

Attachment I - Female Questionnaire Year 3

**National Survey of Family Growth  
Cycle 7 Year 3 FEMALE Questionnaire  
in CAPI-Lite Format**

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{THIS ITALICIZED TEXT APPEARS ON SCREEN, IN COMPLIANCE WITH OMB GUIDELINES.

*Public reporting burden of this collection of information is estimated to average 76 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, GA 30333; ATTN: PRA (0920-0314)*

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(NOTE: CAPI is Computer-Assisted Personal Interviewing. This is the "CAPI-Lite" version of the NSFG Cycle 7, Year 3 female questionnaire, showing basic question wording and routing. The full specifications, with detailed routing statements and all variants of each question are included in the CAPI Reference Questionnaire ("CRQ") that was used to guide programming of the instrument.)

*This questionnaire is a working draft. While the content is stable, some specifics may be revised further, based on consultations with the contractor and collaborating agencies and further evaluation of the Year 1 and Year 2 data. It may also change in response to the reviews by OMB and the NCHS Research Ethics Review Board (RERB).*

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**SECTION A**

**Calendar Instructions; Demographic Characteristics;  
Household Roster; Childhood Background**

**INTRO\_1**

AA\_0. Now we can begin.

{ THIS ITALICIZED TEXT APPEARS ON SCREEN, BUT IS NOT READ.

{ THIS TEXT COMPLIES WITH OMB GUIDELINES.

*Public reporting burden of this collection of information is estimated to average 80 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, GA 30333; ATTN: PRA (0920-0314)*

I'll begin with some basic questions about your background.

{ NOTE:  
{ FOR EVERY ITEM IN THE QUESTIONNAIRE, RESPONDENTS CAN REFUSE TO ANSWER OR CAN  
{ ANSWER AS "DON'T KNOW." THE INTERVIEWER ENTERS "Control-R" FOR A REFUSAL  
{ AND "Control-D" FOR A "DON'T KNOW" RESPONSE.

**Age and Date of Birth (AA)**

**AGE\_A**

AA-1. (First, I'd like to know your age and date of birth.) How old are you?

ENTER age at last birthday in years \_\_\_\_\_

**BIRTHDAY**

AA-2. What is the date of your birth?

ENTER MM/DD/YYYY, with or without dividers \_\_\_\_\_

*(This is the only date in the interview that is asked for as month/day/year. All others are asked for only as month & year.)*

(ASKED IF RESPONDENT DID NOT KNOW OR REFUSED TO PROVIDE AGE AND BIRTHDAY

**MISSBRTH**

AA-2A. In order to proceed with this interview, we need to know either your age or your date of birth. I'd like to assure you that all information collected in this survey will remain confidential and be used only for statistical tabulations. Would you please give me your age or date of birth?

Yes .....1 RETURN TO AGE\_A AA-1  
No .....5 GO TO TERMINATION SCRIPT TERMAGE AA-3A.

(IF R IS BETWEEN THE AGES OF 15 and 44, GO TO AB SERIES)

**TERMINATION SCRIPTS:**

**TERMAGE** That's all the questions I have for you. Thank you for your time.  
AA-3A.

ENTER [1] TO EXIT INTERVIEW

**TERM**

AA-3. In this survey we are only interviewing women who are between the ages of 15 and 44. Therefore, that's all the questions I have for you. Thank you for your time.

ENTER [1] TO EXIT INTERVIEW

**Marital/Cohabiting Status (AB)**

**INTROCARD**

AB-0. For many questions on this survey, I'll ask you to look at numbered cards that list answer choices. After you've read the choices on the card, you can tell me your answer or, if you prefer, you can just tell me the number next to the answer you choose.

**MARSTAT**

AB-1. Now I'd like to ask about marital status and living together. Please look at Card 1. What is your current marital or cohabiting status?

- Married .....1
- Not married but living together with a partner  
of the opposite sex .....2
- Widowed .....3
- Divorced .....4
- Separated, because you and your spouse are  
not getting along .....5
- Never been married .....6

{ ASKED IF COHABITING

**FMARSTAT**

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

- Widowed.....3
- Divorced.....4
- Separated, because you and your spouse are  
not getting along.....5
- Never been married.....6

**Hispanic Origin and Race (AC)**

**HISP**

AC-1. Now I have some questions about your ethnic background and your race. (You may have already told me this, but) Are you Hispanic or Latina, or of Spanish origin?

- Yes.....1
- No.....5

{ ASKED IF HISPANIC

**HISPGRP**

AC-2. Are you Puerto Rican, Cuban, Mexican, Central or South American, or a member of some other group?

- Puerto Rican.....1
- Cuban.....2
- Mexican.....3
- Central or South American.....4
- Member of some other group.....7

**RRACE**

AC-3. Which of the groups on Card 2 describe your racial background? Please select one or more groups.

*ENTER all that apply*

*NOTE: If R reports a mixture of several races (biracial, mixed, mulatto, etc.), ENTER all groups that are part of the mixture.*

- American Indian or Alaska Native .....1
- Asian.....2
- Native Hawaiian or Other Pacific Islander..3
- Black or African American .....4
- White .....5

{ ASKED ONLY IF MULTIPLE RACE GROUPS MENTIONED

**RACEBEST**

AC-4. Which of these groups, that is (RACE GROUPS SELECTED ABOVE) would you say best describes your racial background?

(DISPLAY ONLY THOSE GROUPS MENTIONED IN RRACE AC-3)

{ ASKED ONLY IF R REFUSED OR DIDN'T KNOW RACE

**OBSERVE**

AC-5. ENTER race of respondent by observation

- Black.....1
- White.....2
- Other.....7

**Household Roster (AD)**

{THE BELOW TABLE WILL BE PRE-FILLED (EXCEPT FOR "Relar" and "RowDone") WITH INFORMATION ON EACH HOUSEHOLD MEMBER MENTIONED IN THE SCREENER.

{QUESTIONS AD-0 THROUGH AD-6 APPEAR WHEN THE CURSOR IS IN THE CORRESPONDING CELL OF THE TABLE.

{(NOTE: IF THE RESPONDENT HERSELF PROVIDED THE SCREENER INFORMATION, (IS THE "SCREENER INFORMANT"), SHE ONLY PROVIDES RELATIONSHIP ("Relar") OF EACH PRE-FILLED HOUSEHOLD MEMBER. IF SHE IS NOT THE SCREENER INFORMANT, SHE VERIFIES THE INFORMATION OF EACH PRE-FILLED HOUSEHOLD MEMBER AND PROVIDES RELATIONSHIP.)

	Verify	Name	UsualRes	Sex	Age	Relar	RowDone
HHL [1]							
HHL [2]							
HHL [3]							
HHL [4]							
HHL [5]							
HHL [6]							
HHL [7]							
HHL [8]							
HHL [9]							

{ASKED OF ALL RESPONDENTS:

**Verify[X]**

AD-0.

I would like to get some additional information about the people in this household. / I would like to go over the information that I have about the people in this household.

There's you and you are [AGE\_R] years old. / There's [Name[X]] and [he/she] is (less than 1 year old/1 year old/[Age[X]] years old). (Is this correct?)

*If information is not correct, PROBE if necessary:  
(What should be changed?)*

{IF THE RESPONDENT HAS GOTTEN TO AN EMPTY ROW (THE END OF THE ROSTER)

Is there anyone else who lives here?

*If no, GO TO AD-7 ENDROSTER  
If yes, CONTINUE*

{ IF THE ROW IS NON-EMPTY, AND IF THE INFORMATION IS CORRECT OR IF RESPONDENT  
{ IS THE SCREENER INFORMANT,  
{ GO TO AD-5 RELAR

**Name[X]**

AD-1.

*Enter name or initials of person who usually lives here.*

Name or initials \_\_\_\_\_ **(NO NAMES OR INITIALS ARE PLACED ON THE FINAL DATA FILE.)**

**UsualRes[X]**

AD-2.

Is this address considered to be (NAME[X])'s usual residence?

Yes .....1  
No .....5

**Sex[X]**

AD-3.

*If necessary, ASK: (Is (NAME) a male or female?)*

Male .....1  
Female .....2

**Age[X]**

AD-4.

How old is (Name[X])?

*If necessary, ASK: (How old was (Name[X]) on (his/her) last birthday?)*

Age \_\_\_\_\_

**Relar[X]**

AD-5.

Please look at Card (3/4). What is (Name[X])'s relationship to you?

*NOTE: If R says "child", PROBE for whether she means biological child or something else.*

If R says 'foster sister' or 'foster brother', enter [23], 'Other nonrelative'

(IF HOUSEHOLD MEMBER IS MALE, DISPLAY:)

Husband .....	1
Male partner .....	2
Biological son .....	3
Step-son (son of spouse) .....	4
Adopted son .....	5
Legal ward .....	6
Foster child .....	7
Partner's son .....	8
Grandson .....	9
Nephew .....	10
Biological father .....	11
Step-father (husband of mother).....	12
Adoptive father .....	13
Legal guardian .....	14
Foster parent .....	15
Your parent's male partner .....	16
Grandfather .....	17
Uncle .....	18
Brother .....	19
Other male relative .....	20
Roommate (male).....	21
Tenant or boarder (male).....	22
Other male nonrelative .....	23

(IF HOUSEHOLD MEMBER IS FEMALE, DISPLAY:)

Wife .....	1
Female partner .....	2
Biological daughter .....	3
Step-daughter (daughter of spouse) .....	4
Adopted daughter .....	5
Legal ward .....	6
Foster child .....	7
Partner's daughter .....	8
Granddaughter .....	9
Niece .....	10
Biological mother .....	11
Step-mother (wife of father) .....	12
Adoptive mother .....	13
Legal guardian .....	14
Foster parent .....	15
Your parent's female partner .....	16
Grandmother .....	17
Aunt .....	18
Sister .....	19

Other female relative .....	20
Roommate (female) .....	21
Tenant or boarder (female) .....	22
Other female nonrelative .....	23

**RowDone[X]**

AD-6. ENTER [1] to VERIFY next row or to add additional HH members

**ENDROSTER**

AD-7. You have reached the end of the roster, ENTER [1] when ready to proceed.

{ASKED IF R IS MARRIED TO A FEMALE

**SMSEXMAR**

AD-7a. Because this questionnaire was originally designed to capture information on opposite-sex marriages, some of the questions may not pertain to your situation. We would appreciate it if you would answer as many questions as are relevant.

{ASKED IF R IS MARRIED/COHABITING BUT HUSBAND/PARTNER NOT LISTED IN HH ROSTER

**HPLOCATN**

AD-8. Please look at Card 5. Where is your (husband/partner) currently living?

Friend's home.....	1
Relative's home.....	2
College/university.....	3
Armed forces.....	4
Employed in another city.....	5
Medical institution (hospital, rehabilitational facility).....	6
Correctional institution (jail, prison)...	7
Other .....	8

{ASKED IF THERE IS A HUSBAND/PARTNER AND CHILD/REN IN HOUSEHOLD

**RELMAN[X]**

AD-9. I need to find out about [HUSBAND/PARTNER'S NAME]'s relationship to the children who live here. Please look at Card 6. What is [HUSBAND/PARTNER'S NAME]'s relationship to [CHILD'S NAME]?

Biological father .....	1
Stepfather.....	2
Adoptive father .....	3
Uncle, grandfather, or some other relation .....	4
Foster father or legal guardian.....	5
Not related (legally or by blood).....	6

**Calendar Intro (AE)**

**CALENDAR\_1**

AE\_1. This is a calendar to help you remember when things happened, when they come up in the interview. At the end of the interview, you can keep it or, if you prefer, I can take it with me and shred it.

We will be talking about dates during the interview, and getting accurate dates is very important. At times I will ask you to enter specific events on the calendar. The boxes are small but you can use abbreviations that are meaningful to you. You may also wish to draw a line between the beginning and end of an event, such as a period of school or a pregnancy.

**CALENDAR\_2**

AE\_2. Notice that the calendar's boxes start with January [YEAR OF INTERVIEW - 3]. Some things that I ask about will have happened since then and others will have happened longer ago. The column labeled "Before January [YEAR OF INTERVIEW - 3]" is for you to note things that happened before January [YEAR OF INTERVIEW - 3].

**CALENDAR\_3**

AE\_3. Now I'd like you to write your date of birth on the calendar on the line marked "Your Date of Birth". Then, find the month and year of your last birthday and write your age in the box right underneath it (read if necessary: the row labeled "Your Age"). Now, please write your age under your birth month for the other years on the calendar.

*INTERVIEWER: Demonstrate, monitor, and help when needed.*

*ENTER [1] to continue*

**CALENDAR\_4**

AE\_4. Sometimes we'll be asking how old you were at a particular event in your life. Remember that your age at the event will depend on whether it happened before or after your birthday in that year. You can use the calendar to help figure that out.

Now let's continue with the interview.

*ENTER [1] to continue*

**Regular school and GED (AF)**

**GOSCHOL**

AF-1. I'd like to talk about your education. I'd like to talk only about regular school. By regular school I mean elementary, junior high or middle school, high school, college, or graduate school.

Are you now going to, or on vacation from, regular school?

*ENTER [No] if R says she is taking GED courses now.*

Yes .....1  
No .....5 (GO TO HIGRADE AF-3)

{ ASKED IF R IN SCHOOL

**VACA**

AF-2. Are you currently on vacation from regular school?

Yes .....1



No .....5

**HIGRADE**

AF-3.

Please look at Card 8. What (is the highest grade or year of (regular) school you have ever attended / grade or year of school are you in / were you in before vacation began)?

- No formal schooling .....0
- 1st grade .....1
- 2nd grade .....2
- 3rd grade .....3
- 4th grade .....4
- 5th grade .....5
- 6th grade .....6
- 7th grade .....7
- 8th grade .....8
- 9th grade .....9
- 10th grade .....10
- 11th grade .....11
- 12th grade .....12
- 1 year of college or less .....13
- 2 years of college .....14
- 3 years of college .....15
- 4 years of college/grad school .....16
- 5 years of college/grad school .....17
- 6 years of college/grad school .....18
- 7 or more years of college and/or grad school ...19

{IF HIGHEST GRADE ATTENDED IS 0, DON'T KNOW, OR REFUSED, GO TO AF-6 DIPGED

{ASKED IF HIGHEST GRADE ATTENDED IS 1 THROUGH 19

**COMPGRD**

AF-4.

(Did you complete/Have you completed) (that/your highest) (grade/year) of school?

- Yes .....1
- No .....5

{ IF R IS IN SCHOOL AND HIGHEST GRADE <= 12, AND HASN'T COMPLETED 12TH,  
{ GO TO AF-8 HISCHGRD.

{ ASKED IF R HAS 12 YRS OF SCHOOLING

**DIPGED**

AF-6.

Do you have either a high school diploma or a GED certificate, or both?

- High school diploma only ...1
- GED certificate only.....2 (GO TO AF-8 HISCHGRD)
- Both .....3
- Neither.....5 (GO TO AF-8 HISCHGRD)

{ ASKED IF R HAS A HIGH SCHOOL DIPLOMA

**EARNHS\_M, EARNHS\_Y**

AF-7.

In what month and year did you get your high school diploma?

Please record this on your calendar in the row marked "Education",

in the box for the month and year that it happened. Remember, if you received your diploma before January [YEAR OF INTERVIEW - 3], please record this in the "Before [YEAR OF INTERVIEW - 3]" space in the "Education" row. You might write "HS" or some other abbreviation that you will recognize later.

{ASKED IF R DOES NOT HAVE A H.S. DIPLOMA AND HIGHEST GRADE IS > 12

**HISCHGRD**

AF-8.

(Not counting your GED classes,) what is the highest grade of elementary, junior high or middle school, or high school you have ever attended?

- 1st grade .....1
- 2nd grade .....2
- 3rd grade .....3
- 4th grade .....4
- 5th grade .....5
- 6th grade .....6
- 7th grade .....7
- 8th grade .....8
- 9th grade .....9
- 10th grade .....10
- 11th grade .....11
- 12th grade.....12

{ ASKED IF R LEFT ELEM/JUNIOR/HIGH SCHOOL BEFORE HIGH SCHOOL GRADUATION

**MYSCHOL\_M, MYSCHOL\_Y**

AF-9.

In what month and year did you last attend ((HIGHEST H.S. GRADE) grade/regular school)?

Please record this on your calendar in the row marked "Education", in the box for the month and year that it happened. Remember, if you received your diploma before January [YEAR OF INTERVIEW - 3], please record this in the "Before January [YEAR OF INTERVIEW - 3]" space in the "Education" row. You might write "HS" or some other abbreviation that you will recognize later.

*ENTER month and year*

*If R never attended school, enter year of R's birth.*

{ASKED IF HIGHEST GRADE >12

**HAVEDEG**

AF-10.

Do you have any college or university degrees?

*If R indicates that she has a trade-school degree, such as cosmetology or truck driving, ENTER [5].*

- Yes .....1
- No .....5 (GO TO AG SERIES)

{ASKED IF R HAS A COLLEGE DEGREE

**DEGREES**

AF-11.

Please look at Card 9. What is the highest college or university degree you have?

- Associate's degree .....1
- Bachelor's degree .....2
- Master's degree .....3
- Doctorate degree .....4
- Professional School degree ...5

{ ASKED IF R HAS AT LEAST A BACHELOR'S DEGREE

**EARNBA\_M, EARNBA\_Y**

AF-12. In what month and year did you get your Bachelor's degree?

Please record this on your calendar in the row marked "Education", in the box for the month and year that it happened. Remember, if you received your diploma before [THREEYRS\_FILL], please record this in the "Before [THREEYRS\_FILL]" space in the "Education" row. You might write "Coll" or some other abbreviation that you will recognize later.

*ENTER month and year*

\_\_\_\_\_

**Childhood Background (AG)**

**AGINTRO**

AG-0. Now I have a few questions about your parents or parent-figures.

{IF R IS UNDER 18 AND HAS NO PARENT OR PARENT-LIKE PEOPLE IN THE HOUSEHOLD, GO TO AG-1 INTACT

{ASKED IF AGE >=18 OR IF (AGE<18 AND R HAS A PARENT OR PARENT-LIKE PERSON IN THE HOUSEHOLD

**ONOWN**

AG-0a. (Before you turned 18, did you ever live/Have you ever lived) away from your parents or guardians?

Please include times you were away at college or in the Armed Forces. But, do not include times you were away at boarding school for elementary, middle, or high school, or living in an institution or jail or group home.

- Yes .....1
- No .....5

{IF R NEVER LIVED AWAY FROM PARENT(S), IS UNDER AGE 18, AND IS LIVING IN NONINTACT FAMILY HH, GO TO PARMARR AG-2

**INTACT**

AG-1. Between your birth or adoption and (the present time/the time you first started living on your own/your 18th birthday), (have you always lived/did you always live) with both your (biological/adoptive) mother and (biological/adoptive) father?

*If R volunteers that she never lived on her own, ask her whether she has always lived with both parents between her birth or adoption and the present time.*

Yes.....1

No.....5

{ ASKED OF ALL

**PARMARR**

AG-2. Were your biological parents married to each other at the time you were born?

Yes.....1

No.....5

{ASKED IF R DID NOT LIVE WITH BOTH PARENTS WHILE GROWING UP

**LVSIT14F**

AG-3. Now, think about when you were 14 years old. Looking at Card 9, what female and male parents or parent-figures were you living with at age 14?

*ENTER female adult first*

- No female parent or parent-figure present...1
- Biological mother.....2
- Stepmother.....3
- Adoptive mother.....4
- Father's girlfriend.....5
- Foster mother.....6
- Grandmother.....7
- Aunt.....8
- Other female .....9

{ASKED IF R DID NOT LIVE WITH BOTH PARENTS WHILE GROWING UP

**LVSIT14M**

AG-4. *Ask if necessary:*

Now tell me who was the male parent or parent-figure you were living with when you were 14 years old.

*ENTER male adult*

- No male parent or parent-figure present....1
- Biological father.....2
- Stepfather.....3
- Adoptive father.....4
- Mother's boyfriend.....5
- Foster father.....6
- Grandfather.....7
- Uncle.....8
- Other male .....9

{ASKED IF R DID NOT LIVE WITH BOTH PARENTS WHILE GROWING UP

**WOMRASDU**

AG-5. Who, if anyone, do you think of as the woman who mostly raised you when you were growing up?

- Biological mother.....1
- Adoptive mother.....2
- Step-mother.....3
- Father's girlfriend.....4

- Foster mother.....5
- Grandmother.....6
- Other female relative....7
- Female non-relative.....8
- No such person.....9
- Other .....10

{IF R DID NOT HAVE A MOTHER OR MOTHER-FIGURE, GO TO AG-8 MOMCHILD

**MOMDEGRE**

AG-6. Please look at Card 11. What is the highest level of education (she/your mother) completed?

*PROBE:* What is your best guess?

- Less than high school .....1
- High school graduate or GED .....2
- Some college but no degree .....3
- 2-year college degree (e.g., Associate's degree).4
- 4-year college graduate (e.g., BA, BS).....5
- Graduate or professional school .....6

**MOMWORKD**

AG-7. During most of the time you were growing up, that is when you were between the ages of 5 and 15, did she usually work full-time, part-time or did she not work for pay at all?

- Full-time .....1
- Part-time.....2
- Equal amounts full time and part time.....3
- Not at all (for pay).....4

**MOMCHILD**

AG-8. (Including yourself/Altogether), how many children did (she/your mother) have who were born alive to her?

*Number of children* \_\_\_\_\_

{ASKED IF R'S MOTHER/MOTHER-FIGURE HAD AT LEAST ONE CHILD

**MOMFSTCH**

AG-9. How old was she when she had her first child who was born alive?

*Age*

{ASKED IF R'S MOTHER/MOTHER-FIGURE HAD AT LEAST ONE CHILD AND R DOESN'T KNOW AGE AT FIRST BIRTH

**MOM18**

AG-10. Was she under 18, 18 to 19, 20 to 24, or 25 or older?

- Under 18.... ....1
- 18-19 .....2
- 20-24 .....3
- 25 or older.....4

{ASKED IF R DID NOT LIVE WITH BOTH PARENTS WHILE GROWING UP

**MANRASDU**

AG-11. Who, if anyone, do you think of as the man who mostly raised you when you were growing up?

- Biological father.....1
- Adoptive father.....2
- Step-father.....3
- Mother's boyfriend.....4
- Foster father.....5
- Grandfather.....6
- Other male relative.....7
- Male non-relative.....8
- No such person.....9
- Other .....10

{IF R DID NOT HAVE A FATHER OR FATHER-FIGURE, GO TO SECTION B

**DADDEGRE**

AG-12. Please look at Card 11. What is the highest level of education (he/your father) completed?

- Less than high school .....1
- High school graduate or GED .....2
- Some college but no degree .....3
- 2-year college degree (e.g., Associate's degree).4
- 4-year college graduate (e.g., BA, BS) .....5
- Graduate or professional school.....6

## SECTION B

### Pregnancy & Birth History; Adoption & Nonbiological Children

#### **BINTRO\_1**

BA-0. The next section is about your experience with childbearing and pregnancy. First I would like to know when you started having your menstrual periods.

#### **MENARCHE AND CURRENT PREGNANCY (BA)**

##### **MENARCHE**

BA-1. How old were you when you had your first menstrual period?

Age in years \_\_\_\_\_

{ IF R HASN'T HAD 1<sup>st</sup> MENSTRUAL PERIOD YET AND AGE UNDER 18, GO TO SECTION C.  
{ IF R HASN'T HAD 1<sup>st</sup> MENSTRUAL PERIOD YET AND AGE 18 OR UP, GO TO BJ SERIES.

{ IF R HAS HAS REACHED MENARCHE OR AGE AT 1<sup>st</sup> MENSTRUAL PERIOD IS DK/RF

##### **PREGNOWQ**

BA-2. Are you pregnant now?

Yes .....1

No .....5

{ IF R DOESN'T KNOW IF SHE'S CURRENTLY PREGNANT

##### **MAYBPREG**

BA-3. Do you think you are probably pregnant or not?

Probably pregnant ..... 1

Probably not pregnant .. 5

{ ALL RESPONDENTS WHO HAVE REACHED MENARCHE

#### **BINTRO\_2**

BA-4. Next I will be asking you about any pregnancies you have had -- whether they resulted in babies born alive, stillbirth, abortion, miscarriage, or ectopic or tubal pregnancy. We'll be talking about each of your pregnancies in the order they occurred. This information is some of the most important in this interview because it will help to improve family planning and health services for all women. So please take whatever time you need to answer them as accurately and completely as possible.

#### **NUMBER OF PREGNANCIES (BB)**

{ ALL RESPONDENTS WHO HAVE REACHED MENARCHE

##### **NUMPREGS**

BB-1. (Including this pregnancy,) how many times have you been pregnant in your life?

Number \_\_\_\_\_

{ ASKED IF CURRENTLY PREGNANT  
{ R CAN ANSWER IN WEEKS OR MONTHS

**HOWPREG\_N**

BB-2. 1 of 2 How many weeks or months pregnant are you now?

*If R is less than 1 week pregnant, Enter 0.*  
Number of weeks or months \_\_\_\_\_

**HOWPREG\_P**

BB-2. 2 of 2

*After R has selected the units, SAY:* Please record the month when this pregnancy began using a "P" in the appropriate box on your calendar's "Pregnancies and Births" row.

Weeks....1  
Months...2

{ IF DK HOW MANY MONTHS OR WEEKS PREGNANT

**NOWPRGDK**

BB-3. Are you in your first trimester, in your second trimester, or in your third trimester?

First trimester .....1  
Second trimester .....2  
Third trimester .....3

{ IF CURRENTLY PREGNANT WITH 1<sup>st</sup> PREGNANCY, GO TO BI SERIES.  
{ IF ANY COMPLETED PREGNANCIES, CONTINUE WITH BC SERIES.

{ PREGNANCY LOOP BEGINS HERE.  
{ THESE QUESTIONS ARE ASKED FOR EACH COMPLETED PREGNANCY.  
{ IF PREGNANCY BEING DESCRIBED IS A CURRENT PREGNANCY, GO TO BI SERIES.

**PREGNANCY OUTCOME, DATE, AND GESTATIONAL LENGTH -- ALL COMPLETED PREGS (BC)**

**BINTRO\_3**

BC-0. Now I'd like to ask some questions specifically about your (PREGFILL) pregnancy. (Remember, we'll be talking about each of your pregnancies in the order they occurred.)

**PREGEND**

BC-1. In which of the ways shown on Card 13 did the pregnancy end?

*ENTER all that apply.*

*NOTE: This is a critical item. PROBE if R says DK or RF.*

Miscarriage .....1  
Stillbirth .....2  
Abortion .....3  
Ectopic or tubal pregnancy .....4  
Live birth by Cesarean section .....5  
Live birth by vaginal delivery .....6



{ASKED IF R RESPONDED DK OR REF TO PREGEND

**HOWENDDK**

BC-1b. I understand that you may not want to answer this question in detail. If you are willing to say, did this pregnancy result in a baby or babies born alive, or did it end in some other way?

Live birth .....1  
Some other way .....5

{ IF PREGNANCY ENDED IN ANY LIVE BIRTH

**NBRNALIV**

BC-2. (With your (nth) pregnancy,) How many babies did you have that were born alive? Please include babies that may have died shortly after birth and babies that you placed for adoption.

Number \_\_\_\_\_

{ IF MORE THAN 1 LIVEBORN BABY REPORTED FROM THIS PREGNANCY

**MULTBRTH**

BC-3. Did you have (twins/triplets/all of these babies with this [nth] pregnancy)?

Yes .....1  
No .....5

{ IF ANY LIVEBORN BABY FROM THIS PREGNANCY, GO TO BC-5 GESTASUN.

{ IF THIS PREGNANCY DID NOT RESULT IN LIVEBIRTH

**DATPRGEN\_M, DATPRGEN\_Y**

BC-4a. In what month and year did this pregnancy end?

♦ After R has given the year, say: Please record the pregnancy in the "Birth or Pregnancy Ending Dates" section below the calendar. Then, if the pregnancy ended in January [YEAR OF INTERVIEW - 3] or later, please record "S" for a stillbirth, "M" for miscarriage or ectopic, or "A" for abortion in the appropriate box on the "Births & Other Pregnancies" row of the calendar.

{ IF R REPORTED ONLY A SEASON OR MO/YR = DK/RF

**AGEATEND**

BC-4b. How old were you when this pregnancy ended?

Age in years \_\_\_\_\_

{ IF THIS PREGNANCY DID NOT RESULT IN LIVEBIRTH

**HPAGEEND**

BC-4c. How old was the father when this pregnancy ended?

Age in years \_\_\_\_\_

{ ASKED FOR EACH COMPLETED PREGNANCY, REGARDLESS OF OUTCOME

**GESTASUN\_M, GESTASUN\_W**

BC-5. How many months or weeks had you been pregnant when (the baby was born/the [MULT] were born/that pregnancy ended)?

Number of months/weeks \_\_\_\_\_

♦ After R has reported the number of weeks, say:  
Please record the month and year when this pregnancy began using a "P" in the appropriate box on your calendar's "Births & Other Pregnancies" row. You may wish to draw a line from the beginning to the ending month of this pregnancy. If pregnancy began before January [YEAR OF INTERVIEW - 3], please record this, including the date, in the box for "Before January [YEAR OF INTERVIEW - 3]".

{ IF GESTATIONAL LENGTH REPORTED, GO TO BD SERIES.  
{ IF GESTATIONAL LENGTH = DK/RF, CONTINUE WITH DK FOLLOW-UP QUESTIONS.

{ IF GESTATIONAL LENGTH = DK/RF AND PREGNANCY ENDED IN STILBIRTH  
**DK1GEST**

BC-6. Was it...

Less than 6 months, or ....1  
6 months or more?.....2

{ IF GESTATIONAL LENGTH = DK/RF AND PREGNANCY ENDED IN LIVEBIRTH  
**DK2GEST**

BC-7. A preterm delivery is one that occurs at 36 weeks or earlier in pregnancy. As far as you know, did you have a preterm delivery?

Yes .....1  
No .....5

{ IF GESTATIONAL LENGTH = DK/RF AND PREGNANCY ENDED IN MISCARRIAGE, ABORTION,  
{ OR ECTOPIC

**DK3GEST**

BC-8. Was it...

Less than 3 months, .....1  
3 months or more, but less  
than 6 months, or.....2  
6 months or more? .....3

{ IF PREGNANCY ENDED IN LIVEBIRTH, CONTINUE WITH BD SERIES.  
{ IF PREGNANCY ENDED ONLY IN ABORTION, GO TO BI SERIES.  
{ IF PREGNANCY ENDED ONLY IN MISCARR, ECTOPIC, OR STILLBIRTH, GO TO BE SERIES.

**DELIVERY INFORMATION -- ALL LIVE BIRTHS, SOME BABY-SPECIFIC QUESTIONS (BD)**

**BABYNAME**

BD-1. What did you name your (baby/[MULT])?

Name or initials \_\_\_\_\_ (NO NAMES OR INITIALS ARE PLACED ON THE FINAL DATA FILE)

{ IF MORE THAN 3 BABIES BORN ALIVE FROM THIS PREGNANCY

**BINTRO\_4**

BD-1b. "In order to save time during the interview, I will only ask you specific questions about the first three babies from this pregnancy."

{ ASKED FOR EACH LIVEBORN BABY FROM THIS PREGNANCY

**BABYSEX**

BD-2. ASK IF NECESSARY: (Is/Was) (BABYFILL /the [BABYFILL] baby) male or female?

Male ..... 1  
Female ..... 2

{ ASKED FOR EACH LIVEBORN BABY FROM THIS PREGNANCY

{ INTERVIEWER ENTERS BOTH POUNDS & OUNCES

**BIRTHWGT\_LB, BIRTHWGT\_OZ**

BD-3. How much did (BABYFILL /this (NTH) baby) weigh at birth?

Pounds and ounces \_\_\_\_\_

{ ASKED FOR EACH LIVEBORN BABY FROM THIS PREGNANCY

{ IF BIRTHWEIGHT IS NOT KNOWN OR REFUSED

**LOBTHWGT**

BD-4. Did (she/he) weigh 5 1/2 pounds or more, or less than 5 1/2 pounds?

5 1/2 pounds or more ..... 1  
Less than 5 1/2 pounds ..... 2

{ IF ALL BABIES FROM THIS PREGNANCY HAVE BEEN DESCRIBED,

{ CONTINUE WITH BD-5 BABYDOB.

{ ELSE RETURN TO BD-1 BABYNAME FOR NEXT BABY FROM THIS PREGNANCY.

{ ASKED FOR THE DELIVERY

**BABYDOB\_M, BABYDOB\_Y**

BD-5. IF NUMBER OF BABIES BORN ALIVE IS NOT DK OR RF, ASK:

In what month and year (was she/was he/were the [MULT]) born?

ELSE IF NUMBER OF BABIES BORN ALIVE = DK OR RF, ASK:

In what month and year did this pregnancy end?

♦ After R has given the year, say: Please write this date in the "Birth or Pregnancy Ending Dates" section below the calendar. Then, if the birth occurred in January [YEAR OF INTERVIEW - 3] or later, please record a "B" in the box for this month and year on the "Births & Other Pregnancies" row of the calendar.

{ ASKED FOR ALL PREGNANCIES RESULTING IN LIVEBIRTH

**HPAGELB**

BD-6. How old was the father when (he/she/the [MULT]) (was/were) born?

Age \_\_\_\_\_

{ IF DELIVERY OCCURRED EARLIER THAN January [YEAR OF INTERVIEW - 5], GO TO BG SERIES.

{ IF DELIVERY OCCURRED IN January [YEAR OF INTERVIEW - 5] OR LATER, CONTINUE WITH BD-7 BIRTHPLC.

{ IF DELIVERY OCCURRED IN January [YEAR OF INTERVIEW - 5] OR LATER

**BIRTHPLC**

BD-7. Where did you give birth? Was it in a hospital, in a birthing center,

in your home, or some other place?

- In a hospital .....1
- In a birthing center .....2
- In your home .....3
- Some other place .....4

**PAYBIRTH**

BD-8. When ([BABYFILL] was born/your [MULT] were born,) in which of the ways on Card 16 was the delivery bill paid?

*ENTER all that apply.*

- Insurance .....1
- Co-payment or out-of-pocket payment .....2
- Medicaid .....3
- No payment required .....4
- Some other way .....5

{ IF BABY(IES) BORN FROM THIS PREGNANCY WERE ALL PLACED FOR ADOPTION,  
 { GO TO BI SERIES.  
 { ELSE IF PREGNANCY ENDED IN January [YEAR OF INTERVIEW - 5] OR LATER,  
 CONTINUE WITH BE SERIES.  
 { ELSE IF PREGNANCY ENDED EARLIER THAN January [YEAR OF INTERVIEW - 5], GO TO  
 BG SERIES.

{ Asked if this pregnancy only ended in cesarean live birth delivery and occurred in last 5 years

**CSECPRI**

BD-9. Was this your first cesarean delivery, or had you had one before this?

- Yes, first cesarean .....1
- No, not first cesarean ....5

{ Asked only if this was first cesarean

**CSECMED**

BD-10. Please look at CARD XX. Which of these medical reasons, if any, were there for this cesarean delivery?

♦ *ENTER all that apply*

- Labor was taking too long .....1
- Maternity care provider concerned that baby was too big ....2
- Baby was in the wrong position (e.g, breech) .....3
- Maternity care provider concerned about your health .....4
- Maternity care provider concerned about your baby's health .5
- Some other medical reason .....6
- There was no medical reason .....7

{ Asked only if R has reported no medical reason for the c-section

**SP\_CSECMED**

BD-10sp. What was the main reason for your cesarean delivery?

TYPE: (Enter verbatim response)

{ Asked only if R has reported no medical reason for the c-section

**CSECPLAN**

BD-11. Was this cesarean the result of your own idea to have a planned cesarean before labor began?

Yes .....1  
No .....5

**SELECTED INFORMATION FOR RECENT PREGNANCIES (SINCE JANUARY OF THE YEAR 5 YEARS BEFORE INTERVIEW) (BE)**

**KNEWPREG**

BE-1. How many weeks pregnant were you when you learned that you were pregnant this (nth) time?

Number of weeks \_\_\_\_\_

{ IF BE-1 KNEWPREG = DK OR RF AND PREGNANCY LASTED LESS THAN 3 MONTHS,  
{ GO TO BI SERIES.

{ ASKED IF BE-1 KNEWPREG = DK OR RF AND PREGNANCY WAS AT LEAST 6 MONTHS LONG  
**TRIMESTR**

BE-2a. Was it less than 3 months, at least 3 months but less than 6 months, or 6 or more months?

Less than 3 months.....1  
At least 3 months but less than  
6 months.....2  
6 months or more.....3

{ ASKED IF BE-1 KNEWPREG = DK OR RF AND PREGNANCY LASTED 3-6 MONTHS  
**LTRIMESTR**

BE-2b. Was it less than 3 months or 3 months or more?

Less than 3 months.....1  
3 months or more.....2

{ ASKED FOR EACH RECENT PREGNANCY  
**PRIORSMK**

BE-3. Please look at Card 17. In the 6 months before you found out you were pregnant this (PREGFILL) time, how many cigarettes did you smoke a day, on average?

None ..... 0  
About one cigarette a day or less ..... 1  
Just a few cigarettes a day (2-4) ..... 2  
About half a pack a day (5-14) ..... 3  
About a pack a day (15-24) ..... 4  
About 1 1/2 packs a day (25-34) ..... 5  
About 2 packs a day (35-44) ..... 6  
More than 2 packs a day (45 or more) ... 7

{ ASKED FOR EACH RECENT PREGNANCY  
**POSTSMKS**

BE-4. After you found out you were pregnant this (nth) time, did you smoke cigarettes at all during the pregnancy?

Yes ..... 1  
No ..... 5 (BE-6 GETPRENA)

{ ASKED IF SMOKED AT ALL AFTER LEARNING SHE WAS PREGNANT

**NPOSTSMK**

BE-5. Looking at Card 18, on average, how many cigarettes did you smoke per day after you found out that you were pregnant this (PREGFILL) time?

About one cigarette a day or less ..... 1  
Just a few cigarettes a day (2-4) ..... 2  
About half a pack a day (5-14) ..... 3  
About a pack a day (15-24) ..... 4  
About 1 1/2 packs a day (25-34) ..... 5  
About 2 packs a day (35-44) ..... 6  
More than 2 packs a day (45 or more) ... 7

{ ASKED FOR EACH RECENT PREGNANCY

**GETPRENA**

BE-6. During this (PREGFILL) pregnancy, did you ever visit a doctor or other medical care provider for prenatal care, that is, for one or more pregnancy check-ups?

Yes.....1  
No.....5 (GO TO BF SERIES)

{ IF WENT FOR PRENATAL CARE

**BGNPRENA**

BE-7. How many weeks pregnant were you at the time of your first prenatal care visit?

Number \_\_\_\_\_

{ IF BE-7 BGNPRENA = DK OR RF AND PREGNANCY ENDED AT LESS THAN 3 MONTHS,  
{ GO TO BI SERIES.

{ ASKED IF BE-7 BGNPRENA = DK OR RF AND PREGNANCY WAS AT LEAST 6 MONTHS LONG

**PNCTRIM**

BE-8a. Was it less than 3 months, at least 3 months but less than 6 months, or 6 or more months?

Less than 3 months.....1  
At least 3 months but less than 6 months.....2  
6 or more months .....3

{ ASKED IF BE-7 BGNPRENA = DK OR RF AND PREGNANCY LASTED 3-6 MONTHS

**LPNCTRI**

BE-8b. Was it less than 3 months or 3 months or more?

Less than 3 months.....1  
3 or more months.....2

{ IF PREGNANCY DID NOT END IN LIVE BIRTH JAN 1997 OR LATER, GO TO BG SERIES.  
{ ELSE CONTINUE WITH BF SERIES.

**MATERNITY LEAVE -- ALL RECENT LIVE BIRTHS (SINCE JANUARY OF THE YEAR 5 YEARS BEFORE INTERVIEW) (BF)**

{ IF THIS PREGNANCY RESULTED ONLY IN BABY OR BABIES WHO DIED SHORTLY AFTER BIRTH (AND WERE UNNAMED BY R), GO TO BI SERIES.  
{ ELSE IF ANY NAMED BABIES WERE REPORTED, CONTINUE.

{ ASKED FOR EACH DELIVERY RESULTING IN A LIVEBORN, NAMED BABY

**WORKPREG**

BF-1. At any time while you were pregnant with ([BABYFILL]/this baby/your [MULT]), were you employed at a job for pay?

- Yes .....1
- No .....5 (BG Series)
- R volunteers that she worked during pregnancy,  
But quit job before delivery .....6 (BG Series)*

{ ASKED IF R WAS EMPLOYED DURING PREGNANCY

**WORKBORN**

BF-2. Maternity leave is any leave, paid or unpaid, due to pregnancy and childbirth that a woman takes from a job to which she expects to return, at least when she starts the leave. Did you ever take maternity leave, paid or unpaid, from a job you held when you were pregnant with ([BABYFILL]/this baby/your [MULT])?

*ENTER AYes" if R was already on maternity leave when baby was born.*

- Yes .....1 (BF-4 MATWEEKS)
- No .....5 (BF-3 DIDWORK)

**DIDWORK**

BF-3. Was this because you did not need to take maternity leave, you were not offered or allowed to take leave, or for some other reason?

- Did not need to take maternity leave .....1
- Were not offered or allowed to take maternity leave .....2
- Some other reason .....3

{ IF R DID NOT TAKE MATERNITY LEAVE, GO TO BG SERIES.

{ ASKED IF R TOOK MATERNITY LEAVE

**MATWEEKS**

BF-4. In total, how many weeks of maternity leave, paid or unpaid, did you take?

Number of weeks \_\_\_\_\_

{ IF A NUMBER IS REPORTED, GO TO BF-6 MATLEAVE.

{ ASKED IF BF-4 MATWEEKS = DK OR RF

**WEEKSDK**

BF-5. Did you take 4 weeks or less or longer than 4 weeks?

- 4 weeks or less, .....1
- Longer than 4 weeks .....2

{ ASKED IF R TOOK MATERNITY LEAVE

**MATLEAVE**

BF-6. Some women receive pay from their jobs during their maternity leave, through vacation pay, sick pay, maternity benefits, and other kinds of paid leave. In total, how many weeks of paid leave did you receive from your job while you were on maternity leave?

Number of weeks \_\_\_\_\_

{ IF CHILD'S CURRENT AGE IS 18 YEARS OR YOUNGER, CONTINUE WITH BG SERIES.  
{ ELSE IF CHILD IS OLDER THAN 18, GO TO BI SERIES.

**CURRENT LIVING STATUS OF EACH BABY BORN (if under age 19) (BG)**

{ BG SERIES IS ONLY ASKED FOR EACH CHILD BORN FROM THIS PREGNANCY, WHO IS  
{ CURRENTLY 18 YEARS OLD OR YOUNGER.

{ ASKED IF NOT ALREADY APPARENT THAT CHILD LIVES WITH R

**LIVEHERE**

BG-1. Earlier I don't think you mentioned (BABYFILL) when you told me who lives with you. Does (BABYFILL) still live with you?

*ENTER "Yes" if child usually lives with R.*

Yes .....1 (BH-1 ANYNURSE)  
No .....5

{ ASKED IF CHILD NOT LIVING WITH R

**ALIVENOW**

BG-2. Is (she/he) still living?

Yes ..... 1  
No ..... 5

{ IF CHILD IS STILL LIVING OR DK/RF, GO TO BG-4 WHENLEFT.

{ ASKED IF CHILD IS DECEASED

**WHENDIED\_M, WHENDIED\_Y**

BG-3. When did (BABYFILL) die?

♦ *After R has reported year, say: "If you think it might help you in remembering dates of other things later, you can record this on the calendar in the "Births & Other Pregnancies" row."*

{ ASKED IF CHILD IS ALIVE BUT NOT LIVING WITH R

**WHENLEFT\_M, WHENLEFT\_Y**

BG-4. When did (BABYFILL) stop living with you?

♦ *After R has reported year, say: "If you think it might help you in remembering dates of other things later, you can record this on the calendar in the "Births & Other Pregnancies" row."*

{ ASKED IF CHILD IS ALIVE BUT NOT LIVING WITH R

**WHERE NOW**

BG-5. Please look at Card 19. Where does (BABYFILL) now live?



- With biologic father .....1
- With other relatives .....2
- With adoptive family .....3
- Away at school/college .....4
- Living on own .....5
- Other .....6

{ IF CHILD IS LIVING WITH ADOPTIVE FAMILY, AND DID NOT LIVE AT LEAST 2 MONTHS  
{ WITH R, GO TO BI SERIES.  
{ ELSE IF CHILD IS LIVING WITH ADOPTIVE FAMILY, BUT DID LIVE AT LEAST 2  
{ MONTHS WITH R, GO TO BH SERIES.

{ IF CHILD IS AWAY AT SCHOOL, GO BH SERIES.

{ ASKED IF CHILD (18 or under) IS LIVING WITH BIOLOGICAL FATHER

**LEGAGREE**

BG-6. Do you and (BABYFILL)'s father have a legal agreement about (BABYFILL) regarding child support, alimony, custody, visitation, or where the child lives?

- Yes.....1
- No.....5

{ ASKED IF CHILD (18 or under) IS LIVING WITH BIOLOGICAL FATHER, LIVING WITH  
{ OTHER RELATIVES, LIVING ON OWN, OR LIVING IN SOME OTHER PLACE.

**PARENEND**

BG-7. Are you still the legal mother of (BABYFILL)?

*ENTER ANo" if R's parental rights have been terminated.*

- Yes .....1
- No .....5

**BREASTFEEDING SERIES FOR EACH NAMED BABY (BH)**

{ BH SERIES ASKED IF CHILD LIVED WITH R FOR AT LEAST 2 MONTHS

{ ASKED FOR EACH CHILD CURRENTLY 18 OR UNDER WHO LIVED WITH R AT LEAST 2 MOS.

**ANYNURSE**

BH-1. (When (BABYFILL) was an infant,) (Have/did) you breastfeed (him/her) at all?

*ENTER "Yes" for any amount of breastfeeding by R. If R only expressed or pumped breastmilk to be fed to the baby, count this as a "yes" as well.*

- Yes ..... 1
- No ..... 5 (GO TO BI SERIES)

{ IF CHILD IS 1 YEAR OR OLDER, GO TO BH-3 FRSTEATD.

{ ASKED IF CHILD IS LESS THAN 1 YEAR OLD

**FEDSOLID**

BH-2. Besides breastmilk, babies are sometimes given formula, baby food, or other liquid or solid foods. (Did you feed/Have you fed) [BABYFILL]

something other than breast milk yet?

Yes .....1  
No .....5 (BI SERIES)

{ IF CHILD WAS EVER FED SOMETHING OTHER THAN BREAST MILK OR  
{ IF CHILD OLDER THAN 1 YEAR.  
{ ANSWER CAN BE GIVEN IN DAYS, WEEKS, OR MONTHS.

**FRSTEATD\_N**

BH-3. How old was (she/he) when you first fed (her/him) something other than breast milk?

Age in days, weeks, or months \_\_\_\_\_

{ IF CHILD OLDER THAN 2 YEARS, GO TO BH-5 AGEQTNUR.

{ ASKED IF CHILD AGED 2 YEARS OR YOUNGER

**QUITNURS**

BH-4. (Have/Had) you stopped breast-feeding (her/him) altogether?

Yes .....1  
No .....5 (GO TO BI SERIES)

{ ASKED IF R STOPPED BREASTFEEDING THIS CHILD OR CHILD IS OLDER THAN 2 YEARS.  
{ ANSWER CAN BE GIVEN IN DAYS, WEEKS, OR MONTHS.

**AGEQTNUR\_N**

BH-5. How old was (she/he) when you stopped breast-feeding (her/him) altogether?

Use the information already recorded on the calendar to help you remember the date you stopped breast-feeding. You may want to record this on the calendar, but it is not necessary.

Age in days, weeks, or months \_\_\_\_\_

{ IF MORE BABIES TO DISCUSS FROM THIS PREGNANCY, RETURN TO BG SERIES.  
{ ELSE CONTINUE WITH NEXT PREGNANCY, IF THERE IS ONE.  
{ IF NO MORE PREGNANCIES TO DISCUSS, GO TO BI SERIES.

**CNFMPEG**

BH-6. Thank you. Now I would like to confirm some of the important information about this (PREGFILL) pregnancy to make sure I have it right.

IF PREGNANCY ENDED IN A LIVE BIRTH:

This pregnancy ended in the birth of (1 baby (named [BABYFILL])/ [BORNALIV] babies (named [BABYFILL])). This pregnancy lasted (GESTASUN\_M) month(s) and (GESTASUN\_W) week(s) and ended in (CMPRGEND\_FILL).  
Is this correct?

IF PREGNANCY DID NOT END IN A LIVE BIRTH:

This pregnancy did not end in a live birth. This pregnancy lasted ((GESTASUN\_M) month(s) and (GESTASUN\_W) week(s) and ended in (CMPRGEND\_FILL).  
Is this correct?

Yes .....1  
No .....5

**CONFIRMATION OF REPORTED PREGNANCIES (BI)**

**INTR\_ORD**

BI-1. Thank you for that information. In addition to the details you just told me, it is also important to make sure that I have listed the pregnancies in the right order. We will use that order for questions later in the interview. As I read a list of your past pregnancies, please let me know if I have them in the order in which they occurred.

**CHKORDER**

BI-2. (Please let me know if these past pregnancies are listed in the order in which they occurred.)

**EXAMPLE:**

Your 1<sup>st</sup> pregnancy did not end in a live birth. This pregnancy lasted 3 months and 2 weeks and ended in June 2002.  
Your 2<sup>nd</sup> pregnancy ended in the birth of 1 baby (named George). This pregnancy lasted 9 month(s) and 1 week(s) and ended in December 2004.]

Yes, pregnancies in order/everything is correct..1  
No, pregnancies out of order.....5  
IF VOL: No, something else incorrect.....7

{ TABLE APPEARS with as many rows as are needed for the reported pregnancies

PRGVERIF	Outcome	Numlvbrn	Multborn	Gestlen_m	Gestlen_w	Enddate_m	Enddate_y

**PRGVERIF[X]**

BI-3.

WHEN CURSOR IN FIRST ROW, DISPLAY:

First, let's correct the information about your pregnancies.

I have that the first pregnancy we talked about [insert pregnancy text from BH-6 except drop "This pregnancy" from the beginning of the first sentence.].

*If information is correct, ENTER [1] to go to next pregnancy.  
If information is incorrect, ENTER [5] to correct information.  
If pregnancy did not occur, ENTER [96] to remove it from list.*

WHEN CURSOR IN LAST ROW, DISPLAY:

*You have reached the end of the grid.*

♦ *After you have completed the grid, say: Please make sure the dates of all births/pregnancies are correct on your calendar as well.*

*If all pregnancies have been verified, ENTER [1].*

*If R reports an additional pregnancy, ENTER [5].*

ELSE, DISPLAY:

I have that the (PREGFILL) pregnancy we talked about [insert pregnancy text from BH-6 except drop "This pregnancy" from the beginning of the first sentence.].

*If information is correct, ENTER [1] to go to next pregnancy.*

*If information is incorrect, ENTER [5] to correct information.*

*If pregnancy did not occur, ENTER [96] to remove it from list.*

**OUTCOME[X]**

BI-4. In which of the following ways did this pregnancy end?

Live birth .....1

Non-live birth.....2

**NUMLVBRN[X]**

BI-4a. With this pregnancy, how many babies did you have that were born alive?

Please include babies that may have died shortly after birth and babies that you placed for adoption.

ENTER number of babies \_\_\_\_\_

**MULTBORN[X]**

BI-4b. IF BI-4a NUMLVBRN[X] = 2, ASK:

Did you have twins?

ELSE IF BI-4a NUMLVBRN[X] = 3, ASK:

Did you have triplets?

ELSE IF BI-4a NUMLVBRN[X] > 3, ASK:

Did you have all of these babies with this [PREGFILL] pregnancy?

Yes .....1

No .....5

**GESTLEN\_M[X], GESTLEN\_W[X]**

BI-5a/b. How many months or weeks had you been pregnant when (the baby was born/the babies were born/that pregnancy ended)?

♦ *After R has reported the number of weeks, say:*

Please make sure the month and year when this pregnancy began is correctly recorded on the lines below the calendar and marked with a "P" in the appropriate box on your calendar's "Births & Other Pregnancies" row.

**ENDDATE\_M[X], ENDDATE\_Y[X]**

BI-6a/b. In what month and year did this pregnancy end?

*PROBE gently for season if DK OR RF month  
If R insists she does not know, Enter DK.*

[CALENDAR REFERENCE]

- |             |           |              |            |
|-------------|-----------|--------------|------------|
| 1. January  | 5. May    | 9. September | 13. Winter |
| 2. February | 6. June   | 10. October  | 14. Spring |
| 3. March    | 7. July   | 11. November | 15. Summer |
| 4. April    | 8. August | 12. December | 16. Fall   |

*After R has given the year, SAY: Please make sure the month and year when this pregnancy began is correctly recorded on the lines below the calendar and marked with an "S" for a stillbirth, "M" for miscarriage or ectopic, or "A" for abortion in the appropriate box on your calendar's "Births & Other Pregnancies" row.*

**FIXORDER**

BI-8. Thank you for that information. Now, we will correct the order of your pregnancies. Please tell me which one was your first pregnancy? (And your next?)

**EXITORDR**

BI-9. Thank you for your help making sure this pregnancy information is correct. Now let's move on to some other questions.

**OTHER (NON-BIOLOGICAL) CHILDREN CARED FOR SERIES (BJ)**

{ BJ SERIES ONLY ASKED IF R IS 18 YEARS OR OLDER.

**OTHERKID**

BJ-1. (Not counting the child(ren) born to you,) have any children lived with you under your care and responsibility?

- Yes ..... 1
- No..... 5 (GO TO BK SERIES)

**NOTHRKID**

BJ-2. How many children?

Number of children \_\_\_\_\_

**OKDNAME**

BJ-3. So that I can refer to (this child/these children) during the interview, what (is/are) the name(s) or initials of the child(ren) who lived with you under your care?

Child's name/initials \_\_\_\_\_

**(NO NAMES OR INITIALS ARE  
PLACED ON THE FINAL DATA  
FILE.)**

{ BEGIN LOOP TO ASK ABOUT EACH CHILD REPORTED

**SEXOCHKD**

BJ-4. [ASK IF NECESSARY:] Is (OKDNAME) male or female?

- Male ..... 1
- Female ..... 2

**RELOTHKD**

BJ-5. Please look at Card 20. When (OKDNAME) began living with you, how was (she/he/this child) related to you?

- Your husband's child (stepchild) ..... 1
- The child of a blood relative ..... 2
- The child of a relative by marriage ..... 3
- The child of a friend ..... 4
- Your boyfriend or partner's child ..... 5
- Related to you in some other way ..... 6
- Unrelated to you previously in any way ..... 7

**ADPTOTKD**

BJ-6. Did you legally adopt (OKDNAME) or become (OKDNAME)'s legal guardian?

*ENTER [1] if R both adopted and became legal guardian to this child.*

- Yes, adopted ..... 1
- Yes, became guardian ..... 3
- No, neither ..... 5

{ IF R REPORTED ADOPTING THIS CHILD, GO TO BJ-8 STILHERE.  
 { ELSE IF R REPORTED BECOMING GUARDIAN TO THIS CHILD, ASK BJ-7a TRYADOPT.  
 { ELSE IF R SAID ANEITHER," GO TO BJ-7b TRYEITHR.

{ ASKED IF R BECAME LEGAL GUARDIAN TO THIS CHILD

**TRYADOPT**

BJ-7a. Are you in the process of trying to legally adopt [OKDNAME]?

- Yes .....1 (GO TO BJ-8 STILHERE)
- No .....5 (GO TO BJ-8 STILHERE)

{ ASKED IF R NEITHER ADOPTED NOR BECAME LEGAL GUARDIAN TO THIS CHILD

**TRYEITHR**

BJ-7b. Are you in the process of trying to legally adopt [OKDNAME] or to become (his/her/this child's) legal guardian?

- Yes, trying to adopt .....1
- Yes, trying to become guardian .....3
- No, neither .....5

{ ASKED IF NOT ALREADY APPARENT THAT CHILD IS LIVING IN WITH R

**STILHERE**

BJ-8. Is (OKDNAME) still living with you?

- Yes ..... 1
- No ..... 5

{ IF BJ-8 STILHERE = NO OR RF, GO TO BJ-11 OKDDOB.

{ ASKED IF CHILD LIVES WITH R  
**DATKDCAM\_M, DATKDCAM\_Y**

BJ-9. In what month and year did (she/he/this child) begin living with you?

Use the information already recorded on the calendar to help you remember when this child was living with you. You may want to record this on the calendar, but it is not necessary.

{ IF R IS A STEPCCHILD OR PARTNER'S CHILD, GO TO BJ-11 OKDDOB.

{ ASKED IF CHILD LIVES WITH R AND IS NEITHER STEPCCHILD NOR PARTNER'S CHILD  
**OTHKDFOS**

BJ-10. Was (OKDNAME) a foster or related child who was placed in your home by a court, child welfare department, or social service agency?

*ENTER AYes" for any child for whom R was designated or formally certified as a caregiver (e.g., foster parent, relative foster parent, or custodian) by a court, child welfare department, social service agencies.*

Yes ..... 1  
No ..... 5

{ IF CHILD DOES NOT LIVE WITH R OR IF CHILD WAS NEVER ADOPTED BY R,  
{ GO TO END OF LOOP AND ASK ABOUT NEXT CHILD, IF ANY.  
{ ELSE, IF NO MORE CHILDREN TO DISCUSS, GO TO BK SERIES.

{ ASKED IF CHILD IS LIVES WITH R OR WAS ADOPTED BY R  
**OKDDOB\_M, OKDDOB\_Y**

BJ-11. In what month and year was (OKDNAME) born?

{ IF CHILD IS A "RELATED" CHILD, GO TO END OF LOOP.

{ ASKED IF CHILD IS AUNRELATED" AND LIVING WITH R OR ADOPTED BY R  
**OTHKDSPN**

BJ-12. Is (OKDNAME) Hispanic or Latino, or of Spanish origin?

Yes ..... 1  
No ..... 5

**OTHKDRAC**

BJ-13. Which of the groups on Card 2 describes (OKDNAME's) race? Please select one or more groups.

*ENTER all that apply*

*NOTE: If R reports a mixture of several races (biracial, mixed, mulatto, etc.), ENTER all groups that are part of the mixture.*

American Indian or Alaska Native .....1  
Asian .....2  
Native Hawaiian or Other Pacific Islander .....3  
Black or African American .....4  
White .....5

{ ASKED IF MORE THAN 1 RACE REPORTED

**KDBSTRAC**

BJ-14. Which of these groups, that is (RESPONSES FROM BJ-13 OTHKDRAC), would you say best describes (his/her) racial background?

{ Display only those categories reported in BJ-23 OTHKDRAC

{ ASKED IF CHILD IS AUNRELATED" AND LIVING WITH R OR ADOPTED BY R

**OKBORNUS**

BJ-15. Was (she/he/this child) born in the United States or in another country?

United States ..... 1  
Another country ..... 5

{ ASKED IF CHILD IS AUNRELATED" AND LIVING WITH R OR ADOPTED BY R

**OKDISABL**

BJ-16. Does (OKDNAME) have a physical disability, an emotional disturbance, or mental retardation?

*ENTER all that apply*

Physical disability .....1  
Emotional disturbance .....2  
Mental retardation .....3  
None of the above .....4

{ END OF LOOP ABOUT NONBIOLOGICAL CHILDREN:

{ IF ANOTHER CHILD TO DISCUSS, RETURN TO BJ-4 SEXOTHKD.

{ ELSE, CONTINUE WITH BK SERIES.

**CURRENT PLANS TO ADOPT (BK)**

{ BK SERIES ASKED IF R IS 18 YEARS OR OLDER

**BINTRO\_6**

BK-0. IF R HAS REPORTED ADOPTING A CHILD, SAY:

The next questions are about any plans you currently have to adopt another child.

ELSE IF R HAS REPORTED THAT SHE IS TRYING TO ADOPT, SAY:

The next questions are about any plans you currently have to adopt a child that has not lived with you. When answering these questions, do not count any children you are currently in the process of adopting.

ELSE SAY:

The next questions are about any plans you currently have to adopt a child.

**SEEKADPT**

BK-1. (Not counting children who have lived with you or children who live with you now,/At this time,) are you (currently) seeking to adopt a child?



YES ..... 1  
NO ..... 5 (GO TO BL SERIES)

**CONTAGEM**

BK-2. (Not counting things you've done for any children you are currently in the process of adopting,) have you placed a newspaper ad or contacted an adoption agency, a lawyer, a doctor, or other source about adopting (another) child?

YES ..... 1  
NO ..... 5 (GO TO BK-4 KNOWADPT)

**TRYLONG**

BK-3.

(Again, not counting things you've done for any children you have adopted or are currently in the process of adopting,) how long have you been seeking to adopt (a/another) child?

Less than 1 year .....1  
1-2 years .....2  
Or longer than 2 years ..3

**KNOWADPT**

BK-4. Are you seeking to adopt a child whom you know?

Yes ..... 1 (GO TO SECTION C)  
No ..... 5

{ ASKED IF R NOT SEEKING TO ADOPT A CHILD SHE KNOWS

**CHOSESEX**

BK-5. If you could choose exactly the child you wanted, would you prefer to adopt a boy or a girl?

*ENTER [3] if R says "it doesn't matter" or "either one."*

Boy.....1  
Girl.....2  
Indifferent.....3 (BK-7 CHOSRACE)

{ ASKED IF R SAID SHE PREFERRED A BOY

**TYPESEXF**

BK-6a. Would you accept a girl?

Yes .....1  
No .....5

{ ASKED IF R SAID SHE PREFERRED A GIRL

**TYPESEXM**

BK-6b. Would you accept a boy?

Yes .....1  
No .....5

{ ASKED IF R NOT SEEKING TO ADOPT A CHILD SHE KNOWS

**CHOSRACE**

BK-7. If you could choose exactly the child you wanted, would you prefer to

adopt a black child, a white child, or a child of some other race?

ENTER [4] if R says "it doesn't matter" or "any one."

- Black.....1
- White.....2
- Some other race.....3
- Indifferent.....4 (BK-9 CHOSEAGE)

{ ASKED IF R SAID SHE PREFERRED SOMETHING OTHER THAN BLACK  
**TYPRACBK**

BK-8a. Would you accept a black child?

- Yes .....1
- No .....5

{ ASKED IF R SAID SHE PREFERRED SOMETHING OTHER THAN WHITE  
**TYPRACWH**

BK-8b. Would you accept a white child?

- Yes .....1
- No .....5

{ ASKED IF R SAID SHE PREFERRED SOMETHING OTHER THAN "OTHER RACE"  
**TYPRACOT**

BK-8c. Would you accept a child of some other race, neither black nor white?

- Yes .....1
- No .....5

{ ASKED IF R NOT SEEKING TO ADOPT A CHILD SHE KNOWS  
**CHOSEAGE**

BK-9. (If you could choose exactly the child you wanted),  
Would you prefer to adopt a child younger than 2 years, a child 2 to 5 years old, a child 6 to 12 years old, or a child 13 years old or older?

ENTER [5] if R says "it doesn't matter" or "any one."

- A child younger than 2 years ..... 1
- A child 2-5 years old ..... 2
- A child 6-12 years old ..... 3
- A child 13 years old or older..... 4
- Indifferent..... 5 (BK-11 CHOSDISB)

{ ASKED IF R SAID SHE PREFERRED SOMETHING OTHER THAN A YOUNGER THAN 2"  
**TYPAGE2M**

BK-10a. Would you accept a child younger than 2 years?

- Yes .....1
- No .....5

{ ASKED IF R SAID SHE PREFERRED SOMETHING OTHER THAN A 2-5 YEARS"  
**TYPAGE5M**

BK-10b. Would you accept a child 2 to 5 years old?

Yes .....1  
No .....5

{ ASKED IF R SAID SHE PREFERRED SOMETHING OTHER THAN A6-12 YEARS"

**TYPAG12M**

BK-10c. Would you accept a child 6 to 12 years old?

Yes .....1  
No .....5

{ ASKED IF R SAID SHE PREFERRED SOMETHING OTHER THAN A13 OR OLDER"

**TYPAG13M**

BK-10d. Would you accept a child 13 years old or older?

Yes .....1  
No .....5

{ ASKED IF R NOT SEEKING TO ADOPT A CHILD SHE KNOWS

**CHOSDISB**

BK-11. (If you could choose exactly the child you wanted),  
Would you prefer to adopt a child with no disability, a child with  
a mild disability, or a child with a severe disability?  
ENTER [4] if R says "it doesn't matter" or "any one."

A child with no disability.....1  
A child with a mild disability.....2  
A child with a severe disability...3  
Indifferent.....4 (BK-13 CHOSENUM)

{ ASKED IF R SAID SHE PREFERRED SOMETHING OTHER THAN ANO DISABILITY"

**TYPDISBN**

BK-12a. Would you accept a child with no disability?

Yes .....1  
No .....5

{ ASKED IF R SAID SHE PREFERRED SOMETHING OTHER THAN AMILD DISABILITY"

**TYPDISBM**

BK-12b. Would you accept a child with a mild disability?

Yes .....1  
No .....5

{ ASKED IF R SAID SHE PREFERRED SOMETHING OTHER THAN ASEVERE DISABILITY"

**TYPDISBS**

BK-12c. Would you accept a child with a severe disability?

Yes .....1  
No .....5

{ ASKED IF R NOT SEEKING TO ADOPT A CHILD SHE KNOWS

**CHOSENUM**

BK-13. (If you could choose exactly the child you wanted),  
Would you prefer to adopt a single child or 2 or more brothers and  
sisters at once?

ENTER [3] if R says "it doesn't matter" or "any one."

A single child ..... 1  
2 or more brothers and  
sisters at once..... 2  
Indifferent.....3 (Flow Check C-1)

{ ASKED IF R SAID SHE PREFERRED 2 OR MORE SIBS AT ONCE

**TYPNUM1M**

BK-14a. Would you accept a single child?

Yes .....1  
No .....5

{ ASKED IF R SAID SHE PREFERRED A SINGLE CHILD

**TYPNUM2M**

BK-14b. Would you accept 2 or more brothers and sisters at once?

Yes .....1  
No .....5

**PREVIOUS PLANS TO ADOPT (BL)**

{ IF R IS CURRENTLY SEEKING TO ADOPT, GO TO SECTION C.

**EVWNTANO**

BL-1. (Not counting any children you are currently in the process of adopting,) have you ever considered adopting (another) child?

Yes ..... 1  
No ..... 5 (GO TO SECTION C)

**EVCONTAG**

BL-2. (Not counting any children you are in the process of adopting,) did you ever contact an adoption agency, a lawyer, a doctor, or other source about adopting (a/another) child?

Yes ..... 1  
No ..... 5

**TURNDOWN**

BL-3. Were you turned down for adoption, unable to find a child to adopt, or did you decide not to pursue adoption any further?

Turned down .....1 (GO TO SECTION C)  
Unable to find child ....2 (GO TO SECTION C)  
Decided not to pursue ...3

{ ASKED IF R SAID SHE ADECIDED NOT TO PURSUE"

**YQUITTRY**

BL-4. What were your reasons for deciding not to pursue adoption any further? Were they reasons having to do with the adoption process itself, reasons related to your own situation, or both?

Adoption process only .....1

Own situation only .....2 (GO TO SECTION C)  
Both .....3

{ ASKED IF "ADOPTION PROCESS" CITED AT ALL  
**PROCESS**

BL-5. Tell me which reasons related to adoption made you decide not to pursue adoption. Was it because the fees were too high, there were not enough children available, or some other reason?

*ENTER all that apply*

Fees were too high .....1  
There were not enough children available ...2  
Some other reason .....3

## SECTION C

### Marital and Relationship History

{ IF R HAS EVER BEEN MARRIED, BEGIN WITH CA SERIES.  
{ ELSE IF R HAS NEVER BEEN MARRIED, BUT IS CURRENTLY COHABITING,  
{ GO TO CC SERIES.  
{ ELSE IF R HAS NEVER BEEN MARRIED AND IS NOT CURRENTLY COHABITING,  
{ GO TO CD SERIES.

#### **NUMBER OF MARRIAGES (CA)**

{ CA SERIES ASKED IF R HAS EVER BEEN MARRIED.

#### **C\_INTRO1**

CA-0. The next questions are about your marriages and other relationships.

#### **TIMESMAR**

CA-1. (Including your present marriage,) how many times have you been married?

Number \_\_\_\_\_

{ CA-2, CA-2b, & CA-2c ARE INTENDED TO OBTAIN NAMES OR INITIALS OF HUSBANDS,  
{ ONLY FOR PURPOSES OF LOOPING THROUGH CA SERIES.  
{ IF R HAS ANSWERED DK/RF FOR # OF TIMES MARRIED, SHE IS LOOPED ONLY ONCE  
{ THROUGH CA SERIES.

#### **HUSBNAMEX**

CA-2. IF R IS CURRENTLY IN HER 1<sup>ST</sup> MARRIAGE, ASK:

Please tell me your husband's first name or his initials so that I can refer to him during the interview.

{ OTHER VARIANTS FOR CA-2 ARE BASED ON NUMBER OF TIMES MARRIED AND CURRENT  
{ MARITAL STATUS.

{ ASKED IF R HAS BEEN MARRIED MORE THAN ONCE AND SHE IS CURRENTLY MARRIED.

#### **HSBVERIF**

CA-2b. And you told me that your current husband is [NAME FROM HH ROSTER]?

Yes .....1 (GO TO CB SERIES)

No .....5 (GO TO CB SERIES)

{ ASKED ONLY IF HUSBAND WAS NOT LISTED IN HH ROSTER BUT R IS CURRENTLY MARRIED  
{ OR IF R SAID DK/RF FOR # OF TIMES MARRIED.

#### **CHVERIFY**

CA-2c. You may have mentioned this earlier, but what is your (current/most recent) husband's name or initials, so that I can refer to him during the interview?

Name or initials \_\_\_\_\_

**(NO NAMES OR INITIALS ARE  
PLACED ON THE FINAL DATA  
FILE.)**

**HUSBANDS (CB)**

{ CB SERIES IS A LOOP FOR EACH HUSBAND REPORTED

**C\_INTRO2**

CB-0. The next questions are about your (Nth) marriage.

{ ASKED FOR EACH MARRIAGE

**WHMARHX\_M, WHMARHX\_Y**

CB-1. In what month and year were you and (HUSBAND) married?

♦ *After R has given the year, say:* Please record husband's initials in the box for this month and year on the "Marriages, Cohabs, Partners" row of your calendar. If this happened before January [YEAR OF INTERVIEW - 3], please write the date and his initials in the "Before January [YEAR OF INTERVIEW - 3]" column.

{ ASKED IF MO/YR OF MARRIAGE NOT REPORTED

**AGEMARHX**

CB-2. How old were you when you got married (this [nth] time)?

Age in years \_\_\_\_\_

**HXAGEMAR**

CB-3. How old was (HUSBAND) when you got married?

Age in years \_\_\_\_\_

**DOBHUSBX\_M, DOBHUSBX\_Y**

CB-4. In what month and year was he born?

**LVTGHHX**

CB-5. Some couples live together without being married. By living together, we mean having a sexual relationship while sharing the same usual address. Did you and (HUSBAND) live together before you got married?

Yes.....1  
No.....5 (CB-8 HISPHX)

{ ASKED IF R COHABITED PREMARITALLY WITH THIS MAN

**STRTOGHX\_M, STRTOGHX\_Y**

CB-6. In what month and year did you and he first start living together?

♦ *After R has reported year, say:* Please record something in the appropriate box on the "Marriages, Cohabs, Partners" row on your calendar to indicate when this occurred.

{ ASKED IF R COHABITED PREMARITALLY WITH THIS MAN

**ENGAGHX**

CB-7. At the time you began living together, were you and he engaged to be married or have definite plans to get married?

Yes .....1  
No .....5

{ ASKED ONLY FOR R's 1<sup>ST</sup> OR CURRENT/SEPARATED HUSBAND

**HISPHX**

CB-8. (Is/Was) (HUSBAND) Hispanic or Latino, or of Spanish origin?

- Yes.....1
- No.....5

{ ASKED ONLY FOR R's 1<sup>ST</sup> OR CURRENT/SEPARATED HUSBAND

**RACEHX**

CB-9. Which of the groups on Card 2 describes (HUSBAND)'s racial background?  
Please select one or more groups.

*ENTER all that apply*

*NOTE: If R reports a mixture of several races (biracial, mixed, mulatto, etc.), ENTER all groups that are part of the mixture.*

- American Indian or Alaska Native .....1
- Asian .....2
- Native Hawaiian or Other Pacific Islander .....3
- Black or African American .....4
- White .....5

{ ASKED ONLY FOR R's 1<sup>ST</sup> OR CURRENT/SEPARATED HUSBAND AND R REPORTED MORE THAN  
{ 1 RACE FOR HIM

**BSTRACHX**

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

{ Display only those categories reported in CB-9 RACEHX

{ ASKED ONLY FOR CURRENT OR SEPARATED HUSBANDS

**CHEDMARN**

CB-11. Please look at Card 11. What is the highest level of education (HUSBAND) has completed?

- Less than high school .....1
- High school graduate or GED .....2
- Some college but no degree .....3
- 2-year college degree (e.g., Associate's degree).4
- 4-year college graduate (e.g., BA, BS) .....5
- Graduate or professional school .....6

{ ASKED FOR EACH HUSBAND

**MARBEFHX**

CB-12. At the time you and he were married, had (HUSBAND) been married before?

- Yes .....1
- No .....5

{ ASKED FOR EACH HUSBAND

**KIDSHX**

CB-13. When you and he got married, did he have any children, either biological or adopted, from any previous relationships?

- Yes .....1
- No .....5 (CB-19 MARENDHX)



{ ASKED IF HE HAD ANY CHILDREN

**NUMKDSHX**

CB-14. How many children did he have?

Number \_\_\_\_\_

{ ASKED IF HE HAD ANY CHILDREN

**KIDLIVHX**

CB-15. Did (this child/any of his children from previous relationships) ever live with you and (HUSBAND)?

Yes .....1

No .....5

{ ASKED IF HE HAD 1 CHILD AND HE IS R's CURRENT HUSBAND

**CHKID18A**

CB-16a. Is this child aged 18 years or younger now?

Yes .....1 (CB-17 WHRCHKDS)

No .....5 (CB-17 WHRCHKDS)

{ ASKED IF HE HAD MORE THAN 1 CHILD AND HE IS R's CURRENT HUSBAND

**CHKID18B**

CB-16b. How many, if any, of these [NUMKDSHX\_FILL] children are aged 18 years or younger now?

Number \_\_\_\_\_

{ ASKED IF ANY CHILD IS AGED 18 OR UNDER AND THIS IS R's CURRENT HUSBAND

**WHRCHKDS**

CB-17. Where does (this child (aged 18 or younger) / these (CHKID18B) children aged 18 or younger) live now? In this household with you and (CURRENT HUSBAND), with his or her mother, with grandparents or other relatives, or somewhere else?

*ENTER all that apply*

In this household.....1

With their mother.....2

With grandparents or other relatives..3

Somewhere else.....4

{ ASKED IF ANY ANSWER OTHER THAN "in this household" IS GIVEN

**SUPPORTCH**

CB-18. Does (CURRENT HUSBAND) regularly contribute to the financial support of (this child/these children) aged 18 or under?

*READ if necessary:* Regular child support is financial support provided at specified intervals, such as every week, every other week, or every month.

Yes.....1

No.....5

{ ASKED IF R HAS EVER HAD A CHILD (HASBABES=YES) AND IT IS NOT READILY

APPARENT FROM THE KEY DATES THAT SHE HAS HAD A CHILD WITH THIS HUSBAND

**BIOHUSBX**

CB-18b. (You may have already told me this, but) (Do/Did) you and (CURRENT OR FORMER HUSBAND) have any biological children together? By that, I mean you are the biological mother and he is the biological father.

- Yes .....1
- No .....5 (GO TO CB-19 MARENDHX)

**BIONUMHX**

CB-18c. How many biological children (have/did) you and he (had/have) together?

Number \_\_\_\_\_

{ IF R IS CURRENTLY MARRIED TO THIS HUSBAND, GO TO CC SERIES.  
{ ELSE IF R IS SEPARATED FROM THIS HUSBAND, GO TO CB-22 WNSTPHX.  
{ ASKED IF R IS NOT MARRIED TO OR SEPARATED FROM THIS HUSBAND

**MARENDHX**

CB-19. How did your (Nth) marriage end?

- Death of husband .....1
- Divorce .....2 (CB-21 DIVDATHX)
- Annulment .....3 (CB-21 DIVDATHX)

{ IF DK/RF FOR MARENDHX, GO TO CB-22 WNSTPHX

{ ASKED IF MARRIAGE ENDED BY DEATH OF HUSBAND

**WNDIEHX\_M, WNDIEHX\_Y**

CB-20. In what month and year did (HUSBAND) die?

♦ *After R has given the year, say:* Please record something in the appropriate box on the "Marriages, Cohabs, Partners" row on your calendar to indicate when this occurred.

{ ASKED IF MARRIAGE ENDED IN DIVORCE OR ANNULMENT

**DIVDATHX\_M, DIVDATHX\_Y**

CB-21. In what month and year did your (divorce become final/annulment take place)?

♦ *After R has given the year, say:* Please record something in the appropriate box on the "Marriages, Cohabs, Partners" row on your calendar to indicate when this occurred.

{ ASKED IF MARRIAGE ENDED IN DIVORCE OR ANNULMENT,  
{ OR IF R IS SEPARATED FROM THIS HUSBAND  
{ OR IF DK/RF FOR HOW MARRIAGE ENDED

**WNSTPHX\_M, WNSTPHX\_Y**

CB-22. In what month and year did you and (HUSBFILL) stop living together (for the last time)?

♦ *After R has reported year, say:* Please record something in the appropriate box on the "Marriages, Cohabs, Partners" row on your calendar to indicate when this occurred.

{ IF MORE HUSBANDS TO DISCUSS, RETURN TO C-INTRO2.  
{ ELSE IF ALL HUSBANDS HAVE BEEN DISCUSSED, CONTINUE WITH CC SERIES.

**CURRENT COHABITING PARTNER (CC)**

{ IF R HAS REPORTED A CURRENT COHABITING PARTNER (REGARDLESS OF HER FORMAL  
{ MARITAL STATUS), CONTINUE WITH CC SERIES.  
{ ELSE GO TO CD SERIES.

{ ASKED IF NO CURRENT COHAB PARTNER WAS LISTED IN HH ROSTER, BUT R REPORTED  
{ HAVING ONE IN AB-1 MARSTAT

**CPNAME**

CC-0. Earlier, you told me that you are living with a male partner. Please  
tell me his first name or initials, so that I can refer to him in the  
interview.

Name or initials \_\_\_\_\_ **(NO NAMES OR INITIALS ARE PLACED ON  
THE FINAL DATA FILE.)**

{ IF CC-0 WAS ASKED, SKIP TO CC-2 WNSTRTCP.

{ ASKED IF CURRENT COHAB PARTNER WAS LISTED IN HH ROSTER.

**C\_INTRO3**

CC-1. Earlier, you told me you and (CURR COHAB PARTNER) are living together.  
The next questions are about your relationship with him.

**WNSTRTCP\_M, WNSTRTCP\_Y**

CC-2. In what month and year did you and (CURR COHAB PARTNER) begin living  
together?

♦ *After R has given the year, say:* Please record something in the  
appropriate box on the "Marriages, Cohabs, Partners" row on your  
calendar to indicate when this occurred.

{ ASKED IF MO/YR OF COHAB START WAS NOT REPORTED

**CPHERAGE**

CC-3. How old were you when you began living with (CURR COHAB PARTNER)?

Age in years \_\_\_\_\_

{ ASKED FOR ALL WHO ARE CURRENTLY COHABITING

**CPHISAGE**

CC-4. How old was (CURR COHAB PARTNER) when you began living together?

Age in years \_\_\_\_\_

**WNCBPN\_M, WNCBPN\_Y**

CC-5. In what month and year was (CURR COHAB PARTNER) born?

**CPENGAG1**

CC-6. At the time you began living together, were you and he engaged to be  
married or have definite plans to get married?

Yes .....1

No .....5

**WILLMARR**

CC-7. Please look at Card 21. What is the chance that you and [CURR COHAB PARTNER] will marry each other?

- No chance .....1
- A little chance .....2
- 50-50 chance .....3
- A pretty good chance .....4
- An almost certain chance .....5

**CPHISP**

CC-8. Is (CURR COHAB PARTNER) Hispanic or Latino, or of Spanish origin?

- YES.....1
- NO.....5

**CPRACE**

CC-9. Which of the groups on Card 2 describes (CURR COHAB PARTNER)'s racial background? Please select one or more groups.

*ENTER all that apply*

*NOTE: If R reports a mixture of several races (biracial, mixed, mulatto, etc.), ENTER all groups that are part of the mixture.*

- American Indian or Alaska Native .....1
- Asian .....2
- Native Hawaiian or Other Pacific Islander .....3
- Black or African American .....4
- White .....5

{ ASKED IF MORE THAN 1 RACE WAS REPORTED

**CPBESTR**

CC-10. Which of these groups, that is (RESPONSES FROM CC-9 CPRACE), would you say best describes (CURR COHAB PARTNER)'s racial background?

{ Display only those categories reported in CC-9 CPRACE

**CPEDUC**

CC-11. Please look at Card 11. What is the highest level of education (CURR COHAB PARTNER) has completed?

- Less than high school .....1
- High school graduate or GED .....2
- Some college but no degree .....3
- 2-year college degree (e.g., Associate's degree).4
- 4-year college graduate (e.g., BA, BS) .....5
- Graduate or professional school .....6

**CPMARBEF**

CC-12. Has (CURR COHAB PARTNER) ever been married?

- YES.....1
- NO.....5

**CPKIDS**

CC-13. When you and (CURR COHAB PARTNER) first began living together, did he have any children, either biological or adopted, from any previous relationships?

Yes.....1  
No.....5 (GO TO CD SERIES)

{ ASKED IF HE HAD ANY CHILDREN

**CPNUMKDS**

CC-14. How many children did he have?

Number of children \_\_\_\_\_

{ ASKED IF HE HAD ANY CHILDREN

**CPKIDLIV**

CC-15. Did (this child/any of his children) ever live with you and (CURR COHAB PARTNER)?

Yes .....1  
No .....5

{ ASKED IF ONLY 1 CHILD

**CPKID18A**

CC-16a. Is this child aged 18 years or younger now?

Yes .....1 (CC-17 WHRCPKDS)  
No .....5 (CC-17 WHRCPKDS)

{ ASKED IF MORE THAN 1 CHILD

**CPKID18B**

CC-16b. How many, if any, of these [CPNUMKDS\_FILL] children, are aged 18 years or younger now?

Number of children \_\_\_\_\_

{ IF NO CHILDREN ARE 18 OR UNDER, GO TO CD SERIES.

{ ASKED IF ANY CHILDREN ARE AGED 18 OR UNDER

**WHRCPKDS**

CC-17. Where does (this child (aged 18 or younger) / these (CPKID18B) children aged 18 or younger) live now? In this household with you and (CURR COHAB PARTNER), with his or her mother, with grandparents or other relatives, or somewhere else?

*ENTER all that apply*

In this household.....1  
With their mother.....2  
With grandparents or other relatives..3  
Somewhere else.....4

{ ASKED IF ANY RESPONSE OTHER THAN "in this household"

**SUPPORTCP**

CC-18. Does (CURR COHAB PARTNER) regularly contribute to the financial

support of (this child/these children)?

*READ if necessary:* Regular child support is financial support provided at specified intervals, such as every week, every other week, or every month, rather than sporadically.

Yes.....1  
No.....5

{ ASKED IF R HAS EVER HAD A CHILD (HASBABES=YES)

**BIOCP**

CC-19. You may have already told me this, but do you and (CURR COHAB PARTNER) have any biological children together? By that, I mean you are the biological mother and he is the biological father.

Yes .....1  
No .....5 (GO TO SECTION CD)

**BIONUMCP**

CC-20. How many biological children have you and he had together?

Number \_\_\_\_\_

**FORMER (non-current) COHABITING PARTNERS (CD)**

{ READ ONLY IF R HAS NEVER BEEN MARRIED AND IS NOT CURRENTLY COHABITING

**C\_INTRO4**

CD-0. Some couples live together without being married. By living together, we mean having a sexual relationship while sharing the same usual address.

**LIVE0TH**

CD-1. (VARIANTS BASED ON PREVIOUSLY REPORTED MEN)...

Not counting anyone we've already talked about, have you ever lived together with any other man?

*NOTE: Do not count "dating" or "sleeping over" as living together. Living together means having a sexual relationship while sharing the same usual address.*

Yes.....1  
No.....5 (GO TO CE SERIES)

{ ASKED IF R EVER LIVED WITH ANY (OTHER) MAN

**HMOTHMEN**

CD-2. Not counting anyone we've already talked about, with how many (other) men have you ever lived?

*NOTE: Do not count husbands R lived with prior to marriage. Do not count R's current cohabiting partner.*

Number \_\_\_\_\_ (IF DK/RF, GO TO CE SERIES)

{ ASKED IF R EVER LIVED WITH ANY (OTHER) MAN

**OTHMANX**

CD-3. IF ONLY IF 1 FORMER COHAB PARTNER, ASK:  
Please tell me the first name or the initials of the other man you lived with so that I can refer to him during the interview.

Name or initials \_\_\_\_\_ (NO NAMES OR INITIALS ARE PLACED ON THE FINAL DATA FILE.)

{ OTHER VARIANTS BASED ON NUMBER OF FORMER COHAB PARTNERS

{ BEGIN LOOP FOR ASKING ABOUT EACH FORMER COHABITING PARTNER

{ ASKED FOR EACH FORMER COHAB PARTNER

**STRTOHX\_M, STRTOHX\_Y**

CD-4. In what month and year did you and (FORMER COHAB PARTNER) begin living together?

♦ After R has given the year, say: Please record something in the appropriate box on the "Marriages, Cohabs, Partners" row on your calendar to indicate when this occurred.

{ ASKED IF MO/YR OF COHAB START WAS NOT REPORTED

**HERAGECX**

CD-5. How old were you when you began living with (FORMER COHAB PARTNER)?

Age in years \_\_\_\_\_

{ ASKED FOR EACH FORMER COHAB PARTNER

**HISAGECX**

CD-6. How old was he when you began living together?

If R says DK, PROBE for the age difference between R and this husband and have her add to or subtract from her age at the marriage. ENTER this resulting value for age in years.

Age in years \_\_\_\_\_

**WNBRCX\_M, WNBRCX\_Y**

CD-7. In what month and year was he born?

**ENGAG1CX**

CD-8. At the time you began living together in (mo/yr from CD-4), were you and he engaged to be married or have definite plans to get married?

Yes .....1  
No .....5

{ IF THIS IS NOT R's 1<sup>st</sup> COHABITING PARTNER, GO TO CD-12 MAREVCX.

{ ASKED ONLY FOR R's 1<sup>st</sup> (former) COHAB PARTNER

**HISPCX**

CD-9. Was (FORMER COHAB PARTNER) Hispanic or Latino, or of Spanish origin?

Yes .....1  
No .....5

{ ASKED ONLY FOR R's 1<sup>st</sup> (former) COHAB PARTNER

**RACECX**

CD-10. Which of the groups on Card 2 describes (FORMER COHAB PARTNER)'s racial background? Please select one or more groups.

ENTER all that apply

NOTE: If R reports a mixture of several races (biracial, mixed, mulatto, etc.), ENTER all groups that are part of the mixture.

- American Indian or Alaska Native .....1
- Asian .....2
- Native Hawaiian or Other Pacific Islander .....3
- Black or African American .....4
- White .....5

{ ASKED IF MORE THAN 1 RACE REPORTED FOR 1<sup>st</sup> (former) COHAB PARTNER

**BSTRACCX**

CD-11. Which of these groups, that is (RESPONSES FROM CD-10 RACECX), would you say best describes his racial background?

{ Display only those categories reported in CD-10 RACECX

{ ASKED FOR EACH FORMER COHAB PARTNER

**MAREVCX**

CD-12. When you began living together in (mo/yr from CD-4), had (FORMER COHAB PARTNER) ever been married?

- Yes.....1
- No.....5

{ ASKED FOR EACH FORMER COHAB PARTNER

**CXKIDS**

CD-13. When you and he began living together, did he have any children, either biological or adopted, from any previous relationships?

- Yes.....1
- No.....5

{ ASKED IF R HAS EVER HAD A CHILD (HASBABES=YES)

**BIOFCPX**

CD-13b. Did you and (FORMER COHAB PARTNER) have any biological children together? By that, I mean you are the biological mother and he is the biological father.

- Yes .....1
- No .....5 (GO TO CD-14M STPTOGCX\_M)

**BIONUMCX**

CD-13c. How many biological children did you and he have together?

Number \_\_\_\_\_

{ ASKED FOR EACH FORMER COHAB PARTNER

**STPTOGCX\_M, STPTOGCX\_Y**

CD-14. In what month and year did you and (FORMER COHAB PARTNER) stop



living together for the last time?

♦ After R has given the year, say: Please record something in the appropriate box on the "Marriages, Cohabs, Partners" row on your calendar to indicate when this occurred.

{ IF ANY MORE FORMER COHAB PARTNERS TO DISCUSS, RETURN TO CD-4 STRTOTHX.  
{ ELSE IF R IS NOT CURRENTLY MARRIED OR COHABITING, CONTINUE WITH CD-15 COHCHANCE. ELSE IF R IS CURRENTLY MARRIED OR COHABITING, GO TO CE SERIES.

{ Asked if R is not currently married or cohabiting

**COHCHANCE**

CD-15. Please look at Card 21. What is the chance that you will ever (again) live together with a man to whom you are not married?

- No chance .....1
- A little chance .....2
- 50-50 chance .....3
- A pretty good chance .....4
- An almost certain chance .....5

{ Asked if R is not currently married or cohabiting

**MARRCHANCE**

CD-16. Please look at Card 21. What is the chance that you will get married (again) someday?

- No chance .....1 (SKIP CD-17 PMARCOH)
- A little chance .....2
- 50-50 chance .....3
- A pretty good chance .....4
- An almost certain chance .....5

{ Asked if R says there's any chance that she will (re)marry someday

**PMARCOH**

CD-17. Please look again at Card 21. What is the chance that you will live together with your future husband before getting married?

- No chance .....1
- A little chance .....2
- 50-50 chance .....3
- A pretty good chance .....4
- An almost certain chance .....5

**EVER HAD INTERCOURSE (CE)**

{ IF R HAS EVER BEEN MARRIED, EVER COHABITED, OR EVER BEEN PREGNANT,  
{ GO TO CE-3 WNFSTSEX.

{ ASKED ONLY IF R HAS NEVER BEEN MARRIED, NEVER COHABITED, AND NEVER BEEN  
{ PREGNANT

**EVERSEX**

CE-1. At any time in your life, have you ever had sexual intercourse with a man, that is, made love, had sex, or gone all the way?

NOTE: Do not count oral sex, anal sex, heavy petting, or other

*forms of sexual activity that do not involve vaginal penetration. Do not count sex with a female partner.*

- Yes .....1 (GO TO CE-3 WNFSTSEX)
- No .....5

{ ASKED IF R HAS NEVER HAD SEX  
**YNOSEX**

CE-2. As you know, some people have had sexual intercourse by your age and others have not. Please look at Card 22 which lists some reasons that people give for not having sexual intercourse.

What would you say is the most important reason why you have not had sexual intercourse up to now?

- Against religion or morals.....1
- Don't want to get pregnant.....2
- Don't want to get a sexually transmitted disease.....3
- Haven't found the right person yet.....4
- In a relationship, but waiting for the right time.....5
- Other .....6

{ IF R HAS NOT HAD SEX, GO TO CF SERIES.

{ ASKED IF R HAS EVER HAD SEX  
**WNFSTSEX\_M, WNFSTSEX\_Y**

CE-3. Please look at the calendar and think back to the very first time in your life that you ever had sexual intercourse with a man. In what month and year was that?

◆ *If R refuses, remind her gently of the importance of the question and the confidentiality of her answer. If appropriate say: I understand that this may be a difficult question. However, this question is very important because it tells us when a woman is first exposed to the risk of becoming pregnant. Would you be willing to provide the month and year, or perhaps just the year? If not, we will move on to the next question.*

◆ *Sexual intercourse here refers to a sexual encounter between a man and a woman, in which the penis enters the vagina. Do not count oral sex, anal sex, heavy petting, or other forms of sexual activity that do not involve vaginal penetration. Do not count sex with a female partner.*

◆ *ENTER [96] if R insists that she has never had sexual intercourse.*

{ ASKED IF R HAS EVER HAD SEX  
**AGEFSTX**

CE-4. That very first time that you had sexual intercourse with a man, how old were you?

Age in years \_\_\_\_\_

◆ *If R does not want to answer because first sex was not voluntary, allow her to move to the next question that she is*

comfortable with.

{ IF AGE IN YEARS WAS REPORTED, GO TO CE-8 GRFSTXS.

{ ASKED IF DK/RF ON AGEFSTXS

**SEX18**

CE-5. Were you less than 18 years old or were you 18 years or older?

- Less than 18 years.....1
- 18 years or older.....2

{ IF SEX18 = RF, GO TO CE-18 GRFSTXS.

{ ASKED IF SEX18 = "less than 18 years" or DK

**SEX15**

CE-6. Were you less than 15 years old or were you 15 or older?

- Less than 15 years.....1
- 15 years or older.....2

{ ASKED IF SEX18 = "18 years or older"

**SEX20**

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

- Less than 20 years.....1
- 20 years or older.....2

{ ASKED ONLY IF AGE AT 1<sup>st</sup> SEX WAS LESS THAN 17 YEARS

**GRFSTXS**

CE-8. What grade or year of school were you in that first time you had intercourse with a male?

*ENTER 96 if R was not in school when she first had intercourse*

- 1st grade .....1
- 2nd grade .....2
- 3rd grade .....3
- 4th grade .....4
- 5th grade .....5
- 6th grade .....6
- 7th grade .....7
- 8th grade .....8
- 9th grade .....9
- 10th grade .....10
- 11th grade .....11
- 12th grade .....12
- 1st year of college .....13
- 2nd year of college .....14
- 3rd year of college .....15
- 4th year of college .....16
- Not in school* .....96

{ ASKED ONLY IF R HAS NEVER BEEN MARRIED AND NEVER COHABITED

**SXMTONCE**

CE-9. Have you had sexual intercourse more than once?

- Yes .....1
- No .....5

**Sex Communication (CF)**

{ CF SERIES IS ONLY ASKED OF 15-24 YEAR OLDS.  
{ IF R IS OLDER THAN 24 YEARS, GO TO CG SERIES.

**TALKPAR**

CF-1. The next questions are about how you learned about sex and birth control. (Before you were 18 years old,) which, if any, of the topics shown on Card 23 (did you ever talk/have you ever talked) with a parent or guardian about?

ENTER all that apply.

- How to say no to sex .....1
- Methods of birth control .....2
- Where to get birth control .....3
- Sexually transmitted diseases ...4
- How to prevent HIV/AIDS.....5
- How to use a condom .....6
- None of the above .....7

**SEDNO**

CF-2. Now I'm interested in knowing about formal sex education you may have had. (Before you were 18, did you ever have/ Have you ever had) any formal instruction at school, church, a community center or some other place about how to say no to sex?

- Yes.....1
- No.....5 (CF-5 SEDBC)

{ ASKED IF R REPORTED HAVING SEX ED ON THIS TOPIC

**SEDNOG**

CF-3. What grade were you in when you first received instruction on how to say no to sex?

- 1st grade .....1
- 2nd grade .....2
- 3rd grade .....3
- 4th grade .....4
- 5th grade .....5
- 6th grade .....6
- 7th grade .....7
- 8th grade .....8
- 9th grade .....9
- 10th grade .....10
- 11th grade .....11
- 12th grade .....12
- 1st year of college .....13
- 2nd year of college .....14
- 3rd year of college .....15
- 4th year of college .....16
- Not in school when received instruction .....96

{ IF R HAS NEVER HAD SEX, GO TO CF-5 SEDBC.  
{ ELSE IF IT IS APPARENT WHICH CAME FIRST (this sex ed or R's 1<sup>st</sup> sex),  
{ GO TO CF-5 SEDBC.

{ ASKED ONLY IF NOT APPARENT WHICH CAME FIRST (this sex ed or R's 1<sup>st</sup> sex)

**SEDNOSX**

CF-4. Did you receive instruction about how to say no to sex before or after the first time you had sex?

Before.....1  
After.....2

**SEDBC**

CF-5. (Before you were 18, did you ever have/ Have you ever had) any formal instruction at school, church, a community center or some other place about methods of birth control?

Yes.....1  
No.....5 (CF-8 SEDSTD)

{ ASKED IF R REPORTED HAVING SEX ED ON THIS TOPIC

**SEDBCG**

CF-6. What grade were you in when you first received instruction on methods of birth control?

1st grade .....1  
2nd grade .....2  
3rd grade .....3  
4th grade .....4  
5th grade .....5  
6th grade .....6  
7th grade .....7  
8th grade .....8  
9th grade .....9  
10th grade .....10  
11th grade .....11  
12th grade .....12  
1st year of college .....13  
2nd year of college .....14  
3rd year of college .....15  
4th year of college .....16  
Not in school when received instruction .....96

{ IF R HAS NEVER HAD SEX, GO TO CF-8 SEDSTD.  
{ ELSE IF IT IS APPARENT WHICH CAME FIRST (this sex ed or R's 1<sup>st</sup> sex),  
{ GO TO CF-8 SEDSTD.

{ ASKED ONLY IF NOT APPARENT WHICH CAME FIRST (this sex ed or R's 1<sup>st</sup> sex)

**SEDBCSX**

CF-7. Did you receive instruction about methods of birth control before or after the first time you had sex?

Before.....1  
After.....2

**SEDSTD**

CF-8. IF AGE\_R GE 18, ASK:

Before you were 18, did you ever have any formal instruction at school, church, a community center or some other place about sexually transmitted diseases?

ELSE IF AGE\_R LT 18, ASK:

Have you ever had any formal instruction at school, church, a community center or some other place about sexually transmitted diseases?

Yes.....1

No.....5 (CF-11 SEDHIV)

**SEDSTDG**

CF-9. What grade were you in when you first received instruction on sexually transmitted diseases?

*ENTER 96 if R was not in school when she received the instruction*

- 1st grade .....1
- 2nd grade .....2
- 3rd grade .....3
- 4th grade .....4
- 5th grade .....5
- 6th grade .....6
- 7th grade .....7
- 8th grade .....8
- 9th grade .....9
- 10th grade .....10
- 11th grade .....11
- 12th grade .....12
- 1st year of college .....13
- 2nd year of college .....14
- 3rd year of college .....15
- 4th year of college .....16
- Not in school when received instruction .....96

{ IF R HAS NEVER HAD SEX, GO TO CF-11 SEDHIV.

{ ELSE IF IT IS APPARENT WHICH CAME FIRST (this sex ed or R's 1<sup>st</sup> sex),

{ GO TO CF-11 SEDHIV.

{ ASKED ONLY IF NOT APPARENT WHICH CAME FIRST (this sex ed or R's 1<sup>st</sup> sex)

**SEDSTD SX**

CF-10. Did you receive instruction about sexually transmitted diseases before or after the first time you had sex?

Before.....1

After.....2

**SEDHIV**

CF-11. IF AGE\_R GE 18, ASK:

Before you were 18, did you ever have any formal instruction at school, church, a community center or some other place about how to prevent HIV/AIDS?

ELSE IF AGE\_R LT 18, ASK:

Have you ever had any formal instruction at school, church, a community center or some other place about to prevent HIV/AIDS?

- Yes.....1
- No.....5 (CF-14 PLEDGE)

**SEDHIVG**

CF-12.What grade were you in when you first received instruction on how to prevent HIV/AIDS?

*ENTER 96 if R was not in school when she received the instruction*

- 1st grade .....1
- 2nd grade .....2
- 3rd grade .....3
- 4th grade .....4
- 5th grade .....5
- 6th grade .....6
- 7th grade .....7
- 8th grade .....8
- 9th grade .....9
- 10th grade .....10
- 11th grade .....11
- 12th grade .....12
- 1st year of college .....13
- 2nd year of college .....14
- 3rd year of college .....15
- 4th year of college .....16
- Not in school when received instruction .....96

{ IF R HAS NEVER HAD SEX, GO TO CF-14 PLEDGE.  
 { ELSE IF IT IS APPARENT WHICH CAME FIRST (this sex ed or R's 1<sup>st</sup> sex),  
 { GO TO CF-14 PLEDGE.

{ ASKED ONLY IF NOT APPARENT WHICH CAME FIRST (this sex ed or R's 1<sup>st</sup> sex)

**SEDSHIVX**

CF-13.Did you receive instruction about to prevent HIV/AIDS before or after the first time you had sex?

- Before.....1
- After.....2

**PLEDGE**

CF-14. IF R HAS EVER BEEN MARRIED, ASK:

Did you ever take a public or written pledge to remain a virgin until marriage?

ELSE IF R HAS NEVER BEEN MARRIED, ASK:

Have you ever taken a public or written pledge to remain a virgin until marriage?

- Yes .....1
- No .....5

{ IF R HAS NEVER HAD SEX, GO TO SECTION D.

{ REMAINDER OF SECTION C IS ONLY ASKED FOR R's WHO HAVE HAD SEX.

**FIRST INTERCOURSE PARTNER (CG)**

**FRSTPART**

CG-1. I have some questions about your first male partner ever. Please tell me the first name or the initials of your first sexual partner so that I can refer to him in these questions.

Name/initials \_\_\_\_\_ (NO NAMES OR INITIALS ARE PLACED ON THE FINAL DATA FILE.)

{ IF R HAS NEVER BEEN MARRIED AND NEVER COHABITED, GO TO CG-4 FPAGE.

{ ASKED ONLY IF R HAS EVER BEEN MARRIED OR EVER COHABITED

**SAMEMAN**

CG-2. (A SUMMARY SCREEN IS DISPLAYED TO HELP DETERMINE IF R's 1<sup>st</sup> SEXUAL PARTNER WAS A MAN PREVIOUSLY DISCUSSED AS A HUSBAND OR COHABITING PARTNER.)

Please look at this screen. Is (FIRST PARTNER) someone we talked about earlier? That is, was he someone you've been married to or lived with?

YES.....1  
NO.....5 (CG-4 FPAGE)

{ ASKED IF R'S FIRST PARTNER WAS ALSO A COHABITING PARTNER OR SPOUSE

**WHOFSTPR**

CG-3. Which of these men listed on the screen was your first sexual partner? Was he ...  
(Respondent identifies him based on initials or name)

{ ASKED ONLY IF R IS 18 YEARS OR OLDER

**FPAGE**

CG-4. How old was (FIRST PARTNER) when you had sexual intercourse with him that first time?

Age in years \_\_\_\_\_ (IF AGE REPORTED, GO TO CG-5 KNOWFP)

{ ASKED ONLY IF R IS 18 YEARS OR OLDER AND FPAGE = DK/RF

**FPRELAGE**

CG-4b. Was he older than you, younger than you, or the same age?

Older .....1  
Younger .....2  
Same age .....3 (CG-5 KNOWFP)

{ ASKED ONLY IF R IS 18 YEARS OR OLDER AND FPRELAGE = "older" or "younger"

**FPRELYRS**

CG-4c. By how many years?

1-2 years.....1  
3-5 years.....2  
6-10 years.....3  
More than 10 years....4



**KNOWFP**

CG-5. Please look at Card 24. At the time you first had sexual intercourse with (FIRST PARTNER), how would you describe your relationship with him?

- Married to him .....1
- Engaged to him .....2
- Living together in a sexual relationship, but not engaged ....3
- Going with him or going steady .....4
- Going out with him once in a while .....5
- Just friends .....6
- Had just met him .....7
- Something else .....8

{ ASKED ONLY IF R IS NOT CURRENTLY MARRIED OR COHABITING

**STILFPSX**

CG-6. Do you consider him to be a current sexual partner?

- Yes .....1
- No .....5

{ ASKED FOR ALL "1<sup>st</sup> partners" EVEN IF HE IS R'S CURRENT H/P

**LSTSEXP\_M, LSTSEXP\_Y**

CG-7. When was the last time you had sexual intercourse with him, that is, in what month and year?

*ENTER 96 for MONTH if R only had sex once with this partner*

♦ *After R has given the year, say: Please record this partner and date in the appropriate box on the calendar in the "Marriages, Cohabs, Partners" row. You might use "LSEX" and his initials or some other abbreviation that you will recognize later.*

{ ASKED IF FIRST PARTNER IS CURRENT, BUT NOT A COHABITING OR MARITAL PARTNER

**FPEDUC**

CG-7b. Please look at Card 11. What is the highest level of education (FRSTPART\_FILL) has completed?

- Less than high school .....1
- High school graduate or GED .....2
- Some college but no degree .....3
- 2-year college degree (e.g., Associate's degree).4
- 4-year college graduate (e.g., BA, BS) .....5
- Graduate or professional school .....6

{ ASKED IF FIRST PARTNER IS CURRENT, BUT NOT A COHABITING OR MARITAL PARTNER

**FPHISP**

CG-7c. Is (FRSTPART\_FILL) Hispanic or Latino, or of Spanish origin?

- Yes.....1
- No.....5

{ ASKED IF FIRST PARTNER IS CURRENT, BUT NOT A COHABITING OR MARITAL PARTNER

**FPRACE**

CG-7d. Which of the groups on Card 2 describes (FRSTPART\_FILL)'s racial background? Please select one or more groups.

ENTER all that apply

NOTE: If R reports a mixture of several races (biracial, mixed, mulatto, etc.), ENTER all groups that are part of the mixture.

- American Indian or Alaska Native .....1
- Asian .....2
- Native Hawaiian or Other Pacific Islander .....3
- Black or African American .....4
- White .....5

{ ASKED IF FIRST PARTNER IS CURRENT, BUT NOT A COHABITING OR MARITAL PARTNER,  
{ AND R REPORTED MORE THAN ONE RACE

**FPRACEB**

CG-7e. Which of these groups, that is (RESPONSES FROM FPRACE), would you say best describes his racial background?

{ ASKED IF FIRST PARTNER IS CURRENT, BUT NOT A COHABITING OR MARITAL PARTNER

**FPRN**

CG-7f. Please look at Card xx. How would you describe your current relationship with (FRSTPART\_FILL)?

- Engaged to him .....2
- Going with him or going steady .....4
- Going out with him once in a while .....5
- Just friends .....6
- Had just met him .....7
- Something else .....8

{ IF R HAS NOT YET REACHED MENARCHE OR IF HER AGE AT 1<sup>st</sup> SEX IS OLDER  
{ THAN HER AGE AT 1<sup>st</sup> MENSTRUAL PERIOD, GO TO CH SERIES.

{ READ IF R's AGE AT FIRST SEX IS LESS THAN OR EQUAL TO AGE AT 1<sup>st</sup> PERIOD

**C\_INTR06**

CG-7g. IF AGE AT 1<sup>st</sup> SEX = AGE AT 1<sup>st</sup> MENSTRUAL PERIOD, SAY:  
You told me that you were [AGEFSTSX] years old the first time you had sexual intercourse, the same age you were when you had your first menstrual period. It is important for this study to know whether your first sexual intercourse was before or after your first menstrual period so we know something about your risk of pregnancy.

ELSE IF AGE AT 1<sup>st</sup> SEX IS YOUNGER THAN AGE AT 1<sup>st</sup> MENSTRUAL PERIOD, SAY:

You told me that you were [AGEFSTSX] years old the first time you had sexual intercourse, and that you were [MENARCHE] years old when you had your first menstrual period. It is important for this study to know when you first had sexual intercourse after your first menstrual period so we know something about your risk of pregnancy.

{ ASKED IF 2 AGES WERE THE SAME

**WHICH1ST**

CG-8. Which came first, your first sexual intercourse or your first menstrual

period?

Sexual intercourse .....1  
Menstrual period .....2 (GO TO CH SERIES)

{ ASKED IF R HAS NEVER BEEN MARRIED, NEVER BEEN PREGNANT, AND NEVER COHABITED  
**SEXAFMEN**

CG-9. Since your first menstrual period, have you had sexual intercourse?

*NOTE: Do not count oral sex, anal sex, heavy petting, or other forms of sexual activity that do not involve vaginal penetration.*

Yes .....1  
No .....5 (CH-1 LIFEPR)

**WNSEXAFM\_M, WNSEXAFM\_Y**

CG-10. Thinking back, after your first menstrual period, in what month and year did you have sexual intercourse for the first time?

*ENTER 96 if R insists that she has not had sexual intercourse since her first menstrual period.*

*♦ After R has given the year, say: Please record this event in the appropriate box in the "Marriages, Cohabs, Partners" row of your calendar. You can use any abbreviation that you will recognize later.*

**AGESXAFM**

CG-11. Thinking back after your first menstrual period, how old were you when you had sexual intercourse for the first time?

Age in years \_\_\_\_\_

{ IF AGESXAFM = RF OR AGE IS REPORTED, GO TO CH SERIES.

{ ASKED IF AGESXAFM = DK OR RF

**AFMEN18**

CG-12. Were you less than 18 years old or were you 18 years or older?

Less than 18 years.....1  
18 years or older.....2

{ IF AFMEN18 = RF, GO TO CH SERIES

{ ASKED IF AFMEN18 = DK OR "less than 18 years"

**AFMEN15**

CG-13. Were you less than 15 years old or were you 15 or older?

Less than 15 years.....1 (GO TO CH SERIES)  
15 years or older.....2 (GO TO CH SERIES)

{ ASKED IF AFMEN18 = "18 years or older"

**AFMEN20**

CG-14. Were you less than 20 years old or were you 20 or older?

Less than 20 years.....1

20 years or older.....2

**NUMBERS OF SEXUAL PARTNERS (CH)**

**LIFEPRT**

CH-1. Counting all your male sexual partners, even those you had intercourse with only once, how many men have you had sexual intercourse with in your life?

Number \_\_\_\_\_

{ IF NUMBER WAS REPORTED, GO TO CH-2 PTSB4MAR

{ ASKED IF LIFEPRT = DK OR RF

**LIFEPRT\_LO**

CH-1b. ENTER LOWER BOUND OF RANGE FOR NUMBER OF MALE PARTNERS IN LIFETIME.

Number \_\_\_\_\_

{ ASKED IF LIFEPRT = DK OR RF

**LIFEPRT\_HI**

CH-1c. ENTER UPPER BOUND OF RANGE FOR NUMBER OF MALE PARTNERS IN LIFETIME.

Number \_\_\_\_\_

{ ASKED IF R HAS EVER BEEN MARRIED

**PTSB4MAR**

CH-2. How many male sexual partners did you have before you got married in [DATE OF FIRST MARRIAGE]? Please count your [first/former] husband, if you had sex with him before the marriage.

Number \_\_\_\_\_

{ ASKED IF PTSB4MAR = DK OR RF

**PTSB4MAR\_LO**

CH-2b. (ENTER LOWER BOUND OF RANGE FOR NUMBER OF MALE PARTNERS BEFORE MARRIAGE.)

Number \_\_\_\_\_

{ ASKED IF PTSB4MAR = DK OR RF

**PTSB4MAR\_HI**

CH-2c. (ENTER UPPER BOUND OF RANGE FOR NUMBER OF MALE PARTNERS BEFORE MARRIAGE.)

Number \_\_\_\_\_

**MON12PRT**

CH-3. During the last 12 months, that is, since (INTERVIEW MONTH, 2001), how many men, if any, have you had sexual intercourse with? Please count every male sexual partner, even those you had sex with only once.

Number \_\_\_\_\_

{ IF NUMBER WAS REPORTED, GO TO CH-3 PTSB4MAR

{ ASKED IF MON12PRT = DK OR RF

**MON12PRT\_LO**

CH-3b. (ENTER LOWER BOUND OF RANGE FOR NUMBER OF MALE PARTNERS IN LAST 12 MONTHS.)

Number \_\_\_\_\_

{ ASKED IF MON12PRT = DK OR RF

**MON12PRT\_HI**

CH-3c. (ENTER UPPER BOUND OF RANGE FOR NUMBER OF MALE PARTNERS IN LAST 12 MONTHS.)

Number \_\_\_\_\_

**SEXUAL PARTNERS IN LAST 12 MONTHS (UP TO 3) AND LAST PARTNER (CI)**

{ IF R HAS ONLY HAD ONE PARTNER AND IT WAS  
{ HER FIRST SEXUAL PARTNER EVER, AND SHE MARRIED OR COHABITED WITH THIS  
{ MAN, GO TO SECTION D.  
{ (ALL INFORMATION FOR THIS ONE PARTNER HAS ALREADY BEEN OBTAINED)

{ ELSE IF R HAS HAD ONLY ONE PARTNER AND SHE NEVER MARRIED OR COHABITED  
{ WITH HIM,  
{ OR IF R HAS HAD MORE THAN ONE PARTNER EVER,  
{ PROCEED THROUGH CI SERIES AS APPLICABLE.  
{ (WILL COLLECT ADDITIONAL DETAIL IF FIRST PARTNER IS STILL "CURRENT" --  
specifically education, race, and Hispanic origin)

{ ASKED IF R HAD ONLY 1 PARTNER IN LAST 12 MONTHS AND R IS CURRENTLY  
{ MARRIED OR COHABITING

**WHOSNC1Y**

CI-1. You mentioned that you have had one sexual partner since (INTERVIEW MONTH, 2005). Is that (CURRENT H/P)?

YES.....1  
NO.....5

**P3INTRO**

CI-2. In order to save time during the interview, I'll only ask you about your 3 most recent partners in the past 12 months. Let's start with your most recent partner.

**PXNAME**

CI-3. Please tell me the name or initials of the male with whom you (had sex most recently/ had sex before (PREVIOUSLY NAMED PARTNER)).

ENTER Name \_\_\_\_\_

{ ASKED IF FIRST SEX WAS WITHIN PAST 12 MONTHS

**MATCHFPX**

CI-4. Is (PARTNER'S NAME) the man you told us was your first partner ever?

YES.....1  
NO.....5

{ ASKED IF R HAS EVER COHABITED OR BEEN MARRIED  
**MATCHHPX**

CI-5. Is (PARTNER'S NAME) any of the following husbands or partners we've already talked about?

*[Screen displays names or initials of all reported husbands and partners, along with start & end dates of marriage/cohabitation.]*  
(If he is in the list, R identifies him based on initials or name)

**P1YLSEX MX, P1YLSEX YX**

CI-6. In what month and year did you last have sexual intercourse with (PARTNER'S NAME)?

♦ *After R has given the year, say:* Please record this partner and date in the appropriate box on the calendar in the "Marriages, Cohabs, Partners" row. You might use LSEX and his initials or some other abbreviation that you will recognize later.

{ IF PARTNER BEING DESCRIBED IS R's CURRENT H/P OR  
{ IF CI-1 WHOSNC1Y = YES, GO TO CI-10 P1YLSEX.

{ ASKED IF R IS NOT MARRIED TO, SEPARATED FROM, OR COHABITING WITH THIS  
{ PARTNER. ALSO NOT ASKED IF THIS PARTNER WAS 1ST PARTNER

**P1YCURRPX**

CI-7. Do you consider (PARTNER'S NAME) to be a current sexual partner?

[HELP AVAILABLE]

Yes .....1  
No .....5

{ ASKED IF R IS NOT MARRIED TO, SEPARATED FROM, OR COHABITING WITH THIS  
{ PARTNER. ALSO NOT ASKED IF THIS PARTNER WAS 1ST PARTNER

**P1YRAGEX**

CI-9. Thinking now of (PARTNER'S NAME), how old were you when you first had sexual intercourse with him?

Age in years \_\_\_\_\_

{ ASKED IF R IS NOT MARRIED TO, SEPARATED FROM, OR COHABITING WITH THIS  
{ PARTNER. ALSO NOT ASKED IF THIS PARTNER WAS 1ST PARTNER  
{ ASKED ONLY IF R IS 18 YEARS OR OLDER

**P1YHSAGE**

CI-10. And how old was he when you first had sexual intercourse with him?

Age in years \_\_\_\_\_

{ ASKED IF R IS NOT MARRIED TO, SEPARATED FROM, OR COHABITING WITH THIS  
{ PARTNER. ALSO NOT ASKED IF THIS PARTNER WAS 1ST PARTNER

**P1YRF**

CI-11. Please look at Card 24. At the time you first had sexual

intercourse with (PARTNER'S NAME), how would you describe your relationship with him?

- Married to him .....1
- Engaged to him .....2
- Living together in a sexual relationship, but not engaged ....3
- Going with him or going steady .....4
- Going out with him once in a while .....5
- Just friends .....6
- Had just met him .....7
- Something else .....8

{ ASKED IF R IS NOT MARRIED TO, SEPARATED FROM, OR COHABITING WITH THIS  
{ PARTNER. ALSO NOT ASKED IF THIS PARTNER WAS 1ST PARTNER

**P1YFSEX\_MX, P1YFSEX\_YX**

CI-12. In what month and year did you have sexual intercourse with him for the first time?

*ENTER 96 if R only had sex once with this partner*

*♦ After R has given the year, say: Please record this event in the appropriate box in the "Marriages, Cohabs, Partners" row of your calendar. You can use any abbreviation that you will recognize later.*

{ ASKED IF THIS IS A CURRENT SEXUAL PARTNER, BUT NOT R's CURRENT H/P  
{ NOR FIRST PARTNER

**P1YEDUCX**

CI-13. Please look at Card 11. What is the highest level of education he has completed?

- Less than high school .....1
- High school graduate or GED .....2
- Some college but no degree .....3
- 2-year college degree (e.g., Associate's degree).4
- 4-year college graduate (e.g., BA, BS) .....5
- Graduate or professional school .....6

{ ASKED IF THIS IS A CURRENT SEXUAL PARTNER, BUT NOT R's CURRENT H/P  
{ NOR FIRST PARTNER

**P1YHISPX**

CI-14. Is (PARTNER'S NAME) Hispanic or Latino, or of Spanish origin?

- YES.....1
- NO.....5

{ ASKED IF THIS IS A CURRENT SEXUAL PARTNER, BUT NOT R's CURRENT H/P  
{ NOR FIRST PARTNER

**P1YRACEX**

CI-15. Which of the groups on Card 2 describes (PARTNER'S NAME)'s racial background? Please select one or more groups.

- American Indian or Alaska Native .....1
- Asian .....2
- Native Hawaiian or Other Pacific Islander .....3
- Black or African American .....4

White .....5

{ ASKED IF THIS IS A CURRENT SEXUAL PARTNER, BUT NOT R's CURRENT H/P  
{ NOR FIRST PARTNER, AND R REPORTED MORE THAN ONE RACE

**P1YRACEBX**

CI-16. Which of these groups, that is (RESPONSES FROM P1YRACEX), would you say best describes his racial background?

{ Display only those categories reported in CI-15 P1YRACEX

{ ASKED IF THIS IS A CURRENT SEXUAL PARTNER, BUT NOT R's CURRENT H/P OR R's  
{ FIRST PARTNER, AND RELATIONSHIP HAS LASTED LONGER THAN 1 MONTH

**P1YRNX**

CI-17. Please look at Card XX. How would you describe your current relationship with (PARTNER'S NAME)?

- Engaged to him .....1
- Going with him or going steady .....2
- Going out with him once in a while .....3
- Just friends .....4
- Had just met him .....5
- Something else .....6

{ IF ANY OTHER RECENT PARTNER TO DESCRIBE (MAXIMUM OF 3),  
{ RETURN TO CI-5 P1YRAGE.  
{ OTHERWISE GO TO SECTION D.



## SECTION D

### Sterilizing Operations and Impaired Fecundity

#### STERILIZATION OPERATIONS (DA)

##### **INTRO\_D1**

INTRO-D1. The next questions are about your physical ability to have (a/another) baby.

##### **EVERTUBS**

DA-1. Have you ever had both of your tubes tied, cut, or removed? This procedure is often called a tubal ligation or tubal sterilization.

YES.....1  
*IF VOL: Operation failed* .....3  
*IF VOL: Had ESSURE procedure*.....4  
NO.....5  
*IF VOL: Operation already reversed* ..6

##### **ESSURE**

DA-1b. If DA-1 EVERTUBS= 3 or 5 or DK or RF, THEN ASK:  
Have you ever had a tubal sterilization procedure called "Essure"?  
This is not generally considered an operation, but makes it impossible for you to have a baby.

YES.....1  
NO.....5

{ ASKED IF R IS NOT CURRENTLY PREGNANT

##### **EVERHYST**

DA-2. Have you ever had a hysterectomy, that is, surgery to remove your uterus?

Yes .....1  
No .....5

{ ASKED IF R IS NOT CURRENTLY PREGNANT

##### **EVEROVRS**

DA-3. Have you ever had both of your ovaries removed?

Yes .....1  
No .....5

{ ASKED FOR ALL

##### **EVEROTHR**

DA-4. Have you ever had any other operation that makes it impossible for you to have (a/another) baby?

Yes .....1  
No .....5 (GO TO DA-8 ANYOPSMN)

{ ASKED IF EVEROTHR = YES

##### **WHTOOPRS**

DA-5. What operation did you have that makes it impossible for you to have (a/another) baby? If you do not know its name, please describe the

operation.

*RECORD answer verbatim*

{ INTERVIEWER CODES IF EVEROTHR = YES AND R VOLUNTEERS ANY OF THESE

**WHTOOPRC**

DA-5a. *INTERVIEWER: CODE* If any of the following mentioned:  
OPERATION AFFECTS ONLY ONE TUBE...1  
OPERATION AFFECTS ONLY ONE OVARY..2  
SOME OTHER OPERATION.....3  
OTHER STERILIZING OPERATION.....4

{ IF "SOME OTHER OPERATION" GO TO DA-7 DFNLSTRL.  
{ ELSE IF "OTHER STERILIZING OPERATION" GO TO DA-8 ANYOPSMN.

{ ASKED IF R MENTIONS THAT ONLY 1 TUBE OR OVARY WAS AFFECTED

**ONOTFUNC**

DA-6. Many women who have only one (tube tied/ovary removed) can still have babies because they are not completely sterile. As far as you know, are you completely sterile from this operation, that is, does it make it impossible for you to have a baby in the future?

Yes .....1 (DA-8 ANYOPSMN)  
No .....5 (DA-8 ANYOPSMN)

{ ASKED IF WHTOOPRC = 3 (SOME OTHER OPERATION)

**DFNLSTRL**

DA-7. As far as you know, are you completely sterile from this operation, that is, does it make it impossible for you to have a baby in the future?

Yes....1  
No.....5

{ IF R IS NOT CURRENTLY MARRIED OR COHABITING, GO TO DB SERIES.

{ ASKED IF R IS CURRENTLY MARRIED OR COHABITING

**ANYOPSMN**

DA-8. Has (HUSBAND/PARTNER) ever had a vasectomy or any other operation that would make it impossible for him to father a baby in the future?

Yes .....1  
No .....5 (DB SERIES)

**WHATOPSM**

DA-9. What type of operation did (HUSBAND/PARTNER) have?

Vasectomy .....1 (DB SERIES)  
Other operation .....2  
*IF VOL: Operation failed* .....5 (DB SERIES)  
*IF VOL: Operation already reversed* .....6 (DB SERIES)

{ ASKED IF "OTHER OPERATION" MENTIONED IN WHATOPSM

**DFNLSTRM**

DA-10. As far as you know, is he completely sterile from this operation, that is, does it make it impossible for him to father a baby in the future?

Yes.....1  
No.....5

**OPERATION BY OPERATION SERIES (DB)**

{ LOOP FOR FEMALE OPERATIONS GOES FROM DB-1 DATFEMOP THROUGH DB-6 MINCDNNR.

{ ASK DB SERIES FOR EACH FEMALE OPERATION REPORTED (could be up to 4)

{ ASK DB SERIES FOR SINGLE MALE OPERATION (vasectomy or "other")

{ ASKED FOR EACH FEMALE STERILIZING OPERATION REPORTED

**DATFEMOP\_M, DATFEMOP\_Y**

DB-1. When did you have your [OPERATION]?

♦ *After R has given the year, say:* Please record this operation in the box for this month and year on the "Birth Control Methods" row of your calendar. You might use "TS" or some other abbreviation that you will recognize later. If this happened before January [YEAR OF INTERVIEW - 3], please record it in the box for "before January [YEAR OF INTERVIEW - 3]".

{ ASKED FOR EACH FEMALE OPERATION OCCURRING WITHIN LAST 5 YEARS

**PLCFEMOP**

DB-2. Looking at Card 25, please tell me where this operation was performed.

Private doctor's office.....1  
HMO facility .....2  
Community health clinic, community clinic,  
public health clinic .....3  
Family planning or Planned Parenthood clinic .....4  
Employer or company clinic .....5  
School or school-based clinic .....6  
Hospital outpatient clinic .....7  
Hospital emergency room .....8  
Hospital regular room .....9  
Urgent care center, urgi-care, or walk-in facility ..10  
Some other place .....20

{ ASKED FOR EACH TUBAL STERILIZATION OCCURRING WITHIN LAST 5 YEARS

**INPATIEN**

DB-2a. When you had your tubal sterilization, did you stay overnight in the hospital?

Yes .....1

No .....5

{ ASKED FOR EACH FEMALE OPERATION OCCURRING WITHIN LAST 5 YEARS

**PAYRSTER**

DB-2b. Looking at Card 16, please tell me all of the ways in which the bill for this operation was paid.

*ENTER all that apply*

Insurance .....1  
Co-payment or out-of-pocket payment .....2  
Medicaid .....3  
No payment required .....4  
Some other way .....5

{ ASKED FOR EACH FEMALE OPERATION OCCURRING WITHIN LAST 5 YEARS

**RHADALL**

DB-3a. At the time you had your (OPERATION) in (mo/yr), had you, yourself, had all the children you wanted?

- Yes .....1
- No .....5

{ ASKED FOR EACH FEMALE OPERATION OCCURRING WITHIN LAST 5 YEARS

**HHADALL**

DB-3b. And what about your (husband/partner/husband or partner) (at the time)? At the time you had your (OPERATION) in (mo/yr), had he had all the children he wanted?

- Yes .....1
- No .....5
- IF VOL: R was not in a relationship with a man at the time she had this operation ....6

{ ASKED FOR EACH FEMALE OPERATION OCCURRING WITHIN LAST 5 YEARS

**FMEDREAS**

DB-4. Please look at Card 26. Did you have any of these medical reasons for having your (OPERATION)?

*ENTER all that apply*

- Medical problems with your female organs.....1
- Pregnancy would be dangerous to your health.....2
- You would probably lose a pregnancy.....3
- You would probably have an unhealthy child.....4
- Some other medical reason .....5
- No medical reason for operation .....6

{ ASKED FOR EACH FEMALE OPERATION OCCURRING WITHIN LAST 5 YEARS

**BCREAS**

DB-5a. IF R DID NOT VOLUNTEER (IN HHADALL) THAT SHE WAS NOT IN A RELATIONSHIP WITH A MAN AT THE TIME OF THE OPERATION, ASK: At the time you had your (OPERATION), had you or your (husband/partner/husband or partner) been having problems with your method or methods of birth control?

ELSE IF R DID VOLUNTEER (IN HHADALL) THAT SHE WAS NOT IN A RELATIONSHIP WITH A MAN AT THE TIME OF THE OPERATION, ASK: At the time you had your (OPERATION), had you been having problems with your method or methods of birth control?

- Yes .....1
- No .....5 (DB-6 MINCDNNR)
- No, not using any method at the time ....6 (DB-6 MINCDNNR)

{ ASKED IF R REPORTED PROBLEMS WITH BIRTH CONTROL

**BCWHYF**

DB-5b. Was there a health or medical problem with the method of birth control you or your partner was using, or did you not like the method for some other reason?

- Health or medical problem .....1
- Some other reason .....2
- Both .....3

{ IF R REPORTED ONLY 1 REASON FOR THIS OPERATION, GO TO NEXT OPERATION.

{ IF NO MORE OPERATIONS TO DESCRIBE, GO TO DB-6b OPERSAME.

{ ASKED IF R REPORTED MORE THAN 1 REASON FOR THIS OPERATION

**MINCDNNR**

DB-6. You mentioned that the reasons for your [OPERATION] were that... [ONLY DISPLAY REASONS THAT R REPORTED ABOVE]. Which one of these was the main reason that you had your [OPERATION]?

*ENTER 3 if any medical reasons reported as her main reason.  
ENTER 5 if R reports that her main reason was something other than a reason she reported previously.*

You had all the children you wanted .....1  
Your husband or partner had all the children he wanted .2  
Medical reasons .....3  
Problems with other methods of birth control .....4  
Some other reason not mentioned above .....5

{ RETURN TO DB-1 DATFEMOP TO ASK ABOUT NEXT OPERATION.

{ IF NO MORE OPERATIONS TO DESCRIBE, GO TO DB-6b OPERSAME.

{ ASKED IF 2 OR MORE OPERATIONS OCCURRED IN SAME MO/YR

**OPERSAME**

DB-6b. Did you have the (OPERATIONS OCCURRING IN SAME MO/YR) in the same operation in (mo/yr), or were these separate operations?

Same operation .....1  
Separate operations .....5

{ IF NO MALE OPERATION REPORTED, GO TO DC SERIES.

{ ASKED FOR MALE OPERATION

**DATEOPMN\_M, DATEOPMN\_Y**

DB-7. When did [HUSBAND/PARTNER] have his [OPERATION]?

♦ *After R has given the year, say: Please record this operation in the box for this month and year on the "Birth Control Methods" row of your calendar. You might use "V" or some other abbreviation that you will recognize later. If this happened before January [YEAR OF INTERVIEW - 3], please record it in the box for "before January [YEAR OF INTERVIEW - 3]"*

{ IF OPERATION OCCURRED MORE THAN 5 YEARS AGO, GO TO DC SERIES.

{ IF OPERATION OCCURRED AFTER MO/YR WHEN R MARRIED HER CURRENT HUSBAND, AND  
{ OCCURRED WITHIN THE LAST 5 YEARS, GO TO DB-9 PLACOPMN.

{ IF OPERATION OCCURRED BEFORE MARRIAGE DATE OR R IS COHABITING WITH THIS MAN,  
{ AND OPERATION OCCURRED WITHIN THE LAST 5 YEARS

**WITHIMOP**

DB-8. You may have already told me this, but were you in a relationship with him at the time he had his [OPERATION]?

Yes ..... 1  
No ..... 5 (DC Series)

{ ASKED FOR MALE OPERATIONS OCCURRING WITHIN THE LAST 5 YEARS AND OCCURRING  
{ DURING THEIR RELATIONSHIP

**PLACOPMN**

DB-9. Looking at Card 25, please tell me where this operation was performed.

- Private doctor's office.....1
- HMO facility .....2
- Community health clinic, community clinic,  
public health clinic .....3
- Family planning or Planned Parenthood clinic .....4
- Employer or company clinic .....5
- School or school-based clinic .....6
- Hospital outpatient clinic .....7
- Hospital emergency room .....8
- Hospital regular room .....9
- Urgent care center, urgi-care, or walk-in facility ..10
- Some other place .....20

{ ASKED FOR MALE OPERATIONS OCCURRING WITHIN THE LAST 5 YEARS AND OCCURRING  
{ DURING THEIR RELATIONSHIP

**PAYMSTER**

DB-10. Looking at Card 16, please tell me all of the ways in which the bill for [HUSBAND/PARTNER]'s operation was paid.

*ENTER all that apply*

- Insurance .....1
- Co-payment or out-of-pocket payment .....2
- Medicaid .....3
- No payment required .....4
- Some other way .....5

{ ASKED FOR MALE OPERATIONS OCCURRING WITHIN THE LAST 5 YEARS AND OCCURRING  
{ DURING THEIR RELATIONSHIP

**RHADALLM**

DB-11a. At the time [HUSBAND/PARTNER] had his [OPERATION] in (MO/YR), had you, yourself, had all the children you wanted?

- Yes .....1
- No .....5

{ ASKED FOR MALE OPERATIONS OCCURRING WITHIN THE LAST 5 YEARS AND OCCURRING  
{ DURING THEIR RELATIONSHIP

**HHADALLM**

DB-11b. And what about him? At the time he had his [OPERATION], had he had all the children he wanted?

- Yes .....1
- No .....5

{ ASKED FOR MALE OPERATIONS OCCURRING WITHIN THE LAST 5 YEARS AND OCCURRING  
{ DURING THEIR RELATIONSHIP

**MEDREAS**

DB-12. Please look at Card 27. Did he have any of these medical reasons for having his (OPERATION)?

*ENTER all that apply*

- Pregnancy would be dangerous to your health.....1
- You would probably lose a pregnancy .....2
- You would probably have an unhealthy child.....3
- He had health problem that required the  
operation.....4

Some other medical reason .....5  
No medical reason for operation .....6

6, DK, OR RF CANNOT BE ENTERED WITH CODES 1-5

{ ASKED FOR MALE OPERATIONS OCCURRING WITHIN THE LAST 5 YEARS AND OCCURRING  
{ DURING THEIR RELATIONSHIP

**BCREASM**

DB-13a. At the time he had his [OPERATION], had you or [HUSBAND/PARTNER]  
been having problems with your method or methods of birth control?

Yes .....1  
No .....5 (DB-14 MINCDNMN)  
No, not using any method at the time ....6 (DB-14 MINCDNMN)

{ ASKED IF BIRTH CONTROL PROBLEMS REPORTED

**BCWHYM**

DB-13b. Was there a health or medical problem with the method of birth  
control you or he was using, or did you not like the method for  
some other reason?

Health or medical problem .....1  
Some other reason .....2  
Both .....3

{ IF ONLY 1 REASON REPORTED FOR THE MALE OPERATION, GO TO DC SERIES.

{ ASKED IF MORE THAN 1 REASON REPORTED FOR THE MALE OPERATION

**MINCDNMN**

DB-14. You mentioned that the reasons that [HUSBAND/PARTNER] had  
[OPERATION] were that... [ONLY DISPLAY THOSE REASONS THAT R  
REPORTED FOR HUSBAND/PARTNER ABOVE]. Which one of these was the  
main reason that he had [OPERATION]?

*ENTER 3 if any medical reasons reported as main reason.  
ENTER 5 if R reports that his main reason was something other than  
a reason she reported previously.*

You had all the children you wanted .....1  
Your husband or partner had all the children he wanted .2  
Medical reasons .....3  
Problems with other methods of birth control .....4  
Some other reason not mentioned above .....5

**REVERSAL OF TUBAL LIGATION OR VASECTOMY (DC)**

{ IF TUBAL LIGATION NOT REPORTED, GO TO DC-3 REVSVASX.

{ ASKED IF TUBAL LIGATION OR ESSURE PROCEDURE WAS REPORTED

**REVSTUBL**

DC-1. IF NO REVERSAL OPERATION PREVIOUSLY REPORTED, ASK:  
Have you ever had surgery to reverse your tubal sterilization?

ELSE IF REVERSAL OPERATION WAS ALREADY REPORTED, ASK:  
Earlier you mentioned that you had your tubal sterilization reversed.  
Is this correct?

Yes .....1

No .....5 (GO TO DC-3 REVSVASX)

{ ASKED IF R HAD REVERSAL OF TUBAL STERILIZATION

**DATRVSTB\_M, DATRVSTB\_Y**

DC-2. In what month and year did you have your tubal sterilization reversed?

*If R cannot recall month and year, REFER her to the life history calendar.*

♦ *After R has given the year, say:* Please record this operation in the box for this month and year on the "Birth Control Methods" row of your calendar. You might use "REV" or some other abbreviation that you will recognize later. If this happened before January [YEAR OF INTERVIEW - 3], please record it in the box for "before January [YEAR OF INTERVIEW - 3]".

{ IF R DID NOT REPORT A VASECTOMY FOR HER CURRENT H/P, GO TO DC-5 RWANTRVT.

{ ASKED IF R REPORTED THAT HER CURRENT H/P HAD A VASECTOMY

**REVSVASX**

DC-3. IF NO VASECTOMY REVERSAL WAS PREVIOUSLY REPORTED, ASK:

Has [HUSBAND/PARTNER] ever had surgery to reverse his vasectomy?

ELSE IF VASECTOMY REVERSAL WAS PREVIOUSLY REPORTED, ASK:

Earlier you mentioned that [HUSBAND/PARTNER] has had his vasectomy reversed. Is this correct?

Yes .....1

No .....5 (GO TO DC-5 RWANTRVT)

{ ASKED IF R REPORTED THAT HER CURRENT H/P HAD A VASECTOMY REVERSAL

**DATRVVEX\_M, DATRVVEX\_Y**

DC-4. In what month and year did [HUSBAND/PARTNER] have the reversal?

*If R cannot recall month and year, REFER her to the life history calendar.*

♦ *After R has given the year, say:* Please record this operation in the box for this month and year on the "Birth Control Methods" row of your calendar. You might use "REV" or some other abbreviation that you will recognize later. If this happened before January [YEAR OF INTERVIEW - 3], please record it in the box for "before January [YEAR OF INTERVIEW - 3]".

{ IF R HAD ANY OPERATION BESIDES TUBAL STERILIZATION OR HER CURRENT H/P HAD AN

{ OPERATION OTHER THAN VASECTOMY, GO TO DE SERIES.

{ THE REMAINING ITEMS IN THE DC SERIES ARE ASKED IF R's (OR COUPLE's) ONLY

{ STERILIZATION OPERATIONS ARE A TUBAL OR A VASECTOMY.

{ ASKED IF R REPORTED AN UNREVERSED TUBAL

**RWANTRVT**

DC-5. As things look to you now, if your tubal sterilization could be reversed safely, would you want to have it reversed? Would you say definitely yes, probably yes, probably no, or definitely no?

Definitely yes .....1

Probably yes .....2

Probably no .....3



Definitely no .....4

{ ASKED IF R IS CURRENTLY MARRIED OR COHABITING

**MANWANTT**

DC-6. Would [HUSBAND/PARTNER] like you to have your tubal sterilization reversed? Would you say definitely yes, probably yes, probably no, or definitely no?

Definitely yes.....1  
Probably yes.....2  
Probably no.. .....3  
Definitely no.....4

{ IF NO VASECTOMY REPORTED, GO TO DD SERIES.

{ ASKED IF R REPORTED AN UNREVERSED VASECTOMY FOR HER CURRENT H/P

**RWANTREV**

DC-7. As things look to you now, if [HUSBAND/PARTNER]'s vasectomy could be reversed safely, would you want to have it reversed? Would you say definitely yes, probably yes, probably no, or definitely no?

Definitely yes .....1  
Probably yes .....2  
Probably no .....3  
Definitely no .....4

**MANWANTR**

DC-8. Would [HUSBAND/PARTNER] like to have his vasectomy reversed? Would you say definitely yes, probably yes, probably no, or definitely no?

Definitely yes .....1  
Probably yes .....2  
Probably no .....3  
Definitely no .....4

**NON-SURGICAL STERILITY (DE)**

{ IF R IS SURGICALLY STERILE, GO TO SECTION E.

{ ELSE IF R IS CURRENTLY PREGNANT, GO TO DF-1 CANHAVER.

{ ASKED IF R IS NEITHER SURGICALLY STERILE NOR PREGNANT.

**POSIBLPG**

DE-1. Now I have a few more questions about your physical ability to have (a/another) baby at some time in the future.

Some women are not physically able to have children. As far as you know, is it physically possible for you, yourself, to have (a/another) baby?

Yes .....1  
No .....5

{ IF PHYSICALLY POSSIBLE, GO TO DE-3 POSIBLMN.

{ ASKED IF NOT PHYSICALLY POSSIBLE

**REASIMPR**

DE-2. What is the main reason it is impossible for you to have a baby in the future? Is it ...

- Impossible due to an accident or illness .....1
- Impossible due to menopause .....2
- Impossible for some other reason .....3
- Impossible for you to have a baby,  
for unknown reasons .....4

{ ASKED IF R REPORTED SOME OTHER REASON FOR DE-2 REASIMPR

**REASIMPR\_SP**

DE-2b. (What is the other reason it is impossible?)  
RECORD ANSWER VERBATIM:

---

{ ASKED IF R HAS A CURRENT H/P AND HE IS NOT SURGICALLY STERILE.

**POSIBLMN**

DE-3. What about [HUSBAND/PARTNER]? As far as you know, is it physically possible for him to father a baby in the future?

- Yes .....1
- No .....5

{ASKED IF PHYSICALLY IMPOSSIBLE FOR HIM

**REASIMPP**

DE-4. What is the main reason it is impossible for [HUSBAND/PARTNER] to father a baby in the future?

- Impossible due to an accident or illness .....1
- Impossible for some other reason .....2
- Impossible for him to father a baby,  
for unknown reasons .....3

{ ASKED IF R REPORTED SOME OTHER REASON FOR DE-4 REASIMPP

**REASIMPP\_SP**

DE-4b. (What is the other reason it is impossible?)  
RECORD ANSWER VERBATIM:

---

{ IF PHYSICALLY IMPOSSIBLE FOR R TO HAVE A BABY, GO TO DF-3 CANHAVEM.

**PREGNANCY DIFFICULTY SERIES (DF)**

{ ASKED IF PHYSICALLY POSSIBLE FOR R TO HAVE A BABY

**CANHAVER**

DF-1. Some women are physically able to have (a/another) baby, but have difficulty getting pregnant or carrying the baby to term. As far as you know, would you, yourself, have any difficulty getting pregnant (again) or carrying (a/another) baby (after this pregnancy)?

- Yes .....1
- No .....5 (GO TO DF-3 CANHAVEM)

{ ASKED IF R HAS DIFFICULTY

**READIFF**

DF-2. Please look at Card 28. What is the reason that it would be difficult for you to have (a/another) baby?

*ENTER all that apply*

- You have difficulty getting pregnant.....1
- You have difficulty carrying baby to term.....2
- Pregnancy is dangerous to your health.....3
- You are likely to have an unhealthy baby .....4
- Or some other reason .....5

{ ASKED IF R HAS A CURRENT H/P WHO IS PHYSICALLY ABLE TO FATHER A CHILD

**CANHAVEM**

DF-3. As far as you know, does [HUSBAND/PARTNER] have any difficulty fathering a baby?

- Yes .....1
- No .....5

{ ASKED IF PHYSICALLY POSSIBLE FOR R TO HAVE A BABY

**PREGNONO**

DF-4. At any time has a medical doctor ever advised you never to become pregnant (again)?

- Yes .....1
- No .....5 (GO TO SECTION E)

{ ASKED IF PREGNONO = YES

**REASONNO**

DF-5. Please look at Card 29 and tell me why the doctor advised you not to become pregnant?

*ENTER all that apply*

- Dangerous for you .....1
- Dangerous for your baby .....2
- Some other reason .....3

**SECTION E**

**Contraceptive History and Pregnancy Wantedness**

**CONTRACEPTIVE METHODS EVER USED (EA)**

**INTR-EA1**

EA-0. Card 30 lists methods that some people use to prevent pregnancy or to prevent sexually transmitted disease. As I read a method from the list, please tell me if you have ever used it for any reason. Just give me a "yes" or "no" answer. Please answer yes even if you have only used the method once.

**PILL**

EA-1. Have you ever used birth control pills?

*If R volunteers she never used a method, probe to make sure R has read the entire card and is sure of her answer.*

Yes.....1  
No.....5

{IF R HAS NEVER HAD SEX GO TO DEPOPROV EA-4

**CONDOM**

EA-2. Have you ever used condoms or rubbers with a partner?

*If R volunteers she never used a (another) method, probe to make sure R has read the entire card and is sure of her answer.*

Yes.....1  
No.....5

**VASECTMY**

EA-3. Have you ever had sex with a partner who had a vasectomy?

*If R volunteers she never used a (another) method, probe to make sure R has read the entire card and is sure of her answer.*

Yes.....1  
No.....5

**DEPOPROV**

EA-4. (Have you ever used) Depo-Provera, an injectable (or shot) given once every three months?

*If R volunteers she never used a (another) method, probe to make sure R has read the entire card and is sure of her answer.*

Yes.....1  
No.....5

**LUNELLE**

EA-5. (Have you ever used) Lunelle, a once-a-month injection?

*If R volunteers she never used a (another) method, probe to make sure R has read the entire card and is sure of her answer.*

Yes.....1  
No.....5

{ IF R HAS NEVER HAD SEX, GO TO PATCH EA-9

**WIDRAWAL**

EA-6. Have you ever had sex with a partner who used withdrawal or "pulling out"?

*If R volunteers she never used a (another) method, probe to make sure R has read the entire card and is sure of her answer.*

Yes.....1  
No.....5

**RHYTHM**

EA-7. Have you ever used rhythm or safe period by calendar to prevent pregnancy?

*If R volunteers she never used a (another) method, probe to make sure R has read the entire card and is sure of her answer.*

Yes.....1  
No.....5

**TEMPSAFE**

EA-8. (Have you ever used) Natural family planning or safe period by temperature or cervical mucus test to prevent pregnancy?

*If R volunteers she never used a (another) method, probe to make sure R has read the entire card and is sure of her answer.*

Yes.....1  
No.....5

**PATCH**

EA-9. (Have you ever used) The contraceptive patch?

*If R volunteers she never used a (another) method, probe to make sure R has read the entire card and is sure of her answer.*

Yes.....1  
No.....5

**RING**

EA-10. (Have you ever used) The vaginal contraceptive ring (or "NuvaRing")?

*If R volunteers she never used a (another) method, probe to make sure R has read the entire card and is sure of her answer.*

Yes.....1  
No.....5

{ IF R HAS NEVER HAD SEX, GO TO OTHRMETH EA-14

**MORNPILL**

EA-11. (Have you ever used) Emergency contraception, also known as "Plan

B" or "Preven", or "morning after pills"?

*Read if necessary:* This is a series of regular birth control pills taken within 72 hours after unprotected sex to help a woman avoid pregnancy.

*If R volunteers she never used a (another) method, probe to make sure R has read the entire card and is sure of her answer.*

Yes.....1  
No.....5

{IF R HAS NEVER USED EMERGENCY CONTRACEPTION GO TO EA-14 OTHRMETH

**ECTIMESX**

EA-12. How many different times have you used emergency contraception?

Number \_\_\_\_\_

**ECREASON**

EA-13. Did you use emergency contraception because you were worried your birth control method would not work, you didn't use birth control that time, or for some other reason?

*ENTER all that apply*

You were worried your birth control method would not work.....1  
You didn't use birth control that time.....2  
Some other reason.....3

**ECWHERE**

EA-13a. (The last time you used it,) where did you get the emergency contraception?

Private doctor's office.....1  
HMO facility.....2  
Community health clinic, Community clinic, Public health clinic....3  
Family planning or Planned Parenthood Clinic.....4  
Employer or company clinic.....5  
School or school-based clinic.....6  
Hospital outpatient clinic.....7  
Hospital emergency room.....8  
Hospital regular room.....9  
Urgent care center, urgi-care or walk-in facility.....10  
Friend.....11  
Partner or spouse.....12  
Drug store.....13  
Mail order/Internet.....14  
Some other place.....20

**ECWHEN**

EA-13b. (The last time you used it,) was that within the last 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1)?

Yes.....1  
No.....5

**OTHRMETH**

EA-14.

Card 33 lists some other methods of birth control. Which, if any, of the methods listed on that card have you ever used? Please tell me the method even if you have only used it once.

*ENTER all that apply*

- Birth control pills.....3
- Condom.....4
- Partner's vasectomy.....5
- Female sterilizing operation, such as tubal sterilization and hysterectomy.....6
- Withdrawal, pulling out.....7
- Depo-Provera, injectables (shots).....8
- Hormonal implants (Norplant or Implanon)....9
- Rhythm or safe period by calendar.....10
- Safe period by temperature or cervical mucus test, natural family planning.....11
- Diaphragm.....12
- Female condom, vaginal pouch.....13
- Foam.....14
- Jelly or cream.....15
- Cervical cap.....16
- Suppository, insert.....17
- Today™ sponge.....18
- IUD, coil, loop.....19
- Other method.....21
- Lunelle injectable (monthly shot).....24
- Contraceptive patch.....25
- Vaginal contraceptive ring.....26
  
- No other methods ever used.....95

{ASKED IF R USED AN "OTHER" METHOD OF CONTRACEPTION

**SP\_OTHRMETH**

EA-15.

(Have you used any other methods?)

*Specify*

{IF R HAS NEVER USED A METHOD, GO TO EC SERIES

**METHDISS**

EA-16.

Some people try a method and then don't use it again, or stop using it, because they are not satisfied with the method. Did you ever stop using a method because you were not satisfied with it in some way?

*Do not count stopping a method for reasons other than dissatisfaction, for example, stopped to get pregnant or because not having intercourse*

- Yes.....1
- No.....5

{ASKED IF R EVER STOPPED USING A METHOD DUE TO DISSATISFACTION

**METHSTOP**

EA-17.

Please look at Card 31. What method or methods did you stop because you were not satisfied?

ENTER all that apply

Birth control pills.....	3
Condom.....	4
Partner's vasectomy.....	5
Female sterilizing operation, such as tubal sterilization and hysterectomy.....	6
Withdrawal, pulling out.....	7
Depo-Provera, injectables (shots).....	8
Hormonal implants (Norplant or Implanon)....	9
Rhythm or safe period by calendar.....	10
Safe period by temperature or cervical mucus test, natural family planning.....	11
Diaphragm.....	12
Female condom, vaginal pouch.....	13
Foam.....	14
Jelly or cream.....	15
Cervical cap.....	16
Suppository, insert.....	17
Today™ sponge.....	18
IUD, coil, loop.....	19
Other method.....	21
Lunelle injectable (monthly shot).....	24
Contraceptive patch.....	25
Vaginal contraceptive ring.....	26

{ ASKED IF R EVER STOPPED USING BIRTH CONTROL PILLS DUE TO DISSATISFACTION

**REASPILL**

EA-18. Looking at Card 32, What was the reason or reasons you were not satisfied with the Pill?

ENTER all that apply

Too expensive.....	1
Insurance did not cover it.....	2
Too difficult to use.....	3
Too messy.....	4
Your partner did not like it.....	5
You had side effects.....	6
You were worried you might have side effects.....	7
You worried the method would not work.....	8
The method failed, you became pregnant.....	9
The method did not protect against disease.....	10
Because of other health problems, a doctor told you that you should not use the method again....	11
The method decreased your sexual pleasure.....	12
Too difficult to obtain the method.....	13
Did not like the changes to your menstrual cycle.....	14
Other.....	15

{ ASKED IF REASPILL = 15 (OTHER REASON)

**SP\_REASPILL**

EA-18b. (Looking at Card 32, What was the reason or reasons you were not satisfied with the Pill?)

Specify



{ ASKED IF R EVER STOPPED USING THE CONDOM DUE TO DISSATISFACTION

**REASCOND**

EA-19. Looking at Card 32, What was the reason or reasons you were not satisfied with the condom?

*ENTER all that apply.*

- Too expensive.....1
- Insurance did not cover it.....2
- Too difficult to use.....3
- Too messy.....4
- Your partner did not like it.....5
- You had side effects.....6
- You were worried you might have side effects.....7
- You worried the method would not work.....8
- The method failed, you became pregnant.....9
- The method did not protect against disease.....10
- Because of other health problems, a doctor told you that you should not use the method again....11
- The method decreased your sexual pleasure.....12
- Too difficult to obtain the method.....13
- Did not like the changes to your menstrual cycle.....14
- Other.....15

{ ASKED IF REASCOND = 15 (OTHER REASON)

**SP\_REASCOND**

EA-19b. (Looking at Card 32, What was the reason or reasons you were not satisfied with the condom?)

*Specify*

{ ASKED IF R EVER STOPPED USING DEPO-PROVERA DUE TO DISSATISFACTION

**REASDEPO**

EA-20. Looking at Card 32, What was the reason or reasons you were not satisfied with Depo-Provera?

*ENTER all that apply.*

- Too expensive.....1
- Insurance did not cover it.....2
- Too difficult to use.....3
- Too messy.....4
- Your partner did not like it.....5
- You had side effects.....6
- You were worried you might have side effects.....7
- You worried the method would not work.....8
- The method failed, you became pregnant.....9
- The method did not protect against disease.....10
- Because of other health problems, a doctor told you that you should not use the method again....11
- The method decreased your sexual pleasure.....12
- Too difficult to obtain the method.....13
- Did not like the changes to your menstrual cycle.....14
- Other.....15

{ ASKED IF REASDEPO = 15 (OTHER REASON)

**SP\_REASDEPO**

EA-20b. (Looking at Card 32, What was the reason or reasons you were not satisfied with the Depo-Provera?)

*Specify*

{ ASKED IF R EVER STOPPED USING LUNELLE INJECTIBLE DUE TO DISSATISFACTION

**REASLUNL**

EA-21. Looking at Card 32, What was the reason or reasons you were not satisfied with Lunelle injectible?

*ENTER all that apply.*

- Too expensive.....1
- Insurance did not cover it.....2
- Too difficult to use.....3
- Too messy.....4
- Your partner did not like it.....5
- You had side effects.....6
- You were worried you might have side effects.....7
- You worried the method would not work.....8
- The method failed, you became pregnant.....9
- The method did not protect against disease.....10
- Because of other health problems, a doctor told you that you should not use the method again....11
- The method decreased your sexual pleasure.....12
- Too difficult to obtain the method.....13
- Did not like the changes to your menstrual cycle.....14
- Other.....15

{ ASKED IF REASLUNL = 15 (OTHER REASON)

**SP\_REASLUNL**

EA-21b. (Looking at Card 32, What was the reason or reasons you were not satisfied with the Lunelle injectible?)

*Specify*

{ ASKED IF R EVER STOPPED USING THE CONTRACEPTIVE PATCH DUE TO DISSATISFACTION

**REASPTCH**

EA-22. Looking at Card 32, What was the reason or reasons you were not satisfied with the contraceptive patch?

*ENTER all that apply.*

- Too expensive.....1
- Insurance did not cover it.....2
- Too difficult to use.....3
- Too messy.....4
- Your partner did not like it.....5
- You had side effects.....6
- You were worried you might have side effects.....7
- You worried the method would not work.....8
- The method failed, you became pregnant.....9
- The method did not protect against disease.....10
- Because of other health problems, a doctor

told you that you should not use the method again....	11
The method decreased your sexual pleasure.....	12
Too difficult to obtain the method.....	13
Did not like the changes to your menstrual cycle.....	14
Other.....	15

{ ASKED IF REASPTCH = 15 (OTHER REASON)

**SP\_REASPTCH**

EA-22b. (Looking at Card 32, What was the reason or reasons you were not satisfied with the contraceptive patch?)

*Specify*

{IF R HAS NEVER USED A CONTRACEPTIVE METHOD, BUT HAS HAD SEX, GO TO EC SERIES.

{IF R HAS NEVER USED A CONTRACEPTIVE METHOD AND HAS NEVER HAD SEX, GO TO SECTION F

**FIRST METHOD SERIES (EB)**

**INTR-EB1**

EB-0. Now I need to ask a few questions about the very first time in your life that you used a birth control method for any reason.

**FIRSMETH**

EB-1. What was the first birth control method you ever used for any reason? If you used more than one method, please tell me about each one. Please refer to Card 33.

*ENTER all that apply*

*If R spontaneously mentions she was sterile (aside from sterilizing operation listed among categories), ENTER 22.*

*If R spontaneously mentions her partner was sterile (aside from vasectomy listed in categories), ENTER 23.*

Birth control pills.....	3
Condom.....	4
Partner's vasectomy.....	5
Female sterilizing operation, such as tubal sterilization and hysterectomy.....	6
Withdrawal, pulling out.....	7
Depo-Provera, injectables.....	8
Hormonal implants (Norplant or Implanon)....	9
Rhythm or safe period by calendar.....	10
Safe period by temperature or cervical mucus test, natural family planning.....	11
Diaphragm.....	12
Female condom, vaginal pouch.....	13
Foam.....	14
Jelly or cream.....	15
Cervical cap.....	16
Suppository, insert.....	17
Today™ sponge.....	18
IUD, coil, loop.....	19
Emergency contraception.....	20
[JA 4/10/07: check if this change was actually made]	
Other method .....	21

Respondent was sterile.....	22
Respondent's partner was sterile.....	23
Lunelle injectable (monthly shot).....	24
Contraceptive patch.....	25
Vaginal contraceptive ring.....	26

{ASKED IF FIRST METHOD USED WAS "OTHER"

**SP\_FIRSMETH**

EB-1. (What was the first birth control method you ever used for any reason? If you used more than one method, please tell me about each one. Please refer to Card 33.)

*Specify*

{IF R HAS NEVER HAD SEX, GO TO EB-3 WNFSTUSE\_MO

{ASKED IF R's FIRST METHOD WAS NOT A CONTINUOUS METHOD

**FIRSTIME1**

EB-2. Please look at Card 34. Thinking again of the very first time you ever used a method of birth control, when was it? Was it the first time you had intercourse, less than a month after your first intercourse, one to three months after your first intercourse, four to twelve months after your first intercourse, or more than twelve months after your first intercourse?

The first time you had intercourse.....	2
Less than a month after your first intercourse.....	3
One to three months after first intercourse.....	4
Four to twelve months after first intercourse.....	5
More than twelve months after first intercourse.....	6

{ASKED IF R's FIRST METHOD WAS A CONTINUOUS METHOD

**FIRSTIME2**

EB\_2. Please look at Card 35. Thinking again of the very first time you ever used a method of birth control, when was it? Was it before your first intercourse, the first time you had intercourse, less than a month after your first intercourse, one to three months after your first intercourse, four to twelve months after your first intercourse, or more than twelve months after your first intercourse?

Before your first intercourse.....	1
The first time you had intercourse .....	2
Less than a month after your first intercourse.....	3
One to three months after first intercourse.....	4
Four to twelve months after first intercourse.....	5
More than twelve months after first intercourse.....	6

{ ASKED IF FIRST METHOD USE WAS AFTER FIRST SEX  
**NOMETH**

EB-2a. Including your first sex, how many times did you have sexual intercourse before you used a method of birth control?

Number \_\_\_\_\_

*If R used a method at second sex, response should be "1".*

{ ASKED IF FIRST METHOD USE WAS NOT AT FIRST SEX  
**WNFSTUSE\_M/WNFSTUSE\_Y**

EB-3. Now, please look at your calendar, and tell me in what month and year you first used a method (for any reason).

Display if R HAS EVER HAD SEX:

*If respondent needs help, remind her of the date of her first intercourse which was in [DATE].*

♦ *After R has given the year, say: Please write this on your calendar on the "Birth Control Methods" row, in the box for this month and year. You can use an abbreviation for the method, or anything that you will recognize later. If this date is before January [YEAR OF INTERVIEW - 3], write the date and method in the "Before January [YEAR OF INTERVIEW - 3]" box.*

{ ASKED IF FIRST METHOD USE WAS NOT AT FIRST SEX  
**AGEFSTUS**

EB-4. How old were you the first time you used a method for any reason?

Age in years \_\_\_\_\_

{ ASKED IF AGE IS 15-24 AND FIRST METHOD USED WAS A DRUG OR DEVICE  
**PLACGOTF**

EB-5. Please look at Card 36. Where did you get the [FIRST METHOD USED]?

Private doctor's office.....	1
HMO facility.....	2
Community health clinic, Community clinic, Public health clinic....	3
Family planning or Planned Parenthood Clinic.....	4
Employer or company clinic.....	5
School or school-based clinic.....	6
Hospital outpatient clinic.....	7
Hospital emergency room.....	8
Hospital regular room.....	9
Urgent care center, urgi-care or walk-in facility.....	10
Friend.....	11
Partner or spouse.....	12
Drug store.....	13
Mail order/Internet.....	14
Some other place.....	20

{IF FIRST METHOD USE WAS AT OR AFTER FIRST INTERCOURSE, GO TO EC SERIES

{ASKED IF FIRST METHOD USE WAS BEFORE FIRST INTERCOURSE  
**USEFRSTS**

EB-6. Did you use any birth control method the first time you had intercourse?  
Yes.....1 (GO TO MTHFRSTS EB-8)

No.....5

{ASKED IF FIRST METHOD USE WAS BEFORE FIRST INTERCOURSE AND NO METHOD USED AT FIRST INTERCOURSE

**NOMETH2**

EB-7. Including your first sex, how many times did you have sexual intercourse before you used a method of birth control during sexual intercourse?

Number \_\_\_\_\_

*If R used a method at second sex, response should be "1".*

{ASKED IF FIRST METHOD USE WAS BEFORE FIRST INTERCOURSE AND A METHOD WAS ALSO USED AT FIRST INTERCOURSE

**MTHFRSTS**

EB-8. Which method did you use the first time you had intercourse? The methods are listed on Card 33. If you used more than one method at the same time, please tell me about that.

*ENTER all that apply*

*If R spontaneously mentions she was sterile (aside from sterilizing operation listed in categories), ENTER 22.*

*If R spontaneously mentions her partner was sterile (aside from vasectomy listed in categories), ENTER 23.*

- Birth control pills.....3
- Condom.....4
- Partner's vasectomy.....5
- Female sterilizing operation, such as tubal sterilization and hysterectomy.....6
- Withdrawal, pulling out.....7
- Depo-Provera, injectables.....8
- Hormonal implants (Norplant or Implanon)...9
- Rhythm or safe period by calendar.....10
- Safe period by temperature or cervical mucus test, natural family planning.....11
- Diaphragm.....12
- Female condom, vaginal pouch.....13
- Foam.....14
- Jelly or cream.....15
- Cervical cap.....16
- Suppository, insert.....17
- Today™ sponge.....18
- IUD, coil, loop.....19
- Emergency contraception.....20
- Other method (Specify).....21
  
- Respondent was sterile.....22
- Respondent's partner was sterile.....23
- Lunelle injectable (monthly shot).....24
- Contraceptive patch.....25
- Vaginal contraceptive ring.....26

{ASKED IF METHOD USED AT FIRST SEX WAS "OTHER"

**SP\_MTHFRSTS**

EB-8. (Which method did you use the first time you had intercourse? The methods are listed on Card 33. If you used more than one method at the

same time, please tell me about that. )

*Specify*

**PERIODS OF NON INTERCOURSE (EC)**

{IF R NEVER HAD SEX, GO TO ED SERIES

{IF R's FIRST SEX WAS THE MONTH OF INTERVIEW, ASSIGN "YES" TO INTERCOURSE IN CURRENT MONTH, AND GO TO ED SERIES

**INTR-EC1**

EC-1. Many women have times when they are not having intercourse at all, for example, because of pregnancy, separation, not dating anyone, illness, or other reasons. I'd like to know the months since (the first time you had intercourse, which was in [DATE OF FIRST SEX]/ January [YEAR OF INTERVIEW - 3]) that you did not have intercourse at all for the entire month. First, let's make sure you have other information on your calendar.

{INFORMATION ABOUT PREGNANCIES, IF ANY, APPEARS ON SCREEN THAT RESPONDENT HAS PROVIDED IN PRIOR SECTIONS, AS AN AID FOR ENTERING THE CURRENT INFORMATION

**INTR-EC2**

EC-2. (Many women have times when they are not having intercourse at all, for example, because of pregnancy, separation, not dating anyone, illness, or other reasons. I'd like to know the months since (the first time you had intercourse, which was in [DATE OF FIRST SEX]/ January [YEAR OF INTERVIEW - 3]) that you did not have intercourse at all for the entire month. First, let's make sure you have other information on your calendar.)

{INFORMATION ABOUT DATES OF SEXUAL PARTNERS IF ANY, APPEARS ON SCREEN THAT RESPONDENT HAS PROVIDED IN PRIOR SECTIONS, AS AN AID FOR ENTERING THE CURRENT INFORMATION

**INTR-EC3**

EC-3. Since ([DATE OF FIRST SEX]/ January [YEAR OF INTERVIEW - 3]), have there been any times when you were not having intercourse at all for one month or more?

*Remember,  
'Yes' means the respondent had at least one month of no intercourse, and  
'No' means R had intercourse every month.  
Yes.....1  
No.....5*

{IF R HAD INTERCOURSE EVERY MONTH, GO TO ED SERIES

**INTR-EC4**

EC-4. Start with the current month, [MONTH OF INTERVIEW], and think about each month one at a time, going back to (January [YEAR OF INTERVIEW - 3]/[DATE OF FIRST SEX]). On the row labeled "Intercourse", please mark an "x" in the box for each month during which you had intercourse at least once. So the boxes in this row that are blank will be the ones during which you did not have intercourse at all for the whole month.

{IF R's DATE OF FIRST SEX WAS ON OR AFTER January [INTERVIEW YEAR], GO TO

INTR-EC7

**INTR-EC5**

EC-5. Now think about last year, [YEAR OF INTERVIEW- 1]. Start with December, and think about each month one at a time, going back to (January [YEAR OF INTERVIEW - 1])/[DATE OF FIRST SEX]). Please mark an "x" in the box for each month during which you had intercourse at least once.

{IF R's DATE OF FIRST SEX WAS ON OR AFTER January [YEAR OF INTERVIEW - 1], GO TO INTR-EC7

**INTR-EC6**

EC-6. Finally, start with December [YEAR OF INTERVIEW - 2], and think about each month one at a time, going back to January [YEAR OF INTERVIEW - 3]/[DATE OF FIRST SEX]). Please mark an "x" in the box for each month during which you had intercourse at least once.

**INTR-EC7**

EC-7. Now I need to enter those months into the computer. Would you prefer that I look at your calendar, or would you rather tell me the months?

*If Respondent is reading the months:*

Please tell me the months that you had intercourse, starting with [January [YEAR OF INTERVIEW - 3]/DATE OF FIRST SEX].

*MAKE SURE you know whether she is telling you the months she did NOT have intercourse or the months she DID have intercourse.*

**MONSX**

EC-8. [HEADER: DATE CORRESPONDING TO WHERE THE CURSOR IS IN THE GRID]

*ENTER 1 if the Respondent marked an X in this month or mentions it as a month that intercourse occurred. Otherwise, PRESS [Enter] to continue.*

**CONTRACEPTIVE METHOD HISTORY (ED)**

{IF R HAS NEVER USED A CONTRACEPTIVE METHOD, GO TO EG SERIES

**INTR-ED1**

ED-1. Before we begin this next section on your birth control use, I need to make sure all of the information we need is on your calendar.

{INFORMATION ABOUT PREGNANCIES, IF ANY, APPEARS ON SCREEN THAT RESPONDENT HAS PROVIDED IN PRIOR SECTIONS, AS AN AID FOR ENTERING THE CURRENT INFORMATION

**INTR-ED2**

ED-2. (Before we begin this next section on your birth control use, I need to make sure all of the information we need is on your calendar.)

{MONTHS OF NONINTERCOURSE, IF ANY, APPEAR ON SCREEN THAT RESPONDENT HAS PROVIDED IN PRIOR SERIES, AS AN AID FOR ENTERING THE CURRENT INFORMATION



**INTR-ED3**

ED-3. (Before we begin this next section on your birth control use, I need to make sure all of the information we need is on your calendar.)

{INFORMATION ON STERILIZING OPERATIONS, IF ANY, APPEAR ON SCREEN THAT RESPONDENT HAS PROVIDED IN PRIOR SECTION, AS AN AID FOR ENTERING THE CURRENT INFORMATION

*Once R has entered all information and/or verified that it is correct, continue.*

{ ASKED IF DATE OF R'S HYSTERECTOMY IS PRIOR TO STARTING MONTH OF METHOD CALENDAR, ELSE GO TO ED-4b

**INTR-ED4a**

ED-4a. The next questions are about birth control methods you may have used between (START DATE OF METHOD CALENDAR) and (CMENDMC\_FILL). Remember that this also refers to methods men use, such as condoms, vasectomy, and withdrawal.

As we discussed earlier, you had a hysterectomy in (DATE OF HYSTERECTOMY). Since (START DATE OF METHOD CALENDAR), have you used any other birth control methods for any reasons, such as preventing disease?

Yes.....1  
No.....5

{ IF R HAS USED OTHER BIRTH CONTROL METHODS SINCE STARTING MONTH OF METHOD CALENDAR OR IF R HAS NOT HAD A HYSTERECTOMY, CONTINUE WITH ED-4b.

**INTR-ED4b**

ED-4b. I need to find out about the birth control methods you used each month between (DATE OF FIRST METHOD USE) and January [YEAR OF INTERVIEW - 3]. Remember to include methods men use -- such as condoms, vasectomy, and withdrawal -- in your answer.

*Mark method history start and end dates on calendar for R.*

Looking at the methods on Card 37, please write the methods you used each month on the calendar. I need to know about all the methods you used, so if you used more than one method in a month, please record all the methods you used that month.

To do this, on the "Birth Control Methods" row, write the name of the method in each month that you used a method, going back to (DATE OF FIRST METHOD USE). You can use an abbreviation for the method if you wish.

{IF R HAS HAD A STERILIZING OPERATION

Even though we've marked the month that your sterilization began, if you used any methods after that time, please mark an "x" on the appropriate row, in the months you used them.

**INTR-ED5**

ED-5. Take your time.

*Help her record methods on calendar.*

When R has recorded all methods on the calendar, SAY:

Now I need to enter the methods in the computer. It is important that we get these methods correct. If you notice that I have entered something incorrectly, please let me know.

Have R read methods to you if possible. Verify methods with R as you enter them.

**METHHIST**

ED-6. *METHHIST* is recorded for each method used in each month of the calendar. Up to 4 different methods may be recorded for each month.

No method used.....	1
Same as previous month.....	2
Birth control pills.....	3
Condom.....	4
Partner's vasectomy.....	5
Female sterilizing operation, such as tubal sterilization and hysterectomy.....	6
Withdrawal, pulling out.....	7
Depo-Provera, injectables.....	8
Hormonal implants (Norplant or Implanon).....	9
Rhythm or safe period by calendar.....	10
Safe period by temperature or cervical mucus test, natural family planning.....	11
Diaphragm.....	12
Female condom, vaginal pouch.....	13
Foam.....	14
Jelly or cream.....	15
Cervical cap.....	16
Suppository, insert.....	17
Today™ sponge.....	18
IUD, coil, loop.....	19
Emergency contraception.....	20
Other method.....	21
Respondent sterile.....	22
Respondent's partner sterile.....	23
Same method used through the end of the year.....	55
Lunelle injectable (monthly shot).....	24
Contraceptive patch.....	25
Vaginal contraceptive ring.....	26

{ASKED IF METHOD WAS "OTHER"

**SP\_METHHIST**

ED-7. (ENTER method(s) used in (MONTH OF METHOD CALENDAR):)

*Specify*

{ASKED IF R SAID SHE USED THE SAME METHOD FOR THE WHOLE YEAR

**SAMEAllYear**

ED-8. I'm about to enter that you used [METHOD] every month from [THIS MONTH] through [DECEMBER OF THAT YEAR or INTERVIEW MONTH if this is the interview year]. Is that correct?

- Yes.....1
- No.....5

{ ASKED IF R REPORTED 1 OR MORE METHODS IN THE FIRST MONTH OF THE METHOD

CALENDAR, January [YEAR OF INTERVIEW - 3])

**DATBEGIN\_M/DATBEGIN\_Y**

ED-9. IF ONLY ONE METHOD REPORTED IN 1ST MONTH OF MC, ASK:

When did you start using (this method/that method combination)? If you used (this method/that method combination) on and off before (DATE OF START OF CALENDAR), please tell me when you started using the method (combination) most recently before January [YEAR OF INTERVIEW - 3].

{IF MORE THAN ONE METHOD IN THE MONTH, AND ONE IS THE PILL, SAY:

If you used the methods at different times during that month, please tell me when you started using the pill most recently before January [YEAR OF INTERVIEW - 3].

{IF R USED ONLY ONE METHOD IN FIRST MONTH OF CALENDAR, GO BACK TO ED-1 METHHIST UNTIL THERE ARE NO MORE MONTHS OF METHOD CALENDAR

{ASKED IF R USED TWO METHODS IN ONE MONTH OF CALENDAR

**SIMSEQ**

ED-10. Did you use those methods together, that is, at the same time, or did you use them at different times during the month?

Same time.....1  
Different times.....2

{ASKED IF R USED THREE OR MORE METHODS IN ONE MONTH OF CALENDAR

**MTHUSIMX**

ED-11. During that month, which (of those methods/other methods), if any, did you use at the same time?

*Select next set of methods used simultaneously. Code all that apply.*

- None.....1
- Office use only.....2
- Birth control pills.....3
- Condom.....4
- Partner's vasectomy.....5
- Female sterilizing operation, such as tubal sterilization and hysterectomy.....6
- Withdrawal, pulling out.....7
- Depo-Provera, injectables.....8
- Hormonal implants (Norplant or Implanon)....9
- Rhythm or safe period by calendar.....10
- Safe period by temperature or cervical mucus test, natural family planning.....11
- Diaphragm.....12
- Female condom, vaginal pouch.....13
- Foam.....14
- Jelly or cream.....15
- Cervical cap.....16
- Suppository, insert.....17
- Today<sup>tm</sup> sponge.....18
- IUD, coil, loop.....19
- Emergency contraception.....20
- Other method (Display specified response)..21
  
- R's sterility.....22
- R's partner's sterility.....23
- Luvelle injectable (monthly shot).....24

Contraceptive patch.....	25
Vaginal contraceptive ring.....	26

{IF THERE ARE MONTHS REMAINING IN THE METHOD CALENDAR TO RECORD, GO BACK TO ED-1 METHHIST.

{IF R HAS NEVER HAD SEX:  
 AND CURRENT METHOD IS PILL, GO TO EJ SERIES  
 AND CURRENT METHOD IS NOT PILL, GO TO SECTION F

**METHOD USE AT LAST (AND FIRST) SEX WITH UP TO 3 PARTNERS IN THE PAST 12 MONTHS (EF)**

{IF R HAS NOT HAD SEX IN THE PAST 12 MONTHS, GO TO EG SERIES

**INTRBC12**

EF\_0. Now I have some questions about your use of birth control with your sexual partner(s) within the past year, that is, since (CMLSTYR\_FILL). It will be helpful to look at your calendar for any information on sexual partners, months you did not have intercourse, and birth control methods you used.

{ASKED FOR UP TO 3 PARTNERS IN THE PAST 12 MONTHS UNLESS ALREADY KNOWN (FROM FIRST METHOD USE SERIES)

**USELSTP**

EF-1. Looking at Card 33, the (last) time you had intercourse with [PARTNER] in [DATE], did you or he use any method?

Yes.....	1
No.....	5

{ASKED IF USED A METHOD AT LAST INTERCOURSE WITH PARTNER

**LSTMTHP**

EF-2. Which method or methods on Card 33 did you or he use?

Birth control pills.....	3
Condom.....	4
Partner's vasectomy.....	5
Female sterilizing operation, such as tubal sterilization or hysterectomy.....	6
Withdrawal, pulling out.....	7
Depo-Provera, injectables.....	8
Hormonal implants (Norplant or Implanon)....	9
Rhythm or safe period by calendar.....	10
Safe period by temperature or cervical mucus test, natural family planning.....	11
Diaphragm.....	12
Female condom, vaginal pouch.....	13
Foam.....	14
Jelly or cream.....	15
Cervical cap.....	16
Suppository, insert.....	17
Today™ sponge.....	18
IUD, coil, loop.....	19
Emergency contraception.....	20
Other method.....	21
Respondent was sterile.....	22
Respondent's partner was sterile.....	23

Lunelle injectable (monthly shot).....	24
Contraceptive patch.....	25
Vaginal contraceptive ring.....	26

{ASKED FOR EACH PARTNER IN THE PAST 12 MONTHS UNLESS ALREADY KNOWN (FROM FIRST METHOD USE SERIES) OR UNLESS ONLY HAD SEX WITH HIM ONCE

**USEFSTP**

EF-3. Looking at Card 33, the first time you had intercourse with [PARTNER] in [DATE], did you or he use any method?

Yes.....	1
No.....	5

{ASKED IF USED A METHOD AT FIRST INTERCOURSE WITH PARTNER

**FSTMTHP**

EF-4. Which method or methods on Card 33 did you or he use?

Birth control pills.....	3
Condom.....	4
Partner's vasectomy.....	5
Female sterilizing operation, such as tubal sterilization or hysterectomy.....	6
Withdrawal, pulling out.....	7
Depo-Provera, injectables.....	8
Hormonal implants (Norplant or Implanon)....	9
Rhythm or safe period by calendar.....	10
Safe period by temperature or cervical mucus test, natural family planning.....	11
Diaphragm.....	12
Female condom, vaginal pouch.....	13
Foam.....	14
Jelly or cream.....	15
Cervical cap.....	16
Suppository, insert.....	17
Today <sup>tm</sup> sponge.....	18
IUD, coil, loop.....	19
Emergency contraception.....	20
Other method.....	21
Respondent was sterile.....	22
Respondent's partner was sterile.....	23
Lunelle injectable (monthly shot).....	24
Contraceptive patch.....	25
Vaginal contraceptive ring.....	26

{GO TO BEGINNING OF LOOP (EF-1 USELSTFP) FOR NEXT PARTNER IF ANY

{IF R HAS HAD NO PREGNANCIES GO TO SECTION EH

**CONDITIONS SURROUNDING R's PREGNANCIES:**

**WANTEDNESS; PARTNER(S); MOTIVATION; REASONS (EG)**

{REPEAT INTR\_EG1 THROUGH WHYNOUSE EG-24 FOR EACH PREGNANCY

**INTR-EG1**

INTR\_EG1. Now let's talk about the period of time from (your first intercourse/[BABY NAME]'s birth in [DATE]/your nth pregnancy which ended in [DATE]) until you became pregnant (this time/with your (Nth+1) pregnancy (which ended in [DATE])).

{ASKED IF PREGNANCY BEGAN BEFORE January [YEAR OF INTERVIEW - 3] AND WE DON'T ALREADY KNOW THIS FROM DATE OF FIRST METHOD USE

**EVUSEINT**

EG-1. Did you ever use any method of birth control between (your first intercourse/[BABY NAME's] birth in [DATE]/your [Nth] pregnancy which ended in [DATE]) and (DATE OF Nth pregnancy)/[BABY NAME's] birth)? Remember to include methods men use--that is condoms, vasectomy, and withdrawal--in your answer.

- Yes..... 1
- No..... 5 (GO TO EG-5 RESNOUSE)

{ASKED IF R WAS USING A METHOD IN MONTH PREGNANCY BEGAN BUT DID NOT USE ONE IN THE MONTH AFTER PREGNANCY BEGAN OR IF R WAS USING A METHOD IN MONTH PREGNANCY BEGAN AND IN THE MONTH AFTER PREGNANCY BEGAN AND THEY WERE DIFFERENT METHODS

**STOPDUSE**

EG-2. Before you became pregnant with your (NTH) pregnancy which ended in (DATE), had you stopped using all methods of birth control?

- Yes.....1
- No.....5 (GO TO EG-4 WHATMETH)

{ASKED IF STOPPED USING METHOD(S) IN MONTH PREGNANCY BEGAN

**WHYSTOPD**

EG-3. Was the reason you stopped using all methods of birth control because you yourself wanted to become pregnant?

- Yes.....1 (GO TO EG-10 TIMINGOK)
- No.....5 (GO TO INTR-EG2)

{ASKED IF R WAS USING A METHOD IN MONTH PREGNANCY BEGAN AND MONTH AFTER PREGNANCY BEGAN AND THEY WERE THE SAME METHOD

**WHATMETH**

EG-4. You may have already told me, but looking at Card 38, what methods were you using at the time you became pregnant (with your (NTH) pregnancy which ended in (DATE)/this time)?

*If R spontaneously mentions "thought I was sterile" or "thought partner was sterile", ascertain whether any above methods were used. If not, code "none" (1)*

- None.....1
- Office use only.....2
- Birth control pills.....3
- Condom.....4
- Partner's vasectomy.....5
- Female sterilizing operation, such as tubal sterilization and hysterectomy.....6
- Withdrawal, pulling out.....7
- Depo-Provera, injectables.....8
- Hormonal implants (Norplant or Implanon)....9
- Rhythm or safe period by calendar.....10
- Safe period by temperature or cervical mucus test, natural family planning.....11
- Diaphragm.....12
- Female condom, vaginal pouch.....13
- Foam.....14
- Jelly or cream.....15
- Cervical cap.....16
- Suppository, insert.....17

Today™ sponge.....	18
IUD, coil, loop.....	19
Emergency contraception.....	20
Other method.....	21
Lunelle injectable (monthly shot).....	24
Contraceptive patch.....	25
Vaginal contraceptive ring.....	26

{ ASKED IF NEVER USED A METHOD OR IF R DID NOT USE A METHOD IN MONTH PREGNANCY BEGAN

**RESNOUSE**

EG-5.

Before you became pregnant (with your (NTH) pregnancy which ended in (DATE)/this time), was the reason you did not use any birth control methods because you, yourself, wanted to become pregnant?

(IF USED A METHOD BETWEEN FIRST SEX/LAST PREGNANCY AND THIS ONE)  
 You told me you had stopped using a birth control method before you became pregnant (with your (NTH) pregnancy which ended in (DATE)/this time). Was the reason you had stopped using any methods because you yourself wanted to become pregnant?

(IF DID NOT USE A METHOD BETWEEN FIRST SEX/LAST PREGNANCY AND THIS ONE)  
 You did not use any method of birth control from (your first intercourse/[BABY NAME's] birth in [DATE]/your [Nth] pregnancy which ended in [DATE]) until you became pregnant (with your (NTH) pregnancy which ended in (DATE)/this time). Was the reason you were not using any methods because you yourself wanted to become pregnant?

Yes..... 1 (GO TO EG-10 TIMINGOK)  
 No..... 5

{READ ONLY THE FIRST TIME THROUGH THIS LOOP, IN OTHER WORDS, FOR THE FIRST PREGNANCY ONLY

**INTR-EG2**

INTR\_EG2. The next few questions are important. They are about how you felt right before you became pregnant (with your pregnancy which ended in (DATE)/this time).

**WANTBOLD**

EG-6. Right before you became pregnant (with your (NTH) pregnancy which ended in (DATE)/this time), did you yourself want to have a(nother) baby at any time in the future?

Yes.....1 (GO TO TIMINGOK EG-10)  
 No.....5 (GO TO CNFRMNO EG-8)  
 Not sure, don't know.....6

**PROBBABE**

EG-7. It is sometimes difficult to recall these things but, right before (this/that) pregnancy began, would you say you probably wanted a(nother) baby at some time in the future or probably not?

Probably yes..... 1 (GO TO TIMINGOK EG-10)  
 Probably not..... 5  
 Didn't care..... 6 (GO TO TIMINGOK EG-10)

(IF R IS AGE 20 OR OLDER, GO TO INTROWTH)

**CNFRMNO**

EG-8. So right before you became pregnant (this time/that time), you thought you did not want to have (any children/a Nth child) at any time in the future, is that correct?

Correct.....1 (GO TO INTROWTH)  
Incorrect.....5

**INCORTXT**

EGINCO\_1. I must have gotten something wrong. Let me ask this question again.

**WANTBLD2**

EG-9. Right before you became pregnant (with your (Nth) pregnancy (which ended in (DATE)/this time), did you yourself want to have a(nother) baby at any time in the future?

Yes.....1  
No.....5 (GO TO INTROWTH)  
Not sure, don't know.....6 (GO TO INTROWTH)  
Didn't care.....7 (GO TO INTROWTH)

{ASKED IF R WANTED TO HAVE A(NOTHER) BABY IN THE FUTURE

**TIMINGOK**

EG-10. So would you say you became pregnant too soon, at about the right time, or later than you wanted?

Too soon..... 1  
Right time.....2  
Later.....3  
Didn't care.....4

{ASKED IF TOO SOON

{R CAN ANSWER IN MONTHS OR YEARS

**TOOSOONQ**

EG-11. How much sooner than you wanted did you become pregnant?

Month/years \_\_\_\_\_

**INTROWTH**

INTROWTH\_1. Sometimes how people feel about having a baby in general can be different from how they feel about having a baby with a certain partner.

{ASKED IF R BECAME PREGNANT AT THE RIGHT TIME OR LATER THAN SHE WANTED

**WTHPART1**

EG-12a. Right before (the/this/that) pregnancy, did you want to have a(nother) baby with that partner?

Definitely yes.....1  
Probably yes.....2  
Probably no.....3  
Definitely no.....4

{GO TO FEELINPG EG-13

{ASKED IF PREGNANCY CAME TOO SOON OR WHEN R WANTED NO FUTURE BIRTHS

**WTHPART2**

EG-12b. Right before (the/this/that) pregnancy, did you think you might



ever want to have a(nother) baby with that partner?

- Definitely yes.....1
- Probably yes.....2
- Probably no.....3
- Definitely no.....4

{IF PREGNANCY ENDED BEFORE January [YEAR OF INTERVIEW - 3], GO TO HPWNOLD EG-16

**FEELINPG**

EG-13. Please look at the scale on Card 39. On this scale, a one means that you were very unhappy to be pregnant and a ten means that you were very happy to be pregnant. Tell me which number on the card best describes how you felt when you found out you were pregnant.

Number \_\_\_\_\_

**HPWNOLD**

EG-16. Right before you became pregnant (this time/that (Nth) time,) did the father want you to have a(nother) baby at any time in the future?

- Yes.....1
- No.....5
- Not sure, don't know.....6

{ASKED IF R REPORTED "YES" TO ABOVE QUESTION

**TIMOKHP**

EG-17. So would you say you became pregnant sooner than he wanted, at about the right time, or later than he wanted?

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

{ ASKED IF R IS NOT CURRENTLY MARRIED, OR MARRIED MORE THAN ONCE, OR TIMES MARRIED UNKNOWN, OR CENTURY MONTH MARRIED GREATER THAN CENTURY MONTH PREGNANCY ENDED, OR CENTURY MONTH MARRIED UNKNOWN, OR CENTURY MONTH PREGNANCY ENDED UNKNOWN

**COHPBEG**

EG-18a. Were you living with the father of (the pregnancy/this pregnancy/your (Nth) pregnancy which ended in (DATE)) at the beginning of the pregnancy?

- Yes.....1
- No.....5

{ASKED IF PREGNANCY IS NOT CURRENT

**COHPEND**

EG-18b. Were you living with the father of (the/that) pregnancy when ([BABY NAME] was born/the pregnancy ended)?

- Yes.....1
- No.....5

{IF R HAD A LIVE BIRTH AND WAS LIVING WITH THE BABY'S FATHER AT THE TIME OF BIRTH, GO TO EG-21 TRYSSCALE

**TELLFATH**

EG-19. Did you tell the father of (the pregnancy/that (Nth) pregnancy/your current pregnancy) that you (were/are) pregnant?

Yes.....1  
No.....5

{IF R IS CURRENTLY PREGNANT, GO TO TRYSCALE EG-21

**WHENTELL**

EG-20. When did you tell him that you were pregnant B during the pregnancy or after the baby was born/after the pregnancy ended?

(IF NON-LIVE BIRTH)

During the pregnancy.....1  
After the pregnancy ended.....2

(IF LIVE BIRTH)

During the pregnancy.....1  
After the baby was born.....2

{IF PREGNANCY ENDED BEFORE January [YEAR OF INTERVIEW - 3], GO TO EH SERIES

**TRYSCALE**

EG-21. Look at the scale on Card 40, where a 0 means trying hard not to get pregnant, and a 10 means trying hard to get pregnant. If you had to rate how much you were trying to get pregnant or avoid pregnancy right before you got pregnant (this time/that time), how would you rate yourself?

Number \_\_\_\_\_

**WANTSCAL**

EG-22. Look at the scale on Card 41, where a 0 means you wanted to avoid a pregnancy and a 10 means you wanted to get pregnant. If you had to rate how much you wanted or didn't want a pregnancy right before you got pregnant (this time/that time), how would you rate yourself?

Number \_\_\_\_\_

{IF PREGNANCY OCCURRED AT THE RIGHT TIME OR LATER THAN R WANTED, OR R DIDN'T CARE ABOUT TIMING:

GO BACK TO EGINTR\_1 IF THERE ARE MORE PREGNANCIES TO DISCUSS, OTHERWISE GO TO EH SERIES

{ASK THE NEXT TWO QUESTIONS FOR MISTIMED OR UNWANTED PREGNANCIES

{ASK IF R USED A METHOD IN MONTH PREGNANCY BEGAN

**WHYPRG**

EG-23. (IF PREGNANCY OCCURRED TOO SOON)  
Please look at Card 42. Earlier you told me your pregnancy occurred too soon. Which of the following statements applies to you right before you became pregnant (this time/that time (that is, with the pregnancy that ended in DATE)?

(IF PREGNANCY OCCURRED WHEN R WANTED NO FUTURE BIRTHS)

Please look at Card 42. Earlier you told me that your pregnancy

occurred at a time when you wanted no future pregnancies. Which of the following statements applies to you right before you became pregnant (this time/that time (that is, with the pregnancy that ended in DATE)?

*ENTER all that apply*

*If Respondent volunteers she wasn't using a method, ENTER 3*

- Your birth control method failed.....1
- You did not use your birth control method properly.....2
- Respondent wasn't using a method.....3

{GO TO EH SERIES

{ASKED IF R DID NOT USE A METHOD IN MONTH PREGNANCY BEGAN

**WHYNOUSE**

EG-24.

(IF PREGNANCY OCCURRED TOO SOON)

Please look at Card 43. Earlier you told me your pregnancy occurred at a time when you wanted no future pregnancies. Which of the following statements applies to you right before you became pregnant (this time/that time (that is, with the pregnancy that ended in DATE)? You did not use birth control because...

(IF PREGNANCY OCCURRED WHEN R WANTED NO FUTURE BIRTHS)

Please look at Card 43. Earlier you told me that your pregnancy occurred at a time when you wanted no future pregnancies. Which of the following statements applies to you right before you became pregnant (this time/that time (that is, with the pregnancy that ended in DATE)? You did not use birth control because...

*ENTER all that apply*

*If Respondent volunteers sex was forced, code 1.*

*If Respondent volunteers she was using a method, ENTER 7*

- You did not expect to have sex.....1
- You did not think you could get pregnant.....2
- You didn't really mind if you got pregnant.....3
- You were worried about the side effects of birth control...4
- Your male partner did not want you to use a birth control method.....5
- Your male partner did not want to use a birth control method.....6
- Respondent was using a method.....7

{GO TO BEGINNING OF LOOP (INTR-EG1) FOR NEXT PREGNANCY IF ANY

**OPEN INTERVAL QUESTIONS (EH)**

{IF R IS CURRENTLY PREGNANT SKIP THIS SERIES AND GO TO EJ SERIES

{IF R DID NOT HAVE SEX IN CURRENT MONTH, OR IS SURGICALLY OR NONSURGICALLY STERILE (NOT AT RISK OF PREGNANCY) SKIP THIS SERIES AND GO TO EJ SERIES

**INTR-EH1**

INTR\_EH1. Now, I have a few more questions about birth control.

{ASKED IF R USED NO METHODS IN THE CURRENT MONTH

**WYNOTUSE**

EH-1. Is the reason you are not using a method of birth control now because you, yourself, want to become pregnant as soon as possible?

Yes.....1  
No.....5

**HPPREGQ**

EH-2. And your partner, does he want you to become pregnant as soon as possible?

Yes.....1  
No.....5  
(if volunteered) no current partner...6

{ASKED IF R IS TRYING TO BECOME PREGNANT  
{R CAN SUPPLY EITHER MONTHS OR YEARS

**DURTRY**

EH-2a/b. How long have you been trying to become pregnant?

Months/Years \_\_\_\_\_

*If R has been trying for less than a month ENTER 1  
If R says she is / they are not trying, ENTER 95*

{ASKED IF R DOES NOT WANT TO BECOME PREGNANT, AND SAID NO OR DON'T KNOW TO WHETHER HER PARTNER WANTS A PREGNANCY.

**WHYNOUSING**

EH-2c. Please look at Card 43. Which of the following statements applies to you right now? You are not using birth control because...

- You do not expect to have sex.....1
- You do not think you can get pregnant.....2
- You don't really mind if you get pregnant.....3
- You are worried about the side effects of birth control....4
- Your male partner does not want you to use a birth control method.....5
- Your male partner himself does not want to use a birth control method.....6
- You could not get a method.....7
- (IF VOLUNTEERED:) Respondent is using a method.....8

{ ASKED IF MORE THAN ONE REASON IS REPORTED IN WHYNOUSING

**MAINNOUSE**

EH-2d. Which one of these was the main reason that you are not using birth control?

[all response categories that respondent mentioned are displayed again]

{IF R WAS NOT USING A METHOD IN THE MONTH PRIOR TO INTERVIEW, OR  
IF R WAS USING A METHOD BUT IT WAS NOT A DRUG OR DEVICE,  
GO TO YUSEPILL EJ-1

{ASKED IF R WAS USING A METHOD IN MONTH PRIOR TO INTERVIEW AND IT WAS DRUG OR DEVICE

**PLACCUR**

EH-3. Please look at Card 36. You may have already told me, but where did you get the [METHOD] you used last month?

Private doctor's office.....	1
HMO facility.....	2
Community health clinic, community clinic, public health clinic....	3
Family planning or Planned Parenthood Clinic.....	4
Employer or company clinic.....	5
School or school-based clinic.....	6
Hospital outpatient clinic.....	7
Hospital emergency room.....	8
Hospital regular room.....	9
Urgent care center, urgi-care or walk-in facility.....	10
Friend.....	11
Partner or spouse.....	12
Drug store.....	13
Mail order/ Internet.....	14
Some other place.....	20

{GO TO EH-3 STATE\_NAME

{IF R DID NOT OBTAIN A METHOD AT A CLINIC GO TO SECTION EJ

**State\_name**

EH-3. What is the name and address of the place where you received [METHOD]?

What state is the place in?

*Either press <BackSpace> to see the lookup table or start typing the name of the state.*

**CLINFST**

EH-3. What is the name and address of the place where you received [METHOD]?

*Either press <BackSpace> to see the lookup table or start typing the name of the city where the clinic is located.*

- 1) TYPE OR SELECT A CITY NAME
- 2) SELECT A CLINIC BY SCROLLING UP OR DOWN
- 3) PRESS ENTER

**CityName**

**ClinicName**

**ClinicCode**

**Confirm**

I have found a clinic (by that name/in that city) at:

(Name and address of clinic)

Is this correct?

Yes.....	1
No.....	5
Clinic not in database.....	6

{ASKED IF CLINIC WAS NOT FOUND IN DATABASE

**CLINFSTN**

EH-3b. ENTER name and address of clinic you were unable to find in database

If necessary: (REFER R to personal records or area phone books to obtain clinic name and address. If R is unable to provide the full address, record as much information as she can provide.)

**PILL FOR HEALTH REASONS (EJ)**

{ASKED IF R USED THE PILL IN CURRENT MONTH OR IN PRIOR MONTH

**YUSEPILL**

EJ-1. Now I would like to know all of the reasons for your recent pill use. Have you used it for birth control, cramps or pain during menstrual period, treatment for acne, treatment for endometriosis, or for some other reason?

ENTER all that apply

- Birth control.....1
- Cramps, or pain during menstrual periods...2
- Treatment for acne.....3
- Treatment for endometriosis.....4
- Other reasons.....5
- To regulate your menstrual periods.....6

{ASKED IF R USED THE PILL IN CURRENT MONTH OR IN EITHER OF 2 MONTHS PRIOR TO CURRENT

**TYPEPILL**

EJ-2. This chart shows types of oral contraceptive pills that are available for women today. Please tell me the number next to the type that you are currently using or used most recently.

Pill number \_\_\_\_\_

If pill is not on chart, ask R to specify type or brand

**CONDOM CONSISTENCY: PAST 4 WEEKS & PAST 12 MONTHS (EL)**

{ ASKED IF R HAD SEXUAL INTERCOURSE IN THE PAST 12 MONTHS

**PST4WKSX**

EL-1. Now please think about the last four weeks. How many times have you had sexual intercourse with a male in the last four weeks?

If R says "not at all" or "none", ENTER 0

Number \_\_\_\_\_

{ ASKED IF R EVER USED THE CONDOM AND HAD SEXUAL INTERCOURSE ONLY ONCE IN THE PAST 4 WKS

{ IF R NEVER USED THE CONDOM OR ANSWERED DK/RF, SKIP TO SECTION F

**PSWKCOND1**

EL-2. Did you use a condom?

- Yes.....1 (GO TO EL-4 P12MOCON)
- No.....5 (GO TO EL-4 P12MOCON)

{ ASKED IF R EVER USED THE CONDOM AND HAD SEXUAL INTERCOURSE MORE THAN ONCE IN  
{ THE PAST 4 WKS

**PSWKCOND2**

EL-3. How many of those times did you use a condom?

*If R says "every time", enter number that was reported in PST4WKSX  
If R says "not at all" or "never", enter 0*

Number \_\_\_\_\_

{ ASKED IF R EVER USED THE CONDOM AND HAD SEXUAL INTERCOURSE IN THE PAST  
{ 12 MONTHS

**P12MOCON**

EL-4. Please look at the Card 48. Thinking back over the past 12 months, that is, since (DATE OF INTERVIEW MINUS 12 MONS), would you say you used a condom with your partner for sexual intercourse every time, most of the time, about half of the time, some of the time, or none of the time?

- Every time.....1
- Most of the time.....2
- About half of the time.....3
- Some of the time.....4
- None of the time.....5

## SECTION F

### Family Planning and Medical Services

#### **INTRSVC**

FA-0. We have already asked you a few questions about sterilizing operations. The questions in this section are about your medical visits for these and other types of birth control, pregnancy, and health care services for women.

#### **Birth Control and Medical Services in Past 12 Months (FA)**

##### **INTRO\_FA**

FA-1. You may have already told me this, but in the past 12 months, that is since [INTERVIEW MONTH, INTERVIEW YEAR - 1] have you received any of the following birth control services shown on card 49 from a doctor or other medical care provider?

{ SHOW CARD 49 IS DISPLAYED FOR FA-1b through FA-1h

##### **BTHCON12**

FA-1b. (In the past 12 months, have you received) A method of birth control or a prescription for a method?

Yes.....1

No.....5

##### **MEDTST12**

FA-1c. (In the past 12 months, have you received) A check-up or medical test related to using a birth control method?

Yes.....1

No.....5

##### **BCCNS12**

FA-1d. (In the past 12 months, have you received) Counseling or information about birth control?

Yes.....1

No.....5

##### **STEROP12**

FA-1e. (In the past 12 months, have you received) a sterilizing operation?

Yes.....1

No.....5

##### **STCNS12**

FA-1f. (In the past 12 months, have you received) Counseling or information about getting sterilized?

Yes.....1

No.....5



{ IF R REPORTED EVER USING EMERGENCY CONTRACEPTION PREVIOUSLY

**EMCON12**

FA-1g. (In the past 12 months, have you received) Emergency contraception, also known as "Plan B" or "Preven", or the "Morning-after pill," or a prescription for it?

Yes.....1  
No.....5

**ECCNS12**

FA-1h. (In the past 12 months, have you received) Counseling or information about Emergency contraception, also known as "Plan B" or "Preven", or the "Morning-after pill?"

Yes.....1  
No.....5

{ IF R REPORTED NOT RECEIVING ANY SERVICES IN PAST 12 MONTHS, BUT REPORTED { EARLIER SHE USED A DRUG OR DEVICE METHOD IN THE PAST 12 MONTHS

**FOLLOW12**

FA-2. {IF R REPORTED ONE METHOD IN SECTION E'S METHOD HISTORY In the last 12 months, that is, since [INTERVIEW MONTH, INTERVIEW YEAR - 1] have you visited a doctor or medical care provider about the following method which you used in that period: [METHOD REPORTED IN SECTION E].

{IF R REPORTED TWO OR MORE METHODS IN SECTION E'S METHOD HISTORY Earlier you mentioned you have used [METHOD(S) FROM SECTION E] in the past 12 months. Did you receive any of these at a visit to a doctor or medical care provider within the past 12 months?

Yes.....1  
No.....5  
Didn't use the medical method(s) in 12 months after all as reported in section E.....3

**INTR\_MED**

FA-3. We're also interested in where women go to get other kinds of reproductive health care. Please look at Card 50.

In the past 12 months, that is, since [INTERVIEW MONTH, INTERVIEW YEAR - 1], have you received any of the following medical services from a doctor or other medicalcare provider:

{ SHOW CARD 50 IS DISPLAYED FOR FA-3a through FA-3g

{IF R EVER HAD SEX

**PRGTST12**

FA-3a. (You may have already told me, but/In the past 12 months have you received) A pregnancy test?

Yes.....1  
No.....5

{IF R EVER HAD SEX

**ABORT12**

FA-3b. (In the past 12 months have you received) An abortion?

Yes.....1

No.....5

**PAP12**

FA-3c. (In the past 12 months have you received) A Pap smear?

Yes.....1

No.....5

**PELVIC12**

FA-3d. (In the past 12 months have you received) A pelvic exam?

Yes.....1

No.....5

{ IF R HAD A PREGNANCY ENDING WITHIN THE LAST 12 MONTHS

**PRENAT12**

FA-3e You may have told me this already, but in the past 12 months, have your received prenatal care?

Yes.....1

No.....5

{ IF R'S MOST WITHIN THE LAST 12 MONTHS

**PARTUM12**

FA-3f. (In the past 12 months have you received) Post-pregnancy care?

Yes.....1

No.....5

**STDSVC12**

FA-3g. In the past 12 months, have you received counseling for, or been tested or treated for a sexually transmitted disease?

Yes.....1

No.....5

{ IF R HAD NO BIRTH CONTROL OR MEDICAL SERVICES IN THE PAST 12 MONTHS,  
{ GO TO FB SERIES.

{ IF MORE THAN 1 SERVICE RECEIVED IN THE PAST 12 MONTHS)

**NUMBCVIS**

FA-4. You said that in the past 12 months you received the following services: (DISPLAY ABBREVIATED LIST OF SERVICES REPORTED IN BTHCON12 THROUGH ECCNS12 AND PRGTST12 THROUGH STDSVC12). Did you receive those services during a single visit, or in more than one visit?

Single visit.....1

More than one visit....5

{ ASKED FOR EACH SERVICE RECEIVED IF HAD MORE THAN ONE VISIT IN PAST 12 MONTHS

**BC12PLCX**

FA-5. Please look at Card 25. During the past 12 months, that is since [INTERVIEW MONTH, INTERVIEW YEAR - 1], where did you receive (DISPLAY (Nth) SERVICE(S) REPORTED IN BTHCON12 THROUGH ECCNS12 AND PRGTST12 THROUGH STDSVC12)?

Private doctor's office.....1

HMO facility,.....2

Community health clinic, community clinic, public health clinic.3

Family Planning or Planned Parenthood.....	4
Employer or company clinic .....	5
School or School-based clinic.....	6
Hospital outpatient clinic.....	7
Hospital emergency room.....	8
Hospital regular room.....	9
Urgent care center, urgi-care or walk-in facility.....	10
Some other place.....	20

{ IF R RECEIVED A PREGNANCY TEST FROM A MEDICAL PROVIDER IN LAST 12 MONTHS

**PGTSTBC2**

FA-5a. During your visit in the past 12 months when you received a pregnancy test, did a doctor or medical provider talk to you about using birth control?

Yes.....1  
No.....5

{ IF R RECEIVED A PAP SMEAR OR PELVIC EXAM IN LAST 12 MONTHS

**PAPPLBC2**

FA-5b. (During your visit in the past 12 months) when you received a Pap test or a pelvic exam, did a doctor or medical provider talk to you about using birth control?

Yes.....1  
No.....5

**PAPPELEC**

FA-5c. (During your visit in the past 12 months) when you received a Pap test or a pelvic exam, did a doctor or medical provider talk to you about using emergency contraception, also known as "Plan B" or "Preven", or the "morning after pill"?

Yes.....1  
No.....5

**STDTSCON**

{ ASKED IF R RECEIVED STD TESTING/TREATMENT IN LAST 12 MONTHS)

FA-5d. (During your visit in the past 12 months) when you received STD testing or treatment, did a doctor or medical provider talk to you about using condoms to prevent disease?

Yes.....1  
No.....5

{ ASKED FOR EACH SERVICE RECEIVED IN LAST 12 MONTHS

**BC12PAYX**

FA-6. Looking at Card 16, please tell me all of the ways in which the bill for [Nth SERVICE IN PAST 12 MONTHS REPORTED IN BTHCON12 THROUGH ECCNS12 AND PRGTST12 THROUGH STDSVC12] was paid.

*ENTER all that apply*

Insurance,.....1  
Co-payment, or out-of-pocket payment,.....2  
Medicaid.....3  
No payment required.....4  
Some other way.....5

{ FA-8 STATE\_NAME THROUGH FA-9 REGCAR12 ASKED FOR EACH SERVICE RECEIVED IN THE LAST 12 MONTHS AT A CLINIC

**STATE\_NAME**

FA-8. What is the name and address of the clinic where you received (DISPLAY (ALL SERVICES/Nth SERVICE) REPORTED IN BTHCON12 THROUGH ECCNS12 AND PRGTST12 THROUGH STDSVC12 THAT WERE RECEIVED AT A CLINIC)?

**CLINIC12**

FA-8a. What is the name and address of the place where you received (DISPLAY ALL SERVICES REPORTED)

**CONFIRM**

I found a clinic (by that name/in that city) at (LIST CLINIC SELECTED). Is this correct?

- Yes.....1
- No.....5
- Clinic not in database.....6

{ IF CLINIC NOT FOUND IN DATABASE

**ADCLIN12**

FA-8a. Interviewer: record name and address of clinic you were unable to find in database.

---



---

{ IF CLINIC MENTIONED IN FA-8 IS DIFFERENT FROM CLINICS MENTIONED BEFORE

**REGCAR12**

FA-9. Is this clinic your regular place for medical care, or do you usually go somewhere else for medical care?

- Regular place.....1
- Regular place, but go to more than 1 place regularly...2
- Usually go somewhere else.....3
- No usual place.....4

{ IF R REPORTED A CLINIC IN LAST 12 MONTHS

**INTR\_CLN**

In the past 12 months, have you received any of the following from a clinic:

**FCONDOM**

FA-13a. (In the past 12 months, have you received) Free condoms (from a clinic)?

- Yes.....1
- No.....5

**FFOAM**

FA-13b. (In the past 12 months, have you received) Free foam or jelly (from a clinic)?

- Yes.....1
- No.....5

**FORAL**

FA-13c. (In the past 12 months, have you received)

Free oral contraceptive pills (from a clinic)?

Yes.....1  
No.....5

**RORAL**

FA-13d. (In the past 12 months, have you received)  
Reduced-price oral contraceptive pills (from a clinic)?

Yes.....1  
No.....5

{ IF PAYMENT FOR FIRST OR PAST 12 MONTHS SERVICES WAS CO-PAYMENT OR OUT OF  
{ POCKET PAYMENT

**SLSCSRV**

FA-14. In the past 12 months, have you paid for any clinic services on a  
sliding scale based on your income?

Yes.....1  
No.....5

**First Service Ever Received (FB)**

{ IF YOUNGER THAN 25 AND MEDICAL SERVICES REPORTED IN LAST 12 MONTHS

**FSTSVC12**

FB-1. You told me that in the last 12 months you received a birth control  
service from a doctor or medical care provider. (Were any of these  
services/Was this) the first birth control service you ever received in  
your life?

Yes.....1  
No.....5

{IF YOUNGER THAN 25 AND ONE OR MORE DRUG/DEVICE BIRTH CONTROL METHOD EVER USED  
{OR USED A SERVICE IN LAST 12 MONTHS

**WNFSTSVC\_M, WNFSTSVC\_Y**

FB-2. Now I'd like to know about the very first time you received a birth  
control service from a doctor or medical care provider. In what month  
and year did you receive your first birth control service?

{ IF ANSWER CANNOT BE DETERMINED BASED ON REPORTED DATES OR ONE OF THE DATES  
{ IS MISSING

**B4AFSTIN**

FB-4. Was it before or after the first time you had intercourse (in [DATE OF  
FIRST INTERCOURSE])?

Before.....1 (GO TO FSTSVC FB-6)  
After.....2

{ IF FIRST TIME RECEIVED BIRTH CONTROL SERVICE WAS AFTER FIRST INTERCOURSE

**TMAFTIN**

FB-5. How long after your first intercourse did you receive your first birth  
control service? Was it...

Less than a month after your first intercourse.....1  
One to three months after your first intercourse....2  
Four to twelve months after your first intercourse..3  
More than a year after your first intercourse.....4

{IF YOUNGER THAN 25 AND ONE OR MORE DRUG/DEVICE BIRTH CONTROL METHOD EVER USED OR USED A SERVICE IN LAST 12 MONTHS

**FSTSERV**

FB-6. Which service or services did you get that first time? Did you get...

- A method of birth control or prescription for a method.....1
  - A check-up or medical test related to using a birth control method...2
  - Counseling or information about birth control.....3
  - Counseling or information about getting sterilized.....4
  - Emergency contraception or a prescription for EC.....5
  - Counseling or information about Emergency contraception.....6
  - A sterilizing operation.....7
- [Only show option 7, a sterilizing operation if female sterilization reported earlier.]

{IF YOUNGER THAN 25 AND ONE OR MORE DRUG/DEVICE BIRTH CONTROL METHOD EVER USED OR USED A SERVICE IN LAST 12 MONTHS

**BCPLCFST**

FB-7. Please look at Card 25. Where did you receive your first birth control service(s)?

- Private doctor's office.....1
- HMO facility.....2
- Community health clinic, Community clinic, Public Health clinic.....3
- Family planning or Planned Parenthood Clinic.....4
- Employer or company clinic.....5
- School or school-based clinic.....6
- Hospital outpatient clinic.....7
- Hospital emergency room.....8
- Hospital regular room.....9
- Urgent care center, urgi-care or walk-in facility.....10
- Some other place.....20

**Clinic Series (FC)**

{ IF R IS 25 OR OLDER, GO TO SECTION G.  
 { IF R RECEIVED ANY SERVICES (FIRST OR PAST 12 MONTHS) AT A CLINIC, GO TO  
 { SECTION G.

**EVERFPC**

FC-1. Since your first menstrual period (when you were (AGE AT MENARCHE)), have you ever visited a clinic for any kind of medical or birth control service?

- Yes.....1
- No.....2 (GO TO SECTION G)

**KNDMDHLP**

FC-2. What kind of medical help did you receive at the clinic?

- A method of birth control (or prescription).....1
- Birth control counseling.....2
- Emergency contraception.....3
- Counseling about emergency contraception.....4
- A check-up or test for birth control.....5
- Pregnancy test.....6

An abortion.....	7
A pap smear or pelvic exam.....	8
Post-natal care.....	9
STD or HIV testing/treatment/counseling.....	10
Other.....	20

## SECTION G

### Birth Desires and Intentions

#### Birth Desires (GA)

##### **GAINTR01**

GA-0. Now, I would like to know your feelings about having (a/nother) baby, whether or not you are able to, or plan to have one.

##### **RWANT**

GA-1. (Looking to the future, do/If it were possible would) you, yourself, want to have (a/nother) baby at some time (after this pregnancy is over/in the future)?

Yes .....1  
No .....5

{ IF R SAID >DON'T KNOW= FOR WANTING TO HAVE A/NOTHER BABY

##### **PROBWANT**

GA-1a. (Do you think you probably want or probably do not want/If it were possible do you think you would probably want or probably not want) to have (a/nother) baby at some time (after this pregnancy is over/in the future)?

Probably want .....1  
Probably do not want .....5

{ IF R IS CURRENTLY MARRIED OR COHABITING

##### **PWANT**

GA-2. (If it were possible, would/Looking to the future, does/Does) (HUSBAND/PARTNER) want to have (a/nother) baby at some time (after this pregnancy is over/in the future)? Would you say...

Definitely yes.....1  
Probably yes.....2  
Probably no.....3  
Definitely no.....4

#### Joint Birth Intentions (Married/Cohabiting) (GB)

{ SECTION GB IS ASKED IF R IS CURRENTLY MARRIED OR COHABITING AND BOTH PARTNERS ARE PHYSICALLY ABLE TO HAVE CHILDREN}

##### **GBINTR01**

GB-0. Sometimes what people want and what they intend are different because they are not able to do what they want. The next questions are about your and [husband/partner]'s intentions for (a/nother) baby in the future.

##### **JINTEND**

GB-1. Do you and (HUSBAND/PARTNER) intend to have (a/nother) baby at some time in the future (after this pregnancy is over)?

IF NECESSARY SAY: "Intend" refers to what R and her husband are actually going to try to do. Do not count intended adoptions or



stepchildren.

Yes.....1  
No.....5  
[IF R RESPONDS "DON'T KNOW", GO TO GB-4 JEXPECTL  
IF R RESPONDS "REFUSED", GO TO SECTION GC]

**JSUREINT**

GB-2. 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 and (HUSBAND/PARTNER) will (not) have (a/nother) baby (after this pregnancy is over)? Would you say...

Very sure.....1  
Somewhat sure.....2  
Not at all sure.....3

{IF INTEND NO BABIES (GB-1 JINTEND=NO), GO TO GD SERIES

**JINTENDN**

GB-3. (Not counting your current pregnancy,) How many (more) babies do you and (HUSBAND/PARTNER) intend to have?

IF NECESSARY SAY: "Intend" refers to what R and her husband are actually going to try to do. Do not count intended adoptions or stepchildren.

Number of babies \_\_\_\_\_

{ IF DON'T KNOW HOW MANY (MORE) BABIES INTENDED

**JEXPECTL**

GB-4. Many people aren't sure, but still have some idea about the future. As you expect things to work out for you and (HUSBAND/PARTNER), what is the largest number of (additional) babies you and he expect to have (after this pregnancy is over)?

Number of babies \_\_\_\_\_ (IF 0, GO TO SECTION H)

{ IF NUMBER OF (ADDITIONAL) BABIES EXPECTED IS > ZERO

**JEXPECTS**

GB-5. What is the smallest number of (additional) babies you and he expect to have (after this pregnancy is over)?

Number of babies \_\_\_\_\_

**Individual Intentions Series (GC)**

{SECTION GC IS ASKED IF R IS NOT MARRIED OR COHABITING AND PHYSICALLY ABLE TO HAVE CHILDREN AND WANTS A/NOTHER BABY}

**GCINTRO1**

GC-0. Sometimes what people want and what they intend are different because they are not able to do what they want. The next questions are about your intentions for (a/nother) baby in the future.

**INTEND**

GC-1. Looking to the future, do you intend to have (a/nother) baby at some time (after this pregnancy is over)?

If necessary, say: "Intend" refers to what the R is actually going to try to do. Do not count intended adoptions or stepchildren.

Yes.....1  
No.....5  
[IF R RESPONDS "DON'T KNOW", GO TO GC-4 EXPECTL  
IF R RESPONDS "REFUSED", GO TO SECTION H]

**SUREINT**

GC-2. 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 (not) have (a/nother) baby (after this pregnancy is over)? Would you say ...

Very sure.....1  
Somewhat sure.....2  
Not at all sure.....3

{IF INTEND NO BABIES (GC-1 INTEND=NO), GO TO SECTION H

**INTENDN**

GC-3. (Not counting your current pregnancy,) How many (more) babies do you intend to have?

IF NECESSARY, SAY "Intend" refers to what the R is actually going to try to do. Do not count intended adoptions or stepchildren.

Number of babies \_\_\_\_\_

{ ASKED IF R DOESN'T KNOW IF SHE INTENDS TO HAVE A/NOTHER BABY OR DOESN'T KNOW THE NUMBER SHE INTENDS TO HAVE

**EXPECTL**

GC-4. Many people aren't sure, but still have some idea about the future. As you expect things to work out for you, what is the largest number of (additional) babies you, yourself, expect to have (after this pregnancy is over)?

Number of babies \_\_\_\_\_

{IF THE LARGEST NUMBER OF BABIES R EXPECTS = ZERO, GO TO SECTION H}

**EXPECTS**

GC-5. What is the smallest number of (additional) babies you, yourself, expect to have (after this pregnancy is over)?

Number of babies \_\_\_\_\_

## SECTION H

### Infertility Services and Reproductive Health

{ IF R HAS NOT HAD SEX WITH A MALE AND SHE IS UNDER 18, GO TO HB-5 INTRO\_H3.

{ SAID FOR ALL WHO HAVE HAD SEX WITH A MALE OR WHO ARE 18 YEARS OR OLDER  
**INTRO\_H1**

HA-0. The next questions are about any infertility services you may have ever received. This includes medical help to become pregnant or to prevent miscarriage. I will ask you about each type of help separately.

#### EVER RECEIVED MEDICAL HELP TO GET PREGNANT (HA)

##### **HLPPRG**

HA-1. IF R HAS EVER BEEN MARRIED AND HAS ONLY 1 MALE SEXUAL PARTNER IN LIFETIME, ASK:  
(Have/Did) you or your husband ever been to a doctor or other medical care provider to talk about ways to help you become pregnant?

ELSE IF R HAS NEVER BEEN MARRIED AND HAS NEVER HAD A MALE SEXUAL PARTNER, ASK:  
Have you ever been to a doctor or other medical care provider to talk about ways to help you become pregnant?

ELSE ASK:  
(During any of your relationships,) have you or your (husband or) partner at the time ever been to a doctor or other medical care provider to talk about ways to help you become pregnant?

Yes .....1  
No .....5 (GO TO HB SERIES)

{ IF R HAS HAD ONLY 1 MALE SEXUAL PARTNER IN LIFETIME, GO TO HA-5 TYPALLPG.

{ ASKED IF R HAS HAD MORE THAN 1 SEXUAL PARTNER IN LIFETIME

##### **HOWMANYR**

HA-2. In how many of your relationships did you seek medical help in order to become pregnant?

One.....1  
More than one...5

{ IF R IS NOT CURRENTLY MARRIED, COHABITING, OR SEPARATED, GO TO HA-5 TYPALLPG

{ ASKED IF R IS MARRIED, COHABITING, OR SEPARATED, AND HOWMANYR = 1

##### **SEEKWHO1**

HA-3. IF R IS MARRIED OR SEPARATED, ASK:  
Was that with your current husband or another partner?

Current husband.....1  
Another partner.....5

ELSE IF R IS COHABITING, ASK:  
Was that with your current partner or another partner?

Current partner.....1  
Another partner.....5

{ IF HA-3 SEEKWH01 WAS ASKED, GO TO HA-5 TYPALLPG.

{ ASKED IF R IS MARRIED, COHABITING, OR SEPARATED, AND HOWMANYR NE 1  
**SEEKWH02**

HA-4. Have you sought help with your current (husband/partner)?

Yes .....1  
No .....5

{ ASKED IF R REPORTED SEEKING ANY MEDICAL HELP TO GET PREGNANT  
**TYPALLPG**

HA-5. IF R HAS ONLY HAD 1 LIFETIME PARTNER OR IF R ONLY SOUGHT MEDICAL HELP IN ONE RELATIONSHIP, ASK:

Which of the services shown on Card 52 (have/did) you or your (husband/partner/previous partner (had/have) to help you become pregnant?

ELSE IF R SOUGHT MEDICAL HELP IN MORE THAN ONE RELATIONSHIP, ASK:  
Think about all of the medical help you or your partners have ever received to help you become pregnant. Which of the services shown on Card 54 have you or they had (to help you become pregnant)?

*ENTER all that apply*

Advice .....1  
Infertility testing .....2  
Drugs to improve your ovulation .....3  
Surgery to correct blocked tubes ....4  
Artificial insemination .....5  
Other types of medical help .....6

{ ASKED IF INFERTILITY TESTING MENTIONED

**WHOTEST**

HA-5a. Who was it that had infertility testing? Was it you, him, or both of you?

You .....1  
Him .....3  
Both of you .....5

{ ASKED IF ARTIFICIAL INSEMINATION MENTIONED

**WHARTIN**

HA-5b. Were you inseminated with sperm from your husband or partner only, from some other donor only, or from both?

Husband or partner.....1  
Donor.....3  
Both husband or partner and donor.....5

{ ASKED IF "OTHER TYPES OF MEDICAL HELP" MENTIONED

**OTMEDHEP**

HA-5c. Which of these other types of medical help listed on Card 53 did either of you receive for becoming pregnant?

*ENTER all that apply*

Surgery or drug treatment for endometriosis .....1  
In vitro fertilization (IVF) .....2  
Surgery or drug treatment for uterine fibroids ..3  
Some other female pelvic surgery .....4  
Other medical help .....5

{ ASKED IF R REPORTED SEEKING ANY MEDICAL HELP TO GET PREGNANT

**INSCOVPG**

HA-6. Did either of you have private health insurance to cover any of the costs of medical help for becoming pregnant?

Yes ..... 1  
No ..... 5

{ ASKED IF R REPORTED SEEKING ANY MEDICAL HELP TO GET PREGNANT

**FSTHLPPG\_M, FSTHLPPG\_Y**

HA-7. Please look at the calendar to help you remember when you (or your (husband/partner)) made your first visit to seek medical help for becoming pregnant. In what month and year was that?

{ ASKED IF R REPORTED SEEKING ANY MEDICAL HELP TO GET PREGNANT

{ R can answer in months or years

**TRYLONG**

HA-8. When you first went for medical help (in mo/yr from HA-7), how many months or years had you (and your (husband/partner)) been trying to become pregnant?

Number of months/years \_\_\_\_\_

{ ASKED IF R REPORTED SEEKING ANY MEDICAL HELP TO GET PREGNANT AND IS NOT CURRENTLY PREGNANT

**HLPPGNOW**

HA-9. Are you currently pursuing medical help to become pregnant?

Yes .....1  
No .....5

**RCNTPGH\_M, RCNTPGH\_Y**

HA-10. Again, please look at your calendar to help you remember. In what month and year was your (most recent/last) visit for help to become pregnant?

{ IF NEITHER DATE (1<sup>st</sup> or most recent/last visit) IS WITHIN LAST 12 MONTHS,  
{ GO TO HB SERIES.

{ IF EITHER DATE (1<sup>st</sup> or most recent/last visit) IS WITHIN LAST 12 MONTHS

**NUMVSTPG**

HA-11. During the last 12 months, that is, since (INTERVIEW MONTH, 2001), how many visits have you (or your (husband/partner)) made to a doctor or other medical care provider to help you get pregnant?

Number of visits \_\_\_\_\_

**EVER RECEIVED MEDICAL HELP TO PREVENT MISCARRIAGE (HB)**

{ ASKED FOR ALL

**INTRO\_H2**

HB-0. Now there are a few questions about medical help you may have received to prevent miscarriage or pregnancy loss.

**HLPNC**

HB-1. (Not counting routine check-ups, prenatal care, or advice about a pregnancy,) have you ever been to a doctor or other medical care provider to talk about ways to help you prevent miscarriage or pregnancy loss?

- Yes ..... 1
- No ..... 5 (GO TO HB-4 INFRTPRB)

{ ASKED IF R REPORTED MISCARRIAGE SERVICES

**TYPALLMC**

HB-2. Which of the services shown on Card 54 have you ever received to help you prevent miscarriage or pregnancy loss?

*ENTER all that apply.*

- Instructions to take complete bed rest .....1
- Instructions to limit your physical activity .....2
- Testing to diagnose problems related to miscarriage .....3
- Drugs to prevent miscarriage, such as progesterone suppositories .....4
- Stitches in your cervix, also known as the "purse-string" procedure .....5
- Other types of medical help ..... 6

{ ASKED IF R REPORTED MISCARRIAGE SERVICES

**MISCNUM**

HB-3. When you first went for medical help for preventing miscarriage, how many pregnancies had you lost, if any?

*INCLUDE any spontaneous pregnancy losses -- miscarriages, ectopic pregnancies, stillbirths.*

Number \_\_\_\_\_

{ IF R REPORTED NEITHER INFERTILITY NOR MISCARRIAGE SERVICES, GO TO INTRO-H3.

{ ASKED IF R REPORTED MEDICAL HELP TO GET PREGNANT OR TO PREVENT MISCARRIAGE

**INFRTPRB**

HB-4. Looking at Card 55, when you went for medical help to (become pregnant/ prevent miscarriage/ to become pregnant and prevent miscarriage), were you ever told that you or your husband or partner had any of the following infertility problems shown on the card?

*ENTER all that apply*

- Problems with ovulation .....1
- Blocked tubes .....2
- Other tube or pelvic problems .....3
- Endometriosis .....4
- Semen or sperm problems .....5
- Any other infertility problems .....6
- None of these problems.....7

{ ASKED FOR ALL

**INTRO\_H3**

HB-5. The remaining questions in this section will ask about a variety of things that can affect a woman's health and her ability to have children.

**VAGINAL DOUCHING (HC)**

**DUCHFREQ**

HC-1. Some women douche after intercourse or at other times, while other women do not. Looking at Card 56, during the past 12 months, that is, since (INTERVIEW MONTH, 2001), how often, if at all, did you douche?

- Never.....1 (HD-1 PID)
- Once a month or less.....2
- 2-3 times a month .....3
- Once a week .....4
- 2-3 times a week .....5
- 4-6 times a week .....6
- Or every day.....7

{ ASKED IF R REPORTED ANY DOUCHING

**DUCHWHEN**

HC-2. When you douched in the past 12 months, was it only after sexual intercourse, only at other times, or both?

- Only after sexual intercourse .....1
- Only at other times .....2
- Both .....3

**PID AND OTHER HEALTH PROBLEMS RELATED TO CHILDBEARING (HD)**

{ ASKED FOR ALL

**PID**

HD-1. Have you ever been treated for an infection in your fallopian tubes, womb, or ovaries, also called a pelvic infection, pelvic inflammatory disease, or P.I.D.?

*If don't know, PROBE: AThis is a female infection that sometimes causes abdominal pain or lower stomach cramps."*

- Yes ..... 1
- No ..... 5

{ IF PID = NO OR RF, GO TO HD-5 DIABETES.

{ ASKED IF PID = YES OR DK

**PIDSYMP**

HD-2. Were you having any symptoms, such as pain or vaginal discharge or bleeding, that caused you to go for treatment?

- Yes ..... 1
- No ..... 5

{ IF HD-1 PID = DK, GO TO HD-5 DIABETES

{ ASKED ONLY IF PID = YES

**PIDTX**

HD-3. How many different times have you been treated for a pelvic infection or P.I.D.?

Number \_\_\_\_\_

{ ASKED ONLY IF PID = YES

**LSTPIDTX\_M, LSTPIDTX\_Y**

HD-4. In what month and year did you last receive treatment for a pelvic infection or P.I.D.?

{ ASKED FOR ALL

**DIABETES**

HD-5. Has a doctor or other medical care provider ever told you that you had diabetes or Asugar"?

Yes .....1  
No .....5 (HD-7 OVACYST)

{ ASKED IF R WAS EVER PREGNANT AND REPORTED DIABETES

**GESTDIAB**

HD-6. Were you ever told you had diabetes when you were not pregnant?

Yes .....1  
No .....5

{ ASKED FOR ALL

**OVACYST**

HD-7. (You may have already told me this, but) has a doctor or other medical care provider ever told you had an ovarian cyst?

Yes .....1  
No .....5

**UF**

HD-8. (You may have already told me this, but) has a doctor or other medical care provider ever told you had fibroid tumors or myomas in your uterus?

Yes .....1  
No .....5

**ENDO**

HD-9. (You may have already told me this, but) has a doctor or other medical care provider ever told you had endometriosis?

Yes .....1  
No .....5

**OVUPROB**

HD-10. (You may have already told me this, but) has a doctor or other medical care provider ever told you had problems with ovulation or menstruation?

Yes .....1  
No .....5

**LIMITED**



HD-11. The following 2 questions are about other health problems or impairments you may have.

Are you limited in any way in any activities because of physical, mental, or emotional problems?

Yes .....1  
No .....5

**EQUIPMNT**

HD-12. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

*NOTE: Include occasional use or use in certain circumstances.*

Yes .....1  
No .....5

**HIV TESTING AND AIDS KNOWLEDGE/COUNSELING (HE)**

**INTRO\_H4**

HE-0. Now I would like to ask you about testing for HIV, the virus that causes AIDS.

**DONBLD85**

HE-1. First, I'll ask you about blood donations you may have made to the Red Cross or other blood banks because all blood donated in recent years has been routinely tested for HIV before it can be used. Since March 1985, have you (ever) donated blood at the Red Cross, at a bloodmobile, at a blood drive, or at other blood banks?

Yes ..... 1  
No ..... 5

**HIVTEST**

HE-2. (Not counting tests you may have had as part of blood donations,) have you ever been tested for HIV?

Yes ..... 1  
No ..... 5 (HE-8 RETROVIR)

{ ASKED IF R REPORTED ANY HIV TESTING APART FROM BLOOD DONATION  
**WHENHIV\_M, WHENHIV\_Y**

HE-3. (Not including blood donations,) in what month and year was your last test for HIV, the virus that causes AIDS?

{ ASKED IF R DOES NOT REPORT SPECIFIC MONTH AND YEAR  
**HIVTSTYR**

HE-3b. Did you have this last HIV test since [INTERVIEW MONTH, INTERVIEW YEAR-1]?

Yes..... 1  
No..... 5

{ ASKED IF R REPORTED ANY HIV TESTING APART FROM BLOOD DONATION  
**RAPIDHIV**

HE-3c. When you had this last test for HIV (in [INTERVIEW MONTH,

INTERVIEW YEAR-1]), was it a rapid test where you could get your results in a couple of hours or less?

Yes.....1  
No.....5

**HIVSOON**

HE-3d. How soon after your last test for HIV did you receive your results? Was it ...

Within 1 day, .....1  
Within 1 week but longer than 1 day, .....2  
Longer than 1 week, .....3  
Or did you never receive the test results? .....4

**HIVKIND**

HE-3e. Did this test use a swab from your mouth, blood from your finger, or blood from your arm?

Swab from mouth .....1  
Blood from finger .....2  
Blood from arm .....3  
Other .....4

**PLCHIV**

HE-4. Please look at Card 72. (Not including your blood donations,) where did you have that last test for HIV?

Private doctor's office.....1  
HMO facility .....2  
Community health clinic, community clinic,  
public health clinic .....3  
Family planning or Planned Parenthood clinic .....4  
Employer or company clinic .....5  
School or school-based clinic .....6  
Hospital outpatient clinic .....7  
Hospital emergency room .....8  
Hospital regular room .....9  
Urgent care center, urgi-care, or walk-in facility...10  
Your worksite .....11  
Your home .....12  
Military induction or military service site .....13  
Sexually transmitted disease (STD) clinic.....14  
Laboratory or blood bank .....15  
Some other place .....20

{ ASKED IF R REPORTED SOME OTHER PLACE FOR HE-4 PLCHIV)

**SP\_PLCHIV**

HE-4sp. Where was this other place that you had your last HIV test?

\_\_\_\_\_

{ ASKED IF R RECEIVED AN HIV TEST IN THE LAST 12 MONTHS AT A CLINIC SITE

**STATE\_NAME**

HE-4a. What is the name and address of the place where you received your last HIV test?

What state is the place in?

**CLINICHIV**

HE-4b. (What is the name and address of the place where you received your last HIV test?)

**Confirm**

HE-4h. I have found a clinic (by that name/in that city) at (LIST CLINIC SELECTED):

Is this correct?

- Yes.....1
- No.....5
- Clinic not in database.....6

{ASKED IF CLINIC NOT IDENTIFIED IN THE DATABASE

**ADCLINHIV**

HE-4i (What is the name and address of the place where you received your last HIV test?)

◆ *INTERVIEWER: ENTER name and address of clinic you were unable to find in database*

{ ASKED IF R REPORTED ANY HIV TESTING APART FROM BLOOD DONATION

**HIVTST**

HE-5. Please look at Card 73a. I am going to show you a list of reasons why some people have been tested for HIV, the virus that causes AIDS.

(Not including your blood donations), which of these would you say was the main reason for your last HIV test?

- Part of a medical checkup or surgical procedure.....1
- For health or life insurance coverage.....2
- Wanted to find out if infected or not.....3
- Someone suggested you should be tested.....4
- For marriage license or to get married.....5
- Because you were pregnant or because it was part of prenatal care.....6
- You might have been exposed through sex or drug use..7
- Some other reason .....20

{ ASKED IF R REPORTED SOMEONE SUGGESTED YOU SHOULD BE TESTED FOR HE-5 HIVTST

**WHOSUGG**

HE-5b. Who suggested you should be tested -- a doctor or other medical care provider, a sexual partner, or someone else?

- Doctor or medical care provider.....1
- Sexual partner.....2
- Someone else.....3

{ ASKED IF R REPORTED SOME OTHER REASON FOR HE-5 HIVTST

**SP\_HIVTST**

HE-5sp. What was the main reason for your last HIV test?

\_\_\_\_\_

**TALKDOCT**

HE-6. Did a doctor or other medical care provider talk with you about AIDS after you had this last HIV test (outside of blood donation)?

- Yes .....1

No .....5 (HE-8 RETROVIR)

{ IF R REPORTED TALKING WITH A DOCTOR OR MEDICAL CARE PROVIDER

**AIDSTALK**

HE-7. Looking at Card 74, what topics related to HIV or AIDS were covered in the discussion you had with the doctor or other health professional?

*ENTER all that apply*

- How HIV/AIDS is transmitted .....1
- Other sexually transmitted diseases like  
gonorrhea, herpes, or Hepatitis C .....2
- The correct use of condoms .....3
- Needle cleaning/using clean needles .....4
- Dangers of needle sharing .....5
- Abstinence from sex (not having sex) .....6
- Reducing your number of sexual partners.....7
- Condom use to prevent HIV or STD transmission....8
- "Safe sex" practices (abstinence,  
condom use, etc).....9
- Other .....20

{ ASKED IF R RESPONDED "OTHER" TO HE-7 AIDSTALK

**SP\_AIDSTALK**

HE-7sp. What was the other topic covered in your discussion with the doctor or health care professional after this HIV test?

---

{ ASKED FOR ALL

**RETROVIR**

HE-8. Please tell me if you think the following statement is definitely true, probably true, probably false, or definitely false, or if you don't know whether it is true or false.

"There is a treatment available for pregnant women who are infected with the HIV virus to prevent passing the virus to their baby."

- Definitely true .....1
- Probably true .....2
- Probably false .....3
- Definitely false .....4
- Don't know if true or false ...5

{ IF R HAS NEVER BEEN PREGNANT OR HER LAST PREGNANCY ENDED MORE THAN 12 MONTHS

{ AGO, GO TO SECTION I.

{ ASKED IF R'S LAST COMPLETED PREGNANCY WAS WITHIN LAST 12 MONTHS

**PREGHIV**

HE-9.

The last time you were pregnant (before you became pregnant this time), were you tested for the HIV virus when you visited the doctor for prenatal care?

- Yes .....1
- No .....5
- Never went for prenatal care ...6

**HUMAN PAPILLOMA VIRUS (HPV) Series (HF)**

{ Asked for all Rs

**HPVKNOW**

HF-1. Have you ever heard of Human Papillomavirus or HPV? This is different from Human Immunodeficiency virus or HIV, which we were just talking about.

Yes .....1  
No .....5

{ Asked for all Rs

**VACCKNOW**

HF-2. HPV is a common sexually transmitted virus that can cause genital warts and cervical cancer in women. A vaccine to prevent the HPV infections most commonly associated with warts and cervical cancer is available for women 9-26 years of age and is sometimes called the cervical cancer vaccine, HPV shot, or Gardasil.

Before today, have you ever heard of the cervical cancer vaccine, HPV shot, or Gardasil?

Yes .....1  
No .....5

{ Asked if screener age < 25 and R has ever heard of Gardasil.

**EVERVACC**

HF-3. Have you received the cervical cancer vaccine, also known as the HPV shot or Gardasil?

♦ *CODE 1 if R volunteers that she has had any of the 3 shots or doses that comprise HPV vaccination.*

Yes .....1  
No .....5

{ Asked if R has not had the vaccine

**VACCPROB**

HF-4. How likely is it that you will receive the HPV shot in the next 12 months?

Very likely .....1  
Somewhat likely .....2  
Not too likely .....3  
Not likely at all .....4

{ Asked if R says "not too likely" or "not likely at all"

**WHYNOVAC**

HF-5. Please look at Card XXX. What is the main reason you are not likely to get the HPV shot in the next 12 months?

I don't know enough about HPV .....1  
I don't know enough about the HPV vaccine .....2  
My provider has not recommended it .....3  
I am not at risk for HPV and don't need the vaccine .....4  
I am too old for the vaccine .....5  
I am concerned about safety or side-effects .....6  
The vaccine is not effective .....7  
The vaccine costs too much/ is not covered by insurance .....8  
The vaccine is not available in my provider's office .....9

Other - *specify* .....20

**SP\_WHYNOVAC**

HF-5sp. IF HF-5 WHYNOVAC=20 THEN ASK AND RECORD VERBATIM:

What is the reason you are not likely to get the HPV shot in the next 12 months?

{ Asked if R lives with at least 1 bio or adopted daughter aged 9-18.

**DAUGHTVAC**

HF-6. Now I have a few questions about your (youngest) daughter who is currently between the ages of 9 and 18. Has she received the cervical cancer vaccine, also known as the HPV shot or Gardasil?

♦ *CODE 1 if R volunteers that she has had any of the 3 shots that comprise HPV vaccination.*

Yes .....1  
No .....5

{ Asked if R's (youngest) daughter 9-18 has not had the vaccine

**DAUGHTPRB**

HF-7. How likely is it that she will receive the HPV shot in the next 12 months?

Very likely .....1  
Somewhat likely .....2  
Not too likely .....3  
Not likely at all .....4

{ Asked if R said "not too likely" or "not likely at all" about daughter getting HPV vaccine.

**DAUGHTWHY**

HF-8. Please look at Card YYY. What is the main reason your (youngest) daughter who is currently 9 to 18 years old is not likely to get the HPV shot in the next 12 months?

I don't know enough about HPV .....1  
I don't know enough about the HPV vaccine .....2  
My provider has not recommended it for her .....3  
She is not at risk for HPV and doesn't need the vaccine .....4  
She is too young for the vaccine .....5  
I am concerned about safety or side-effects .....6  
The vaccine is not effective .....7  
The vaccine costs too much/ is not covered by insurance .....8  
The vaccine is not available in my provider's office .....9  
I am concerned about the HPV vaccine leading to sexual activity .....10  
Other - *specify* .....20

**SP\_DAUGHTWHY**

HF-8sp. IF HF-8 DAUGHTWHY=20 THEN ASK AND RECORD VERBATIM:

What is the reason she is not likely to get the HPV shot in the next 12 months?

**SECTION I**

**Insurance; Residence and Place of Birth; Religion;  
Past and Current Work (R and Current H/P); Child Care; Attitudes**

**INTRO I1**

IA-0. The next questions are about your experiences with health care providers, health insurance, and health problems.

♦ ENTER [1] to continue

**Access to Health Care (IA)**

**USUALCAR**

IA-0a. Is there a place that you usually go to when you are sick or need advice about health?

Yes .....1  
No .....5 (IA-3 COVER12)  
(IF IA-0a USUALCAR=DK/RF GO TO IA-1 COVER12)

**USLPLACE**

IA-0b. Please look at Card 25. What kind of place is it?

Private doctor's office.....1  
HMO facility .....2  
Community health clinic, community clinic,  
public health clinic .....3  
Family planning or Planned Parenthood clinic .....4  
Employer or company clinic .....5  
School or school-based clinic .....6  
Hospital outpatient clinic .....7  
Hospital emergency room .....8  
Hospital regular room .....9  
Urgent care center, urgi-care, or walk-in facility ..10  
Some other place .....20

**COVER12**

IA-1. Now I have some questions about health insurance and coverage of medical expenses in the past year.

Card 75 lists some examples of types of health care coverage. In the past 12 months, that is, since [INTERVIEW MONTH, INTERVIEW YEAR - 1], was there any time that you did not have any health insurance or coverage?

Yes .....1  
No .....5 (GO TO IA-3 COVERHOW)  
(IF IA-1 COVER12=DK/RF GO TO IA-3 COVERHOW)

**NUMNOCOV**

IA-2. In how many of the past 12 months were you without coverage?

Number of months \_\_\_\_\_(IF 12, GO TO IB-1 SAMEADD)

{ASKED IF HAD INSURANCE COVERAGE IN ANY OF PAST 12 MONTHS

**COVERHOW**

IA-3. Card 76 shows different types of health care coverage. In the past 12 months, that is since [INTERVIEW MONTH, INTERVIEW YEAR - 1], which of

these were you covered by?

ENTER all that apply

- A private health insurance plan (from employer or workplace; purchased directly; through a state or local government program or community program) .....1
- Medicaid—Additional name(s) for Medicaid in this state: [DISPLAY STATE PROGRAM NAME(S)].....2
- Medicare.....3
- Medi-Gap.....4
- Military health care, including: the VA, CHAMPUS / TRICARE / CHAMP-VA.....5
- Indian Health Service .....6
- CHIP (Children’s Health Insurance Program)--Additional name(s) for CHIP in this state: [DISPLAY STATE CHIP PROGRAM NAME(S)] .....7
- Single-service plan (eg. dental, vision, prescriptions) ....8
- State-sponsored health plan (called [DISPLAY STATE PLAN NAME] in this state).....9
- Other government health care.....10

{ASKED IF LACKED COVERAGE AT ANY TIME IN THE LAST 12 MONTHS OR R HAS MORE THAN ONE TYPE OF COVERAGE

**NOWCOVER**

IA-4. Which of these, if any, are you covered by now?

ENTER all that apply

[DISPLAY RESPONSES FROM IA-3 COVERHOW (OR ALL RESPONSE CHOICES FROM IA-3 COVERHOW IF R SKIPPED IA-3 COVERHOW OR IF IA-3 COVERHOW=DK/RF)]  
 Not covered by any insurance.....11

**Residence and Place of birth (IB)**

**SAMEADD**

IB-1. Now I have some questions about where you live.

Were you living at this same address on April 1, 2000?

Yes.....1 (GO TO IB-8 BRNOUT)

No.....5

**CNTRY00**

IB-2. Were you living in the United States on April 1, 2000?

Yes.....1

No.....5 (GO TO IB-8 BRNOUT)

**ASTREET**

IB-3. Please tell me the address where you were living on April 1, 2000.

Street number and street name \_\_\_\_\_

**ACITY**

IB-4. (Please tell me the address where you were living on April 1, 2000.)



City\_\_\_\_\_

**ASTATE**

IB-5. (Please tell me the address where you were living on April 1, 2000.)

[LINK STATE DATABASE]

State\_\_\_\_\_

**AZIP**

IB-6. (Please tell me the address where you were living on April 1, 2000.)

Zip code\_\_\_\_\_

**CNTY2000**

IB-7. What county did you live in then?

County \_\_\_\_\_

**BRNOUT**

IB-8. Were you born outside of the United States?

- Yes .....1
- No .....5 (GO TO IB-10 PAYDU)

{ASKED IF R WAS BORN OUTSIDE THE U.S.

**STRUS\_M/STRUS\_Y**

IB-9. In what month and year did you come to the United States to stay?

**PAYDU**

IB-10. This next question is about your residence. Are your current living quarters owned or being bought by you or someone in your household, rented for cash, or occupied without payment of cash rent?

- Owned or being bought by you or someone in your household.....1
- Rented for cash.....2
- Occupied without payment of cash rent.....3
- R lives in a dormitory .....4

**Religion (IC)**

**RELRS**

IC-1. Now I have a few questions about religion. Please look at Card 77. In what religion were you raised, if any?

*If R says Protestant, ASK "What is the complete name of the denomination?" If necessary, ENTER [11].*

*ENTER [1] if R was raised "atheist" or "agnostic"*

- None.....1
- Catholic.....2
- Jewish.....3
- Southern Baptist.....4
- Baptist.....5
- Methodist or African Methodist.....6
- Lutheran.....7

Presbyterian.....	8
Episcopal or Anglican.....	9
Church of Jesus Christ of Latter Day Saints (LDS/Mormon).....	10
Other .....	11

{ ASKED IF R's RELIGION RAISED WAS "OTHER"

**RELRS1**

IC-2. Please look at Card 78. In what religion were you raised?

Assemblies of God.....	12
Church of Nazarene.....	13
The Church of God.....	14
The Church of God (Cleveland, TN).....	15
The Church of God in Christ.....	16
7 <sup>th</sup> Day Adventist.....	17
United Pentecostal Church.....	18
Pentecostal Assemblies.....	19
Jehovah's Witness.....	20
Christian, another denomination not listed.....	21
Christian, no specific denomination.....	22
Unitarian-Universalist.....	23
Greek Orthodox.....	24
Other Orthodox .....	25
Muslim.....	26
Buddhist.....	27
Hindu.....	28
Other (specify).....	29

{ ASKED IF R REPORTED "OTHER" (RELRS1 IC-2=29)

**OTHRLRS1**

IC-3. Please tell me the name of the religion in which you were raised.

\_\_\_\_\_

{ASKED IF R IS UNDER AGE 25

**ATTND14**

IC-4. Please look at Card 79. When you were 14, about how often did you usually attend religious services?

More than once a week.....	1
Once a week.....	2
2-3 times a month.....	3
Once a month (about 12 times a year).....	4
3-11 times a year.....	5
Once or twice a year.....	6
Never.....	7

**RELNOW**

IC-5. Please look at Card 77. What religion are you now, if any?

*If R says Protestant, ASK: (What is the complete name of the denomination?) If necessary, ENTER [11].*

*ENTER [1] if R was raised "atheist" or "agnostic"*

None.....	1
Catholic.....	2
Jewish.....	3
Southern Baptist.....	4
Baptist.....	5
Methodist or African Methodist.....	6
Lutheran.....	7
Presbyterian.....	8
Episcopal or Anglican.....	9
Church of Jesus Christ of Latter Day Saints (LDS/Mormon).....	10
Other .....	11

{ ASKED IF R ANSWERS "OTHER" RELIGION (IC-5 RELNOW=11)

**RELNOW1**

IC-6. Please look at Card 78. What religion are you now?

Assemblies of God.....	12
Church of Nazarene.....	13
The Church of God.....	14
The Church of God (Cleveland, TN).....	15
The Church of God in Christ.....	16
7 <sup>th</sup> Day Adventist.....	17
United Pentecostal Church.....	18
Pentecostal Assemblies.....	19
Jehovah's Witness.....	20
Christian, another denomination not listed.....	21
Christian, no specific denomination.....	22
Unitarian-Universalist.....	23
Greek Orthodox.....	24
Other Orthodox .....	25
Muslim.....	26
Buddhist.....	27
Hindu.....	28
Other (specify).....	29

{ ASKED IF R REPORTED OTHER FOR RELNOW1 IC-6.

**OTHRLNOW**

IC-7. Please tell me the name of the religion you are now.

\_\_\_\_\_

{ IF R'S RELIGION IS JEWISH OR MUSLIM OR DON'T KNOW OR REFUSE,  
 { GO TO IC-9 RELDLIFE  
 { ELSE IF R'S RELIGION IS NONE, GO TO IC-10 ATTNDNOW

**FUNDAM**

IC-8. Please look at Card 80. Which of these do you consider yourself to be, if any?

*ENTER all that apply.*

A born again Christian.....	1
A charismatic.....	2
An evangelical.....	3
A fundamentalist .....	4

None of the above.....5

**RELDLIFE**

IC-9. Currently, how important is religion in your daily life? Would you say it is very important, somewhat important, or not important?

Very important.....1  
Somewhat important.....2  
Not important.....3

**ATTNDNOW**

IC-10. Please look at Card 79. About how often do you attend religious services?

More than once a week.....1  
Once a week.....2  
2-3 times a month.....3  
Once a month (about 12 times a year).....4  
3-11 times a year.....5  
Once or twice a year.....6  
Never.....7

**Work (ID)**

**EVWRK6MO**

ID-1. Now I'm interested in knowing if you've ever worked full-time, for 6 months or longer. By full-time I mean 35 or more hours per week. If you've ever taken leave from work, such as family leave, vacations, disability leave, strikes, and temporary layoffs, that counts as still working, as long as you were still officially employed.

Have you ever worked for pay, full-time, for six months or longer?

Yes.....1  
No.....5 (GO TO ID-4 WRK12MOS)

**BEGFSTWK\_M/BEGFSTWK\_Y**

ID-2. When, in what month and year, did you start your first period of full-time work that lasted 6 months or longer altogether?

**EVRNTWRK**

ID-3. Since you started that first period of work, has there ever been a time lasting 6 months or longer when you weren't working full-time?

*IF Necessary, SAY: "Remember, family leave, disability leave, strikes, temporary layoffs, paternity leave, and similar situations count as working if your employer considered you as still employed there."*

Yes.....1  
No.....5

**WRK12MOS**

ID-4. Now I'd like to ask about your work experience in the last 12 months. By work, I mean any job for pay that was regularly scheduled, for which you were expected to perform. Please include full-time, part-time, and temporary or summer jobs.

In the last 12 months, that is since [INTERVIEW MONTH, INTERVIEW YEAR -

1], for how many months did you have any job for pay?

Number of months \_\_\_\_\_ (IF ZERO, DK, RF, GO TO IE SERIES)

**FPT12MOS**

ID-5. In the last 12 months, did you work all full-time, all part-time or some of each?

- Full-time.....1
- Part time.....2
- Some of each.....3

**Current/last job series (IE)**

**DOLASTWK**

IE-1. Please look at Card 81. Last week, what were you doing? Were you working, keeping house, going to school, or something else?

*ENTER all that apply*

- Working..... 1
- Not working at job due to temporary illness,  
vacation, strike, etc..... 2
- On maternity or family leave from job..... 3
- Unemployed, laid off, or looking for work..... 4
- Keeping house..... 5
- Taking care of family .....6
- Going to school..... 7
- On permanent disability..... 8
- Something else ..... 9

{ IF R IS CURRENTLY EMPLOYED OR EVER WORKED, GO TO IE-3 RNUMJOB.

{ ASKED IF R NEVER WORKED FULL-TIME AND DIDN'T WORK IN THE LAST 12 MONTHS  
{ AND WASN'T WORKING LAST WEEK

**RPAYJOB**

IE-2. Did you ever work at a job or business for pay on a regular basis?

- Yes.....1
- No.....5 (GO TO IF SERIES)  
(IF DON'T KNOW OR REFUSED, GO TO IF SERIES)

**RNUMJOB**

IE-3. How many jobs did you work (last week / during the last week you worked)?

Number of jobs \_\_\_\_\_

**RFTPTX**

IE-4. (Please think about the last week you worked on your (primary) job. Did / At your primary job, do/ Do) you work part-time or full-time, or some of each? By full-time I mean 35 or more hours a week.

- Full time.....1
- Part time.....2
- Some of each.....3

**Spouse/partner's current/last job series (IF)**

{ IF R IS NOT CURRENTLY MARRIED OR COHABITING, GO TO IG SERIES

**SPLSTWK**

IF-1. Please look at Card 82. Last week, what was (HUSBAND/PARTNER) doing?  
Was he working, keeping house, going to school, or something else?

*ENTER all that apply*

- Working..... 1
- Not working at job due to temporary illness,  
vacation, strike, etc..... 2
- On paternity or family leave from job..... 3
- Unemployed, laid off, or looking for work..... 4
- Keeping house..... 5
- Taking care of family .....6
- Going to school..... 7
- On permanent disability..... 8
- Something else .....9

{IF HUSBAND/PARTNER WORKED OR WAS EMPLOYED LAST WEEK, GO TO IF-3 SPNUMJOB

{ASKED IF HUSBAND/PARTNER NOT EMPLOYED/WORKING LAST WEEK

**SPPAYJOB**

IF-2. Did he ever work at a job or business for pay on a regular basis?

- Yes.....1
- No.....5 (GO TO IG SERIES)

**SPNUMJOB**

IF-3. How many jobs did he work (last week/ during the last week he worked)?

Number of jobs \_\_\_\_\_

**SPFTPTX**

IF-4. (Please think about the last week he worked on his (primary) job. Did /  
At his primary job, does / Does) he work part time or full time, or some  
of each? By full time I mean 35 or more hours a week.

- Full-time.....1
- Part time.....2
- Some of each.....3

**Child care (IG)**

{IF R HAS NO CHILDREN UNDER 13 IN THE HOUSEHOLD (includes bio child, step-  
child, adopted child, legal ward, foster child, partner's child) GO TO IH/II  
SERIES

**INTROCHC**

IG-0. The next questions are about child care for children aged 12 or under  
who live with you.

**CHCARANY**

IG-1. In the past four weeks (has this child/have any of these children, aged  
12 or under,) been cared for in any regular arrangement such as a day  
care, nursery school, play group, babysitter, after school care,

relative, or some other child care arrangement?

*READ if necessary: "By "regular" I mean at least once a week for a month or more."*

Yes.....1  
No.....5 (GO TO IH/II SERIES)

**CHCARTYP**

IG-2. Please look at Card 83. Which of these, if any, have you used for (any of these children/this child) in the past four weeks?

*ENTER all that apply*

Child's other parent/stepparent.....1  
child's brother/sister 13+.....2  
child's brother/sister under 13.....3  
child's grandparent.....4  
Other relative.....5  
Nonrelative or babysitter.....6  
Day care center.....7  
Nursery/preschool/pre-k/  
pre-kindergarten.....8  
Family day care.....9  
Federally-funded Head Start program.10  
Kindergarten/school (grades 1-12)...11  
Before or after school care.....12  
Child cares for self.....13  
Other.....14

**Attitudes towards Sex, Contraception, Marriage, Gender, and Parenthood (IH/II)**

**IHINTRO1**

IH-0. Please look at Card 84. Next, I would like to get your opinion on some matters concerning family life. I will read you some statements, and I would like you to tell me if you strongly agree, agree, disagree, or strongly disagree. The first is:

**BETTER**

IH-1. It is better for a person to get married than to go through life being single. Do you strongly agree, agree, disagree, or strongly disagree?

Strongly agree .....1  
Agree .....2  
Disagree .....3  
Strongly disagree .....4  
IF R INSISTS: Neither agree nor disagree .....5

**STAYTOG**

IH-2. Divorce is usually the best solution when a couple can't seem to work out their marriage problems.

Strongly agree .....1  
Agree .....2  
Disagree .....3  
Strongly disagree .....4  
IF R INSISTS: Neither agree nor disagree .....5

**SAMESEX**

IH-3. Sexual relations between two adults of the same sex are all right.

- Strongly agree .....1
- Agree .....2
- Disagree .....3
- Strongly disagree .....4
- IF R INSISTS: Neither agree nor disagree .....5

**ANYACT**

IH-4. Any sexual act between two consenting adults is all right.

- Strongly agree .....1
- Agree .....2
- Disagree .....3
- Strongly disagree.....4
- IF R INSISTS: Neither agree nor disagree .....5

**SX0K18**

IH-5. It is all right for unmarried 18 year olds to have sexual intercourse if they have strong affection for each other.

- Strongly agree.....1
- Agree .....2
- Disagree .....3
- Strongly disagree.....4
- IF R INSISTS: Neither agree nor disagree .....5

**SX0K16**

IH-6. It is all right for unmarried 16 year olds to have sexual intercourse if they have strong affection for each other.

- Strongly agree.....1
- Agree .....2
- Disagree .....3
- Strongly disagree.....4
- IF R INSISTS: Neither agree nor disagree .....5

**CHUNLESS**

IH-6a. People can't be really happy unless they have children.

- Strongly agree.....1
- Agree.....2
- Disagree.....3
- Strongly disagree.....4
- If R insists: Neither agree nor disagree.....5*

**CHREWARD**

IH-7. The rewards of being a parent are worth it, despite the cost and the work it takes.

- Strongly agree.....1
- Agree .....2
- Disagree .....3
- Strongly disagree.....4
- IF R INSISTS: Neither agree nor disagree .....5

**CHSUPPOR**

IH-8. It is okay for an unmarried female to have a child.



Strongly agree.....1  
 Agree .....2  
 Disagree .....3  
 Strongly disagree.....4  
 IF R INSISTS: Neither agree nor disagree .....5

**GAYADOPT**

IH-9. Gay or lesbian adults should have the right to adopt children.

Strongly agree.....1  
 Agree .....2  
 Disagree .....3  
 Strongly disagree.....4  
 IF R INSISTS: Neither agree nor disagree .....5

**OKCOHAB**

IH-10. A young couple should not live together unless they are married.

Strongly agree.....1  
 Agree .....2  
 Disagree .....3  
 Strongly disagree.....4  
 IF R INSISTS: Neither agree nor disagree .....5

**WARM**

IH-11. A working mother can establish just as warm and secure a relationship with her children as a mother who does not work.

Strongly agree.....1  
 Agree .....2  
 Disagree .....3  
 Strongly disagree.....4  
 IF R INSISTS: Neither agree nor disagree .....5

**ACHIEVE**

IH-12. It is much better for everyone if the man earns the main living and the woman takes care of the home and family.

Strongly agree.....1  
 Agree .....2  
 Disagree .....3  
 Strongly disagree.....4  
 IF R INSISTS: Neither agree nor disagree .....5

**FAMILY**

IH-13. It is more important for a man to spend a lot of time with his family than to be successful at his career.

Strongly agree.....1  
 Agree .....2  
 Disagree .....3  
 Strongly disagree.....4  
 IF R INSISTS: Neither agree nor disagree .....5

{ ASKED IF R IS UNDER 20 YEARS OF AGE.

**REACTSLF**

IH-14. If you got pregnant now how would you feel? Would you be very upset, a little upset, a little pleased, or very pleased?

Very upset .....1  
 A little upset .....2  
 A little pleased .....3  
 Very pleased .....4  
 IF R INSISTS: She wouldn't care..5

{ ASKED IF R HAS NOT HAD ANY BIOLOGICAL OR ADOPTED CHILDREN

**CHBOTHER**

IH-15. If it turns out that you do not have any children, would that bother you a great deal, some, a little, or not at all?

A great deal .....1  
 Some .....2  
 A little .....3  
 Not at all .....4

{ ASKED OF ALL

**MARRFAIL**

IH-16. Marriage has not worked out for most people I know.

Strongly agree .....1  
 Agree .....2  
 Disagree .....3  
 Strongly disagree.....4  
 If R insists: Neither agree nor disagree .....5

**CHCOHAB**

IH-17 It is okay to have and raise children when the parents are living together but not married.

Strongly agree .....1  
 Agree .....2  
 Disagree .....3  
 Strongly disagree.....4  
 If R insists: Neither agree nor disagree .....5

**PRVNTDIV**

IH-18. Living together before marriage may help prevent divorce.

Strongly agree .....1  
 Agree .....2  
 Disagree .....3  
 Strongly disagree.....4  
 If R insists: Neither agree nor disagree .....5

**GETALONG**

IH-19. Living together before marriage is a good way for a couple to make sure they get along.

Strongly agree .....1  
 Agree .....2  
 Disagree .....3  
 Strongly disagree.....4  
 If R insists: Neither agree nor disagree .....5

**IIINTR01**

II-1. The next question is about what might happen if you had sex and your partner used a condom. (Even if you have never had sex or used a condom,

you can think about what might happen if you did.)

**LESSPLSR**

II-2. Please look at Card 21. What is the chance that if your partner used a condom during sex, you would feel less physical pleasure?

- No chance.....1
- A little chance.....2
- A 50-50 chance.....3
- A pretty good chance.....4
- An almost certain chance.....5

**IIINTR02**

II-3. IF NOT CURRENTLY MARRIED OR COHABITING, SAY:

Now think about what might happen if you are with a person with whom you are about to have sexual intercourse for the first time.

ELSE IF CURRENTLY MARRIED OR COHABITING, SAY:

Now imagine that you are no longer in your current relationship, for whatever reason, and you are with a person with whom you are about to have sexual intercourse for the first time.

**EMBARRAS**

II-4. Please look at Card 21. What is the chance that it would be embarrassing for you and a new partner to discuss using a condom?

- No chance.....1
- A little chance.....2
- A 50-50 chance.....3
- A pretty good chance.....4
- An almost certain chance.....5

**APPREC1**

II-5. Please look at Card 21. What is the chance that if a new partner used a condom, you would appreciate it?

- No chance.....1
- A little chance.....2
- A 50-50 chance.....3
- A pretty good chance.....4
- An almost certain chance.....5

{ Question only intended for interviewer.

**ACASILANG**

II-6. *Interviewer: Should ACASI be conducted in English or Spanish?*

- English.....1
- Spanish.....2

## SECTION J

### Audio CASI

{ READ BY INTERVIEWER FROM THE SCREEN.

#### **INTRO\_J1**

INTRO-J1. For this last part of the interview, I'll turn the computer over to you so that you can enter your answers yourself. We have these headphones so that you can listen to the questions in privacy, and you can also read the questions on the computer screen. I will not be able to hear the questions or see the answers you type into the computer. After I explain a few of the keys that you'll be using, I'll help you with the first few practice questions, just to get you started. Then I'll leave you on your own to answer the rest of the questions in privacy.

When you are done with this section, a screen will come up that will tell you how to lock away your responses so that no one can see how you answered the questions. Then you can return the computer to me.

#### **INTRO\_J1b**

INTRO-J1b. INTERVIEWER: Explain the following things to R:

Connect the headphones to the laptop.  
Give the computer to Respondent.  
Show Respondent where to find number keys, Enter, Backspace, F11, F12, and Hyphen keys.

Show Respondent the Aid Card.  
Explain how to adjust the volume.

Explain that you will be doing an unrelated task while Respondent completes Audio CASI, but Respondent should feel free to interrupt with questions.

The next screen is for the Respondent.

### A-CASI PRACTICE QUESTIONS (JA)

{ MACHINE AUDIO BEGINS HERE.

#### **INTRO\_J2**

INTRO-J2. These questions are just for practice. The interviewer is going to help you do this.

Press the [BACKSPACE] key to erase an answer you want to change or when the computer asks you to correct an answer.

Please press the large [Enter] key on the right side of the keyboard to see the first question.

#### **PRACYEAR**

JA-1. In what year were you born?

Please enter the 4-digit year you were born and press the [Enter] key.

Year \_\_\_\_\_

**PRACMNTH**

JA-2. In what month in [PRACYEAR] were you born?

Please enter the number for the month.

January .....1  
February .....2  
March .....3  
April .....4  
May .....5  
June .....6  
July .....7  
August .....8  
September .....9  
October .....10  
November .....11  
December .....12

**PRACCNFM**

JA-3. The computer has recorded that you were born in [PRACMNTH, PRACYEAR]. Is this correct?

Yes .....1 (JA-3a INTROJ3a)  
No .....5 (RETURN TO CORRECT INFORMATION AS NEEDED)

**INTROJ3a**

JA-3a. Thank you. Now we will go over a few keystrokes which will help you complete the survey.

Please press [Enter] to continue

**INTROJ3ab**

JA-3ab. If you want to replay the audio, press the [F11] key. It is located near the top right side of the keyboard.

Please press [Enter] to continue.

**INTROJ3b**

JA-3b. If you want to hide the question, press the [F12] key. To make the question reappear, simply press [F12] again. The [F12] key is located near the [F11] key on the top right side of the keyboard.

Please press [Enter] to continue

**INTROJ3c**

JA-3c. If you do not know the answer to a question, press the [CTRL] and [D] keys at the same time.

The [CTRL] key is at the bottom left of the keyboard. It is labeled "Ctrl".

Please press [Enter] to continue

**INTROJ3d**

JA-3d. If you do not wish to answer a particular question, press the [CTRL] and [R] keys at the same time.

Please press [Enter] to continue

**INTROJ3e**

JA-3e. If you have any questions about how to use the computer, please ask your interviewer now. Otherwise, please press the [Enter] key to continue on your own.

**INTRO\_J4**

INTRO-J4. These first questions are about your general health.

Please press [Enter] to continue

**GENHEALT**

JA-4. In general, how is your health? Would you say it is...

- Excellent .....1
- Very good .....2
- Good .....3
- Fair .....4
- Poor .....5

{ ASKED IF R NOT CURRENTLY PREGNANT

**RHEIGHT\_FT**

JA-5. How tall are you?

First, please select the number of feet, then press [Enter].

- 3 feet .....3
- 4 feet .....4
- 5 feet .....5
- 6 feet .....6
- 7 feet .....7

{ IF RHEIGHT = DK OR RF, GO TO JA-6 RWEIGHT.

**RHEIGHT\_IN**

JA-5. Now please select the number of inches and then press [Enter].

- 0 inches .....0
- 1 inch .....1
- 2 inches .....2
- 3 inches .....3
- 4 inches .....4
- 5 inches .....5
- 6 inches .....6
- 7 inches .....7
- 8 inches .....8
- 9 inches .....9
- 10 inches .....10
- 11 inches .....11

{ ASKED IF R NOT CURRENTLY PREGNANT

**RWEIGHT**

JA-6. How much do you weigh?

Please answer in pounds and then press [Enter].

Pounds \_\_\_\_\_

**PREGNANCY REPORTING (JB)**

**INTRO\_J5**

INTRO-J5. The information you provide about the outcome of any pregnancies you may have had is very important for this study. Sometimes women who take part in the study are reluctant to tell an interviewer about some of their pregnancies, especially those pregnancies that ended in abortion or with babies they no longer live with.

Please press [Enter] to continue.

**CASIBIRTH**

JB-1. Between January (year of interview -5) and December (year of interview -1), how many pregnancies did you have that resulted in live birth, that is, a baby born alive?

*Having twins or triplets should be counted as 1 pregnancy.*

Number \_\_\_\_\_

**CASILOSS**

JB-2. Between January (year of interview -5) and December (year of interview -1), how many pregnancies did you have that ended in miscarriage, stillbirth, or ectopic pregnancy?

Number \_\_\_\_\_

**CASIABOR**

JB-3. Between January (year of interview -5) and December (year of interview -1), how many pregnancies did you have that ended in abortion?

Number \_\_\_\_\_

**CASIADOP**

JB-4. Have you ever placed a child you gave birth to for adoption?

Yes.....1  
No.....5

**Suspension/Expulsion; Substance Use (JC)**

**INTRO\_J6**

JC\_0. IF AGESCRN GE 25, SAY:  
These next questions are about your use of cigarettes, alcohol, and other substances.

Please press [Enter] to continue.

{ Asked only if R is 15-24 years old

**EVSUSPEN**

JC-0a. Next, I have a couple of questions about your school experience. Have you ever been suspended or expelled from school?

Yes .....1  
No .....5 (GO TO JC-1 SMK100)

{ Asked only if R is 15-24 years old

**GRADSUSP**

JC-0b. What grade were you in when you were suspended or expelled from school?  
If you were suspended or expelled more than once, please enter the grade  
you were in the most recent time.

Grade \_\_\_\_\_

{ Asked for all Rs

**SMK100**

JC-1. IF R IS 15-24 YEARS OLD, ASK:  
These next questions are about your use of cigarettes, alcohol, and  
other substances.

IF R IS 25+ YEARS OLD, ASK:  
In your entire life, have you smoked at least 100 cigarettes?

*100 cigarettes is about 5 packs.*

Yes.....1  
No.....5

{ ASKED IF SMOKED AT LEAST 100 CIGARETTES IN LIFETIME

**AGESMK**

JC-2. How old were you when you first started smoking fairly regularly?

Please enter your age in years.  
If you never smoked regularly, enter 0.

Age in years \_\_\_\_\_

{ ASKED IF SMOKED AT LEAST 100 CIGARETTES IN LIFETIME

**SMOKE12**

JC-3. During the last 12 months, that is, since (INTERVIEW MONTH, INTERVIEW  
YEAR - 1), how many cigarettes did you smoke a day, on average?

None.....0  
About one cigarette a day or less.....1  
Just a few cigarettes a day (2-4).....2  
About half a pack a day (5-14).....3  
About a pack a day (15-24).....4  
More than a pack a day (25 or more)...5

**DRINK12**

JC-4. During the last 12 months, that is, since (INTERVIEW MONTH, INTERVIEW  
YEAR - 1), how often have you had beer, wine, hard liquor, or other  
alcoholic beverages?

Never .....1  
Once or twice during the year .....2  
Several times during the year .....3  
About once a month .....4  
About once a week .....5  
About once a day .....6

{ ASKED IF R REPORTED ANY AMOUNT OF DRINKING IN LAST YEAR OR SAID DK

**BINGE12**

JC-5. During the last 12 months, how often did you have 5 or more drinks  
within a couple of hours?



- Never .....1
- Once or twice during the year .....2
- Several times during the year .....3
- About once a month .....4
- About once a week .....5
- About once a day .....6

**POT12**

JC-6. During the last 12 months, how often have you smoked marijuana?

- Never .....1
- Once or twice during the year .....2
- Several times during the year .....3
- About once a month .....4
- About once a week .....5
- About once a day or more.....6

**COC12**

JC-7. During the last 12 months, how often have you used cocaine?

- Never .....1
- Once or twice during the year .....2
- Several times during the year .....3
- About once a month or more.....4

**CRACK12**

JC-8. During the last 12 months, how often have you used crack?

- Never .....1
- Once or twice during the year .....2
- Several times during the year .....3
- About once a month or more.....4

**CRYSTMTH**

JC-8a. During the last 12 months, how often have you used Crystal or meth, also known as tina, crank, or ice?

- Never .....1
- Once or twice during the year .....2
- Several times during the year .....3
- About once a month or more .....4

**INJECT12**

JC-9. During the last 12 months, how often have you shot up or injected drugs other than those prescribed to you? By shooting up, we mean anytime you might have used drugs with a needle, by mainlining, skin-popping, or muscling.

- Never .....1
- Once or twice during the year .....2
- Several times during the year .....3
- About once a month or more.....4

{ ASKED IF R HAS NEVER SHOT UP OR INJECTED DRUGS IN THE LAST 12 MONTHS  
OR IF JC-9 = DK/RF

**EVRINJECT**

JC-10. At any time in your life, have you ever shot up or injected drugs

other than those prescribed for you?

Yes.....1

No.....5 (GO TO INTRO\_J7)

**EVRSARE**

JC-11. At any time in your life, have you ever shot up or injected drugs with a needle that someone else had used before you?

Yes .....1

No .....5

**Sex with Males (JD)**

**INTRO\_J7**

INTRO-J7. The next questions are about sexual experiences you may have had with a male.

Please press [Enter] to continue.

**INTRO\_J8**

INTRO-J8. Here are some things you may have done with a male. If you have ever done this at least one time with a male, answer yes. If you have never done this, answer no.

Please press [Enter] to continue.

{ ASKED IF R HAS NEVER MARRIED, NEVER COHABITED, NEVER BEEN PREGNANT (BASED ON CAPI OR ACASI)

**VAGSEX**

JD-1. Has a male ever put his penis in your vagina (also known as vaginal intercourse)?

Yes .....1

No .....5 (JD-6 GETORALM)

**AGEVAGR**

JD-2. The first time this occurred, how old were you?

Age in years \_\_\_\_\_

**AGEVAGM**

JD-3. The first time this occurred, how old was he?

Age in years \_\_\_\_\_

{ ASKED FOR ALL WHO REPORTED EVER HAVING VAGINAL INTERCOURSE

**CONDVAG**

JD-4. Was a condom used the last time you had vaginal intercourse with a male?

Yes .....1

No .....5 (JD-6 GETORALM)

**WHYCONDL**

JD-5. The last time you had vaginal intercourse with a male, did you use the condom to...

- To prevent pregnancy, .....1
- To prevent diseases like syphilis, gonorrhea or AIDS, ..2
- For both reasons, .....3
- Or for some other reason .....4

**GETORALM**

JD-6. The next few questions are about oral sex. By oral sex, we mean stimulating the genitals with the mouth. Has a male ever performed oral sex on you?

- Yes .....1
- No .....5

**GIVORALM**

JD-7. Have you ever performed oral sex on a male? That is, have you ever stimulated his penis with your mouth?

- Yes .....1
- No .....5 (JD-9 ANALSEX)

**CONDFELL**

JD-8. Was a condom used the last time you performed oral sex on a male?

- Yes .....1
- No .....5

{ASKED IF R IS 15-24 AND HAS EVER HAD ORAL SEX AND VAGINAL INTERCOURSE

**TIMING**

JD-8b. Thinking back to when you had oral sex with a male for the first time, was it before, after, or on the same occasion as your first vaginal intercourse with a male?

- Before first vaginal intercourse .....1
- After first vaginal intercourse .....3
- Same occasion.....5

**ANALSEX**

JD-9. Has a male ever put his penis in your rectum or butt (also known as anal sex)?

- Yes .....1
- No .....5 (JD-11 CONDSEXL)

**CONDANAL**

JD-10. Was a condom used the last time you had anal sex with a male?

- Yes .....1
- No .....5

{ ASKED IF R REPORTED MORE THAN 1 FORM OF MALE-GENITAL-INVOLVING SEX

**CONDSEXL**

JD-11. The very last time you had any type of sex -- that is, vaginal intercourse or anal sex or oral sex -- with a male partner, was a condom used?

- Yes .....1
- No .....5

{ IF R IS 18 OR OLDER, CONTINUE WITH JE SERIES.

{ ELSE IF R IS YOUNGER THAN 18, GO TO JF SERIES.

**Non Voluntary Intercourse: Male - Female (JE)**

{ JE SERIES ONLY ASKED FOR R's AGED 18 YEARS OR OLDER

{ IF R DID NOT REPORT HAVING VAGINAL SEX (IN AUDIO CASI), GO TO JE-5 EVRFORCD

{ ASKED IF R REPORTED EVER HAVING VAGINAL SEX

**WANTSEX1**

JE-1. Think back to the very first time you had vaginal intercourse with a male. Which would you say comes closest to describing how much you wanted that first vaginal intercourse to happen?

- I really didn't want it to happen at the time .....1
- I had mixed feelings -- part of me wanted it to happen at the time and part of me didn't .....2
- I really wanted it to happen at the time .....3

**VOLSEX1**

JE-2. Would you say then that this first vaginal intercourse was voluntary or not voluntary, that is, did you choose to have sex of your own free will or not?

- Voluntary.....1
- Not voluntary.....5

**HOWOLD**

JE-3. How old were you when this first vaginal intercourse happened?

Age in years \_\_\_\_\_

{ IF R's FIRST VAGINAL SEX WAS WANTED AND VOLUNTARY, GO TO JF-5 EVRFORCD

{ ASKED ONLY IF R REPORTED HER 1<sup>st</sup> VAGINAL SEX AS "Not voluntary"  
{ OR DIDN'T WANT IT TO HAPPEN OR HAD MIXED FEELINGS (WANTSEX1 = 1 or 2)

**INTRO-J9**

INTRO-J9. Were any of these kinds of force used?

Please press [Enter] to continue.

{ JE-4a THROUGH JE-4g ASKED ONLY IF R REPORTED HER 1<sup>st</sup> VAGINAL SEX AS "Not voluntary" OR DIDN'T WANT IT TO HAPPEN OR HAD MIXED FEELINGS (WANTSEX1 = 1 or 2)

**GIVNDRUG**

JE-4a. Were you given alcohol or drugs?

- Yes.....1
- No.....5

**HEBIGOLD**

JE-4b. Did you do what he said because he was bigger than you or a grown-up, and you were young?

- Yes.....1
- No.....5

**ENDRELAT**

JE-4c. Were you told that the relationship would end if you didn't have sex?  
Yes.....1  
No.....5

**WORDPRES**

JE-4d. Were you pressured into it by his words or actions, but without threats of harm?  
Yes.....1  
No.....5

**THRTPHYS**

JE-4e. Were you threatened with physical hurt or injury?  
Yes.....1  
No.....5

**PHYSHURT**

JE-4f. Were you physically hurt or injured?  
Yes.....1  
No.....5

**HELDDOWN**

JE-4g. Were you physically held down?  
Yes.....1  
No.....5

**EVRFORCD**

JE-5. (Besides the time you already reported,) have you ever been forced by a male to have vaginal intercourse against your will?  
Yes.....1  
No.....5 (GO TO JF SERIES)

**AGEFORC1**

JE-6. (After the time you already reported, when you were age (JE-3 HOWOLD),) how old were you the next time you were forced by a male to have vaginal intercourse against your will?

Age in years \_\_\_\_\_

{ IF R'S 1<sup>ST</sup> VAGINAL SEX WAS "not voluntary" GO TO JF SERIES.  
{ REMAINDER OF JE SERIES ASKED ONLY IF R'S 1<sup>ST</sup> VAGINAL SEX WAS VOLUNTARY BUT  
{ SHE REPORTED HAVING EVER BEEN FORCED AT ANOTHER TIME BY A MALE TO HAVE  
{ VAGINAL SEX OR R'S 1<sup>ST</sup> VAGINAL SEX WAS REALLY NOT WANTED AT THE TIME OR  
{ R HAD MIXED FEELINGS AT THE TIME (WANTSEX1=1 OR 2)

**INTROJ10**

INTROJ10. Were any of these kinds of force used?  
Please press [Enter] to continue.

**GIVNDRG2**

JE-7a. Were you given alcohol or drugs?  
Yes.....1

No.....5

**HEBIGOL2**

JE-7b. Did you do what he said because he was bigger than you or a grown-up, and you were young?

Yes.....1

No.....5

**ENDRELA2**

JE-7c. Were you told that the relationship would end if you didn't have sex?

Yes.....1

No.....5

**WRDPRES2**

JE-7d. Were you pressured into it by his words or actions, but without threats of harm?

Yes.....1

No.....5

**THRTPHY2**

JE-7e. Were you threatened with physical hurt or injury?

Yes.....1

No.....5

**PHYSHRT2**

JE-7f. Were you physically hurt or injured?

Yes.....1

No.....5

**HELDDWN2**

JE-7g. Were you physically held down?

Yes.....1

No.....5

**STD/HIV Risk Behaviors (JF)**

{ IF R DID NOT REPORT (IN A-CASI) ANY VAGINAL, ORAL, OR ANAL SEX WITH A MALE,  
{ GO TO JG SERIES.

**INTROJ11**

INTROJ11. This next section is also about your male sex partners. This time, think about any male with whom you have had vaginal intercourse, oral sex, or anal sex -- any of these.

Please press [Enter] to continue.

**PARTSLIF**

JF-1. Thinking about your entire life, how many male sex partners have you had? Please count every partner, even those you had sex with only once.

Number \_\_\_\_\_

**PARTS12M**

JF-2. Thinking about the last 12 months, how many male sex partners have you had in the 12 months since (INTERVIEW MONTH)? Please count every partner, even those you had sex with only once in those 12 months.

Number \_\_\_\_\_

{NEWYEAR AND NEWLIFE ASKED IF R REPORTS MORE MALE PARTNERS IN LAST 12 MONTHS THAN IN LIFETIME

**NEWYEAR**

JF-2YR. Earlier you reported having more male partners in the last 12 months than you have had in your life. One or both of these numbers appear to be entered incorrectly, so those questions will be asked again. Your previous answers are displayed below:

DISPLAY:     \_\_\_ male partners in last 12 months

              \_\_\_ male partners in lifetime

How many male partners did you have in the last 12 months?

Enter number \_\_\_\_\_

{ Asked if R has ever had vaginal intercourse

**VAGNUM12**

JF-2YRa. Your number of male partners in the last 12 months is displayed below. Thinking of your male partners in the last 12 months, with how many of them did you have vaginal intercourse?

DISPLAY:     \_\_\_ male partners in last 12 months

{ Asked if R has ever had oral sex with a male

**ORALNUM12**

JF-2YRb. (Your number of male partners in the last 12 months is displayed below.) Thinking of your male partners in the last 12 months, with how many of them did you have oral sex, either giving or receiving?

DISPLAY:     \_\_\_ male partners in last 12 months

{ Asked if R has ever had anal sex with a male

**ANALNUM12**

JF-2YRc. (Your number of male partners in the last 12 months is displayed below.) Thinking of your male partners in the last 12 months, with how many of them did you have anal sex?

DISPLAY:     \_\_\_ male partners in last 12 months

**NEWLIFE**

JF-2LF. How many male partners did you have in your lifetime?

Enter number \_\_\_\_\_

{ IF R IS UNDER AGE 18 AND HAS 1 OR MORE CURRENT SEXUAL PARTNER, CONTINUE.  
{ ELSE IF R REPORTED 0 MALE PARTNERS IN LAST 12 MONTHS, GO TO JG SERIES.  
{ ELSE GO TO JF-3 BISEXPRT.

**INTROJ12**

INTROJ12. You indicated in the interview that you have (NUMBER) current sexual partner(s). Here is an additional question about (him/those partners/some of those partners).

Please press [Enter] to continue.

{ SCREEN WILL DISPLAY UP TO 3 CURRENT SEXUAL PARTNERS FOR R's UNDER 18 YEARS.  
{ R WILL BE LOOPED FROM CURRPAGE THROUGH HOWMUCH as applicable.

**CURRPAGE**

JF-2a. Earlier you reported that you last had sexual intercourse with the (blank/first/second/third) person shown on the screen in (mo/yr). How old was he at that time?

Age in years \_\_\_\_\_

{ IF AGE REPORTED OR RF, GO TO NEXT PARTNER IF THERE IS ONE.  
{ ELSE GO TO JF-3 BISEXPRT.

{ ASKED IF CURRPAGE = DK

**RELAGE**

JF-2b. Is he older than you, younger than you or the same age?

Older .....1  
Younger .....2  
Same age .....3

{ IF R SAID "same age" GO TO NEXT PARTNER IF THERE IS ONE.  
{ IF NO MORE PARTNERS TO LOOP THROUGH, GO TO JF-3 BISEXPRT.

{ ASKED IF RELAGE = older or younger

**HOWMUCH**

JF-2c. By how many years?

1-2 years .....1  
3-5 years .....2  
6-10 years .....3  
More than 10 years .....4

{ IF ANY MORE CURRENT PARTNERS, RETURN TO CURRPAGE.

{ IF R REPORTED 0 MALE PARTNERS IN LAST 12 MONTHS, GO TO JG SERIES.

{ REMAINDER OF JF SERIES ASKED IF R REPORTED ANY MALE PARTNERS IN LAST 12 MONTHS OR SAID DK

**BISEXPRT**

JF-3. (Now please think about all of your male sexual partners in the last 12 months, that is since (INTERVIEW MONTH, INTERVIEW YEAR - 1).) Have any of your male partners in the last 12 months ever had sex with other males?

Yes .....1  
No .....5



**NONMONOG**

JF-4. In the last 12 months, did you have sex with any males who were also having sex with other people at around the same time?

Yes .....1  
No .....5

**MALSHT12**

JF-6. In the last 12 months, have you had sex with a male who takes or shoots street drugs using a needle?

Yes .....1  
No .....5

**PROSTFRQ**

JF-7. In the last 12 months, has a male given you money or drugs to have sex with him?

Yes .....1  
No .....5

**JOHNFREQ**

JF-8. In the last 12 months, have you given a male money or drugs to have sex with you?

Yes .....1  
No .....5

**HIVMAL12**

JF-9. In the last 12 months, have you had sex with a male who you knew was infected with the AIDS virus?

Yes .....1  
No .....5

**Sex with Females (JG)**

{ ASKED FOR ALL

**GIVORALF**

JG-1a. The next questions ask about sexual experiences you may had with another female. Have you ever performed oral sex on another female?

Yes.....1  
No.....5

**GETORALF**

JG-1b. Has another female ever performed oral sex on you?

Yes.....1  
No.....5

{ ASKED IF R HAS NOT ALREADY REPORTED ORAL SEX WITH A FEMALE

**FEMSEX**

JG-1c. Have you ever had any sexual experience of any kind with another female?

Yes.....1  
No.....5

{ ASKED IF R HAS HAD ANY SEXUAL EXPERIENCE WITH A FEMALE PARTNER. IF R HAS NOT HAD ANY SEXUAL EXPERIENCE WITH A FEMALE PARTNER, GO TO JH SERIES.

**FEMPARTS**

JG-2. Thinking about your entire life, how many female sex partners have you had?

Number \_\_\_\_\_

**FEMPRT12**

JG-3. Thinking about the last 12 months, how many female sex partners have you had in the 12 months since (INTERVIEW MONTH)? Please count every partner, even those you had sex with only once in those 12 months.

Number \_\_\_\_\_

**Sexual Attraction, Orientation, & Experience with STDs (JH)**

{ ASKED ONLY IF R REPORTED HAVING SEX WITH BOTH MALES & FEMALES

**MFLASTP**

JH-1. The very last time you had any type of sex -- that is vaginal intercourse or anal sex or oral sex -- was that last sexual partner male or female?

Male .....1  
Female .....2

{ ASKED FOR ALL

**ATTRACT**

JH-2. People are different in their sexual attraction to other people. Which best describes your feelings? Are you...

Only attracted to males .....1  
Mostly attracted to males .....2  
Equally attracted to males and females .....3  
Mostly attracted to females .....4  
Only attracted to females .....5  
Not sure .....6

{ ASKED FOR ALL

**ORIENT**

JH-3. Do you think of yourself as ...

Heterosexual or straight, .....1  
Homosexual, gay, or lesbian, .....2  
Bisexual, .....3  
Or something else? .....4

{ ASKED IF ORIENT = 4. ELSE GO TO INTROJ13

**SP\_ORIENT**

JH-3. When you say "something else," what do you mean?

\_\_\_\_\_

**INTROJ13**

INTROJ13. The next questions are about your sexual and reproductive health.

Please press [Enter] to continue.

**CHLAMTST**

JH-4. In the last 12 months, that is, since [INTERVIEW MONTH, INTERVIEW YEAR - 1], have you been tested for chlamydia?

Yes .....1  
No .....5

**STDTRT12**

JH-5. In the last 12 months, have you been treated or received medication from a doctor or other medical care provider for a sexually transmitted disease like gonorrhea, chlamydia, herpes, or syphilis?

Yes .....1  
No .....5 (JH-8 HERPES)

{ ASKED ONLY IF R WAS TREATED FOR STD IN LAST 12 MONTHS

**GON**

JH-6. In the last 12 months, have you been told by a doctor or other medical care provider that you had gonorrhea?

Yes .....1  
No .....5

{ ASKED ONLY IF R WAS TREATED FOR STD IN LAST 12 MONTHS

**CHLAM**

JH-7. In the last 12 months, have you been told by a doctor or other medical care provider that you had chlamydia?

Yes .....1  
No .....5

{ ASKED FOR ALL

**HERPES**

JH-8. At any time in your life, have you ever been told by a doctor or other medical care provider that you had genital herpes?

Yes .....1  
No .....5

{ ASKED FOR ALL

**GENWARTS**

JH-9. At any time in your life, have you ever been told by a doctor or other medical care provider that you had genital warts or human papillomavirus also called HPV?

Yes .....1  
No .....5

{ ASKED FOR ALL

**SYPHILIS**

JH-10. At any time in your life, have you ever been told by a doctor or other medical care provider that you had syphilis?

Yes .....1  
No .....5

**Individual Earnings and Family Income and Public Assistance (JI)**

**INTROJ14**

INTROJ14. Income is important in analyzing the information we collect. For example, this information helps us to learn whether persons in each income group get the health services they need.

Please press [Enter] to continue.

{IF R HAS NEVER WORKED GO TO JI-1 INTROJ15

**EARNTYPE**

JI-0a. Next, I need to know your total earnings before taxes (on your last job). Will it be easier for you to tell me your total weekly, monthly, or yearly earnings?

- Week.....1
- Month.....2
- Year.....3

**EARN**

JI-0b. Which category represents your total (weekly/monthly/yearly) earnings before taxes (on your last job)? (READ CATEGORIES IF NECESSARY.)

(WEEKLY INCOME CATEGORIES)

WEEKLY INCOME

- UNDER \$96.....1
- \$ 96-143.....2
- \$ 144-191.....3
- \$ 192-239.....4
- \$ 240-288.....5
- \$ 289-384.....6
- \$ 385-480.....7
- \$ 481-576.....8
- \$ 577-672.....9
- \$ 673-768.....10
- \$ 769-961.....11
- \$ 962-1,153.....12
- \$1,154-1,441.....13
- \$1,442 or more.....14

(MONTHLY INCOME CATEGORIES)

MONTHLY INCOME

- UNDER \$417.....1
- \$ 417-624.....2
- \$ 625-832.....3
- \$ 833-1041.....4
- \$1,042-1,249.....5
- \$1,250-1,666.....6
- \$1,667-2,082.....7
- \$2,083-2,499.....8
- \$2,500-2,916.....9
- \$2,917-3,332.....10
- \$3,333-4,166.....11

\$4,167-4,999.....	12
\$5,000-6,249.....	13
\$6,250 or more.....	14

(YEARLY INCOME CATEGORIES)

YEARLY INCOME

UNDER \$5,000.....	1
\$ 5,000-7,499.....	2
\$ 7,500-9,999.....	3
\$10,000-12,499.....	4
\$12,500-14,999.....	5
\$15,000-19,999.....	6
\$20,000-24,999.....	7
\$25,000-29,999.....	8
\$30,000-34,999.....	9
\$35,000-39,999.....	10
\$40,000-49,999.....	11
\$50,000-59,999.....	12
\$60,000-74,999.....	13
\$75,000 or more.....	14

{ASKED IF R RESPONDED DK OR R TO EARN

**EARNDK1**

JI-0c. Was it \$20,000 or more per year?

Yes.....1

No.....5 (GO TO JI-1 INTROJ15)

**EARNDK2**

JI-0d. Was it \$50,000 or more per year?

Yes.....1

No.....5 (GO TO JI-1 INTROJ15)

**EARNDK3**

JI-0e. Was it \$75,000 or more per year?

Yes.....1

No.....5

{ READ IF HOUSEHOLD INCLUDES MORE THAN JUST R.

**INTROJ15**

INTROJ15. IF R IS MARRIED AND HOUSEHOLD SIZE > 2, SAY:

The next questions are about your combined family income last year, that is, in the (year of interview -1). When answering these questions, please remember that "combined family income" means your income plus your husband's income, income from any of your family members that live here, and income from any of your husband's family members that live here, before taxes.

{THERE ARE OTHER WORDING VARIANTS, DETERMINED BY HOUSEHOLD SIZE & COMPOSITION

Please press [Enter] to continue.

**WAGE**

JI-1a. In the (year of interview -1), did you (or any members of your family living here) receive any wages and salaries, including

tips, bonuses and overtime?

*Wages and salaries (including tips, bonuses, and overtime) are paid by employers in compensation for work performed by the employee. This includes wages to armed forces personnel.*

Yes.....1

No.....5

**SELFINC**

JI-1b.

In the (year of interview -1), did you (or any members of your family living here) receive any income from self employment including business and farm income?

*Self employment means being a full or part owner in a business or farm.*

Yes.....1

No.....5

**SOCSEC**

JI-1c.

*(In the (year of interview -1), did you (or any members of your family living here) receive...)*

Any income from Social Security or Railroad Retirement?

*Railroad Retirement benefits are administered by the Railroad Retirement Board and are paid to retired railroad workers and their families*

Yes.....1

No.....5

**DISABIL**

JI-1d.

*(In the (year of interview -1), did you (or any members of your family living here) receive...)*

Any income from any disability pension (other than Social Security or Railroad Retirement)?

Yes.....1

No.....5

**RETIRE**

JI-1e.

*(In the (year of interview -1), did you (or any members of your family living here) receive...)*

Any income from any retirement or survivor pension (other than Social Security or Railroad Retirement)?

Yes.....1

No.....5

**SSI**

JI-1f.

*(In the (year of interview -1), did you (or any members of your family living here) receive...)*

Any income from Supplemental Security Income (SSI)?

*Supplemental Security Income is paid to persons aged 65 and over and to blind or disabled persons with incomes below specified*

levels. The benefits are administered by the Social Security Administration.

Yes.....1  
No.....5

**UNEMP**

JI-1g. (In the (year of interview -1), did you (or any members of your family living here) receive...)

Any income from unemployment compensation?

*Unemployment compensation is payment made by states to involuntarily unemployed workers who are able to work, available to work, and meet other state requirements.*

Yes.....1  
No.....5

**CHLDSUPP**

JI-1h. (In the (year of interview -1), did you (or any members of your family living here) receive...)

Any income from child support?

Yes.....1  
No.....5

**INTEREST**

JI-1i. (In the (year of interview -1), did you (or any members of your family living here) receive...)

Any income from interest from savings or other bank accounts?

Yes.....1  
No.....5

**DIVIDEND**

JI-1j. (In the (year of interview -1), did you (or any members of your family living here) receive...)

Any income from dividends received from stocks or mutual funds, or net rental income from property, royalties, estates or trusts?

Yes.....1  
No.....5

**OTHINC**

JI-1k. In the (year of interview -1), did you (or any members of your family living here) receive any income from any other source, such as alimony, contributions from family or others, Veteran's Administration (VA) payments, or Worker's Compensation?

*Any other source could include alimony, VA payments, worker's compensation, foster care payments, and other retirement income. Also include cash awards, education stipends, trust funds from other relatives, and anything else adding to family income.*

Yes.....1

No.....5

**TOTINCWMY**

JI-2. The next question will ask about (your total income/ the total combined income of your family) in the (year of interview -1).

Remember, this item is important and your answers will be kept confidential. Will it be easier for you to report the total income per week, per month, or per year?

- Week.....1
- Month.....2
- Year.....3

**TOTINC**

JI-3. Which category on represents (your total (weekly/monthly/yearly) income/ the total combined (weekly/monthly/yearly) income of your family) in the (year of interview -1), including income from all the sources you just went through, such as wages, salaries, Social Security or retirement benefits, help from relatives, and so forth? Please enter the amount before taxes.

{ ONSCREEN NOTES REMIND R OF WHOSE INCOME TO INCLUDE

(WEEKLY INCOME CATEGORIES)

WEEKLY INCOME

- UNDER \$96.....1
- \$ 96-143.....2
- \$ 144-191.....3
- \$ 192-239.....4
- \$ 240-288.....5
- \$ 289-384.....6
- \$ 385-480.....7
- \$ 481-576.....8
- \$ 577-672.....9
- \$ 673-768.....10
- \$ 769-961.....11
- \$ 962-1,153.....12
- \$1,154-1,441.....13
- \$1,442 or more.....14

(MONTHLY INCOME CATEGORIES)

MONTHLY INCOME

- UNDER \$417.....1
- \$ 417-624.....2
- \$ 625-832.....3
- \$ 833-1041.....4
- \$1,042-1,249.....5
- \$1,250-1,666.....6
- \$1,667-2,082.....7
- \$2,083-2,499.....8
- \$2,500-2,916.....9
- \$2,917-3,332.....10
- \$3,333-4,166.....11
- \$4,167-4,999.....12
- \$5,000-6,249.....13



\$6,250 or more.....14

(YEARLY INCOME CATEGORIES)

YEARLY INCOME

UNDER \$5,000.....1  
 \$ 5,000-7,499.....2  
 \$ 7,500-9,999.....3  
 \$10,000-12,499.....4  
 \$12,500-14,999.....5  
 \$15,000-19,999.....6  
 \$20,000-24,999.....7  
 \$25,000-29,999.....8  
 \$30,000-34,999.....9  
 \$35,000-39,999.....10  
 \$40,000-49,999.....11  
 \$50,000-59,999.....12  
 \$60,000-74,999.....13  
 \$75,000 or more.....14

{ IF TOTINC IS REPORTED, GO TO JI-5 PUBASST.

{ ASKED IF TOTINC = DK OR RF

**FMINCDK1**

JI-3a. Was it \$20,000 or more last year?  
       Yes.....1  
       No.....5 (GO TO JI-4 PUBASST)

{ ASKED IF TOTAL INCOME WAS \$20,000 OR MORE

**FMINCDK2**

JI-3b. Was it \$50,000 or more last year?  
       Yes.....1  
       No.....5 (GO TO JI-4 PUBASST)

**FMINCDK3**

JI-3c. Was it \$75,000 or more last year?  
       Yes.....1  
       No.....5

{ ASKED FOR ALL

**PUBASST**

JI-4. At any time in the (year of interview -1), even for one month, did you or any members of your family living here receive any CASH assistance from a state or county welfare program, such as (DISPLAY STATE PROGRAM NAME(S))?

*Do not include Food Stamps, SSI, Energy Assistance, WIC, School Meals, or Transportation, Child Care, Rental or Education Assistance.*

Yes .....1  
 No .....5 (JI-6 FOODSTMP)

{ ASKED IF ANY GOVT PAYMENTS WERE REPORTED

**PUBASTYP**

JI-5. From what type of program did you or any members of your family living

here receive the CASH assistance? Was it a welfare or welfare-to-work program such as (DISPLAY STATE PROGRAM NAME(S)), General Assistance, Emergency Assistance, or some other program?

Please enter all that apply.

To enter multiple answers, enter the number of the first answer, press the space bar, enter the number of the next answer, and so forth. The space bar is the long key at the bottom of the keyboard, in the middle. Press [Enter] once you're finished entering all your answers.

(STATE PROGRAM NAME(S))/welfare/AFDC.....1  
General assistance.....2  
Emergency Assistance/short-term cash assistance.....3  
Some other program.....4

{ ASKED FOR ALL

**FOODSTMP**

JI-6. In the (year of interview -1), did you or any members of your family living here receive food stamps?

Yes .....1  
No .....5

{ ASKED FOR ALL

**WIC**

JI-7. In the (year of interview -1), did you or any members of your family living here receive WIC, the Women, Infants, and Children Nutrition Program?

Yes .....1  
No .....5

{ ASKED FOR ALL

**HLPTRANS**

JI-8a. In the (year of interview -1), did you or any members of your family living here receive the following type of government assistance because your income was low...

Transportation assistance, such as gas vouchers, bus passes, or help registering, repairing, or insuring a car?

Yes.....1  
No.....5

{ ASKED FOR ALL

**HLPCHLDC**

JI-8b. *(In the (year of interview -1), did you or any members of your family living here receive the following type of government assistance because your income was low...)*

Any child care services or assistance so you or they could go to work or school or training?

Yes.....1  
No.....5

{ ASKED FOR ALL

**HLPJOB**

JI-8c.

*(In the (year of interview -1), did you or any members of your family living here receive the following type of government assistance because your income was low...)*

A social services or Welfare office's help with job training, a Job Club, a job search program, or anything else to help you or anyone in the household try to find a job?

Yes.....1

No.....5

**Lock**

The responses you have given in this section will now be locked away to maintain your privacy. In order to activate the lock, please enter a number between 1 and 100 and press [Enter].

**CONCLUSN**

CONCLUSN.

Thank you again for your participation in this study. Your responses to this special section have been successfully locked away. Please turn the computer back to the interviewer.

**INTVCLOSE**

INTVCLOSE.

INTERVIEWER: *PLEASE ENTER [1] TO END THE INTERVIEW.*