

OFFICE USE ONLY									
Date Received:									
	Month			Day					
Name:	_____								
I.D. #									
	1	2	3	4	5	10			

# NATIONAL SURVEY of FAMILY GROWTH

## CYCLE II

COLLECTED FOR:

**NATIONAL CENTER  
for  
HEALTH STATISTICS**

BY:

**Westat, Inc.**

11600 Nebel Street  
Rockville, Maryland 20852

## CURRENTLY-MARRIED QUESTIONNAIRE

a. Enter from screener:

      
(PSU)

      
(SEGMENT)

      
(DU)

If ODD:      If EVEN:  
USE PINK      USE WHITE  
SHOW CARDS-      SHOW CARDS.

b. Verify R's age and marital status, from screener.  
*If not verified, explain below.*

c. *If error in screener-reported age/marital status  
found during interview, explain below.*

### ASSURANCE OF CONFIDENTIALITY

In accordance with Section 308(d) of the Public Health Service (Act 42 USC 242m) and the Privacy Act of 1974 (5 USC 552a), the National Center for Health Statistics assures each respondent that all information which would permit identification of any individual or family will be held in strict confidence, will be used only by persons engaged in, and for purposes of, this study and will not be disclosed to others for any purposes.

INTERVIEWER NOTE: Be sure you have handed the respondent a copy of the advance letter and pamphlet before starting the interview.

SECTION A

BEGIN DECK 01

In this study, we are talking with women about their families and about the children they may want to have in the future. To begin --

A-1. What do you think is the ideal number of children for the average American family today?  
 (PROBE "NONE" RESPONSE)

NUMBER \_\_\_\_\_ (A-2)

There is no ideal number . . . 7 (A-2) 13 14

Depends, God's will, DK, etc.. 8 (A-2)

A-2. Many people feel that way, but still they have some idea. As things are now for the average family, how many children would you say is the ideal number?  
 (PROBE "NONE" RESPONSE)

NUMBER \_\_\_\_\_

There is no ideal number . . . 7

Depends, God's will, DK, etc.. 8

A-3. Before you were married, did you and Mr. (NAME OF PRESENT HUSBAND) agree on a number of children you would like to have together?

Yes . . . . . 1 (A-4)

No . . . . . 2 (A-5) 15

Never discussed. . . . . 3 (A-6)

DK, Don't remember . . . . . 8 (A-6)

A-4. At that time, what number did you agree on?

NUMBER \_\_\_\_\_ (A-7)  16

A-5. At that time, how many children did Mr. (NAME OF PRESENT HUSBAND) want you to have together?

NUMBER \_\_\_\_\_  17

Had no preferred number. . . . 7

DK, Never discussed. . . . . 8

A-6. At that time, how many children did you yourself want to have in this marriage?

NUMBER \_\_\_\_\_  18

Had no preferred number. . . . 7

DK . . . . . 8

A-7. When were you born?

19 20 21 22 23 24

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 MONTH/DAY/YEAR

Box 1. IF R WAS BORN BEFORE 1931 OR AFTER 1961, TERMINATE INTERVIEW. OTHERWISE, WHITE CARDS CONTINUE, PINK CARDS GO TO A-9.

A-8. **WHITE CARDS ONLY:**

Counting yourself and any children who died very young, how many babies did your mother give birth to?

Number Babies \_\_\_\_\_   25 26

A-9. When was your husband born?

27 28 29 30 31 32

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 MONTH/DAY/YEAR

A-10. Have you ever been married before?

Yes . . . . . 1 (A-11) ..  
 No. . . . . 2 (A-12)

A-11. Including your present marriage, how many times have you been married?

34

NUMBER OF TIMES

A-12. When were you and Mr. (NAME OF PRESENT HUSBAND) married?

ENTER DATE AND IF NO PREVIOUS MARRIAGES, ALSO ENTER BELOW B & P RECORD.

IF INFORMAL UNION, CHECK HERE  AND THEN ENTER DATE.

MONTH				DAY		YEAR	
35	36	37	38	39	40	41	42
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COLUMNS 42-50: BLANK FILL

Box 2. IF NO PREVIOUS MARRIAGES, GO TO SECTION B. OTHERWISE, ASK A-13 THROUGH A-17 SEQUENTIALLY FOR RESPONDENT'S FIRST AND SECOND MARRIAGES ONLY.

	FIRST MARRIAGE	SECOND MARRIAGE																																																								
A-13. When were you married the (1st, 2nd) time?  (ENTER DATE OF FIRST MARRIAGE HERE AND BELOW B & P RECORD.)  CHECK CIRCLE IF INFORMAL UNION	<table border="1"> <tr> <td colspan="3">MONTH</td> <td colspan="2">DAY</td> <td colspan="2">YEAR</td> </tr> <tr> <td>51</td><td>52</td><td>53</td> <td>54</td><td>55</td> <td>56</td><td></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td colspan="6" style="text-align: center;"><input type="radio"/> 57 <input type="checkbox"/></td> <td></td> </tr> </table>	MONTH			DAY		YEAR		51	52	53	54	55	56		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> 57 <input type="checkbox"/>							<table border="1"> <tr> <td colspan="3">MONTH</td> <td colspan="2">DAY</td> <td colspan="2">YEAR</td> </tr> <tr> <td>13</td><td>14</td><td>15</td> <td>16</td><td>17</td> <td>18</td><td></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td colspan="6" style="text-align: center;"><input type="radio"/> 19 <input type="checkbox"/></td> <td></td> </tr> </table>	MONTH			DAY		YEAR		13	14	15	16	17	18		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> 19 <input type="checkbox"/>						
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<input type="radio"/> 19 <input type="checkbox"/>																																																										
A-14. How did that marriage end?  Death of your husband . . . . . Divorce or annulment. . . . . Separation. . . . .	<p style="text-align: center;">58</p> <p>3 (A-16) . . . . .                  4 (A-16) . . . . .                  5 (A-17) . . . . .</p>	<p style="text-align: center;">20</p> <p>3 (A-16) . . . . .                  4 (A-16) . . . . .                  5 (A-17) . . . . .</p>																																																								
A-15. When did your husband die?	<table border="1"> <tr> <td colspan="2">MONTH</td> <td colspan="2">YEAR</td> </tr> <tr> <td colspan="4" style="text-align: center;">(Go to Box 3)</td> </tr> <tr> <td>59</td><td>60</td><td>61</td><td>62</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	MONTH		YEAR		(Go to Box 3)				59	60	61	62	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"> <tr> <td colspan="2">MONTH</td> <td colspan="2">YEAR</td> </tr> <tr> <td colspan="4" style="text-align: center;">(Go to Box 3)</td> </tr> <tr> <td>21</td><td>22</td><td>23</td><td>24</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	MONTH		YEAR		(Go to Box 3)				21	22	23	24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
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A-16. What was the date of your (divorce/annulment)?	<table border="1"> <tr> <td colspan="2">MONTH</td> <td colspan="2">YEAR</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	MONTH		YEAR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"> <tr> <td colspan="2">MONTH</td> <td colspan="2">YEAR</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	MONTH		YEAR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																								
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A-17. And when did you and your husband stop living together?	<table border="1"> <tr> <td colspan="2">MONTH</td> <td colspan="2">YEAR</td> </tr> <tr> <td>63</td><td>64</td><td>65</td><td>66</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	MONTH		YEAR		63	64	65	66	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"> <tr> <td colspan="2">MONTH</td> <td colspan="2">YEAR</td> </tr> <tr> <td>25</td><td>26</td><td>27</td><td>28</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	MONTH		YEAR		25	26	27	28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																
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Box 3. GO BACK TO A-13 FOR SECOND MARRIAGE, IF APPLICABLE. OTHERWISE, GO TO SECTION B.

A-18 TO A-24 OMITTED.

COLUMNS 29-41: BLANK FILL

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

B-1. Have you given birth to a baby at any time? Yes . . . . . 1 (B-2) 13  
No . . . . . 2 (B-13)

B-2. Altogether, how many babies have you given birth to, including any who died very young?

NO. LIVE BIRTHS

14	15
----	----

DECK Q 3 CONTINUES WITH B-13.

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

LIVE BIRTHS BEGIN DECK Q 5

Box 4. ASK B-3 TO B-12 FOR EACH LIVE BIRTH BEFORE GOING TO THE NEXT BIRTH.	FIRST CHILD	SECOND CHILD	THIRD CHILD
B-3. When was your (1st, 2nd, etc.) child born? (ENTER DATE IN COL. Y OF B & P RECORD BETWEEN HEAVY LINES.)	THIS SPACE FOR OFFICE USE ONLY		
B-4. What did you name the baby? (ENTER CHILD'S NAME IN B & P RECORD IN COL. Z NEXT TO DATE.)	13 14 15 16	13 14 15 16	13 14 15 16
B-5. Was (CHILD) a boy or a girl?	Boy . . . . 1 Girl . . . . 2 17	Boy . . . . 1 Girl . . . . 2 17	Boy . . . . 1 Girl . . . . 2 17
B-6. How much did (s/he) weigh at birth?	(Box 5) LBS./OZS. DK. . 8 (B-7) 18 19 20 21	(Box 5) LBS./OZS. DK. . 8 (B-7) 18 19 20 21	(Box 5) LBS./OZS. DK. . 8 (B-7) 18 19 20 21
B-7. Did (s/he) weigh more than 5 1/2 lbs. or less?	More . . . . 1 5 1/2 or less . 2 DK . . . . 8 12	More . . . . 1 5 1/2 or less . 2 DK . . . . 8 12	More . . . . 1 5 1/2 or less . 2 DK . . . . 8 12

Box 5. IF CHILD LISTED IN HOUSEHOLD (SEE SCREENER), GO TO B-11. OTHERWISE, CONTINUE.

B-8. (CHILD) is not listed in the household, is (s/he) still living?	Yes..1 (B-9) No...2 (B-10) 22	Yes..1 (B-9) No...2 (B-10) 23	Yes..1 (B-9) No...2 (B-10) 23
B-9. Where is (s/he) living now?	1. ( His/Her ) own household . . . . . 01 } 24-25 2. Long term care institution . . . . . 02 } 3. College/away at school . . . . . 03 } 4. With ( his/her ) father . . . . . 04 } (B-11) 5. With other relatives . . . . . 05 } 6. In foster home . . . . . 06 } 7. With adopted parents . . . . . 07 } 8. Other (SPECIFY) . . . . . 08 }	1. ( His/Her ) own household . . . . . 01 } 24-25 2. Long term care institution . . . . . 02 } 3. College/away at school . . . . . 03 } 4. With ( his/her ) father . . . . . 04 } (B-11) 5. With other relatives . . . . . 05 } 6. In foster home . . . . . 06 } 7. With adopted parents . . . . . 07 } 8. Other (SPECIFY) . . . . . 08 }	1. ( His/Her ) own household . . . . . 01 } 24-25 2. Long term care institution . . . . . 02 } 3. College/away at school . . . . . 03 } 4. With ( his/her ) father . . . . . 04 } (B-11) 5. With other relatives . . . . . 05 } 6. In foster home . . . . . 06 } 7. With adopted parents . . . . . 07 } 8. Other (SPECIFY) . . . . . 08 }
B-10. When did (CHILD) die?	MONTH/YEAR 26 27 28 29	MONTH/YEAR 26 27 28 29	MONTH/YEAR 26 27 28 29

Box 6. IF CHILD LIVED AT LEAST TWO MONTHS, CONTINUE. OTHERWISE, GO TO BOX 7.

B-11. When (CHILD) was an infant, did you breast feed (him/her) at all?	Yes..1(B-12) No...2(Box 7) 30	Yes..1(B-12) No...2(Box 7) 30	Yes..1(B-12) No...2(Box 7) 30
B-12. How many weeks old was (s/he) when you quit breast feeding ( him/her ) altogether? (RECORD VERBATIM IF "R" DOES NOT ANSWER IN WEEKS.)	WEEKS: _____ 31 32	WEEKS: _____ 31 32	WEEKS: _____ 31 32
Still feeding . . . . .	. . . . . 95	. . . . . 95	. . . . . 95
Definitely doesn't remember . . . . .	. . . . . 98	. . . . . 98	. . . . . 98

Box 7. IF MORE LIVE BIRTHS, GO BACK TO B-3 (USE CONTINUATION BOOKLET IF NECESSARY). OTHERWISE, GO TO B-13.

LIVE BIRTHS CONTINUED

FOURTH CHILD	FIFTH CHILD	SIXTH CHILD	SEVENTH CHILD	EIGHTH CHILD	NINTH CHILD
THIS SPACE FOR OFFICE USE ONLY					
18 19 20 21	18 19 20 21	18 19 20 21	18 19 20 21	18 19 20 21	18 19 20 21
Boy . . . . 1 Girl . . . . 2 17	Boy . . . . 1 Girl . . . . 2 17	Boy . . . . 1 Girl . . . . 2 17	Boy . . . . 1 Girl . . . . 2 17	Boy . . . . 1 Girl . . . . 2 17	Boy . . . . 1 Girl . . . . 2 17
LBS./OZS. (Box 5) DK. . . 8 (B-7) 18 19 20 21	LBS./OZS. (Box 5) DK. . . 8 (B-7) 18 19 20 21	LBS./OZS. (Box 5) DK. . . 8 (B-7) 18 19 20 21	LBS./OZS. (Box 5) DK. . . 8 (B-7) 18 19 20 21	LBS./OZS. (Box 5) DK. . . 8 (B-7) 18 19 20 21	LBS./OZS. (Box 5) DK. . . 8 (B-7) 18 19 20 21
More . . . . 1 5½ or less . 2 DK . . . . 8 22	More . . . . 1 5½ or less . 2 DK . . . . 8 22	More . . . . 1 5½ or less . 2 DK . . . . 8 22	More . . . . 1 5½ or less . 2 DK . . . . 8 22	More . . . . 1 5½ or less . 2 DK . . . . 8 22	More . . . . 1 5½ or less . 2 DK . . . . 8 22
Yes..1 (B-9) No...2 (B-10) 23	Yes..1 (B-9) No...2 (B-10) 23	Yes..1 (B-9) No...2 (B-10) 23	Yes..1 (B-9) No...2 (B-10) 23	Yes..1 (B-9) No...2 (B-10) 23	Yes..1 (B-9) No...2 (B-10) 23
. . 01] 24-25 . . 02 . . 03 . . 04 (B-11) . . 05 . . 06 . . 07 . . 08]	. . 01] 24-25 . . 02 . . 03 . . 04 (B-11) . . 05 . . 06 . . 07 . . 08]	. . 01] 24-25 . . 02 . . 03 . . 04 (B-11) . . 05 . . 06 . . 07 . . 08]	. . 01] 24-25 . . 02 . . 03 . . 04 (B-11) . . 05 . . 06 . . 07 . . 08]	. . 01] 24-25 . . 02 . . 03 . . 04 (B-11) . . 05 . . 06 . . 07 . . 08]	. . 01] 24-25 . . 02 . . 03 . . 04 (B-11) . . 05 . . 06 . . 07 . . 08]
MONTH/YEAR 26 27 28 29	MONTH/YEAR 26 27 28 29	MONTH/YEAR 26 27 28 29	MONTH/YEAR 26 27 28 29	MONTH/YEAR 26 27 28 29	MONTH/YEAR 26 27 28 29
Yes..1 (B-12) No...2 (Box 7) 30	Yes..1 (B-12) No...2 (Box 7) 30	Yes..1 (B-12) No...2 (Box 7) 30	Yes..1 (B-12) No...2 (Box 7) 30	Yes..1 (B-12) No...2 (Box 7) 30	Yes..1 (B-12) No...2 (Box 7) 30
WEEKS: _____ 11 12 .....95 .....98	WEEKS: _____ 11 12 .....95 .....98	WEEKS: _____ 11 12 .....95 .....98	WEEKS: _____ 11 12 .....95 .....98	WEEKS: _____ 11 12 .....95 .....98	WEEKS: _____ 11 12 .....95 .....98

B-13. Sometimes we miss a baby who died shortly after birth or never lived with you.  
 a. IF ANY LIVE BIRTHS:.....Have we listed all your babies now?  
 b. IF NO LIVE BIRTHS:.....You haven't given birth to any children, is that right?

Yes . . . . . 1 (B-15) 16  
 No . . . . . 2 (B-14)

B-14. How many did we miss?  
 (CORRECT B-2, THEN ASK B-3 THROUGH B-12 FOR EACH BABY MISSED. INDICATE PROPER BIRTH ORDER BY ARROW ON B & P RECORD AND IN COLUMN HEADINGS ON PAGES 4 AND 5.)

17

B-15. In this survey, we are also talking with women about health and medical matters related to having children. At what age did you start having your monthly menstrual periods?

AGE: \_\_\_\_\_ (B-18)  
 Never had a period (R is STERILE) . . . . . 96 (B-43)

18 19

B-16. Are your monthly menstrual periods regular - that is, about the same number of days between each period?

Yes . . . . . 1 (B-17) 20  
 No . . . . . 2 (B-17)  
 No periods: operation/ menopause (R IS STERILE) . . 3 (Top of P. 7)

B-17. What was the date your last normal period began?

21 22 23 24 25 26

MONTH/DAY/YEAR

**BOX 8. IF LESS THAN ONE MONTH AGO, CODE "NO" TO B-18, THEN GO TO TOP OF PAGE 7. OTHERWISE, ASK B-18.**

B-18. Are you pregnant now?

Yes . . . . . 1 (B-20) 27  
 No . . . . . 2 (Top of P. 7)  
 Don't Know . . . . . 8 (B-19)

B-19. Well, do you think you are probably pregnant or not?

Probably Yes . . . . . 1 (B-20) 28  
 Probably Not . . . . . 2 (Top of P. 7)

B-20. Do you expect this pregnancy to go full term?

(Probably) Yes . . . . . 1 (B-21) 29  
 (Probably) No. . . . . 2 (B-21)  
 Definitely Don't Know. . . . . 8 (Top of P. 7)

B-21. (If you are pregnant,) when do you expect the (pregnancy to end/ baby to be born)?  
 (ENTER DATE ON LAST LINE OF COLUMN Y, B & P RECORD.)

**BOX 9. IF FULL TERM PREGNANCY EXPECTED, CONTINUE. OTHERWISE, GO TO TOP OF PAGE 7.**

B-22. Would you prefer to have a boy or a girl?

Boy . . . . . 1  
 Girl . . . . . 2 30  
 Makes no difference. . . . . 3

PREGNANCY LOSSES, BIRTH BY BIRTH

Many pregnancies don't end in live births. We are talking with women about all their pregnancies that did not end in live births, including those which ended very early and are easily forgotten.

Box 10. IF NO LIVE BIRTHS, CONTINUE. OTHERWISE, GO TO B-28.

B-23. Have you ever been pregnant (before your current pregnancy)?

Yes . . . . . 1 (B-24) 31

No (CIRCLE "2" IN 1ST ROW UNDER COLUMN **Z** OF B & P RECORD) . . . . . 2 (B-43)

B-24. How many times? 32

NUMBER

(CIRCLE "1" FOR EACH LOSS UNDER COLUMN **Z** OF B & P RECORD.)

B-25. When did ( that/the 1st, etc. ) pregnancy end? (ENTER DATE UNDER COLUMN **Y** OF B & P RECORD.)

B-26. How many months were you pregnant at the time? (ENTER NO. OF MONTHS UNDER COLUMN **Z** OF B & P RECORD.)

B-27. How did that pregnancy end? (CIRCLE WHETHER MISCARRIAGE, STILLBIRTH OR ABORTION UNDER COLUMN **Z** OF B & P RECORD.)

Box 11. IF MORE PREGNANCY LOSSES, GO BACK TO B-25 FOR NEXT LOSS. OTHERWISE, GO TO BOX 17, PAGE 9.

B-28. Before you were pregnant with (NAME OF 1ST/ONLY CHILD), were you pregnant at any time?

Yes . . . . . 1 (B-29) 33

No (CIRCLE "2" IN 1ST ROW UNDER COLUMN **Z** OF B & P RECORD) . . . . . 2 (Box 13)

B-29. How many times? 34

NUMBER

(CIRCLE "1" FOR EACH LOSS UNDER COLUMN **Z** OF B & P RECORD.)

B-30. When did ( that/the 1st, etc. ) pregnancy end? (ENTER DATE UNDER COLUMN **Y** OF B & P RECORD.)

B-31. How many months were you pregnant at the time? (ENTER NO. OF MONTHS UNDER COLUMN **Z** OF B & P RECORD.)

B-32. How did that pregnancy end? (CIRCLE WHETHER MISCARRIAGE, STILLBIRTH OR ABORTION UNDER COLUMN **Z** OF B & P RECORD.)

Box 12. IF MORE PREGNANCY LOSSES BEFORE FIRST LIVE BIRTH, GO BACK TO B-30 FOR NEXT LOSS. OTHERWISE, GO TO BOX 13.

Box 13. IF 2 OR MORE LIVE BIRTHS, CONTINUE. IF ONLY 1 LIVE BIRTH, GO TO B-38.

B-33. Were you ever pregnant between the births of (NAME) and (NEXT NAME)?

IF "YES," GO TO B-34.

IF "NO," CIRCLE "2" IN APPROPRIATE ROW UNDER COLUMN Z OF B & P RECORD, THEN GO TO BOX 15.

B-34. How many times? (ENTER NUMBER ON LINE BELOW AND CIRCLE "1" IN APPROPRIATE ROW(S) FOR EACH LOSS UNDER COLUMN Z OF B & P RECORD.)

BETWEEN BIRTHS	NO. OF LOSSES	BETWEEN BIRTHS	NO. OF LOSSES
1 and 2:	_____	5 and 6:	_____
2 and 3:	_____	6 and 7:	_____
3 and 4:	_____	7 and 8:	_____
4 and 5:	_____	8 and 9:	_____

- 35
- 36
- 37
- 38
- 39
- 40
- 41
- 42

B-35. When did ( that/the 1st, etc. ) pregnancy end? (ENTER DATE UNDER COLUMN Y OF B & P RECORD.)

B-36. How many months were you pregnant that time? (ENTER NO. OF MONTHS UNDER COLUMN Z OF B & P RECORD.)

B-37. How did that pregnancy end? (CIRCLE WHETHER MISCARRIAGE, STILLBIRTH OR ABORTION UNDER COLUMN Z OF B & P RECORD.)

Box 14. IF MORE PREGNANCY LOSSES BETWEEN THESE 2 LIVE BIRTHS, GO BACK TO B-35 FOR NEXT LOSS. OTHERWISE, GO TO BOX 15.

Box 15. IF MORE "BETWEEN BIRTH" INTERVALS, GO BACK TO B-33. OTHERWISE, CONTINUE

B-38. (Besides your current pregnancy,) have you been pregnant at any time since (NAME OF LAST/ONLY CHILD)?

Yes. . . . . 1 (B-39)

No (CIRCLE "2" IN ROW AFTER LAST CHILD UNDER COLUMN Z OF B & P RECORD). . . . . 2 (Box 17)

B-39. How many times? NUMBER 44  
 (CIRCLE "1" IN ROW(S) AFTER LAST CHILD FOR EACH LOSS UNDER COLUMN Z OF B & P RECORD.)

B-40. When did ( that/the 1st, etc. ) pregnancy end? (ENTER DATE UNDER COLUMN Y OF B & P RECORD.)

B-41. How many months were you pregnant at the time? (ENTER NO. OF MONTHS UNDER COLUMN Z OF B & P RECORD.)

B-42. How did that pregnancy end? (CIRCLE WHETHER MISCARRIAGE, STILLBIRTH OR ABORTION UNDER COLUMN Z OF B & P RECORD.)

Box 16. IF MORE PREGNANCY LOSSES SINCE BIRTH OF LAST CHILD, GO BACK TO B-40. OTHERWISE, GO TO BOX 17.



Box 17.	<b>B &amp; P REVIEW</b>
<p>(A) DRAW A WAVY LINE ON THE B &amp; P RECORD JUST BELOW THE LAST PREGNANCY ENDING BEFORE JANUARY 1, 1973, AND SAY:</p> <p style="padding-left: 40px;">Now let me be sure I have everything recorded correctly.</p>	
<p>(B) REVIEW ALL OF R'S PREGNANCIES IN ORDER: READING ALOUD TO R, TRANSFER --</p> <p style="padding-left: 40px;">PREGNANCIES <u>ABOVE</u> THE WAVY LINE TO HEADINGS ON PAGE 13,</p> <p style="padding-left: 40px;">PREGNANCIES <u>BELOW</u> THE WAVY LINE TO HEADINGS ON PAGE 17.</p> <p><b>NOTE:</b> ENTER NAME AND DATE OF LIVE BIRTH OR DATE AND OUTCOME (M, S, or A) OF PREGNANCY LOSS ON LINE "B" OF THE PROPER PREGNANCY INTERVAL AND ON LINE "A" OF THE NEXT PREGNANCY INTERVAL.</p>	
<p>(C) WHEN DONE, SAY: Do I have (all of) that right?</p> <p style="padding-left: 100px;">Yes. . . . . 1 (B-43)</p> <p style="padding-left: 100px;">No (CORRECT B &amp; P RECORD). 2 (B-43)</p>	

B-43. (In addition to the [ child/children ] born to you), has your husband had any children whom you are bringing up or have brought up?

Yes. . . . . 1 (B-44) \*5

No . . . . . 2 (B-45)

B-44. How many children is that? 46

NUMBER OF HUSBAND'S CHILDREN R BRINGING UP/BROUGHT UP:          □

NUMBER

B-45. Have you adopted any children (other than your husband's children)?

Yes. . . . . 1 (B-46) \*7

No . . . . . 2 (Section C)

B-46. How many children have you adopted? 48

NUMBER OF CHILDREN ADOPTED:          □

NUMBER

<b>CODER USE ONLY</b>	
1. Number pregnancies ending in at least one live birth.	49 50 □ □
2. Number pregnancies ending in pregnancy loss.	51 52 □ □
3. Currently pregnant	53 □
4. Total pregnancies	54 55 □ □

SECTION C

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

C-1. This card lists methods that many people use to plan their families. Please follow the list with me; as I read each method will you tell me if you know how it is used. Just give me a "Yes" or "No" answer. (READ METHODS)

HAND  
CARD 1

	Yes	No
A. Pill . . . . .	1	2 13
B. Foam . . . . .	1	2 14
C. Diaphragm. . . . .	1	2 15
D. Jelly, Cream, Suppository. . . . .	1	2 16
E. Diaphragm and Jelly. . . . .	1	2 17
F. Douche . . . . .	1	2 18
G. IUD, Coil, Loop. . . . .	1	2 19
H. Abortion . . . . .	1	2 20
J. Operation: Female Sterilization. . . . .	1	2 21
K. Operation: Male Sterilization. . . . .	1	2 22
L. Condom, Rubber . . . . .	1	2 23
M. Rhythm or safe period by temperature . . . . .	1	2 24
N. Rhythm or safe period by calendar. . . . .	1	2 25
P. Withdrawal or coitus interruptus . . . . .	1	2 26
R. Abstinence (non-intercourse to avoid pregnancy). . . . .	1	2 27
S. Do you know of any other method? (IF YES, SPECIFY _____) . . . . .	1	2 28

Box 18 INTERVIEWER ROUTING

CHECK:

IF R NEVER PREGNANT: GO TO C-36, P. 18. OPEN INTERVAL BEGINS JANUARY 1, 1973.

IF FIRST PREGNANCY ENDED BEFORE JANUARY 1, 1973: CONTINUE WITH P. 12.

IF FIRST PREGNANCY ENDED JANUARY 1, 1973 OR LATER, OR IS A CURRENT PREGNANCY: GO TO C-16, P. 14.

DECK Q 6 CONTINUES WITH C-34.

ASK C-2 THROUGH C-13 FOR EACH PREGNANCY ENDING BEFORE JANUARY 1, 1973.

C-2.	( Before you became pregnant the first time/Between [ A and B ] ) did you ever use <u>any</u> method to prevent or delay a pregnancy?	Yes . . . . . No . . . . .
C-3.	Had you stopped using all methods before you became pregnant?	Yes . . . . . No . . . . .
C-4.	Was the reason you ( were not/stopped ) using any methods because you yourself wanted to become pregnant?	Yes . . . . . No . . . . .
C-5.	At the time you became pregnant with (B), did you yourself actually want to have a(nother) baby at some time?	Yes . . . . . No . . . . . DK. . . . .
C-6.	As you recall, is that how you felt <u>before</u> you became pregnant, or did you come to feel that way later?	Before. . . . . Later . . . . .
C-7.	As you recall, is that how you felt <u>before</u> you became pregnant, or did you come to feel that way later?	Before. . . . . Later . . . . .
C-8.	It is sometimes difficult to recall these things but, as you look back to just before that pregnancy began, would you say you probably wanted a(nother) baby at <u>some</u> time or probably not?	Probably Yes. . . Probably No . . .
C-9.	IF PREGNANCY LOSS, CODE 1. OTHERWISE ASK: Did you become pregnant sooner than you actually wanted, later than you actually wanted, or just about the right time?	Preg. loss. . . . Sooner. . . . . Later . . . . . Right time. . . .
C-10.	How much later did you want to become pregnant?	No. months Later . . . . .
C-11.	How much sooner did you want to become pregnant?	No. months Sooner. . . . .
C-12.	And what about your husband at the time you became pregnant with (B), did he want you to have a(nother) baby at some time? (IF VOLUNTEERS NOT MARRIED AT THAT TIME, CODE 3.)	Yes . . . . . No . . . . . Not married . . . DK. . . . .
C-13.	IF PREGNANCY LOSS, CODE 1. OTHERWISE ASK: Did you become pregnant sooner than he wanted, later than he wanted, or just about the right time?	Preg. loss. . . . Sooner. . . . . Later . . . . . Right time. . . . DK. . . . .

**Box 19. • IF NEXT PREGNANCY ENDED:**

BEFORE JANUARY 1, 1973, GO BACK TO C-2, NEXT INTERVAL.

ON OR SINCE JANUARY 1, 1973 OR IS CURRENT PREGNANCY, SAY:

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

THEN GO TO C-14, PAGE 14.

**• IF NO ADDITIONAL PREGNANCIES, SAY:**

We are talking with women about particular methods of family planning they have used since their last pregnancy.

THEN GO TO BOX 23, PAGE 18. OPEN INTERVAL BEGINS SINCE (LAST) PREGNANCY.

**PREGNANCY INTERVALS ENDING BEFORE JANUARY 1973**

	①	②	③	④	⑤	⑥
Before First Pregnancy B _____	Between A _____ & B _____	Between A _____ & B _____	Between A _____ & B _____	Between A _____ & B _____	Between A _____ & B _____	Between A _____ & B _____
..1 (C-3) .. ..2 (C-4) .. 15	..1 (C-3) .. ..2 (C-4) .. 15	..1 (C-3) .. ..2 (C-4) .. 15	..1 (C-3) .. ..2 (C-4) .. 15	..1 (C-3) .. ..2 (C-4) .. 15	..1 (C-3) .. ..2 (C-4) .. 15	..1 (C-3) ..2 (C-4) 15
..1 (C-4) .. ..2 (C-5) .. 16	..1 (C-4) .. ..2 (C-5) .. 16	..1 (C-4) .. ..2 (C-5) .. 16	..1 (C-4) .. ..2 (C-5) .. 16	..1 (C-4) .. ..2 (C-5) .. 16	..1 (C-4) .. ..2 (C-5) .. 16	..1 (C-4) ..2 (C-5) 16
..1 (C-5) .. ..2 (C-6) .. 17	..1 (C-5) .. ..2 (C-6) .. 17	..1 (C-5) .. ..2 (C-6) .. 17	..1 (C-5) .. ..2 (C-6) .. 17	..1 (C-5) .. ..2 (C-6) .. 17	..1 (C-5) .. ..2 (C-6) .. 17	..1 (C-5) ..2 (C-6) 17
..1 (C-6) .. ..2 (C-7) .. ..8 (C-8) .. 18	..1 (C-6) .. ..2 (C-7) .. ..8 (C-8) .. 18	..1 (C-6) .. ..2 (C-7) .. ..8 (C-8) .. 18	..1 (C-6) .. ..2 (C-7) .. ..8 (C-8) .. 18	..1 (C-6) .. ..2 (C-7) .. ..8 (C-8) .. 18	..1 (C-6) .. ..2 (C-7) .. ..8 (C-8) .. 18	..1 (C-6) ..2 (C-7) ..8 (C-8) 18
..1 (C-7) .. ..2 (C-8) .. 19	..1 (C-7) .. ..2 (C-8) .. 19	..1 (C-7) .. ..2 (C-8) .. 19	..1 (C-7) .. ..2 (C-8) .. 19	..1 (C-7) .. ..2 (C-8) .. 19	..1 (C-7) .. ..2 (C-8) .. 19	..1 (C-7) ..2 (C-8) 19
..1 (C-8) .. ..2 (C-9) .. 20	..1 (C-8) .. ..2 (C-9) .. 20	..1 (C-8) .. ..2 (C-9) .. 20	..1 (C-8) .. ..2 (C-9) .. 20	..1 (C-8) .. ..2 (C-9) .. 20	..1 (C-8) .. ..2 (C-9) .. 20	..1 (C-8) ..2 (C-9) 20
..1 (C-9) .. ..2 (C-10) .. 21	..1 (C-9) .. ..2 (C-10) .. 21	..1 (C-9) .. ..2 (C-10) .. 21	..1 (C-9) .. ..2 (C-10) .. 21	..1 (C-9) .. ..2 (C-10) .. 21	..1 (C-9) .. ..2 (C-10) .. 21	..1 (C-9) ..2 (C-10) 21
..1 (C-10) .. ..2 (C-11) .. ..3 (C-12) .. 22	..1 (C-10) .. ..2 (C-11) .. ..3 (C-12) .. 22	..1 (C-10) .. ..2 (C-11) .. ..3 (C-12) .. 22	..1 (C-10) .. ..2 (C-11) .. ..3 (C-12) .. 22	..1 (C-10) .. ..2 (C-11) .. ..3 (C-12) .. 22	..1 (C-10) .. ..2 (C-11) .. ..3 (C-12) .. 22	..1 (C-10) ..2 (C-11) ..3 (C-12) 22
Mo. (C-12) <input type="text"/> <input type="text"/>	Mo. (C-12) <input type="text"/> <input type="text"/>	Mo. (C-12) <input type="text"/> <input type="text"/>	Mo. (C-12) <input type="text"/> <input type="text"/>	Mo. (C-12) <input type="text"/> <input type="text"/>	Mo. (C-12) <input type="text"/> <input type="text"/>	Mo. (C-12) <input type="text"/> <input type="text"/>
Mo. (C-12) <input type="text"/> <input type="text"/>	Mo. (C-12) <input type="text"/> <input type="text"/>	Mo. (C-12) <input type="text"/> <input type="text"/>	Mo. (C-12) <input type="text"/> <input type="text"/>	Mo. (C-12) <input type="text"/> <input type="text"/>	Mo. (C-12) <input type="text"/> <input type="text"/>	Mo. (C-12) <input type="text"/> <input type="text"/>
..1 (C-13) ..2 (Box 19) ..3 (Box 19) ..8 (Box 19) 27	..1 (C-13) ..2 (Box 19) ..3 (Box 19) ..8 (Box 19) 27	..1 (C-13) ..2 (Box 19) ..3 (Box 19) ..8 (Box 19) 27	..1 (C-13) ..2 (Box 19) ..3 (Box 19) ..8 (Box 19) 27	..1 (C-13) ..2 (Box 19) ..3 (Box 19) ..8 (Box 19) 27	..1 (C-13) ..2 (Box 19) ..3 (Box 19) ..8 (Box 19) 27	..1 (C-13) ..2 (Box 19) ..3 (Box 19) ..8 (Box 19) 27
..1 (Box 19) ..2 (Box 19) ..3 (Box 19) ..4 (Box 19) ..8 (Box 19) 28	..1 (Box 19) ..2 (Box 19) ..3 (Box 19) ..4 (Box 19) ..8 (Box 19) 28	..1 (Box 19) ..2 (Box 19) ..3 (Box 19) ..4 (Box 19) ..8 (Box 19) 28	..1 (Box 19) ..2 (Box 19) ..3 (Box 19) ..4 (Box 19) ..8 (Box 19) 28	..1 (Box 19) ..2 (Box 19) ..3 (Box 19) ..4 (Box 19) ..8 (Box 19) 28	..1 (Box 19) ..2 (Box 19) ..3 (Box 19) ..4 (Box 19) ..8 (Box 19) 28	..1 (Box 19) ..2 (Box 19) ..3 (Box 19) ..4 (Box 19) ..8 (Box 19) 28

USE CONTINUATION BOOKLET IF MORE SPACE NEEDED.

ASK C-14 THROUGH C-33 FOR EACH INTERVAL ENDING JANUARY 1, 1973 OR LATER.

C-14. FOR INTERVAL BEFORE FIRST PREGNANCY, START WITH C-16. Between (A and B) were there any periods of one month or more in which you were not having intercourse -- such as after your pregnancy ended, when one of you was away, sick, or for some other reason?

C-15. What months and years were those?

PROBE: What other months?

C-16. (BEFORE ASKING THE 1st TIME, HAND CARD 1 AND SAY: Please look again at the card.) (Before you became pregnant the first time /Between [A and B]), did you ever use any method for one month or more to delay or prevent a pregnancy?

HAND  
CARD 1

C-17. Starting with the earliest method you used during this period, please tell me all the methods you used for one month or more in the order that you used them.  
PROBE: What other methods? (ENTER IN ORDER IN ANSWER AREA. IF ABORTION IS ONLY METHOD, GO TO C-22.)

(ASK C-18 THROUGH C-21 SEQUENTIALLY FOR EACH METHOD IN AN INTERVAL.)

C-18. In what month and year did you start to use (METHOD)?

C-19. While you were using (METHOD), were there some times when you skipped using any method at all? Yes...1 (C-20) No....2 (C-21)

C-20. Would you say that you skipped using all methods often, sometimes, or only once or twice? Often.....1 Sometimes.....2 Once/Twice....3

C-21. In what month and year did you stop using (METHOD)?

Box 20. IF NO OTHER METHODS THIS INTERVAL OR IF NEXT METHOD IS ABORTION, CONTINUE. OTHERWISE, GO BACK TO C-18.

C-22. In what month and year did you become pregnant?

Box 21. IF NO METHOD THIS INTERVAL, . . . . .Go to C-24

IF (LAST) METHOD

- ABORTION . . . . .Go to C-25
- STOPPED SAME MONTH PREG. BEGAN (OR TIMING NOT KNOWN) . . . . .Go to C-23
- STOPPED BEFORE PREG. BEGAN . . . . .Go to C-24
- STOPPED AFTER PREG. BEGAN . . . . .Go to C-25

Yes.....1 (C-15) No.....2 (C-16)				Yes.....1 (C-15) No.....2 (C-16)				Yes.....1 (C-15) No.....2 (C-16)				Yes.....1 (C-15) No.....2 (C-16)			
From	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month
	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year
To	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month
	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year
Yes.....1 (C-17) No.....2 (C-22)				Yes.....1 (C-17) No.....2 (C-22)				Yes.....1 (C-17) No.....2 (C-22)				Yes.....1 (C-17) No.....2 (C-22)			
1st Meth	2nd Meth	3rd Meth	Last Meth	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.	MO.	MO.	MO.	MO.
YR.	YR.	YR.	YR.	YR.	YR.	YR.	YR.	YR.	YR.	YR.	YR.	YR.	YR.	YR.	YR.
..1	..1	..1	..1	..1	..1	..1	..1	..1	..1	..1	..1	..1	..1	..1	..1
..2	..2	..2	..2	..2	..2	..2	..2	..2	..2	..2	..2	..2	..2	..2	..2
<i>(If 2, go to C-21)</i>				<i>(If 2, go to C-21)</i>				<i>(If 2, go to C-21)</i>				<i>(If 2, go to C-21)</i>			
..1	..1	..1	..1	..1	..1	..1	..1	..1	..1	..1	..1	..1	..1	..1	..1
..2	..2	..2	..2	..2	..2	..2	..2	..2	..2	..2	..2	..2	..2	..2	..2
..3	..3	..3	..3	..3	..3	..3	..3	..3	..3	..3	..3	..3	..3	..3	..3
MO.	MO.	MO.	MO.	MO.	MO.	MO.	MO.	MO.	MO.	MO.	MO.	MO.	MO.	MO.	MO.
YR.	YR.	YR.	YR.	YR.	YR.	YR.	YR.	YR.	YR.	YR.	YR.	YR.	YR.	YR.	YR.
<div style="display: flex; justify-content: space-around; border: 1px solid black; padding: 5px;"> <span>MONTH/YEAR</span> <span>MONTH/YEAR</span> <span>MONTH/YEAR</span> <span>MONTH/YEAR</span> </div>															

- C-23. Had you stopped using all methods before you became pregnant?
- 
- C-24. Was the reason you (were not/stopped) using any methods because you yourself wanted to become pregnant?
- 
- C-25. At the time you became pregnant with (B), did you yourself actually want to have a(nother) baby at some time?
- 
- C-26. As you recall, is that how you felt before you became pregnant or did you come to feel that way later?
- 
- C-27. As you recall, is that how you felt before you became pregnant or did you come to feel that way later?
- 
- C-28. It is sometimes difficult to recall these things, but as you look back to just before that pregnancy began, would you say you probably wanted a(nother) baby at some time or probably not?
- 
- C-29. IF PREGNANCY LOSS, CODE 1. OTHERWISE, ASK: Did you become pregnant sooner than you actually wanted, later than you actually wanted, or about the right time?
- 
- C-30. How much later did you want to become pregnant?
- 
- C-31. How much sooner did you want to become pregnant?
- 
- C-32. IF NOT MARRIED AT THAT TIME, CODE 3. OTHERWISE, ASK: And what about your husband at the time you became pregnant with (B), did he want to have a(nother) baby at some time?
- 
- C-33. IF PREGNANCY LOSS, CODE 1. OTHERWISE, ASK: Did you become pregnant sooner than he wanted, later than he wanted, or just about the right time?
-

13-14	13-14	13-14	13-14
15 <input type="checkbox"/> <b>1</b> BEGIN	DECK <b>08</b> <input type="checkbox"/> <b>2</b> 15 <input type="checkbox"/>	<b>3</b> 15 <input type="checkbox"/>	<b>4</b> 15 <input type="checkbox"/>
BEFORE FIRST PREGNANCY, OR BETWEEN	BETWEEN	BETWEEN	BETWEEN
A. _____ and B. _____	A. _____ and B. _____	A. _____ and B. _____	A. _____ and B. _____
Yes.....1 (C-24) <sup>16</sup> No.....2 (C-25)	Yes.....1 (C-24) <sup>16</sup> No.....2 (C-25)	Yes.....1 (C-24) <sup>16</sup> No.....2 (C-25)	Yes.....1 (C-24) <sup>16</sup> No.....2 (C-25)
Yes.....1 (C-29) <sup>17</sup> No.....2 (C-25)	Yes.....1 (C-29) <sup>17</sup> No.....2 (C-25)	Yes.....1 (C-29) <sup>17</sup> No.....2 (C-25)	Yes.....1 (C-29) <sup>17</sup> No.....2 (C-25)
Yes.....1 (C-26) <sup>18</sup> No.....2 (C-27) Don't Know.8 (C-28)	Yes.....1 (C-26) <sup>18</sup> No.....2 (C-27) Don't Know.8 (C-28)	Yes.....1 (C-26) <sup>18</sup> No.....2 (C-27) Don't Know.8 (C-28)	Yes.....1 (C-26) <sup>18</sup> No.....2 (C-27) Don't Know.8 (C-28)
Before.....1 (C-29) <sup>19</sup> Later.....2 (C-29)	Before.....1 (C-29) <sup>19</sup> Later.....2 (C-29)	Before.....1 (C-29) <sup>19</sup> Later.....2 (C-29)	Before.....1 (C-29) <sup>19</sup> Later.....2 (C-29)
Before.....1 (C-32) <sup>20</sup> Later.....2 (C-32)	Before.....1 (C-32) <sup>20</sup> Later.....2 (C-32)	Before.....1 (C-32) <sup>20</sup> Later.....2 (C-32)	Before.....1 (C-32) <sup>20</sup> Later.....2 (C-32)
Probably Yes.....1 (C-29) <sup>21</sup> Probably No.....2 (C-32)	Probably Yes.....1 (C-29) <sup>21</sup> Probably No.....2 (C-32)	Probably Yes.....1 (C-29) <sup>21</sup> Probably No.....2 (C-32)	Probably Yes.....1 (C-29) <sup>21</sup> Probably No.....2 (C-32)
Pregnancy Loss.....1 (C-32) <sup>22</sup> Sooner.....2 (C-30) Later.....3 (C-31) Right time.4 (C-32)	Pregnancy Loss.....1 (C-32) <sup>22</sup> Sooner.....2 (C-30) Later.....3 (C-31) Right time.4 (C-32)	Pregnancy Loss.....1 (C-32) <sup>22</sup> Sooner.....2 (C-30) Later.....3 (C-31) Right time.4 (C-32)	Pregnancy Loss.....1 (C-32) <sup>22</sup> Sooner.....2 (C-30) Later.....3 (C-31) Right time.4 (C-32)
Months later (C-32) <sup>23 24</sup>	Months later (C-32) <sup>23 24</sup>	Months later (C-32) <sup>23 24</sup>	Months later (C-32) <sup>23 24</sup>
Months sooner (C-32) <sup>25 26</sup>	Months sooner (C-32) <sup>25 26</sup>	Months sooner (C-32) <sup>25 26</sup>	Months sooner (C-32) <sup>25 26</sup>
Yes.....1 (C-33) <sup>27</sup> No.....2 (Box 22) Not married...3 (Box 22) Don't Know.....8 (Box 22)	Yes.....1 (C-33) <sup>27</sup> No.....2 (Box 22) Not married...3 (Box 22) Don't Know.....8 (Box 22)	Yes.....1 (C-33) <sup>27</sup> No.....2 (Box 22) Not married...3 (Box 22) Don't Know.....8 (Box 22)	Yes.....1 (C-33) <sup>27</sup> No.....2 (Box 22) Not married...3 (Box 22) Don't Know.....8 (Box 22)
Pregnancy Loss.....1 <sup>28</sup> Sooner.....2 Later.....3 Right time.....4 Don't Know.....8	Pregnancy Loss.....1 <sup>28</sup> Sooner.....2 Later.....3 Right time.....4 Don't Know.....8	Pregnancy Loss.....1 <sup>28</sup> Sooner.....2 Later.....3 Right time.....4 Don't Know.....8	Pregnancy Loss.....1 <sup>28</sup> Sooner.....2 Later.....3 Right time.....4 Don't Know.....8

BOX 22. IF MORE PREGNANCIES, GO BACK TO C-14 ON PAGE 14. OTHERWISE, GO TO BOX 23, PAGE 18. OPEN INTERVAL BEGINS SINCE (LAST) PREGNANCY.



# OPEN INTERVAL

CONTINUE DECK C 6

**Box 23. IF CURRENTLY PREGNANT, GO TO C-43. OTHERWISE, CONTINUE.**

C-34. Since your (last) pregnancy, have there been periods of one month or more in which you were not having intercourse, such as after your pregnancy ended, when one of you was away or sick, or for any other reason?

Yes . . . . . 1 (C-36)  
No . . . . . 2 (C-36) <sup>29</sup>

C-35. What months and years were those? PROBE: What other months?	FROM	TO	80	81	82	83	84	85	86	87
	MO./YR.	MO./YR.	38	39	40	41	42	43	44	45
	MO./YR.	MO./YR.	46	47	48	49	50	51	52	53
	MO./YR.	MO./YR.	54	55	56	57	58	59	60	61

C-36. Please look again at the card. Since ( your [last] pregnancy/January, 1973 ), have you ever used any method for one month or more to delay or prevent a pregnancy?

HAND CARD 1

Yes . . . . . 1 (C-37) <sup>54</sup>  
No . . . . . 2 (C-43)

BEGIN DECK 07

C-37. Starting with the earliest method you used during this period, please tell me all the methods you used for one month or more in the order you used them. PROBE: What other methods? (ENTER IN ORDER IN ANSWER AREA.)	1st METHOD	2nd METHOD	3rd METHOD	LAST METHOD
	55 56	60 69	13 14	26 27
	MO./YR.	MO./YR.	MO./YR.	MO./YR.

(ASK C-38 THROUGH C-42 SEQUENTIALLY FOR EACH METHOD.)

C-38. In what month and year did you start to use (METHOD)?	57 58 59 63	70 71 72 73	15 16 17 18	28 29 30 31
	MO./YR.	MO./YR.	MO./YR.	MO./YR.

**Box 24. IF THE METHOD IS STERILIZATION ('J' OR 'K' ABOVE) GO TO BOX 26. OTHERWISE, CONTINUE.**

C-39. While you were using (METHOD) during this time, were there times when you skipped using any method at all?	61	74	19	32
	Yes . . . . . 1 (C-40)	1 (C-40)	1 (C-40)	1 (C-40)
	No . . . . . 2 (Box 26)	2 (Box 26)	2 (Box 26)	2 (Box 26)
C-40. Would you say you skipped using all methods often, sometimes, or only once or twice?	Often . . . . . 1	1	1	1
	Sometimes . . . . . 2 62	2 75	2 28	2 33
	Once/Twice . . . . . 3	3	3	3

**Box 25. IF LAST METHOD, ASK C-41. OTHERWISE, C-42.**

C-41. Are you and your husband still using (METHOD)?	63	76	23	34
	Yes . . . . . 1 (C-43)	1 (C-43)	1 (C-43)	1 (C-43)
	No . . . . . 2 (C-43)	2 (C-43)	2 (C-43)	2 (C-43)
C-42. In what month and year did you stop using (METHOD)?	64 65 66 67	77 78 79 80	22 23 24 25	35 36 37 38
	MO./YR.	MO./YR.	MO./YR.	MO./YR.

**Box 26. GO TO NEXT METHOD (C-38), IF ANY. OTHERWISE, GO TO C-43.**

C-43. Now let me review the past three years with you -- month by month -- to be sure I have recorded the information correctly. (REFERRING TO PAGES 15 AND 18, ENTER IN 3-YEAR METHOD CALENDAR, SYMBOLS FOR PREGNANCY, NONINTERCOURSE, AND METHODS. ACCOUNT FOR ALL MONTHS FROM JANUARY, 1973 TO THE PRESENT.)

C-44. ( In addition to [METHODS MENTIONED] ) have you or your husband ever used any (other) method to delay or prevent a pregnancy?

Yes . . . . . 1 (C-45) 39  
 No . . . . . 2 (Box 27)

C-45. Which ones have you or your husband used? (CODE ALL THAT APPLY)

- |  |    |                          |                          |       |
|--|----|--------------------------|--------------------------|-------|
| A. Pill . . . . .  | 01 | <input type="checkbox"/> | <input type="checkbox"/> | 40 41 |
| B. Foam . . . . .  | 02 | <input type="checkbox"/> | <input type="checkbox"/> | 42 43 |
| C. Diaphragm. . . . .  | 03 | <input type="checkbox"/> | <input type="checkbox"/> | 44 45 |
| D. Jelly, Cream, Suppository. . . . .                        | 04 | <input type="checkbox"/> | <input type="checkbox"/> | 46 47 |
| E. Diaphragm <u>and</u> Jelly. . . . .                       | 05 | <input type="checkbox"/> | <input type="checkbox"/> | 48 49 |
| F. Douche . . . . .  | 06 | <input type="checkbox"/> | <input type="checkbox"/> |       |
| G. IUD, Coil, Loop. . . . .                                  | 07 | <input type="checkbox"/> | <input type="checkbox"/> |       |
| H. Abortion . . . . .  | 08 | <input type="checkbox"/> | <input type="checkbox"/> |       |
| J. Operation: Female Sterilization. . . . .                  | 09 |                          |                          |       |
| K. Operation: Male Sterilization. . . . .                    | 10 |                          |                          |       |
| L. Condom, Rubber . . . . .                                  | 11 |                          |                          |       |
| M. Rhythm or safe period by temperature . . . . .            | 12 |                          |                          |       |
| N. Rhythm or safe period by calendar. . . . .                | 13 |                          |                          |       |
| P. Withdrawal or coitus interruptus . . . . .                | 14 |                          |                          |       |
| R. Abstinence (non-intercourse to avoid pregnancy) . . . . . | 15 |                          |                          |       |
| S. Other (SPECIFY) _____                                     | 16 |                          |                          |       |

Box 27. IF IUD CURRENT OR MOST RECENT METHOD, CONTINUE. OTHERWISE, GO TO SECTION D.

C-46. You told me you ( are/were ) using a(n) ( IUD/COIL/LOOP ). Here is a list of IUD's. Can you tell me which type it ( is/was )?

Letter (MOST RECENT ONE) \_\_\_\_\_  
 Other (SPECIFY) \_\_\_\_\_  
 Don't know . . . . . 98

HAND CARD 2

C-47. When was it inserted most recently?

\_\_\_\_/\_\_\_\_/\_\_\_\_  
 MONTH/DAY/YEAR

52 53 54 55 56 57

We are talking with women about children they may have in the future, as well as about those they already have. (IF "R" HAS ALREADY MENTIONED STERILITY, MENOPAUSE, ETC.: I think we have already covered some of these next questions, but I'd better go through them with you to be sure that I record the answers correctly.)

- D-1. It is physically impossible for some couples to have children. As far as you know, is it possible or impossible for you and your husband to conceive a(nother) baby, that is, to get pregnant (again)?
- Possible. . . . . 1 (D-6)  
 Impossible. . . . . 2 (D-2) 13  
 Don't Know, Not Sure. . . . . 8 (D-6)

D-2. What is the reason that you are unable to have a(nother) baby? (RECORD VERBATIM ON LINES AT LEFT, CODE ALL THAT APPLY, THEN FOLLOW SKIP INSTRUCTION FOR SMALLEST CODE NUMBER. IF RESPONSE INDICATES A PROBLEM OTHER THAN STERILITY, CHANGE D-1 TO "POSSIBLE" AND GO TO D-6.)

_____	"R" has had sterilizing operation. . . . .	.01 (D-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	Impossible for "R" due to accident or illness. . . . .	.02 (D-3)				
_____	"R" sterile for other reasons. . . . .	.03 (D-3)				
_____	"R" has reached menopause. . . . .	.04 (D-14)				
_____	Husband has had sterilizing operation. . . . .	.05 (D-3)				
_____	Impossible for husband due to accident or illness. . . . .	.06 (D-3)				
_____	Husband sterile for other reasons. . . . .	.07 (D-3)				
_____	Couple unable to conceive, don't know reason. . . . .	.08 (Probe)				

PROBE: How many years altogether have you gone without using any birth control method and still not become pregnant? (RECORD VERBATIM ON LINES AT LEFT AND ENTER NUMBER OF YEARS.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Box 27A)

NO. OF YRS.

Box 27A. IF 3 YEARS OR LESS, SAY: I know that you've talked about the reasons that you haven't become pregnant but could you tell me a little bit more your difficulty in getting pregnant?  
 THEN CODE "YES" IN D-6 AND RECORD RESPONSE IN D-7.

IF MORE THAN 3 YEARS, CODE 6 IN D-3 AND CONTINUE.

D-3.	D-4.	D-5.
(ASK QUESTION ONLY IF D-2 IS FEMALE OPERATION; OTHERWISE, CODE WITHOUT ASKING.) What kind of operation was it?	CHOOSE APPROPRIATE QUESTION: (A) When was the operation done? (B) When did (you/your husband) become sterile? (If D.K., PROBE: . . . learn of the sterility)	Was <u>one</u> reason for the operation because you had all the children you wanted?
One ovary removed ("R" not sterile) . . . <input type="radio"/>	CHECK THE APPROPRIATE CIRCLE IN D-3 AND PROBE TO FIND OUT IF SHE IS SURE THAT SHE IS STERILE.  If she is sure, circle Code "6 - other reasons" in D-3 and follow the appropriate skip instruction for that category. If she is not sure, record her answer verbatim and skip to D-8.	
One tube tied OR removed ("R" not sterile) . . . <input type="radio"/>		
Both ovaries removed. . . . . 1 (D-4A)	MONTH / YEAR (D-5)	Yes . . . 1 (D-70) No. . . . 2 (D-14)
Both tubes tied OR removed . . . . . 2 (D-4A)	MONTH / YEAR (D-5)	Yes . . . 1 (D-70) No. . . . 2 (D-14)
Hysterectomy (Removal of uterus) . . . . . 3 (D-4A)	MONTH / YEAR (D-5)	Yes . . . 1 (D-70) No. . . . 2 (D-14)
Vasectomy (cutting male sperm ducts) . . . . . 4 (D-4A)	MONTH / YEAR (D-5)	Yes . . . 1 (D-70) No. . . . 2 (D-14)
Other operation or type unknown . . . . . 5 (D-4A)	MONTH / YEAR (D-5)	Yes . . . 1 (D-70) No. . . . 2 (D-14)
Accident, illness or other reasons. . . . . 6 (D-4B)	MONTH / YEAR (D-14)	

D-6. Some people are able to have a(nother) baby, but they 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 to conceive or deliver a(nother) baby?

Yes . . . . . 1 (D-7) 26  
 No. . . . . 2 (D-8)

D-7. What is the reason it would be difficult for you to have a(nother) baby?  
 (RECORD VERBATIM ON LINES AT LEFT AND CIRCLE APPROPRIATE CODE BELOW.)

\_\_\_\_\_ Physical difficulty getting pregnant . . . . . 1  
 \_\_\_\_\_ Difficult for husband to father child . . . . . 2  
 \_\_\_\_\_ Dangerous for "R" to become pregnant (again). . . . . 3 27  
 \_\_\_\_\_ Dangerous to the baby . . . . . 4  
 \_\_\_\_\_ Difficult to carry pregnancy full 9 months. . . . . 5  
 \_\_\_\_\_ Other . . . . . 6

D-8. At any time has a medical doctor advised you never to become pregnant (again)?

Yes . . . . . 1 (D-9) 28  
 No. . . . . 2 (Box 28)

D-9. 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 29  
 Other reason (SPECIFY) \_\_\_\_\_  
 \_\_\_\_\_ 4

D-10. When did you talk with the doctor about this?

30	31	32	33

\_\_\_\_\_/\_\_\_\_\_  
 MONTH / YEAR

D-11. Will you have an operation to be sure you don't become pregnant (again)?

Yes . . . . . 1 (D-14) 34  
 No. . . . . 2 (D-12)  
 Maybe . . . . . 3 (D-12)

D-12. Will your husband have an operation to be sure you don't become pregnant (again)?

Yes . . . . . 1 (D-14) 35  
 No. . . . . 2 (D-13)  
 Maybe . . . . . 3 (D-13)

D-13. If (after this baby is born) you find that you are pregnant (again), will you have the pregnancy ended by a doctor for health or medical reasons?

Yes . . . . . 1 (D-14) 36  
 No. . . . . 2 (Box 28)  
 Maybe . . . . . 3 (Box 28)

D-14. Even though it is unlikely or impossible for you to have a(nother) baby, would you like to have a(nother) baby (after this one)?

Yes . . . . . 1 37  
 No. . . . . 2

D-15. Would your husband like a(nother) baby?

Yes . . . . . 1  
 No. . . . . 2 38  
 Don't Know. . . . . 8

D-16. (Since/If) you and your husband are unable to have a(nother) baby, do you intend to adopt any children?

Yes . . . . . 1  
 No. . . . . 2 } (D-76) 39  
 Maybe . . . . . 3

Box 28. IF R IS CURRENTLY PREGNANT, SKIP TO D-41; OTHERWISE, CONTINUE.

D-24. Of course, sometimes things do not work out exactly as we intend them to, or something makes us change our minds. In your case, how sure are you that you will have no (more) babies? Would you say you are very sure or not very sure?

Very sure. . . . . 1 (Box 30) 50  
 Not very sure. . . . . 2 (D-26)

D-25. No one can be certain about the future, but you probably have some idea of how close you will come to your intention to have no more babies. What is the largest number of (additional) babies you expect to have?

None . . . . . 00 (Box 30)  
 NUMBER \_\_\_\_\_ (Box 30) 

51	52
----	----

  
 Don't Know . . . . . 98 (Box 30)

D-26. Many people aren't sure, but still have some idea about the future. As things are working out for you, what is the largest number of (additional) babies you expect to have? (ENTER HERE AND IN BOX 32, PAGE 25.)

None . . . . . 00 (D-28)  
 NUMBER \_\_\_\_\_ (D-27) 

53	54
----	----

  
 Don't Know . . . . . 98 (Box 30)

D-27. What is the smallest number of (additional) babies you expect to have?

NUMBER \_\_\_\_\_ 

55	56
----	----

  
 Don't Know . . . . . 98

D-28. Let me summarize quickly what I have listed. (SUMMARIZE AS INDICATED, ENTERING NUMBERS ON THE LINES.)

You have had \_\_\_\_\_ bab(y/ies) to date.  
(no. of live births)

You expect to have at most \_\_\_\_\_ (additional) bab(y/ies).  
(no. from D-26)

So you expect to have no more than \_\_\_\_\_  
(total of above entries)  
 bab(y/ies) altogether, is that right?

Yes . . . . . 1 (Box 30) 57  
 No . . . . . 2 (D-28)

D-29. What is the largest number of babies you expect to have altogether? (PROBE TO FIND SOURCE OF ERROR IN TOTAL IN D-28. IF RESPONSES TO EARLIER QUESTIONS ARE AFFECTED, GO BACK AND CORRECT.)

NUMBER \_\_\_\_\_  
 Don't Know . . . . . 98

Box 30. CHECK CIRCLES THAT APPLY. THEN SKIP AS INSTRUCTED.		
MORE BABIES INTENDED? (SEE D-17)	CURRENTLY USING METHOD? (SEE METHOD CALENDAR)	GO TO:
YES . . . . <input type="radio"/>	YES . . . . <input type="radio"/>	D-34
	NO . . . . <input type="radio"/>	D-31
NO . . . . <input type="radio"/>	YES . . . . <input type="radio"/>	D-74
	NO . . . . <input type="radio"/>	D-30
D.K. OR DIS- AGREES WITH HUSBAND . .	YES . . . . <input type="radio"/>	D-74
	NO . . . . <input type="radio"/>	D-31

CONTINUE DECK 15

D-30. What is the reason you are not using a method to delay or prevent pregnancy?  
(RECORD VERBATIM ON LINES AT LEFT, THEN CODE ALL THAT APPLY.)

_____	R or H doesn't believe in			
_____	it or against religion . . .01 (D-70)			
_____	Waiting to get operation . . .02 (D-70)			
_____	Waiting to get method			
_____	other than operation			
_____	(e.g., pill, IUD) . . . . .03			
_____	Experienced or fears			
_____	bad side effects . . . . .04			
_____	Doesn't care if			
_____	becomes pregnant . . . . .05			
_____	Little chance of			
_____	pregnancy; subfecund . . . .06			
_____	Infrequent or no			
_____	intercourse . . . . .07			
_____	Post partum; breastfeeding .08			
_____	Don't know; doesn't have			
_____	reason; just decided			
_____	not to . . . . .98			
_____	Other . . . . .10			

D-31. Is the reason you are not using a method to delay or prevent pregnancy because you, yourself, want to become pregnant as soon as possible?

Yes . . . . . 1 62

No . . . . . 2

D-32. Does your husband want you to have a(nother) baby as soon as possible?

Yes . . . . . 1 (D-35)

No . . . . . 2 (Box 31) 63

Don't Know . . . . . 8 (D-35)

Box 31. IF R SAID "No" TO BOTH D-31 AND D-32, CONTINUE. OTHERWISE, GO TO D-35.

D-33. Since neither of you wants to have a baby as soon as possible, what is the reason you are not using a method to delay or prevent pregnancy? (RECORD VERBATIM ON LINES AT LEFT, THEN CODE ALL THAT APPLY.)

_____	R or H doesn't believe in			
_____	it or against religion . . .01			
_____	Waiting to get operation . . .02			
_____	Waiting to get method			
_____	other than operation			
_____	(e.g., pill, IUD) . . . . .03			
_____	Experienced or fears			
_____	bad side effects . . . . .04			
_____	Doesn't care if			
_____	becomes pregnant . . . . .05			
_____	Little chance of			
_____	pregnancy; subfecund . . . .06			
_____	Infrequent or no			
_____	intercourse . . . . .07			
_____	Post partum; breastfeeding .08			
_____	Don't know; doesn't have			
_____	reason; just decided			
_____	not to . . . . .98			
_____	Other . . . . .10			

D-34. How long from now do you think it will be until you stop using a method so you can become pregnant?

MONTHS or YEARS from now  
Don't Know. . . . . 98

68 69  
[ ] [ ]

D-35. When do you expect your (first/next) baby to be born?

MONTHS or YEARS from now (D-37)  
Don't Know. . . . . 98 (D-36)

70 71  
[ ] [ ]

D-36. No one can be sure, but do you think it will probably be within two years from now, between two and five years from now, or five or more years from now?

Within 2 years from now . . . 1  
Between 2 and 5 years . . . . 2  
Five or more years. . . . . 3 72  
Don't Know. . . . . 8

D-37. Would you like your (first/next) baby to be a boy or girl?

Boy . . . . . 1  
Girl. . . . . 2 73  
No preference . . . . . 3

Box 32. ENTER NUMBER OF ADDITIONAL BIRTHS EXPECTED: \_\_\_\_\_ IF 2 OR MORE ADDITIONAL BIRTHS EXPECTED, CONTINUE. OTHERWISE, GO TO D-40.

D-38. When do you expect your last baby to be born -- that is, about how many years from now?

Less than 5 years . . . . . 1 (D-40)  
5 or more years . . . . . 2 (Box 33) 74  
Don't Know. . . . . 8 (D-40)

Box 33. IF 3 OR MORE ADDITIONAL BIRTHS EXPECTED (SEE BOX 32) CONTINUE, OTHERWISE GO TO D-40.

D-39. If you do have (NUMBER FROM BOX 32) (more) babies, how many of these do you expect to have in the next five years?

NUMBER \_\_\_\_\_  
Don't Know. . . . . 98

75  
[ ]

D-40. If it should turn out that you and your husband are not able to have the number of children you expect, would you adopt a child?

Yes . . . . . 1  
No. . . . . 2 (D-74) 76  
Maybe, Don't Know . . . . . 3

BEGIN DECK 16; COLUMNS 13-46: BLANK FILL

[ ] [ ]

CURRENTLY PREGNANT (Q. D-41 - D-69)

D-41. Do you and your husband intend to have another baby after this one is born?

- Yes . . . . . 1 (D-42)
- No. . . . . 2 (D-43) <sup>41</sup>
- Husband/R disagree. . . . . 3 (D-50)
- D.K., up to God, etc. . . . . 8 (D-50)

D-42. How many more do you intend to have, not counting this one? (ENTER ON LINE BELOW AND IN BOX 37, PAGE 30.)

- NUMBER OR RANGE \_\_\_\_\_ (D-43) 42 43
- Don't Know. . . . . 98 (D-50) 44

D-43. Let me summarize quickly what I have listed. (SUMMARIZE AS INDICATED, ENTERING NUMBERS ON THE LINES.)

You have had \_\_\_\_\_ bab(y/ies) to date.  
(no. of live births)

You are pregnant now  1 , and you intend to  
have \_\_\_\_\_ additional bab(y/ies) after  
(from D-41 or D-42)  
this one is born,

So you intend to have \_\_\_\_\_ bab(y/ies)  
(total of above entries)  
altogether, is that right?

- Yes . . . . . 1 (Box 34) <sup>44</sup>
- No. . . . . 2 (D-44)

D-44. What is the total number of babies you intend to have? (PROBE TO FIND SOURCE OF ERROR IN TOTAL IN D-43. IF RESPONSES TO EARLIER QUESTIONS ARE AFFECTED, GO BACK AND CORRECT.)

- NUMBER OR RANGE \_\_\_\_\_
- Don't Know. . . . . 98

**Box 34. IF NO MORE BABIES INTENDED, GO TO D-48. OTHERWISE, CONTINUE.**

D-45. Of course, sometimes things do not work out exactly as we intend them to, or something makes us change our minds. In your case, how sure are you that you will have (NUMBER/RANGE IN D-42) more babies after this one? Would you say you are very sure or not very sure?

- Very sure . . . . . 1 (Box 35) <sup>45</sup>
- Not very sure . . . . . 2 (D-46)

D-46. No one can be certain about the future, but you probably have some idea of how close you will come to the number you intend to have. What is the largest number of additional babies you expect after this one is born?

- NUMBER \_\_\_\_\_ 46 47
- Don't Know. . . . . 98



D-47. What is the smallest number of additional babies you expect to have after this one?

NUMBER \_\_\_\_\_ (Box 35) 

--	--

  
Don't Know. . . . . 98 (Box 35)

D-48. Of course, sometimes things do not work out exactly as we intend them to, or something makes us change our minds. In your case, how sure are you that you will have no more babies after this one? Would you say you are very sure or not very sure?

Very sure . . . . . 1 (Box 35) 50  
Not very sure . . . . . 2 (D-49)

D-49. No one can be certain about the future, but you probably have some idea of how close you will come to your intention to have no more babies. What is the largest number of additional babies you expect to have after this one is born?

NUMBER \_\_\_\_\_ (Box 35) 

--	--

  
Don't Know. . . . . 98 (Box 35)

D-50. Many people aren't sure, but still have some idea about the future. As things are working out for you, what is the largest number of additional babies you expect to have after this one? (ENTER HERE AND IN BOX 37, PAGE 30.)

None. . . . . 00 (D-52)  
NUMBER \_\_\_\_\_ (D-51) 

--	--

  
Don't Know. . . . . 98 (Box 35)

D-51. What is the smallest number of additional babies you expect to have after this one?

None. . . . . 00  
NUMBER \_\_\_\_\_  
Don't Know. . . . . 98 

--	--

D-52. Let me summarize quickly what I have listed. (SUMMARIZE AS INDICATED, ENTERING NUMBERS ON LINES.)

You have had \_\_\_\_\_ bab(y/ies) to date.  
(no. of live births)

You are pregnant now 1 and you expect to have at most \_\_\_\_\_ additional bab(y/ies) after this one,  
(no. from D-50)

So you expect to have no more than \_\_\_\_\_ bab(y/ies) altogether, is that right?  
(total of above entries)

Yes . . . . . 1 (Box 35) 57  
No . . . . . 2 (D-53)

D-53. What is the largest number of babies you expect to have altogether? (PROBE TO FIND SOURCE OF ERROR IN TOTAL IN D-52. IF RESPONSES TO EARLIER QUESTIONS ARE AFFECTED, GO BACK AND CORRECT.)

NUMBER \_\_\_\_\_  
Don't Know. . . . . 98

Box 35. IF R INTENDS MORE BABIES (SEE Q. D-41), GO TO D-58. OTHERWISE, CONTINUE.

BEGIN DECK 16

D-54. Are you and your husband going to use a method to delay or prevent pregnancy after this baby is born?

Yes . . . . . 1 (D-55)
No . . . . . 2 (D-57)

13

D-55. What method do you intend to use?

METHOD

14 15
[ ] [ ]

D-56. After this baby is born, how long do you think it will be until you start using (METHOD[S] IN D-55)?

WEEKS or MONTHS (D-74)
Don't Know . . . . . 98 (D-74)

16 17
[ ] [ ]

D-57. What is the reason you will not use a method? (RECORD VERBATIM ON LINES AT LEFT, THEN CODE ALL THAT APPLY.)

18 19 20 21
[ ] [ ] [ ] [ ]

- R or H doesn't believe in it or against religion . . .01 (D-76)
Waiting to get operation . . .02 (D-76)
Waiting to get method other than operation (e.g., pill, IUD) . . .03
Experienced or fears bad side effects . . .04
Doesn't care if becomes pregnant . . .05
Little chance or pregnancy; subfecund . . .06
Infrequent or no intercourse . . .07
Post partum; breastfeeding .08
Don't know; doesn't have reason; just decided not to . . .98
Other . . . . .10

D-58. Are you and your husband going to use a method to delay or prevent pregnancy after this baby is born?

Yes . . . . . 1 (D-59)
No . . . . . 2 (D-62)

22

D-59. What method do you intend to use?

METHOD

23 24
[ ] [ ]

D-60. After this baby is born, how long do you think it will be until you start using (METHOD[S] IN D-59)?

WEEKS or MONTHS
Don't Know . . . . . 98

25 26
[ ] [ ]

D-61. From the time you start using a method, how long do you think it will be until you stop using a method so you can start your next pregnancy?

\_\_\_\_\_ MONTHS or \_\_\_\_\_ YEARS (D-65)  
 Don't Know. . . . . 98 (D-65)

27	28

D-62. Is the reason you will not use a method because you, yourself, want to become pregnant as soon as possible?

Yes . . . . . 1 29  
 No . . . . . 2

D-63. Does your husband want you to have another baby as soon as possible after this one?

Yes . . . . . 1 (D-65)  
 No . . . . . 2 (Box 36) 30  
 Don't Know. . . . . 8 (D-65)

Box 36. IF "No" TO BOTH D-62 AND D-63, CONTINUE. OTHERWISE, GO TO D-65.

D-64. Since neither of you wants to have a baby as soon as possible after this one, what is the reason you will not use a method to delay or prevent pregnancy? (RECORD VERBATIM ON LINES AT LEFT, THEN CODE ALL THAT APPLY.)

31	32	33	34

- |  |   |   |        |
|--|---|---|--------|
|  | R or H doesn't believe in it or against religion . . .01                | } | (D-65) |
|  | Waiting to get operation. . .02   |   |        |
|  | Waiting to get method other than operation (e.g., pill, IUD). . . . .03 |   |        |
|  | Experienced or fears bad side effects . . . . .04                       |   |        |
|  | Doesn't care if becomes pregnant . . . . .05                            |   |        |
|  | Little chance of pregnancy; subfecund . . . .06                         |   |        |
|  | Infrequent or no intercourse. . . . .07                                 |   |        |
|  | Post partum; breastfeeding. .08   |   |        |
|  | Don't know; doesn't have reason; just decided not to . . . . .98        |   |        |
|  | Other . . . . .10   |   |        |

D-65. When do you expect your next baby after this one to be born?

\_\_\_\_\_ MONTHS or \_\_\_\_\_ YEARS from now (Box 37)  
 Don't Know. . . . . 98 (D-66)

35	36

D-66. No one can be sure, but do you think it will probably be within two years from now, between two and five years from now, or five or more years from now?

Within 2 years from now . . . . 1  
 Between 2 and 5 years . . . . . 2  
 Five or more years. . . . . 3 37  
 Don't Know. . . . . 8

**Box 37. ENTER NUMBER OF ADDITIONAL BIRTHS EXPECTED: \_\_\_\_\_, IF 2 OR MORE ADDITIONAL BIRTHS EXPECTED, CONTINUE. OTHERWISE, GO TO D-69.**

D-67. When do you expect your last baby to be born -- that is, about how many years from now?

- Less than 5 years . . . . . 1 (D-69)
- 5 or more years . . . . . 2 (Box 38) <sup>38</sup>
- Don't Know. . . . . 8 (D-69)

**Box 38. IF 3 OR MORE ADDITIONAL BIRTHS EXPECTED (SEE BOX 37), CONTINUE. OTHERWISE, GO TO D-69.**

D-68. If you do have (NUMBER FROM BOX 37) more babies after this one, how many of these do you expect to have in the next five years?

NUMBER \_\_\_\_\_ 39  
 Don't Know. . . . . 98

D-69. If it should turn out that you and your husband are not able to have all the children you expect, would you adopt a child?

- Yes . . . . . 1
- No. . . . . 2 <sup>40</sup>
- Maybe, Don't Know . . . . . 3

D-70. TO D-73. OMITTED.

COLUMNS 41-46: BLANK FILL

D-74. Once they have all the children they expect, some people use different or additional methods to be sure they have no more; others do not feel it's so important. In your case, (now that/once) you have all the children you expect, will you and your husband take extra steps to be sure you will have no more babies?

- Yes . . . . . 1 (D-75)
- No. . . . . 2 (D-76) <sup>47</sup>
- Maybe, Don't Know . . . . . 8 (D-75)

D-75. Looking once more at the list, what different or additional methods will you most likely use? (DO NOT READ CATEGORIES; CODE ALL THAT APPLY.)

48	49	50	51
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HAND  
CARD 1

- Pill. . . . . A
- Foam. . . . . B
- Diaphragm . . . . . C
- Jelly, Cream, Suppository . . . . . D
- Diaphragm and Jelly . . . . . E
- Douche. . . . . F
- IUD, Coil, Loop . . . . . G
- Abortion. . . . . H
- Operation: Female Sterilization. . . . . J
- Operation: Male Sterilization. . . . . K
- Condom, Rubber. . . . . L
- Rhythm or safe period by temperature. . . . . M
- Rhythm or safe period by calendar . . . . . N
- Withdrawal or coitus interruptus. . . . . P
- Abstinence (non-intercourse to avoid pregnancy). . . . . R
- Other (SPECIFY) \_\_\_\_\_ S
- Don't Know. . . . . T

D-76. 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, if you could choose exactly the number of children to have in your whole life, how many would you choose now?

None. . . . .00 (Section E)

NUMBER \_\_\_\_\_ (D-79)

RANGE \_\_\_\_\_ (D-78)

Don't Know. . . . .98 (D-77)

52	53
----	----

D-77. A lot of people feel that way, but if you could choose, how many would you have?

--	--

None. . . . .00 (Section E)

NUMBER \_\_\_\_\_ (D-79)

RANGE \_\_\_\_\_ (D-78)

Don't Know. . . . .98 (Section E)

54	55
----	----

D-78. If you had to choose a single number between (NUMBERS IN RANGE), which would you choose?

None. . . . .00 (Section E)

NUMBER \_\_\_\_\_ (D-79)

Don't Know. . . . .98 (Section E)

56	57
----	----

D-79. If you were to have exactly (NUMBER) child(ren), (would that be a boy or a girl/how many girls and how many boys would that be)?

HAND CARD 3	
-------------	--

GIRL(s) \_\_\_\_\_

BOY(s) \_\_\_\_\_

Doesn't matter, D.K. . . . .98

58	59	60	61
----	----	----	----

D-80. If you couldn't have exactly (SAME NUMBER AS D-79) child(ren), what would be your next choice, one more or one less?

One more. . . . . 1

One less. . . . . 2

62

SECTION E

In this survey we are also talking with women about medical and family planning services which they may have used.

Box 39. IF NEVER PREGNANT, GO TO E-5. OTHERWISE, CONTINUE.

E-1. During ( your last/this ) pregnancy, ( did you get/are you getting ) pre-natal care?

- Yes. . . . . 1 (E-2)
- No . . . . . 2 (Box 40)

13

E-2. In what month of pregnancy did you first get pre-natal care?

MONTH (2ND, 3RD, ETC.)

14	15
----	----

E-3. During ( your last/this ) pregnancy, where ( did/do ) you go for pre-natal care? (IF MORE THAN ONE PLACE, RECORD ONLY WHERE R WENT MOST OFTEN.)

- Own medical doctor or group of doctors . . . . . 1
- Hospital out-patient clinic where doctor is assigned . . . . . 2 16
- Separate clinic not in a hospital. . . . . 3
- Other (SPECIFY) \_\_\_\_\_ 4

Box 40. IF NO LIVE BIRTHS, GO TO E-5. OTHERWISE, CONTINUE.

E-4. This card lists some of the ways in which hospital bills can be paid. When your (last) baby was born, in which of these ways was the hospital bill paid, or was the bill paid in some other way?

- |                |
|----------------|
| HAND<br>CARD 3 |
|----------------|
- You or your husband's own income only. . . . . 01
  - Insurance only (which you carry or is carried for you) . . . . . 02
  - Own income and insurance . . . . . 03
  - Medicaid (welfare) . . . . . 04 17-18
  - Other government (such as military, state, local). . . . . 05
  - Parents or other relatives . . . . . 06
  - Some other way (SPECIFY) \_\_\_\_\_ 07

E-5. Have you had a pelvic or internal exam during the past three years?

- Yes. . . . . 1
- No . . . . . 2 19

E-6. Have you had a Pap smear to test for cancer within the past three years?

- Yes. . . . . 1
- No . . . . . 2 20

E-7. Some doctors advise women to douche after intercourse and some do not. Do you regularly douche after intercourse?

- Yes. . . . . 1 (E-8)
- No . . . . . 2 (Box 41) 21

E-8. How soon after intercourse do you usually douche? Would you say less than a half hour or more than a half hour?

- Less than a half hour. . . . . 1
- More than a half hour. . . . . 2 22

**Box 41. IF R OR HUSBAND STERILE BEFORE JANUARY, 1973 (SEE D-4), GO TO E-24. OTHERWISE, CONTINUE.**

E-9. During the past three years, has a doctor or other trained person prescribed, or talked with you about a method for delaying or preventing a pregnancy?

Yes . . . . . 1 (E-12) 23  
 No . . . . . 2 (E-10)

E-10. Have you ever had a discussion with a doctor or other trained person about methods to delay or prevent a pregnancy?

Yes . . . . . 1 (E-11) 24  
 No . . . . . 2 (E-18)

E-11. When was the very first time you had a discussion with a doctor or other trained person about methods to delay or prevent a pregnancy?

MONTH/YEAR . . . . . (E-18) 25 26 27 28  
 D.K. or Don't remember . . . . . 9898 (Probe)

PROBE: Well, how old were you at that time?

AGE . . . . . (E-18) 29 30  
 D.K. or Don't remember . . . . . 98 (E-18)

E-12. The last time you talked with a doctor or trained person about a method, did he or she recommend that you change methods or that you start using a method?

No recommendation . . . . . 1 (E-15)  
 Recommendation to start a method . . . . . 2 (E-13) 31  
 Recommendation to change method . . . . . 3 (E-12A)

E-12A. What method were you using at the time the recommendation to change methods was made?

(USE METHOD CODES FROM E-13) . . . . . (E-13) 32 33 34 35  
 METHOD CODE

E-13. What method was recommended? (CODE AS MANY AS MENTIONED).

Pill . . . . . A  
 Foam . . . . . B  
 Diaphragm . . . . . C  
 Jelly, Cream, Suppository . . . . . D  
 Diaphragm and Jelly . . . . . E  
 Douche . . . . . F  
 IUD, Coil, Loop . . . . . G  
 Abortion . . . . . H  
 Operation: Female Sterilization . . . . . J  
 Operation: Male Sterilization . . . . . K  
 Condom, Rubber . . . . . L  
 Rhythm or safe period by temperature . . . . . M 36 37  
 Rhythm or safe period by calendar . . . . . N  
 Withdrawal or coitus interruptus . . . . . P  
 Abstinence (non-intercourse to avoid pregnancy) . . . . . R  
 Other (SPECIFY) . . . . . S

E-14. Did he or she discuss possible side effects or problems with you or your husband?

Yes . . . . . 1 38  
 No . . . . . 2

E-15. Where was it that you talked with a doctor or other trained person about a method for delaying or preventing a pregnancy?  
 (PROBE TO FIND OUT IF A "CLINIC" OR "OFFICE" WAS EXCLUSIVELY FOR FAMILY PLANNING. IF SO, CODE "3." OTHERWISE, CODE "1" OR "2.")

- Own doctor's office/group of doctors . . . . . 1 (E-17)
- General medical clinic, hospital out-patient clinic or public health clinic . . . . . 2 (E-17)
- Family planning clinic or counseling office. . . . . 3 (E-17)
- While hospital in-patient. . . . . 4 (E-16)
- Somewhere else (SPECIFY) \_\_\_\_\_ 5 (E-17)

39

E-16. Was this with your regular doctor, a doctor assigned to you, or someone else?

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

40

E-17. When was the very first time you had a discussion with a doctor or other trained person about methods to delay or prevent a pregnancy?

MONTH/YEAR 

--	--	--	--

D.K. or Don't remember . . . 9898 (Probe)

PROBE: Well, how old were you at that time?

AGE 

--	--

  
 D.K. or Don't remember . . . . . 98

E-18. In the past three years, have you talked with a medical doctor or to any other trained person about increasing your chances of having a baby?

- Yes. . . . . 1 (E-19)
- No . . . . . 2 (E-20)

47

E-19. When did you last go for help to increase your chances of having a baby?

MONTH/YEAR 

--	--	--	--

E-20. In the past three years, have you used a calendar or temperature method of rhythm to increase your chances of becoming pregnant? That is, in order to know the days when you are most likely to become pregnant.

- Yes. . . . . 1 (E-21)
- No . . . . . 2 (E-22)

52

E-21. In which months were you trying to become pregnant this way? (ENTER DATES ON APPROPRIATE LINES.) PROBE: What other months?

	STARTED	(IF) STOPPED		53	54	55	56	57	58	59	60
FIRST TIME	MONTH/YEAR	MONTH/YEAR									
SECOND TIME	MONTH/YEAR	MONTH/YEAR									
CHECK IF 3 OR MORE TIMES		<input type="radio"/>									



E-22. In the past three years, have you used the Pill for medical reasons only -- not for delaying or preventing pregnancy?

- Yes . . . . . 1 (E-23)
- No . . . . . 2 (Section F) <sup>13</sup>

E-23. Can you tell me when you started using the Pill this way and when you stopped? (ENTER DATES ON APPROPRIATE LINES.) PROBE: What other times?

	STARTED	(IF) STOPPED		14	15	16	17	18	19	20	21
FIRST TIME	____/____	____/____	}	(Section F)							
	MONTH/YEAR	MONTH/YEAR		22	23	24	25	26	27	28	29
SECOND TIME	____/____	____/____		(Section F)							
	MONTH/YEAR	MONTH/YEAR		30							
CHECK IF 3 OR MORE TIMES	<input checked="" type="radio"/>										

E-24. Have you ever had a discussion with a doctor or other trained person about methods to delay or prevent a pregnancy?

- Yes . . . . . 1 (E-25) <sup>31</sup>
- No . . . . . 2 (Section F)

E-25. When was the very first time you had a discussion with a doctor or other trained person about methods to delay or prevent a pregnancy?

MONTH/YEAR . . . . . (Section F) 32 33 34 35

D.K. or Don't remember . . . . . 9898 (Probe)

PROBE: Well, how old were you at that time?

AGE 36 37

D.K. or Don't remember . . . . . 98

- Montana . . . . . 81
- Missouri . . . . . 43
- Mississippi . . . . . 64
- Minnesota . . . . . 41
- Michigan . . . . . 34
- Massachusetts . . . . . 14
- Maryland . . . . . 52
- Maine . . . . . 11
- Virginia . . . . . 54
- West Virginia . . . . . 53
- Washington (state) . . . . . 91
- Wisconsin . . . . . 31
- Wyoming . . . . . 83
- Foreign country (SPECIFY) . . . . . 01

F-2. When you were growing up, that is, between the ages of 6 and 16, did you live on a farm most of the time (half of the time, or more)?

Yes . . . . . 1

No . . . . . 2

F-4. When you were 14, were you living with both your own mother and your own father?

Yes . . . . . 1 (E-6)

No . . . . . 2 (E-8)

F-5. 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

SECTION F

These questions are about when you were growing up and about your work experience.

F-1. CODE RACE OF RESPONDENT BY OBSERVATION.

Black. . . . .	1
White. . . . .	2
Other. . . . .	3

13

F-2. When you were growing up, that is, between the ages of 6 and 16, in what state or foreign country did you live the longest?

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

14-15

F-3. When you were growing up, that is, between the ages of 6 and 16, did you live on a farm most of the time (half of the time, or more)?

Yes. . . . .	1
No . . . . .	2

16

F-4. When you were 14, were you living with both your own mother and your own father?

Yes. . . . .	1 (F-6)
No . . . . .	2 (F-5)

17

F-5. 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

18

F-6. Which of these groups best describes your national origin or ancestry? (CHECK ALL THAT APPLY.)

HAND CARD 4

- German . . . . .  Black, African, Negro . . . . .
- Italian . . . . .  Puerto Rican . . . . .
- Irish . . . . .  Cuban . . . . .
- French . . . . .  Mexicano, Chicano, Mexican American . . . . .
- Polish . . . . .  Other Spanish (Spain/Hispano/Other Latin American) . . . . .
- Russian . . . . .  American Indian . . . . .
- English, Scot, Welsh . . . . .  Other (SPECIFY) \_\_\_\_\_
- Asian or Pacific Islander, such as Chinese, Japanese, Korean, Phillippine or Samoan . . . . .  Don't Know . . . . .

19	20
----	----

F-7. What is the highest grade or year of regular school or college you have attended?

- No formal schooling . . . . . 00 (Box 43)
- Elementary: . . . . . High School:
- 1st grade . . . . . 01 1st year . . . . . 09
- 2nd grade . . . . . 02 2nd year . . . . . 10
- 3rd grade . . . . . 03 3rd year . . . . . 11
- 4th grade . . . . . 04 4th year . . . . . 12
- 5th grade . . . . . 05 College and Graduate/Professional School: . . . . . 21-22
- 6th grade . . . . . 06 1 year . . . . . 13
- 7th grade . . . . . 07 2 years . . . . . 14
- 8th grade . . . . . 08 3 years . . . . . 15
- 4 years . . . . . 16
- 5 years . . . . . 17
- 6 years or more . . . . . 18

F-8. Did you complete that grade or year?

- Yes . . . . . 1 23
- No . . . . . 2

F-9. Have you had any other schooling, such as business school, nursing or technical school?

- Yes . . . . . 1 (F-10) 24
- No . . . . . 2 (F-11)

F-10. Did you include any of this schooling in answering the question on the highest grade of regular school you have attended?

- Yes . . . . . 1 (Box 42) 25
- No . . . . . 2 (F-11)

**Box 42. PROBE AND CORRECT F-7 AND F-8 IF NECESSARY. THEN GO TO F-11.**

F-11. Did you get any of your education in a church-related school (and/or college)?

- Yes . . . . . 1 (F-12)
- No . . . . . 2 (F-14)

26

F-12. During which grades did you attend a church-related school (and/or college)? (CIRCLE ALL THAT APPLY.)

- |                        |   |
|------------------------|---|
| Elementary:            | High School:                              |
| 1st grade . . . . . 01 | 1st year . . . . . 09                     |
| 2nd grade . . . . . 02 | 2nd year . . . . . 10                     |
| 3rd grade . . . . . 03 | 3rd year . . . . . 11                     |
| 4th grade . . . . . 04 | 4th year . . . . . 12                     |
| 5th grade . . . . . 05 | College and Graduate/Professional School: |
| 6th grade . . . . . 06 | 1st year . . . . . 13                     |
| 7th grade . . . . . 07 | 2nd year . . . . . 14                     |
| 8th grade . . . . . 08 | 3rd year . . . . . 15                     |
|                        | 4th year . . . . . 16                     |
|                        | 5th year . . . . . 17                     |
|                        | 6th year or higher . . . . . 18           |

27	28	29

F-13. Which church or religious group was that?

- Roman Catholic . . . . . 1
- Protestant . . . . . 2 30
- Other (SPECIFY) \_\_\_\_\_ 3

F-14. What was the highest grade or year of regular school (or college) you had completed at the time of your (first) marriage? (REFER TO GRADE CODES IN F-12 AND ENTER CODE BELOW.)

CODE

31	32

**Box 43. IF MARRIED MORE THAN ONCE (SEE A-10), CONTINUE. OTHERWISE, GO TO BOX 44.**

F-15. What was the highest grade or year of regular school or college your first husband had completed, at the time of your marriage? (REFER TO GRADE CODES IN F-12 AND ENTER CODE BELOW.)

CODE

- Don't Know . . . . . 98

33	34

F-16. When was your first husband born?

- MONTH/DAY/YEAR . . . . . (Box 44)
- Don't Know . . . . . 98 (F-17)

35	36	37	38	39	40

F-17. How old was he when you were married?

AGE

- Don't Know . . . . . 98

41	42

**Box 44. IF 1ST BIRTH BEFORE (FIRST) MARRIAGE (CHECK DATES ON B & P RECORD), CONTINUE. OTHERWISE, GO TO F-19.**

F-18. Before the birth of your (first) child, did you ever work for pay continuously for six months or more either part-time or full-time?

Yes . . . . . 1 43  
 No . . . . . 2

**Box 45. IF TWO OR MORE LIVE BIRTHS, GO TO F-19C. OTHERWISE, GO TO BOX 46.**

F-19. ASK ALL THAT APPLY, THEN GO TO BOX 46.

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

	<u>Yes</u>	<u>No</u>	
A. . . . before you were (first) married? . . . . .	1	2	44
B. IF ANY LIVE BIRTHS: . . . between the time of your (first) marriage and the birth of your (first) child? . . . . .	1	2	45
C. IF 2 OR MORE LIVE BIRTHS: . . . between the birth of your first child and the birth of your second child? . . . . .	1	2	46
D. IF 3 OR MORE LIVE BIRTHS: . . . between the birth of your second child and the birth of your third child? . . . . .	1	2	47
E. IF 4 OR MORE LIVE BIRTHS: . . . between the birth of your third child and the birth of your last child? . . . . .	1	2	48

**Box 46. IF NO LIVE BIRTHS, GO TO F-24.**

IF ONE OR MORE LIVE BIRTHS **AND** "YES" TO LAST QUESTION ASKED, GO TO F-20.  
 "NO" TO LAST QUESTION ASKED, GO TO F-22.

F-20. How long before the delivery of your (last) child did you stop working?

Less than one month . . . . . 00 (F-21)  
 NUMBER OF MONTHS \_\_\_\_\_ (F-21) 49 50  
 One year or more . . . . . 12 (F-22)

F-21. Why did you stop when you did? (RECORD VERBATIM. IF "BECAUSE PREGNANT," PROBE.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ 51 52

F-22. 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-23) 53  
 No . . . . . 2 (F-25)

F-23. In what month and year did you begin to work after your (last) child was born?

MONTH/YEAR . . . . . (F-25) 54 55 56 57

F-24. Since you were (first) married, have you ever worked for pay continuously for six months or more either part-time or full-time?

Yes . . . . . 1 58  
No . . . . . 2

F-25. How many weeks during the past 12 months did you work either full-time or part-time, including paid vacations and paid sick leave?

NUMBER OF WEEKS \_\_\_\_\_ (Box 47) 59 60  
Did not work . . . . . 00 (F-32)

**Box 47. IF R CURRENTLY PREGNANT AND WORKED IN LAST 12 MONTHS, CONTINUE. OTHERWISE, GO TO F-32.**

F-26. Last week, were you working full-time, part-time, going to school, keeping house, or what? (CIRCLE ONE CODE ONLY. IF MORE THAN ONE RESPONSE, CODE RESPONSE WITH SMALLEST NUMBER.)

- Working full-time (35 hours or more) . . . . . 01 (F-27)
- Working part-time (1 to 34 hours) . . . . . 02 (F-27)
- With a job but not at work because of temporary illness, vacation, strike. . . . . 03 (F-27)
- With a job but on maternity leave. . . . . 04 (F-28) 61-62
- Unemployed, laid off, looking for work . . . . . 05 (F-27)
- In school. . . . . 06 (F-28)
- Keeping house. . . . . 07 (F-28)
- Other (SPECIFY) \_\_\_\_\_ 08 (F-28)

F-27. How long before the end of your current pregnancy do you plan to stop ( working/looking for work )?

NUMBER OF WEEKS OR NUMBER OF MONTHS . . . . . (F-29)  
Is not going to stop . . . . . 00 (F-30)

F-28. When did you stop working?

MONTH/YEAR      
65 66 67 68  
BEGIN DECK 20

F-29. Why (did/will) you stop at that time? (RECORD VERBATIM. IF "BECAUSE PREGNANT," PROBE.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
   
13 14

F-30. After this pregnancy, do you expect to (return to/look for) a job at some time in the future?

Yes . . . . . 1 (F-31)  
No . . . . . 2 (Box 48) 15  
Don't know . . . . . 8 (Box 48)

F-31. When do you expect to begin working (again)?

MONTH/YEAR      
16 17 18 19

**Box 48. IF CURRENTLY WORKING, GO TO BOX 49. IF NOT CURRENTLY WORKING, GO TO F-38.**

F-32. Last week, were you working full-time, part-time, going to school, keeping house, or what? (CIRCLE ONE CODE ONLY. IF MORE THAN ONE RESPONSE, CODE RESPONSE WITH SMALLEST NUMBER.)

- Working full-time (35 hours or more) . . . . . 01 (Box 49)
- Working part-time (1 to 34 hours) . . . . . 02 (Box 49)
- With a job but not at work because of temporary illness, vacation, strike. . . . . 03 (Box 49)
- Unemployed, laid off, looking for work . . . . . 05 (Box 49) 20-21
- In school. . . . . 06 (F-33)
- Keeping house. . . . . 07 (F-33)
- Other (SPECIFY) \_\_\_\_\_ 08 (F-33)

F-33. Do you expect to look for a job sometime in the future?

- Yes. . . . . 1 (F-34)
- No . . . . . 2 (Box 50) 22
- Don't know . . . . . 8 (Box 50)

F-34. When do you expect to begin working (again)?

- MONTH/YEAR . . . . . (Box 50)
- Don't know . . . . . 98 (Box 50)

23	24	25	26
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Box 49. IF CHILD(REN) AGED 0-12 IN HOUSEHOLD, (SEE SCREENER), CONTINUE. OTHERWISE, GO TO BOX 50.

F-35. Do you have any regular arrangement for the care of your child(ren) while you are working, with a family member or outside the family?

- Yes. . . . . 1 (F-36)
- No . . . . . 2 (Box 50) 27

F-36. Who takes care of your child(ren) and where? (CODE ALL THAT APPLY.)

- By husband, in respondent's home . . . . . 01
- By other relative, in respondent's home. . . . . 02
- By non-relative, in respondent's home. . . . . 03
- In relative's home . . . . . 04 28-29
- In non-relative's home . . . . . 05
- In day care or other special organized facility. . . . . 06
- Other (SPECIFY) \_\_\_\_\_ 07

F-37. During the average week of the school year, how many hours per week of child care do you use for ( your child/each of your children )? (RECORD HOURS FOR EACH CHILD AGED 0-12. RECORD "0" IF NO DAY CARE. CARE BY ANOTHER CHILD AGED 0-12 DOES NOT COUNT AS DAY CARE.)

CHILD NUMBER	1	2	3	4	5	6	7	8	9	30	31	32
HOURS	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Box 50. IF R HAS EVER WORKED, CONTINUE. OTHERWISE, GO TO F-44.

F-38. What ( is/was ) your (last) occupation? That is, what ( is/was ) your job called?

F-39. What ( are/were ) your most important activities or duties?

F-40. What kind of place ( do/did ) you work for? That is, what ( do/did ) they make or do?

33	34	35	36	37

F-41. How many hours a week ( do/did ) you usually work at this job?

38	39

HOURS PER WEEK

F-42. And how much ( do/did ) you earn on this job?

\$ \_\_\_\_\_ per hour (CIRCLE ONE) (F-44)  
week  
month  
year

Refused . . . . . 97 (F-43)  
 Don't Know . . . . . 98 (F-43)

40	41	42	43	44	45	46

F-43. Here is a card showing amounts of weekly and yearly earnings. Next to each amount is a letter. Would you tell me which letter represents your salary on this job? (ENTER LETTER.)

HAND CARD 5

LETTER

47	48

F-44. Are you Protestant, Roman Catholic, Jewish or something else?

Roman Catholic . . . . . 1 (F-47)  
 Protestant . . . . . 2 (F-45)  
 Jewish . . . . . 3 (F-46)  
 Other (SPECIFY) \_\_\_\_\_  
 \_\_\_\_\_ 4 (F-46)  
 None . . . . . 0 (F-48)

F-45. What denomination is that?

Baptist . . . . . 21  
 Lutheran . . . . . 22  
 Methodist . . . . . 23  
 Presbyterian . . . . . 24  
 Episcopalian . . . . . 25  
 No specific denomination . . . . . 28  
 Other Protestant (SPECIFY) \_\_\_\_\_

29



F-46. About how often do you usually attend religious services?

- Never . . . . . 01
- More than once a week . . . . . 02
- Once a week . . . . . 03
- 2 or 3 times a month . . . . . 04 (F-48) 52-53
- Once a month . . . . . 05
- Several times a year . . . . . 06
- Once a year or less . . . . . 07

F-47. How often do you receive Communion?

- Never . . . . . 01
- More than once a week . . . . . 02
- Once a week . . . . . 03
- 2 or 3 times a month . . . . . 04 54-55
- Once a month . . . . . 05
- Several times a year . . . . . 06
- Once a year or less . . . . . 07

F-48. Now, about Mr. (NAME OF PRESENT HUSBAND). Which of these groups best describes his national origin or ancestry? (CHECK ALL THAT APPLY.)

HAND CARD 4

- German . . . . .  Black, African, Negro . . .
- Italian . . . . .  Puerto Rican . . . . .
- Irish . . . . .  Cuban . . . . .
- French . . . . .  Mexicano, Chicano,  
Mexican American . . . . .
- Polish . . . . .  Other Spanish (Spain/Hispano/  
Other Latin American). . . . .
- Russian . . . . .  American Indian . . . . .
- English, Scot, Welsh. . .  Other (SPECIFY) \_\_\_\_\_
- Asian or Pacific Islander,  
such as Chinese, Japanese,  
Korean, Phillippine or  
Samoan. . . . .  Don't Know . . . . .

56 57

F-49. When your husband was 14, was he living with both his own mother and his own father?

- Yes . . . . . 1 (F-51)
- No . . . . . 2 (F-50) 58
- Don't Know . . . . . 8 (F-51)

F-50. 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 59
- Don't Know . . . . . 8

F-51. What is the highest grade or year of regular school or college your husband has attended?

No formal schooling . . . . . 00 (F-53) Don't Know . . . . . 98 (F-53)

ELEMENTARY:	HIGH SCHOOL:
1st grade . . . . . 01	1st year . . . . . 09
2nd grade . . . . . 02	2nd year . . . . . 10
3rd grade . . . . . 03	3rd year . . . . . 11
4th grade . . . . . 04	4th year . . . . . 12
5th grade . . . . . 05	COLLEGE AND GRADUATE/PROFESSIONAL
6th grade . . . . . 06	SCHOOL: <span style="float: right;">60-61</span>
7th grade . . . . . 07	1 year . . . . . 13
8th grade . . . . . 08	2 years . . . . . 14
	3 years . . . . . 15
	4 years . . . . . 16
	5 years . . . . . 17
	6 years or more . . . . . 18

F-52. Did he complete that grade or year?

Yes . . . . .	1
No . . . . .	2
Don't know . . . . .	8

F-53. Is this your husband's only marriage, or has he been married before?

Only marriage . . . . .	1
Married before . . . . .	2
Don't Know . . . . .	8

F-54. Is he Protestant, Roman Catholic, Jewish or something else?

Roman Catholic . . . . .	1 (F-57)
Protestant . . . . .	2 (F-55)
Jewish . . . . .	3 (F-56)
Other (SPECIFY) _____	4 (F-58)
None . . . . .	5 (F-58)
Don't Know . . . . .	8 (F-56)

F-55. What denomination is that?

Baptist . . . . .	21
Lutheran . . . . .	22
Methodist . . . . .	23
Presbyterian . . . . .	24
Episcopalian . . . . .	25
No specific denomination . . . . .	28
Other Protestant (SPECIFY) _____	29
Don't Know . . . . .	98

F-56. About how often does he usually attend religious services?

Never . . . . .	01
More than once a week . . . . .	02
Once a week . . . . .	03
2 or 3 times a month . . . . .	04
Once a month . . . . .	05
Several times a year . . . . .	06
Once a year or less . . . . .	07
Don't Know . . . . .	98

F-57. How often does he receive Communion?

- Never. . . . . 01
- More than once a week. . . . . 02
- Once a week. . . . . 03
- 2 or 3 times a month . . . . . 04
- Once a month . . . . . 05
- Several times a year . . . . . 06
- Once a year or less. . . . . 07
- Don't know . . . . . 98

69-70

F-58. Last week, was your husband working full-time, part-time, going to school, keeping house, or what? (CIRCLE ONE CODE ONLY. IF MORE THAN ONE RESPONSE, CODE RESPONSE WITH SMALLEST NUMBER.)

- Working full-time (35 hours or more) . . . . . 01
- Working part-time (1 to 34 hours). . . . . 02
- With a job, but not at work because of temporary illness, strike, vacation. . . . . 03
- Retired. . . . . 04
- Unemployed: laid off, looking for work . . . . . 05
- In school. . . . . 06
- Keeping house. . . . . 07
- Other (SPECIFY) \_\_\_\_\_ 08

(F-60) 71-72

(F-59)

F-59. Did he ever have a job or business for pay?

- Yes. . . . . 1 (F-60)
- No . . . . . 2 (F-63)

73

BEGIN DECK 21

F-60. What ( is/was ) your husband's (main) occupation? That is, what ( is/was ) his job called?

F-61. What ( are/were ) his most important activities or duties?

F-62. What kind of place ( does/did ) he work for? That is, what ( do/did ) they make or do?

13	14	15	16	17

F-63. In the past 12 months - that is, since ( MONTH/YEAR ) - what was your husband's income, considering all sources such as wages, profits, interest and so on?

- \$ \_\_\_\_\_ per year (Box 51)
- Refused. . . . . 97 (F-64)
- Don't know . . . . . 98 (F-64)

18	19	20	21	22

F-64. Here is a card showing amounts of weekly and yearly incomes. Next to each amount is a letter. Would you tell me which letter represents your husband's income, considering all sources?

HAND CARD 5

- LETTER
- Refused. . . . . 97
- Don't know . . . . . 98

23	24

Box 51. IF OTHER FAMILY MEMBERS, AGED 12 AND OLDER, LIVE IN HOUSEHOLD (SEE SCREENER), CONTINUE. OTHERWISE, GO TO F-67.

F-65. Did any other members of your family living here have earnings from wages, salary, or their own business or profession?

Yes. . . . . 1 (F-66)  
 No . . . . . 2 (F-67)

25

F-66. How many other family members had earnings in the past twelve months?

26	27
----	----

NUMBER OF OTHER EARNERS

F-67. Did you or any members of your family living here receive income in the past twelve 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.

SOURCE OF INCOME	YES	NO	DON'T KNOW	
1. Dividends, interest, property rental. . . . .	1	2	8	28
2. Unemployment or Workmen's Compensation. . . . .	1	2	8	29
3. Social Security or retirement . . . . .	1	2	8	30
4. Welfare payments for aid to your dependent children. . . . .	1	2	8	31
5. Any (other) public assistance or welfare payments (include old age assistance, aid to the blind or totally disabled, general assistance) . . . . .	1	2	8	32
6. Child support from a former husband . . . . .	1	2	8	33
7. Regular contributions from persons not in this household, or anything else. . . . .	1	2	8	34

F-68. In the past 12 months -- that is, since ( MONTH/YEAR ), what was your total combined family income, that is yours, your husband's and any other family member living here now? Include income from all sources such as wages, salaries, social security or retirement benefits, help from relatives, rent from property, and so forth.

\$ \_\_\_\_\_ (F-70)  
**TOTAL FAMILY INCOME**  
 Refused. . . . . 97 (F-69)  
 Don't know . . . . . 98 (F-69)

35	36	37	38	39
----	----	----	----	----

F-69. Here is a card showing amounts of weekly and yearly income. Next to each amount is a letter. Would you tell me what letter represents the income of your family during the past 12 months? ENTER LETTER.

HAND CARD 5

40	41
----	----

LETTER

Refused. . . . . 97  
 Don't know . . . . . 98

**F-70. PINK CARDS ONLY:**  
 This time last year, did you live in a different county or state than this one?  
 IF RESPONDENT NOW LIVES IN LOUISIANA, SAY: "parish or state."  
 IF R NOW LIVES IN THE NEW ENGLAND STATES, SAY: "township or state."

Yes. . . . . 1  
 No . . . . . 2



F-72. 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

RESPONDENT'S NAME		( )	-
		AREA CODE	TELEPHONE NUMBER
NUMBER	STREET		
CITY, TOWN		STATE	ZIP CODE

F-73. 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 who would be likely to know where you can be reached (in case you move).  
(ENTER NAMES BELOW, THEN ASK F-74 to F-78.)

	NAME		NAME		
F-74. How is (PERSON) related to you?	RELATIONSHIP		RELATIONSHIP		
	NUMBER	STREET	NUMBER	STREET	
F-75. What is ( his/her ) address?	CITY	STATE	ZIP	CITY	STATE ZIP
	( )	-	( )	-	
F-76. What is ( his/her ) telephone number?	AREA CODE	TELEPHONE #		AREA CODE	TELEPHONE #
F-77. Is (PERSON) now married?	Yes . . . .1	No . . . .2		Yes . . . .1	No . . . .2
F-78. (IF YES:) What is ( her husband's/his wife's ) full name?					

Thank you very much.

REMEMBER TO FILL IN ENDING TIME ON PAGE 47 AND INFORMATION BELOW.

| |
| |
| |  
 PSU                      SEGMENT                      DU

**REMINDER**

IF ASSIGNMENT BOX ON SCREENER REQUIRES MISSED D.U. PROCEDURE, COMPLETE PROCEDURE AND FORM ON PAGE 4 OF SCREENER BEFORE LEAVING HOUSEHOLD. IF ASSIGNMENT BOX REQUIRES MISSED STRUCTURE PROCEDURE, COMPLETE PROCEDURE AS OUTLINED ON MISSED STRUCTURE FORM BEFORE LEAVING HOUSEHOLD.

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

R-1. (Was/Were) other person(s) present during the interview, other than official observer?

47

Yes . . . 1 (R-2)

No . . . . 2 (R-3)

R-5. The interview was conducted in:

English . . . 1 63

Spanish . . . 2

R-2. Who was that? (CODE ALL THAT APPLY.)

Children under six . . . 1 48

Older children . . . . . 2 49

Husband . . . . . 3

Mother . . . . . 4 50

Other relatives . . . . . 5 51

Other adults . . . . . 6

R-6. Note anything else essential to the interpretation and understanding of this interview.

R-3. Number of interruptions during the interview. (CODE ONE.)

52

0 . . . . . (R-5)

1 2 3 4 5 6 7 8+ (R-4)

64

R-4. Reason(s) for interruptions: (CODE ALL THAT APPLY.)

Telephone call(s) . . . . .01

Visitor(s), salesmen, repairmen. . . . .02

Household members passing through. . . . .03

Attend to child's needs . . .04

Attend to household responsibilities . . . . .05

Attend to business responsibilities . . . . .06

Persons present during interview. . . . .07

Respondent or interviewer needs. . . . .08

Environmental distractions. .09

Obtain interview information. . . . .10

Other (SPECIFY) \_\_\_\_\_

11

R-7. Date interview completed:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

MONTH / DAY / YEAR

65 66 67 68 69 70

--	--	--	--	--	--

R-8. Interviewer's signature:

\_\_\_\_\_

R-9. Interviewer's ID Number:

71 72 73 74 75

--	--	--	--	--

53 54 55 56 57 58 59 60 61 62

--	--	--	--	--	--	--	--	--	--

REMEMBER TO FILL IN PSU INFORMATION, PAGE 49.