr/> | | | |
| No specific denomination | 28 | | 26-27 |

F-6. How often do you receive Communion?

| | | |
|--|---|----|
| Never. | 1 | |
| Less than once a month | 2 | |
| Once a month or more but less than once a week. | 3 | |
| Once a week or more. | 4 | 28 |

F-7. About how often do you usually attend religious services?

| | | |
|--|---|----|
| Never. | 1 | |
| Less than once a month | 2 | |
| Once a month or more but less than once a week. | 3 | |
| Once a week or more. | 4 | 29 |

F-8. When you were 14, about how often did you usually attend religious services?

| | | |
|--|---|----|
| Never. | 1 | |
| Less than once a month | 2 | |
| Once a month or more but less than once a week. | 3 | |
| Once a week or more. | 4 | 30 |

F-9. Which of the groups on Card 30 best describe your racial background? (CODE ALL THAT APPLY)

HAND
CARD
30

| | | |
|---|---|----|
| A. Alaskan native or American Indian. | 1 | 31 |
| B. Asian or Pacific Islander. | 2 | 32 |
| C. Black. | 3 | 33 |
| D. White. | 4 | 34 |
| Another group not listed (SPECIFY) | 5 | 35 |

BOX 62. IS MORE THAN ONE CODE CIRCLED IN F-9?

| | |
|--------------|----------|
| YES. | 1 (F-10) |
| NO | 2 (F-11) |

36

F-10. Which of these groups, that is (RESPONSES FROM F-9), would you say best describes your racial background?

RACIAL GROUP

37

F-11. Which of the groups on Card 31 best describe your national origin or ancestry? (CODE ALL THAT APPLY)

HAND
CARD
31

| | | |
|---|----|-------|
| A. African | 01 | 38-39 |
| B. English, Scot, Welsh. | 02 | 40-41 |
| C. French. | 03 | 42-43 |
| D. German. | 04 | 44-45 |
| E. Irish | 05 | 46-47 |
| F. Italian | 06 | 48-49 |
| G. Polish. | 07 | 50-51 |
| H. Russian | 08 | 52-53 |
| I. Puerto Rican. | 09 | 54-55 |
| J. Cuban | 10 | 56-57 |
| K. Mexican American (Mexican, Mexicano, Chicano) | 11 | 58-59 |
| L. Central or South (Latin) American countries | 12 | 60-61 |
| M. Other Spanish | 13 | 62-63 |
| N. Indian or Pakistani | 14 | 64-65 |
| O. Other Asian or Pacific Islander such as Chinese, Japanese, Korean, Filipino or Samoan. | 15 | 66-67 |
| P. Other (SPECIFY) _____ | 16 | 68-69 |

BOX 63. IS MORE THAN ONE CODE CIRCLED IN F-11?

| | |
|--------------|------------|
| YES. | 1 (F-12) |
| NO | 2 (BOX 64) |

70

F-12. Which of these groups, that is (RESPONSES MENTIONED IN F-11), would you say best describes your national origin or ancestry?

NATIONAL ORIGIN

71-72

BOX 64. IS R:

| | |
|--|-------------------|
| CURRENTLY MARRIED. | 1 (F-13) |
| WIDOWED/SEPARATED/DIVORCED | 2 (F-13) |
| LIVING WITH A PARTNER. | 3 (F-14) |
| NEVER MARRIED AND EVER HAD INTERCOURSE | 4 (F-30) |
| NEVER MARRIED AND NEVER HAD INTERCOURSE. | 5 (F-65, PAGE 72) |

73

F-13. (Including your present marriage), how many times have you been married?

| SECOND MARRIAGE | FIRST MARRIAGE | (BOX 65) # OF TIMES | 74-75 |
|-----------------|----------------|---------------------|-------|
|-----------------|----------------|---------------------|-------|

F-14. How many times, if any, have you been formally married?

Never 0 (F-28)
 (F-19) 76

OF TIMES

BOX 65. IF R:
 WIDOWED/SEPARATED/DIVORCED 1 (F-19)
 CURRENTLY MARRIED 2 (F-15) 77

F-15. When were you and your (current) husband married?

MONTH | DAY | YEAR 78-83

F-16. Did you and your (current) husband live together before you got married?

Yes 1 (F-17)
 No 2 (BOX 66) 84

F-17. When did you start living together?

MONTH | YEAR (BOX 66)
 Don't know 9898 (F-18) 85-88

F-18. How long did you live together before you got married?

YEARS AND/OR MONTHS 89-91

BOX 66. CHECK F-13. HOW MANY TIMES HAS R BEEN MARRIED?
 ONE TIME 1 (F-30)
 TWO OR MORE TIMES 2 (F-19) 92

BOX 67. GO BACK TO F-19 FOR SECOND PREVIOUS MARRIAGE, IF ANY. OTHERWISE, GO TO BOX 69.

BOX 68. GO BACK TO F-22 IF 2 OR MORE PREVIOUS MARRIAGES. OTHERWISE, GO TO BOX 69.

ASK FOR PREVIOUS MARRIAGES ONLY

| ASK F-19 THROUGH F-27 IN SEQUENCE FOR FIRST, SECOND, AND MOST RECENT MARRIAGES ONLY. | FIRST MARRIAGE | SECOND MARRIAGE | MOST RECENT MARRIAGE | | | | | | | | | | | | | | | | | | | | |
|--|--|-----------------|--|-------|----------|----|--------|---|----|---|----|---|----|-------|---|----|----|----|----------|--------|-------|-------|--|
| F-19. When were you married (the 1st/2nd time)? | <table style="margin: auto; border: none;"> <tr> <td style="border: none;">MO</td> <td style="border: none;"> </td> <td style="border: none;">DA</td> <td style="border: none;"> </td> <td style="border: none;">YR</td> </tr> <tr> <td style="border: none;">18</td> <td style="border: none;">-</td> <td style="border: none;">23</td> <td style="border: none;">-</td> <td style="border: none;"></td> </tr> </table> | MO | | DA | | YR | 18 | - | 23 | - | | <table style="margin: auto; border: none;"> <tr> <td style="border: none;">MO</td> <td style="border: none;"> </td> <td style="border: none;">DA</td> <td style="border: none;"> </td> <td style="border: none;">YR</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">-</td> <td style="border: none;">(F-23)</td> <td style="border: none;">-</td> <td style="border: none;">49-54</td> </tr> </table> | MO | | DA | | YR | | - | (F-23) | - | 49-54 | |
| MO | | DA | | YR | | | | | | | | | | | | | | | | | | | |
| 18 | - | 23 | - | | | | | | | | | | | | | | | | | | | | |
| MO | | DA | | YR | | | | | | | | | | | | | | | | | | | |
| | - | (F-23) | - | 49-54 | | | | | | | | | | | | | | | | | | | |
| F-20. Did you and your husband live together before you got married? | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | ... 1 (F-21) | | | | | | | | | | | | | | | | | | | | | | |
| No | ... 2 (F-23) | | | | | | | | | | | | | | | | | | | | | | |
| | 24 | | | | | | | | | | | | | | | | | | | | | | |
| F-21. When did you start living together? | <table style="margin: auto; border: none;"> <tr> <td style="border: none;">MO</td> <td style="border: none;"> </td> <td style="border: none;">YR</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">-</td> <td style="border: none;">(F-23)</td> </tr> </table> | MO | | YR | | - | (F-23) | | | | | | | | | | | | | | | | |
| MO | | YR | | | | | | | | | | | | | | | | | | | | | |
| | - | (F-23) | | | | | | | | | | | | | | | | | | | | | |
| Don't know. | ... 9898 (F-21a) | | | | | | | | | | | | | | | | | | | | | | |
| | 25-28 | | | | | | | | | | | | | | | | | | | | | | |
| F-21a. How long did you live together before you got married? | <table style="margin: auto; border: none;"> <tr> <td style="border: none;">YRS</td> <td style="border: none;">AND/OR</td> <td style="border: none;">MOS</td> </tr> <tr> <td style="border: none;">(F-23)</td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table> | YRS | AND/OR | MOS | (F-23) | | | | | | | | | | | | | | | | | | |
| YRS | AND/OR | MOS | | | | | | | | | | | | | | | | | | | | | |
| (F-23) | | | | | | | | | | | | | | | | | | | | | | | |
| | 29-31 | | | | | | | | | | | | | | | | | | | | | | |
| F-22. (Before your current marriage), when were you married the most recent time? | | | <table style="margin: auto; border: none;"> <tr> <td style="border: none;">MO</td> <td style="border: none;"> </td> <td style="border: none;">DA</td> <td style="border: none;"> </td> <td style="border: none;">YR</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">-</td> <td style="border: none;">72</td> <td style="border: none;">-</td> <td style="border: none;">77</td> </tr> </table> | MO | | DA | | YR | | - | 72 | - | 77 | | | | | | | | | | |
| MO | | DA | | YR | | | | | | | | | | | | | | | | | | | |
| | - | 72 | - | 77 | | | | | | | | | | | | | | | | | | | |
| F-23. How did that marriage end? | | | | | | | | | | | | | | | | | | | | | | | |
| Death of your husband | ... 1 (F-24) | ... 1 (F-24) | ... 1 (F-24) | | | | | | | | | | | | | | | | | | | | |
| Divorce or annulment. | ... 2 (F-25) | ... 2 (F-25) | ... 2 (F-25) | | | | | | | | | | | | | | | | | | | | |
| Separation. | ... 3 (F-27) | ... 3 (F-27) | ... 3 (F-27) | | | | | | | | | | | | | | | | | | | | |
| | 32 | 55 | 78 | | | | | | | | | | | | | | | | | | | | |
| F-24. When did your husband die? | <table style="margin: auto; border: none;"> <tr> <td style="border: none;">MO</td> <td style="border: none;"> </td> <td style="border: none;">YR</td> </tr> <tr> <td style="border: none;">(BOX 67)</td> <td style="border: none;">-</td> <td style="border: none;">33-36</td> </tr> </table> | MO | | YR | (BOX 67) | - | 33-36 | <table style="margin: auto; border: none;"> <tr> <td style="border: none;">MO</td> <td style="border: none;"> </td> <td style="border: none;">YR</td> </tr> <tr> <td style="border: none;">(BOX 68)</td> <td style="border: none;">-</td> <td style="border: none;">56-59</td> </tr> </table> | MO | | YR | (BOX 68) | - | 56-59 | <table style="margin: auto; border: none;"> <tr> <td style="border: none;">MO</td> <td style="border: none;"> </td> <td style="border: none;">YR</td> </tr> <tr> <td style="border: none;">(BOX 69)</td> <td style="border: none;">-</td> <td style="border: none;">79-82</td> </tr> </table> | MO | | YR | (BOX 69) | - | 79-82 | | |
| MO | | YR | | | | | | | | | | | | | | | | | | | | | |
| (BOX 67) | - | 33-36 | | | | | | | | | | | | | | | | | | | | | |
| MO | | YR | | | | | | | | | | | | | | | | | | | | | |
| (BOX 68) | - | 56-59 | | | | | | | | | | | | | | | | | | | | | |
| MO | | YR | | | | | | | | | | | | | | | | | | | | | |
| (BOX 69) | - | 79-82 | | | | | | | | | | | | | | | | | | | | | |
| F-25. When did you and your husband stop living together? | <table style="margin: auto; border: none;"> <tr> <td style="border: none;">MO</td> <td style="border: none;"> </td> <td style="border: none;">YR</td> </tr> <tr> <td style="border: none;">37</td> <td style="border: none;">-</td> <td style="border: none;">40</td> </tr> </table> | MO | | YR | 37 | - | 40 | <table style="margin: auto; border: none;"> <tr> <td style="border: none;">MO</td> <td style="border: none;"> </td> <td style="border: none;">YR</td> </tr> <tr> <td style="border: none;">60</td> <td style="border: none;">-</td> <td style="border: none;">63</td> </tr> </table> | MO | | YR | 60 | - | 63 | <table style="margin: auto; border: none;"> <tr> <td style="border: none;">MO</td> <td style="border: none;"> </td> <td style="border: none;">YR</td> </tr> <tr> <td style="border: none;">83</td> <td style="border: none;">-</td> <td style="border: none;">86</td> </tr> </table> | MO | | YR | 83 | - | 86 | | |
| MO | | YR | | | | | | | | | | | | | | | | | | | | | |
| 37 | - | 40 | | | | | | | | | | | | | | | | | | | | | |
| MO | | YR | | | | | | | | | | | | | | | | | | | | | |
| 60 | - | 63 | | | | | | | | | | | | | | | | | | | | | |
| MO | | YR | | | | | | | | | | | | | | | | | | | | | |
| 83 | - | 86 | | | | | | | | | | | | | | | | | | | | | |
| F-26. What was the date of your (divorce/annulment)? | <table style="margin: auto; border: none;"> <tr> <td style="border: none;">MO</td> <td style="border: none;"> </td> <td style="border: none;">YR</td> </tr> <tr> <td style="border: none;">(BOX 67)</td> <td style="border: none;">-</td> <td style="border: none;">41-44</td> </tr> </table> | MO | | YR | (BOX 67) | - | 41-44 | <table style="margin: auto; border: none;"> <tr> <td style="border: none;">MO</td> <td style="border: none;"> </td> <td style="border: none;">YR</td> </tr> <tr> <td style="border: none;">(BOX 68)</td> <td style="border: none;">-</td> <td style="border: none;">64-67</td> </tr> </table> | MO | | YR | (BOX 68) | - | 64-67 | <table style="margin: auto; border: none;"> <tr> <td style="border: none;">MO</td> <td style="border: none;"> </td> <td style="border: none;">YR</td> </tr> <tr> <td style="border: none;">(BOX 69)</td> <td style="border: none;">-</td> <td style="border: none;">87-90</td> </tr> </table> | MO | | YR | (BOX 69) | - | 87-90 | | |
| MO | | YR | | | | | | | | | | | | | | | | | | | | | |
| (BOX 67) | - | 41-44 | | | | | | | | | | | | | | | | | | | | | |
| MO | | YR | | | | | | | | | | | | | | | | | | | | | |
| (BOX 68) | - | 64-67 | | | | | | | | | | | | | | | | | | | | | |
| MO | | YR | | | | | | | | | | | | | | | | | | | | | |
| (BOX 69) | - | 87-90 | | | | | | | | | | | | | | | | | | | | | |
| F-27. When did you and your husband stop living together? | <table style="margin: auto; border: none;"> <tr> <td style="border: none;">MO</td> <td style="border: none;"> </td> <td style="border: none;">YR</td> </tr> <tr> <td style="border: none;">(BOX 67)</td> <td style="border: none;">-</td> <td style="border: none;">45-48</td> </tr> </table> | MO | | YR | (BOX 67) | - | 45-48 | <table style="margin: auto; border: none;"> <tr> <td style="border: none;">MO</td> <td style="border: none;"> </td> <td style="border: none;">YR</td> </tr> <tr> <td style="border: none;">(BOX 68)</td> <td style="border: none;">-</td> <td style="border: none;">68-71</td> </tr> </table> | MO | | YR | (BOX 68) | - | 68-71 | <table style="margin: auto; border: none;"> <tr> <td style="border: none;">MO</td> <td style="border: none;"> </td> <td style="border: none;">YR</td> </tr> <tr> <td style="border: none;">(BOX 69)</td> <td style="border: none;">-</td> <td style="border: none;">91-94</td> </tr> </table> | MO | | YR | (BOX 69) | - | 91-94 | | |
| MO | | YR | | | | | | | | | | | | | | | | | | | | | |
| (BOX 67) | - | 45-48 | | | | | | | | | | | | | | | | | | | | | |
| MO | | YR | | | | | | | | | | | | | | | | | | | | | |
| (BOX 68) | - | 68-71 | | | | | | | | | | | | | | | | | | | | | |
| MO | | YR | | | | | | | | | | | | | | | | | | | | | |
| (BOX 69) | - | 91-94 | | | | | | | | | | | | | | | | | | | | | |

BOX 67. GO BACK TO F-19 FOR SECOND PREVIOUS MARRIAGE, IF ANY. OTHERWISE, GO TO BOX 69.

BOX 68. GO BACK TO F-22 IF 3 OR MORE PREVIOUS MARRIAGES. OTHERWISE, GO TO BOX 69.

BOX 69. IF R IS:

CURRENTLY MARRIED, DIVORCED, WIDOWED OR SEPARATED... 1 (F-30)
LIVING TOGETHER WITH A PARTNER... 2 (F-28)

95

F-28. In what month and year did you and your partner begin living together?

MONTH | YEAR (F-30) 96-99
Don't know 9898 (F-29)

F-29. How long have you lived together?

YEARS AND/OR MONTHS 100-102

F-30. (Besides the time(s) you have just told me about), have you ever lived with a partner or boy-friend without being married to him? (If R ASKS: By living together, we mean both of you having the same usual address).

Yes. 1 (F-31)
No 2 (F-33) 103

F-31. (Besides your husband(s)), in what month and year did you begin living with your first partner?

MONTH | YEAR 104-107

F-32. How long did you live with him without being married? (IF LIVED WITH HIM MORE THAN ONCE, PROBE FOR LENGTH OF FIRST CONTINUOUS PERIOD).

YEARS AND/OR MONTHS 108-110

F-33. Thinking back, with how many men have you had intercourse in your life?

NUMBER OR RANGE: 111-112

BOX 70. HAS R HAD INTERCOURSE WITH ONLY ONE MAN IN HER LIFE (F-33 CODED 1)?

YES. 1 (BOX 71)
NO 2 (F-34) 113

F-34. In the last three months (in which you were having intercourse), with how many men did you have intercourse?

NUMBER OR RANGE: 114-115

BOX 73. CHECK F-13 AND F-14.

IS R:

MARRIED ONLY ONCE. 1 (F-38)

MARRIED MORE THAN ONCE 2 (F-36)

18

F-36. When was your first husband born?

| | | | | | | |
|----------------------|--|-------|--|-------|----------------|-------|
| _____ | | _____ | | _____ | (F-37) | 19-24 |
| MONTH | | DAY | | YEAR | | |
| Don't know | | | | | 989898 (F-36a) | |

F-36a. How old was he when you were married?

| | | |
|----------------------|-----|-------|
| _____ | AGE | 25-26 |
| Don't know | 98 | |

F-37. What was the highest grade or year of regular school or college your first husband had completed at the time you got married?

No formal schooling 00

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

- 9th grade 09
- 10th grade 10
- 11th grade 11
- 12th grade 12

College and Graduate/Professional School

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

27-28

F-38. When was your [partner/(current/last/former) husband] born?

| | | | | | | |
|----------------------|--|-------|--|-------|----------------|-------|
| _____ | | _____ | | _____ | (F-39) | 29-34 |
| MONTH | | DAY | | YEAR | | |
| Don't know | | | | | 989898 (F-38a) | |

F-38a. How old was he when you were married?

| | | |
|----------------------|-----|-------|
| _____ | AGE | 35-36 |
| Don't know | 98 | |

F-39. What was the highest grade or year of regular school or college your [partner/(current/last/former) husband] ever completed?

- No formal schooling 00
- 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
- 9th grade 09
- 10th grade 10
- 11th grade 11
- 12th grade 12
- College and Graduate/Professional School
- 1 year 13
- 2 years 14
- 3 years 15
- 4 years 16
- 5 years 17
- 6 years or more 18

37-38

F-40. What was the highest grade or year of regular school or college your [partner/(current/last/former) husband] had completed at the time you (started living together/got married)?

- No formal schooling 00
- 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
- 9th grade 09
- 10th grade 10
- 11th grade 11
- 12th grade 12
- College and Graduate/Professional School
- 1 year 13
- 2 years 14
- 3 years 15
- 4 years 16
- 5 years 17
- 6 years or more 18

39-40

F-41. (Is/Was) he Protestant, Roman Catholic, Jewish, or something else?

- Protestant 1
- Roman Catholic 2
- Jewish 3
- Other (SPECIFY) 4
- None 0
- Don't know 8

41

F-42. Which of the groups on Card 30 best describe your [partner's/(current/last/former) husband's] racial background? (CODE ALL THAT APPLY.)

HAND
CARD
30

- A. Alaskan native or American Indian. 1 42
- B. Asian or Pacific Islander. 2 43
- C. Black. 3 44
- D. White. 4 45
- Another group not listed (SPECIFY) 5 46

BOX 74. IS MORE THAN ONE CODE CIRCLED IN F-42?
 YES. 1 (F-43)
 NO 2 (F-44) 47

F-43. Which of these groups, that is (RESPONSES FROM F-42), would you say best describes your [partner's/(current/last/former) husband's] racial background?

RACIAL GROUP

48

F-44. Which of the groups on Card 31 best describe your [partner's/(current/last/former) husband's] national origin or ancestry? (CODE ALL THAT APPLY)

HAND
CARD
31

- A. African 01 49-50
- B. English, Scot, Welsh. 02 51-52
- C. French. 03 53-54
- D. German. 04 55-56
- E. Irish 05 57-58
- F. Italian 06 59-60
- G. Polish. 07 61-62
- H. Russian 08 63-64
- I. Puerto Rican. 09 65-66
- J. Cuban 10 67-68
- K. Mexican American (Mexican, Mexicano, Chicano) . . . 11 69-70
- L. Central or South (Latin) American countries . . . 12 71-72
- M. Other Spanish 13 73-74
- N. Indian or Pakistani 14 75-76
- O. Other Asian or Pacific Islander such as
 Chinese, Japanese, Korean, Filipino or
 Samoan. 15 77-78
- P. Other (SPECIFY) _____ 16 79-80

BOX 75. IS MORE THAN ONE CODE CIRCLED IN F-44?
 YES. 1 (F-45)
 NO 2 (BOX 76) 81

F-45. Which of these groups, that is (RESPONSES MENTIONED IN F-44), would you say best describes your [partner's/(current/last/former) husband's] national origin or ancestry?

NATIONAL ORIGIN

82-83

BOX 76. IS R:
 ● LIVING WITH A PARTNER. 1 (F-46)
 ● CURRENTLY MARRIED. 2 (F-47)
 ● WIDOWED/DIVORCED/SEPARATED 3 (F-51) 84

F-46. Has your partner ever been married?

Yes 1 } (F-48)
No 2
Don't know 8

85

F-47. Is this marriage your husband's first marriage, or was he married before?

First marriage 1
Married before 2
Don't know 8

86

F-48. [Apart from your child(ren)], does he have any children under the age of 18?

Yes 1 (F-49)
No 2 (BOX 77)
Don't know 8 (BOX 77)

87

F-49. Where are they living now, in this household, with their mother, or somewhere else?

This household 1 (BOX 77)
Mother 2 (F-50)
Somewhere else 3 (F-50)

88

F-50. Does he regularly contribute to the support of those children?

Yes 1 } (BOX 77)
No 2

89

F-51. Was your marriage to your (last/former) husband his first marriage, or had he been married before?

First marriage 1
Married before 2

90

BOX 77. NUMBER OF PREGNANCIES ENDING IN LIVE BIRTH R HAS HAD (SEE B & P RECORD):
NONE 0 (F-65)
ONE 1 (F-52)
TWO 2 (F-53)
THREE 3 (F-54)
FOUR OR MORE 4 (F-55)

91

F-52. Before the birth of your child, did you ever work for pay continuously for six months or more either part-time or full-time?

Yes 1 (F-56)
No 2 (F-62)

92

F-53. Did you ever work for pay continuously for six months or more either part-time or full-time:

A. Before the birth of your first child? YES NO 1 2 93
B. Between the birth of your first child and the birth of your second child? 1 2 94 (BOX 78)

F-54. Did you ever work for pay continuously for six months or more either part-time or full-time:

A. Before the birth of your first child? YES NO 1 2 95
B. Between the birth of your first child and the birth of your second child? 1 2 96
C. Between the birth of your second child and the birth of your third child? 1 2 97 (BOX 78)

F-55. Did you ever work for pay continuously for six months or more either part-time or full-time:

| | YES | NO | |
|---|-----|----|-----|
| A. Before the birth of your first child? | 1 | 2 | 98 |
| B. Between the birth of your first child and the birth of your second child? | 1 | 2 | 99 |
| C. Between the birth of your second child and the birth of your third child? | 1 | 2 | 100 |
| D. Between the birth of (THIRD CHILD) and the birth of (LAST CHILD)? | 1 | 2 | 101 |

BOX 78. DID R WORK BEFORE LAST BIRTH?

| | | |
|--------------|----------|-----|
| YES. | 1 (F-56) | |
| NO | 2 (F-62) | 102 |

F-56. How long before the delivery of your (last) child did you stop working?

| | | |
|--|----|---------|
| Less than one month. | 00 | |
| # OF MONTHS _____ | | |
| One year or more | 12 | |
| Never stopped/worked right up to delivery. | 15 | 103-104 |

F-57. At that time, did you quit, were you fired or did you take maternity leave or a leave of absence?

| | | |
|----------------------|----------|-----|
| Quit | 1 (F-60) | |
| Was fired. | 2 (F-60) | |
| Took leave | 3 (F-58) | 105 |

F-58. Did your employer pay for all or part of your leave through maternity benefits or sick pay?

| | | |
|----------------------------|----------|-----|
| Yes. | 1 (F-59) | |
| No | 2 (F-60) | |
| No, self-employed. | 3 (F-61) | 106 |

F-59. How many weeks or months leave did your employer pay for?

| | | | |
|------------|----|-------------|---------|
| _____ | OR | _____ | 107-109 |
| # OF WEEKS | | # OF MONTHS | |

F-60. How many months or years had you worked for your employer before the birth of your (last) child?

| | | | |
|-------------|----|------------|---------|
| _____ | OR | _____ | 110-112 |
| # OF MONTHS | | # OF YEARS | |

F-61. Before the birth of your (last) child, were you working full-time or part-time?

| | | |
|--------------------|---|-----|
| Full-time. | 1 | |
| Part-time. | 2 | 113 |

F-62. Have you worked for pay continuously for six months or more, either part-time or full-time since your (last) child was born?

| | | |
|--------------|----------|-----|
| Yes. | 1 (F-63) | |
| No | 2 (F-66) | 114 |

F-63. In what month and year did you begin to work after your (last) child was born?

| | | | |
|----------------|--|-------|---------|
| _____ | | _____ | 115-118 |
| MONTH (SEASON) | | YEAR | |

F-64. At that time, did you work part-time or full-time?

| | | | |
|--------------------|---|----------|-----|
| Full-time. | 1 | } (F-66) | |
| Part-time. | 2 | | 119 |

F-65. Have you ever worked for pay continuously for six months or more either part-time or full-time? [25]

Yes 1

No 2 18

F-66. Last week, were you working full-time, part-time, going to school, keeping house, or what? (CIRCLE ALL THAT APPLY)

| | | |
|---|----|-------|
| Working full-time (35 hours or more) | 01 | 19-20 |
| Working part-time (1 to 34 hours) | 02 | 21-22 |
| With a job but not at work because of temporary illness, vacation, strike | 03 | 23-24 |
| With a job but on maternity leave | 04 | 25-26 |
| Unemployed, laid off, looking for work | 05 | 27-28 |
| In school | 06 | 29-30 |
| Keeping house | 07 | 31-32 |
| Other (SPECIFY) _____ | 08 | 33-34 |

BOX 79. HAS R EVER WORKED?

R HAS NEVER WORKED 1 (BOX 81)

R HAS EVER WORKED AND IS CURRENTLY WORKING (F-66 CODED 01, 02) 2 (F-67)

R HAS EVER WORKED AND IS NOT CURRENTLY WORKING (F-66 CODED 03 TO 08) 3 (F-70) 35

F-67. At what time of day did you usually begin work on most days last week?

Hour _____

AM or PM _____

12 Noon 12

12 Midnight 24 36-37

F-68. At what time of day did you usually end work on most days last week?

Hour _____

AM or PM _____

12 Noon 12

12 Midnight 24 38-39

F-69. Do you usually work the same shift or does the shift rotate (for example, from day to evening or night)?

Same or fixed shift 1

Rotating shift 2 40

F-70. What (is/was) your (last) occupation? That is, what (is/was) your job called?

_____ 41-44

F-71. What (are/were) your most important activities or duties?

F-72. What kind of business or industry (do/did) you work for? That is, what (do/did) they make or do?

_____ 45-48

F-73. In what month and year did you start working at this job?

_____ | _____

MONTH (SEASON) YEAR 49-52

BOX 80. IS R:
 CURRENTLY EMPLOYED (F-66 CODED 01 TO 04) 1 (F-75)
 NOT CURRENTLY EMPLOYED (F-66 CODED 05 TO 08) . . . 2 (F-74)

53

F-74. In what month and year did you stop working at this job?

MONTH (SEASON) | YEAR

54-57

F-75. How many hours a week (do/did) you usually work at this job?

HOURS PER WEEK

58-59

F-76. Card 32 shows amounts of weekly, monthly, and yearly earnings. Please tell me which letter represents your earnings or salary before taxes on this job. (ENTER LETTER)

HAND CARD 32

LETTER

HAND CARD 60-61

F-76a. Is that amount . . .

- Per week, (SINGLE LETTER) 1
- Per month, (DOUBLE LETTER) or 2
- Per year? (TRIPLE LETTER) 3

IF RESPONSE TO F-76a IS INCONSISTENT WITH RESPONSE TO F-76, PROBE TO RESOLVE.

BOX 81. IS R CURRENTLY EMPLOYED OR GOING TO SCHOOL?
 (F-66 CODED 01 TO 04, OR 06)
 YES. 1 (BOX 82)
 NO 2 (BOX 86, PAGE 76)

62

BOX 82. DOES R HAVE OWN, STEP, OR ADOPTED CHILD(REN) AGED 0-12 IN HOUSEHOLD (SEE HOUSEHOLD ROSTER ON INTERVIEW INFORMATION SHEET)?
 Yes. . . . 1 (RECORD CHILD(REN)'S FIRST NAME(S) IN TABLE AND ASK F-77 THROUGH F-82 IN SEQUENCE FOR EACH CHILD)
 No 2 (GO TO BOX 86, PAGE 76)

63

CODER USE ONLY:
 COUNT26 _____ 64-65

BOX 84. CHECK F-77 AND F-78 FOR ONLY OR MAIN SOURCE OF CHILD CARE:
 F-77/F-78 CODED 01-07
 F-77/F-78 CODED 08-11

| | | CHILD #1 | CHILD #2 | CHILD #3 | CHILD #4 | CHILD #5 |
|--|--|----------------|----------------|----------------|----------------|----------------|
| FIRST NAME | | | | | | |
| F-77. | [Now we have a few questions about how your child(ren under the age of 13) (is/are) cared for while you (work/go to school).] Please look at Card 33. During the average week of the school year that you (worked/went to school), how was (CHILD) cared for (except for required school attendance)? (CIRCLE ALL THAT APPLY) PROBE: Any others? | 18-39 | | | | |
| HAND CARD 33 | A. Child's other parent/stepparent..... | ... 01 | ... 01 | ... 01 | ... 01 | ... 01 |
| | B. Child's brother/sister 13+..... | ... 02 | ... 02 | ... 02 | ... 02 | ... 02 |
| | C. Child's brother/sister under 13..... | ... 03 | ... 03 | ... 03 | ... 03 | ... 03 |
| | D. Child's grandparent..... | ... 04 | ... 04 | ... 04 | ... 04 | ... 04 |
| | E. Other relative..... | ... 05 | ... 05 | ... 05 | ... 05 | ... 05 |
| | F. Nonrelative..... | ... 06 | ... 06 | ... 06 | ... 06 | ... 06 |
| | G. Child cares for self..... | ... 07 | ... 07 | ... 07 | ... 07 | ... 07 |
| | H. Day care center..... | ... 08 | ... 08 | ... 08 | ... 08 | ... 08 |
| | I. Nursery/preschool..... | ... 09 | ... 09 | ... 09 | ... 09 | ... 09 |
| | J. R works at home..... | ... 10 | ... 10 | ... 10 | ... 10 | ... 10 |
| | K. R cares for child at work..... | ... 11 | ... 11 | ... 11 | ... 11 | ... 11 |
| BOX 83. IS MORE THAN ONE CODE CIRCLED IN F-77? | | 40 | | | | |
| YES..... | | ... 1 (F-78) | ... 1 (F-78) | ... 1 (F-78) | ... 1 (F-78) | ... 1 (F-78) |
| NO..... | | ... 2 (BOX 84) | ... 2 (BOX 84) | ... 2 (BOX 84) | ... 2 (BOX 84) | ... 2 (BOX 84) |
| F-78. | Which of these, that is (RESPONSES TO F-77), was the main source of care for (CHILD) during most of the hours you (worked/went to school)? | 41-42 | | | | |
| HAND CARD 33 | A. Child's other parent/stepparent..... | ... 01 | ... 01 | ... 01 | ... 01 | ... 01 |
| | B. Child's brother/sister 13+..... | ... 02 | ... 02 | ... 02 | ... 02 | ... 02 |
| | C. Child's brother/sister under 13..... | ... 03 | ... 03 | ... 03 | ... 03 | ... 03 |
| | D. Child's grandparent..... | ... 04 | ... 04 | ... 04 | ... 04 | ... 04 |
| | E. Other relative..... | ... 05 | ... 05 | ... 05 | ... 05 | ... 05 |
| | F. Nonrelative..... | ... 06 | ... 06 | ... 06 | ... 06 | ... 06 |
| | G. Child cares for self..... | ... 07 | ... 07 | ... 07 | ... 07 | ... 07 |
| | H. Day care center..... | ... 08 | ... 08 | ... 08 | ... 08 | ... 08 |
| | I. Nursery/preschool..... | ... 09 | ... 09 | ... 09 | ... 09 | ... 09 |
| | J. R works at home..... | ... 10 | ... 10 | ... 10 | ... 10 | ... 10 |
| | K. R cares for child at work..... | ... 11 | ... 11 | ... 11 | ... 11 | ... 11 |
| BOX 84. CHECK F-77 AND F-78 FOR ONLY OR MAIN SOURCE OF CHILD CARE: | | 43 | | | | |
| F-77/F-78 CODED 01-07..... | | ... 1 (F-79) | ... 1 (F-79) | ... 1 (F-79) | ... 1 (F-79) | ... 1 (F-79) |
| F-77/F-78 CODED 08-11..... | | ... 2 (F-80) | ... 2 (F-80) | ... 2 (F-80) | ... 2 (F-80) | ... 2 (F-80) |

| | | CHILD #1 | CHILD #2 | CHILD #3 | CHILD #4 | CHILD #5 |
|------------|--|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| FIRST NAME | | | | | | |
| F-79. | Where was (CHILD) usually cared for under this arrangement? Child's home..... Other private home..... Other place (SPECIFY)..... | 44 ... 1 ... 2 ... 3 | ... 1 ... 2 ... 3 | ... 1 ... 2 ... 3 | ... 1 ... 2 ... 3 | ... 1 ... 2 ... 3 |
| F-80. | During the average week of the school year, how many hours per week was (CHILD) usually cared for under this arrangement while you were at (work/school)? NUMBER OF HOURS..... | 45-46 | | | | |
| F-81. | In a typical week, how much, if anything, did you pay for (CHILD'S) care while you were (working/going to school)? \$ PER WEEK..... Child care free..... | 47-49 (F-82) ... 996 (BOX 85) | (F-82) ... 996 (BOX 85) | (F-82) ... 996 (BOX 85) | (F-82) ... 996 (BOX 85) | (F-82) ... 996 (BOX 85) |
| F-82. | Did you pay for any of this child care while you were (working/going to school) through a non-money arrangement such as providing room and board or exchanging child care services? Yes..... No..... | 50 ... 1 ... 2 | ... 1 ... 2 | ... 1 ... 2 | ... 1 ... 2 | ... 1 ... 2 |

BOX 85. RETURN TO F-77 FOR NEXT CHILD, IF ANY. OTHERWISE, CONTINUE.

BOX 86. IF R IS:

NEVER MARRIED. 1 (F-92)

WIDOWED/DIVORCED/SEPARATED . . . 2 (F-92)

CURRENTLY MARRIED. 3 (F-83)

LIVING WITH PARTNER. 4 (F-83)

18

F-83. Last week, was your (husband/partner) working full-time, part-time, going to school, keeping house, or what? (CIRCLE ALL THAT APPLY AND FOLLOW SKIP INSTRUCTION FOR SMALLEST CODE CIRCLED.)

- Working full-time (35 hours or more). 01 } (F-84) 19-20
- Working part-time (1 to 34 hours) 02 } 21-22
- With a job but not at work because of temporary illness, vacation, strike 03 } (F-88) 23-24
- Unemployed, laid off, looking for work. 05 } 25-26
- In school 06 } 27-28
- Keeping house 07 } (F-87) 29-30
- Other (SPECIFY) _____ 08 } 31-32

F-84. At what time of day did he usually begin work on most days last week?

- Hour _____
- AM or PM _____
- 12 Noon. 12
- 12 Midnight. 24 33-34

F-85. At what time of day did he usually end work on most days last week?

- Hour _____
- AM or PM _____
- 12 Noon. 12
- 12 Midnight. 24 35-36

F-86. Does he usually work the same shift or does the shift rotate (for example, from day to evening or night)?

- Same or fixed shift. 1 } (F-88) 37
- Rotating shift 2 }

F-87. Did he ever have a job or business for pay?

- Yes. 1 (F-88)
- No 2 (F-91) 38

F-88. What (is/was) your (husband's/partner's) (main) occupation? That is, what (is/was) his job called?

39-42

F-89. What (are/were) his most important activities or duties?

F-90. What kind of business or industry (does/did) he work for? That is, what (do/did) they make or do?

43-46

F-91. Card 32 shows amounts of weekly, monthly, and yearly incomes. Would you tell me which letter represents your (husband's/partner's) income in the past 12 months -- that is, since (MONTH/YEAR), considering all sources such as wages, profits, interest and so on?

HAND
CARD
32

47-48

LETTER

F-91a. Is that amount . . .

Per week, (SINGLE LETTER). 1
 Per month, (DOUBLE LETTER) or. 2
 Per year? (TRIPLE LETTER) 3

IF RESPONSE TO F-91a IS INCONSISTENT WITH RESPONSE TO F-91, PROBE TO RESOLVE.

F-92. Did you (or any members of your family living here) receive income in the past 12 months from any of the following sources? All may not apply to you, but it is easiest if I ask you about each one at a time. Did (you/anyone) receive income from . . .

| SOURCE OF INCOME | DON'T | | | |
|---|-------|----|------|----|
| | YES | NO | KNOW | |
| A. Interest on checking or savings accounts? | 1 | 2 | 8 | 49 |
| B. Dividends or property rental? | 1 | 2 | 8 | 50 |
| C. Unemployment or Workmen's Compensation? | 1 | 2 | 8 | 51 |
| D. Social Security or retirement?. | 1 | 2 | 8 | 52 |
| E. Payments from Aid to Families with Dependent Children?. | 1 | 2 | 8 | 53 |
| F. Aid to the blind, aid to the totally disabled, or Supplemental Security Income under old age assistance? | 1 | 2 | 8 | 54 |
| G. Food stamps?. | 1 | 2 | 8 | 55 |
| H. General assistance or other aid?. | 1 | 2 | 8 | 56 |
| I. Child support from a former husband?. | 1 | 2 | 8 | 57 |
| J. Regular contributions from other persons not in this household? | 1 | 2 | 8 | 58 |

F-93. Card 32 shows amounts of weekly, monthly, and yearly income. Would you tell me what letter represents (your total income/the total combined income of your family) in the past 12 months, including income from all sources such as wages, salaries, Social Security or retirement benefits, help from relatives, rent from property and so forth.

HAND
CARD
32

59-60

LETTER

F-93a. Is that amount . . .

Per week, (SINGLE LETTER). 1
 Per month, (DOUBLE LETTER) or. 2
 Per year? (TRIPLE LETTER) 3

IF RESPONSE TO F-93a IS INCONSISTENT WITH RESPONSE TO F-93, PROBE TO RESOLVE.

TIME ENDED: _____ a.m.
 p.m.

61-63

THIS PAGE IS
INTENTIONALLY BLANK

F-94. As far as you know, where will you be living this time next year?

- Same address (RECORD NAME, ADDRESS, TELEPHONE NUMBER BELOW) 1
- Other (RECORD NAME, TELEPHONE NUMBER: GET BEST POSSIBLE ADDRESS AND OBTAIN MAILING ADDRESS IF "R" IS IN RURAL AREA: RECORD BELOW). 2

64

()

RESPONDENT'S NAME _____ AREA CODE _____ TELEPHONE NUMBER _____

NUMBER/STREET _____

CITY/TOWN _____ STATE _____ ZIP CODE _____

F-95. 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, would you please give me the names of two close relatives or friends, living outside this household, who would be likely to know where you can be reached (in case you move).

BOX 87. ● IF RESPONDENT STATED THAT SHE DID NOT WISH TO BE RECONTACTED CHECK HERE.

DO YOU CONSIDER THAT REFUSAL TO BE DEFINITE OR TENTATIVE?

Definite. 1 } (BOX 88)
Tentative 2 }

● OTHERWISE, ENTER NAMES BELOW, THEN ASK F-96 TO F-98 FOR EACH.

65

66

| | NAME | NAME |
|---|---------------------------------|---------------------------------|
| F-96. How is (PERSON) related to you? | RELATIONSHIP | RELATIONSHIP |
| F-97. What is (his/her) address? | NUMBER/STREET CITY/STATE/ZIP | NUMBER/STREET CITY/STATE/ZIP |
| F-98. What is (his/her) telephone number? | () - AREA CODE TELEPHONE # | () - AREA CODE TELEPHONE # |

BOX 88. HAND HER THE SELF-ADMINISTERED QUESTIONNAIRE, AN ENVELOPE, AND A PENCIL. ASK HER TO:

- READ THE INSTRUCTIONS AT THE TOP OF THE SHEET
- WRITE HER ANSWERS ON THE FORM
- PLACE COMPLETED FORM IN ENVELOPE AND SEAL IT
- RETURN ENVELOPE TO YOU.

ATTACH MINI-LABEL OR ENTER CASE ID ON ENVELOPE.

67

CLOSING: HAND THANK YOU LETTER AND SAY: Thank you very much for your time and help. Here is a letter of appreciation from the Director of the National Center for Health Statistics.

At some time in the future, we will need to talk again with some of the women we are interviewing. We don't know who these women will be, so they will be chosen in a way we need to get in touch with you again, which you please give us the names of two close relatives or friends, living outside this household, who would be likely to know where you can be reached (in case you move).

CASE ID #: _____

IF RESPONDENT STATED THAT SHE DID NOT WISH TO BE RECONTACTED CHECK HERE

DO YOU CONSIDER THAT REFUSAL TO BE DEFINITE OR TENTATIVE?

1 () DEFINITE
2 () TENTATIVE

OTHERWISE, ENTER NAMES BELOW, THEN ASK F-96 TO F-98 FOR EACH.

| | | |
|-----------------------|-----------------------|--|
| NAME | NAME | |
| RELATIONSHIP | RELATIONSHIP | How is (PERSON) related to you? F-96 |
| NUMBER/STREET | NUMBER/STREET | What is (street) address? F-97 |
| CITY/STATE/ZIP | CITY/STATE/ZIP | |
| AREA CODE TELEPHONE # | AREA CODE TELEPHONE # | What is (first) telephone number? F-98 |

INTERVIEWER REMARKS

(FILL OUT AS SOON AS POSSIBLE AFTER LEAVING RESPONDENT)

|28|

| | |
|---|--|
| <p>R-1. Were any other persons present during the interview, other than official observer?</p> <p style="margin-left: 40px;">Yes..... 1 (R-2)</p> <p style="margin-left: 40px;">No..... 2 (R-3) 18</p> | <p>R-6. Note anything else essential to the interpretation and understanding of this interview.</p> |
| <p>R-2. Who was that? (CODE ALL THAT APPLY.)</p> <p style="margin-left: 40px;">Children under six..... 1</p> <p style="margin-left: 40px;">Anyone else..... 2 19</p> <p style="margin-left: 40px;">(SPECIFY) _____</p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">_____ 20-21</p> | <div style="text-align: right; border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"> </div> <p style="text-align: right; margin-right: 5px;">46</p> |
| <p>R-3. Number of interruptions during the interview. (CIRCLE ONE.)</p> <p style="margin-left: 40px;">0 (R-5)</p> <p style="margin-left: 40px;">1 2 3 4 5 6 7 8+ (R-4) 22</p> | <p>R-7. Date interview completed:</p> <p style="margin-left: 40px;">_____ _____ _____ 47-52</p> <p style="margin-left: 80px;">MONTH DAY YEAR</p> |
| <p>R-4. Reason(s) for interruptions: (CODE ALL THAT APPLY.)</p> <p style="margin-left: 40px;">Telephone call(s)..... 01 23-24</p> <p style="margin-left: 40px;">Visitor(s), salesmen, repairmen..... 02 25-26</p> <p style="margin-left: 40px;">Household members passing through.... 03 27-28</p> <p style="margin-left: 40px;">Attend to child's needs..... 04 29-30</p> <p style="margin-left: 40px;">Attend to household responsibilities. 05 31-32</p> <p style="margin-left: 40px;">Attend to business responsibilities.. 06 33-34</p> <p style="margin-left: 40px;">Persons present during interview..... 07 35-36</p> <p style="margin-left: 40px;">Respondent or interviewer needs..... 08 37-38</p> <p style="margin-left: 40px;">Environmental distractions..... 09 39-40</p> <p style="margin-left: 40px;">Obtain interview information..... 10 41-42</p> <p style="margin-left: 40px;">Other (SPECIFY) _____ 11 43-44</p> <p style="margin-left: 40px;">_____</p> | <p>R-8. Interviewer's Signature:</p> <p style="margin-left: 40px;">_____</p> |
| <p>R-5. The interview was conducted in:</p> <p style="margin-left: 40px;">English 1</p> <p style="margin-left: 40px;">Spanish 2 45</p> | <p>R-9. Interviewer's ID #:</p> <p style="margin-left: 40px;">_____ 53-57</p> |
| | <p>R-10. CODE TYPE OF STRUCTURE (DO NOT ASK):</p> <p style="margin-left: 40px;">Detached single family house..... 1</p> <p style="margin-left: 40px;">Trailer..... 2</p> <p style="margin-left: 40px;">2-4 family house/apartment building... 3</p> <p style="margin-left: 40px;">Row house (3 or more attached units)... 4</p> <p style="margin-left: 40px;">Apartment house (5 or more units; free access to housing units..... 5</p> <p style="margin-left: 40px;">Apartment house (5 or more units; locked entry, or guarded by doorman, or both)..... 6</p> <p style="margin-left: 40px;">Other (SPECIFY) _____ 7</p> <p style="margin-left: 40px;">_____ 58</p> |

REMEMBER TO FILL IN CASE ID # ON PAGE 80.