

Attachment 3 - Male CAPI-lite Questionnaire

National Survey of Family Growth MALE Questionnaire (Year 7 CAPI-lite, to be fielded Sept 2017)

NOTE: CAPI is Computer-Assisted Personal Interviewing. This is the "CAPI-Lite" version of the 2011-2019 NSFG, Year 7 (2017) showing basic question wording and routing. **Changes from 2015 instrument are shown in red font and yellow highlighting.** The full specifications, used to program the questionnaire, are included in the CAPI Reference Questionnaire ("CRQ").

NOTE: Questions are numbered sequentially in each sub-series. However, due to the addition and removal of questions over questionnaire versions, there may be gaps in numbering or numbers followed by letters in a sub-series. In some instances, entire subsections have been removed.

SECTION A

Demographic characteristics; Household roster; Childhood background; Marital/cohabiting status

INTRO_1

AA_0. Now we can begin.

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

Public reporting burden of this collection of information is estimated to average 60 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 (OMB No. 0920-0314)

Assurance of Confidentiality - All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347). By law, every employee as well as every agent has taken an oath and is subject to a jail term of up to five years, a fine of up to \$250,000, or both if he or she willfully discloses ANY identifiable information about you.

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?

Yes1 RETURN TO AGE_A AA-1
No5 GO TO TERMINATION SCRIPT TERMAGE AA-3A.

{ IF R IS BETWEEN THE AGES OF 15 and 49, GO TO AC SERIES

TERMINATION SCRIPTS:

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

□ ENTER [1] to exit interview

----- EXIT APPLICATION {age not given}-----

TERM In this survey we are only interviewing men who are between
AA-3. the ages of 15 and 49. Therefore, that's all the questions I have for you. Thank you for your time.

□ ENTER [1] to exit interview

----- EXIT APPLICATION {age ineligible}-----

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 Latino, or of Spanish origin?

[HELP AVAILABLE]

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

INTROCARD

AC-1a. 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.

{ASKED IF HISPANIC

HISPGRP

AC-2. Looking at card 1a, are you Puerto Rican; Cuban; Mexican, Mexican American or Chicana; Central or South American; or another Hispanic, Latina, or Spanish origin? One or more categories may be selected.

♦ ENTER all that apply

Puerto Rican.....1
Cuban.....2
Mexican, Mexican American, or Chicano.....3
Central or South American.....4
Another Hispanic, Latino, or Spanish origin....7

RRACE

AC-3. Looking at Card 1b, what is your race? One or more races may be selected.

[HELP AVAILABLE]

♦ 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.

White1
Black or African American.....2
American Indian or Alaska Native.....3

Asian Indian.....4
Chinese5
Filipino6
Japanese.....7
Korean.....8
Vietnamese9
Other Asian10

Native Hawaiian11
 Guamanian or Chamorro12
 Samoan13
 Other Pacific Islander14

{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?

[HELP AVAILABLE]

{ DISPLAY ONLY THOSE GROUPS MENTIONED IN RACE 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

{ Asked of all Rs

PRIMLANG

AC-6. What languages do you usually speak at home?

♦ ENTER all that apply.

English.....1
 Spanish.....2
 Other.....7

Household Roster and Marital/Cohabiting Status (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 HIMSELF PROVIDED THE SCREENER INFORMATION, (IS THE "SCREENER INFORMANT"), HE ONLY PROVIDES RELATIONSHIP ("Relar") OF EACH PRE-FILLED HOUSEHOLD MEMBER. IF HE IS NOT THE SCREENER INFORMANT, HE 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?

Yes1
No5

Sex[X]

AD-3. *If necessary, ASK: (Is (NAME) a male or female?)*

Male1
Female2

Age[X]

AD-4. How old is (Name[X])?

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

Age _____

Relat[X]

AD-5. Please look at Card (3a/3b). What is (Name[X])'s relationship to you?

[HELP AVAILABLE]

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

If R says 'foster sister' or 'foster brother', enter 23, 'Other non relative'.

(IF HOUSEHOLD MEMBER IS MALE, DISPLAY:)

- Husband/spouse.....1
- Male unmarried partner2

- Biological son3
- Step-son (son of spouse)4
- Adopted son5
- Legal ward6
- Foster child7
- Partner's son8
- Grandson9
- Nephew10

- Biological father11
- Step-father (husband of mother).....12
- Adoptive father13
- Legal guardian14
- Foster parent15
- Your parent's male partner16
- Grandfather17
- Uncle18

- Brother19
- Other male relative20
- Roommate (male).....21
- Tenant or boarder (male).....22
- Other male nonrelative23

(IF HOUSEHOLD MEMBER IS FEMALE, DISPLAY:)

- Wife/spouse.....1
- Female unmarried partner2

- Biological daughter3
- Step-daughter (daughter of spouse)4
- Adopted daughter5
- Legal ward6
- Foster child7
- Partner's daughter8
- Granddaughter9
- Niece10

- Biological mother11

Step-mother (wife of father)12
 Adoptive mother13
 Legal guardian14
 Foster parent15
 Your parent's female partner16
 Grandmother17
 Aunt18

Sister19
 Other female relative20
 Roommate (female)21
 Tenant or boarder (female)22
 Other female nonrelative23

{ASKED IF R IS MARRIED TO OR COHABITING WITH A MALE

SMSEXMAR

AD-5a. For the next several parts of our interview, the questions about marriage and other sexual relationships are limited to those with opposite-sex spouses or partners. You will still be asked questions that may apply to you about children you have fathered or raised, and health services you have received. In the final section of the interview, some questions will ask about sexual experience with same-sex spouses or partners. For this part of the interview, please answer as many questions as are relevant to you.

{ASKED OF ALL RESPONDENTS:

RowDone[X]

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

{ASKED OF ALL RESPONDENTS:

ENDROSTER

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

MARSTAT

AD-7b. Now I'd like to ask about marital status and living together. Please look at Card 4. What is your current marital or cohabiting status?

[HELP AVAILABLE]

- ♦ ENTER [2] if R is living together with a partner of the opposite sex to whom she is not married, even if she is also widowed, divorced, separated, or never-married
- ♦ IF R volunteers living in a same-sex marriage or with a same-sex partner, probe for R's marital or cohabitation status with respect to opposite sex spouses or cohabiting partners. If R has not had an opposite sex marriage and is not currently cohabiting with an opposite sex partner, enter [6].

Married to a person of the opposite sex.....1
 Not married but living together with a partner
 of the opposite sex2
 Widowed3
 Divorced or annulled4
 Separated, because you and your spouse are

not getting along5
 Never been married6

{ ASKED IF COHABITING (MARSTAT = 2)

FMARSTAT

AD-7c. What is your formal marital status? That is, are you widowed, divorced, separated, or have you never been married?

[HELP AVAILABLE]

Widowed.....3
 Divorced or annulled4
 Separated, because you and your spouse are
 not getting along.....5
 Never been married.....6

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

WPLOCATN

AD-8. Please look at Card 5. Where is your (wife/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,
 rehabilitation facility).....6
 Correctional institution (jail, prison)...7
 Other8

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

RELWOM[X]

AD-9. I need to find out about [WIFE/PARTNER'S NAME]'s relationship to the children who live here. Please look at Card 7. What is [WIFE/PARTNER'S NAME]'s relationship to [CHILD'S NAME]?

Biological mother1
 Stepmother2
 Adoptive mother3
 Aunt, grandmother, or some other relation4
 Foster mother or legal guardian.....5
 Not related (legally or by blood).....6

Regular school and GED (AE)

{ASKED OF ALL RESPONDENTS

GOSCHOL

AE-1. I'd like to talk about your education in 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?

[HELP AVAILABLE]

If R says he is taking GED courses now, or "taking a semester or

quarter off", or in "vocational school", enter [5].

- Yes1
- No5 (GO TO HIGRADE AE-3)

{ ASKED IF R IN SCHOOL, AGED 15-19, and INTERVIEW IS CONDUCTED IN MAY-SEPT
VACA

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

[HELP AVAILABLE]

- Yes1
- No5

HIGRADE

AE-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)?

[HELP AVAILABLE]

- No formal schooling0
- 1st grade1
- 2nd grade2
- 3rd grade3
- 4th grade4
- 5th grade5
- 6th grade6
- 7th grade7
- 8th grade8
- 9th grade9
- 10th grade10
- 11th grade11
- 12th grade12
- 1 year of college or less13
- 2 years of college14
- 3 years of college15
- 4 years of college/grad school16
- 5 years of college/grad school17
- 6 years of college/grad school18
- 7 or more years of college and/or grad school ...19

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

{ASKED IF HIGHEST GRADE ATTENDED IS 1 THROUGH 19)

COMPGRD

AE-4. (Did you complete/Have you completed) (that/your highest) (grade/year) of school?

- Yes1
- No5

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

{ASKED IF R HAS 12 YRS OF SCHOOLING

DIPGED

AE-6. Do you have a high school diploma, a GED certificate, or both?

- High school diploma only ...1
- GED only.....2 (GO TO AE-8 HISCHGRD)
- Both3
- Neither.....5 (GO TO AE-8 HISCHGRD)

{ ALL DATES IN THE INTERVIEW ARE ASKED IN THE SAME MANNER AS SHOWN BELOW FOR EARNHS_M and EARNHS_Y

{ ASKED IF R HAS A HIGH SCHOOL DIPLOMA

EARNHS_M

AE-7. In what month and year did you get your high school diploma?

ENTER month.
PROBE for season if DK month.

- | | | | |
|-------------|-----------|--------------|------------|
| 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 |

{ ASKED IF R HAS A HIGH SCHOOL DIPLOMA

EARNHS_Y

AE-7. (In what month and year did you get your high school diploma?)

ENTER year in 4 digits _____

{ASKED IF R DOES NOT HAVE A H.S. DIPLOMA AND HIGHEST GRADE IS > 12 or DK/RF
HISCHGRD

AE-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?

[HELP AVAILABLE]

- 1st grade1
- 2nd grade2
- 3rd grade3
- 4th grade4
- 5th grade5
- 6th grade6
- 7th grade7
- 8th grade8
- 9th grade9
- 10th grade10
- 11th grade11
- 12th grade.....12

{ ASKED IF R's HIGHEST GRADE IS 1-12, HE IS NOT IN SCHOOL, AND DOES NOT HAVE { H.S. DIPLOMA, OR R's HIGHEST GRADE IS 13-19, AND HE DOES NOT HAVE A DIPLOMA
MYSCHOL_M, MYSCHOL_Y

AE-9. In what month and year did you last attend ((HIGHEST H.S. GRADE) grade/regular school)?

[HELP AVAILABLE]

{ASKED IF HIGHEST GRADE >12

HAVEDEG

AE-10. Do you have any college or university degrees?
If R indicates he has a trade-school degree, such as cosmetology or truck driving, ENTER [5].

- Yes1
- No5 (GO TO AF SERIES)

{ASKED IF R HAS A COLLEGE OR UNIVERSITY DEGREE

DEGREES

AE-11. Please look at Card 9. What is the highest college or university degree you have?

- Associate's degree1 (GO TO AF SERIES)
- Bachelor's degree2
- Master's degree3
- Doctorate degree4
- Professional School degree ...5

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

EARNBA_M, EARNBA_Y

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

{ ASKED IF R IS NOT CURRENTLY GOING TO SCHOOL AND HAS LESS THAN A BACHELOR'S DEGREE

EXPSCHL

AE-13. Do you expect to go back to regular school at any time in the future?

[HELP AVAILABLE]

- Yes1 (ASK AE-13a)
- No5 (GO TO AF-0)

{ ASKED IF R EXPECTS TO GO BACK TO SCHOOL OR IS CURRENTLY ENROLLED

EXPGRADE

AE-14. Please look at Card 8. What is the highest grade or degree you expect to complete?

[HELP AVAILABLE]

- 1st grade1
- 2nd grade2
- 3rd grade3
- 4th grade4
- 5th grade5
- 6th grade6
- 7th grade7
- 8th grade8
- 9th grade9
- 10th grade10
- 11th grade11
- 12th grade12
- 1 year of college or less13
- 2 years of college14
- 3 years of college15
- 4 years of college/grad school16
- 5 years of college/grad school17

6 years of college/grad school18
7 or more years of college and/or grad school ...19

Childhood background (AF)

AFINTRO

AF-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 AF-1 INTACT

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

ONOWN

AF-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. Also, please do not include temporary supervised arrangements such as summer camp.

[HELP AVAILABLE]

Yes1
No5

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

INTACT

AF-1. Between your birth/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 he never lived on his own, ask him whether he has always lived with both parents between his birth or adoption and the present time.

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

{ASKED OF ALL

PARMARR

AF-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

AF-3. Now, think about when you were 14 years old. Looking at Card 10, what female and male parents or parent-figures were you living with at age 14?

[HELP AVAILABLE]

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 female9

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

LVSIT14M

AF-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.

[HELP AVAILABLE]

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 male9

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

WOMRASDU

AF-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
- Other10

{IF R DID NOT HAVE A MOTHER OR MOTHER FIGURE, GO TO AF-11 MANRASDU

{ASKED IF R HAD A MOTHER OR ANY MOTHER-FIGURE WHO RAISED HIM

MOMDEGRE

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

- Less than high school1
- High school graduate or GED2
- Some college but no degree3
- 2-year college degree (e.g., Associates degree)..4
- 4-year college graduate (e.g., BA, BS)5
- Graduate or professional school.....6

{ASKED IF R HAD A MOTHER OR ANY MOTHER-FIGURE WHO RAISED HIM

MOMWORKD

AF-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?

[HELP AVAILABLE]

- Full-time1
- Part-time.....2
- Equal amounts full time and part time.....3
- Not at all (for pay).....4

{ASKED IF R HAD A MOTHER OR ANY MOTHER-FIGURE WHO RAISED HIM

MOMFSTCH

AF-9. How old was (she/your biological mother) when she had her first child who was born alive?

□□

ENTER 96 if R says that her mother or mother-figure did not have any children

Age in years _____

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

MOM18

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

- Under 18....1
- 18-192
- 20-243
- 25 or older.....4

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

MANRASDU

AF-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
- Other10

~~{ ASKED IF R DID NOT LIVE WITH BOTH PARENTS WHILE GROWING UP AND HAD NOT
{ ALREADY INDICATED LIVING WITH A FOSTER PARENT
{ NOW ASKED OF ALL Rs~~

EVRFSTERFOSTEREV

AF-13. Did you ever live in state-sponsored foster care? This includes settings such as a family foster home, a relative foster home, a group home, institution, or supervised independent living.

If necessary say: If someone from the state or from family services arranged for you to live there, it is considered foster care.

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

{ ASKED IF R EVER LIVED WITH A FOSTER PARENT

MNYFSTER

AF-14. In how many different foster care settings or locations have you lived?

ENTER number

{ ASKED IF R EVER LIVED WITH A FOSTER PARENT

DURFSTER

AF-15. Looking at Card 11a, approximately how much time did you spend in foster care during your life?

Less than six months.....1
At least six months, but less than a year.....2
At least a year but less than two years.....3
At least two years but less than three years.....4
Three years or more.....5

~~{ ASKED IF R EVER LIVED WITH A FOSTER PARENT BUT DOES NOT CURRENTLY DO SO
AGEFSTER~~

~~AG-16. The last time you left foster care, how old were you?~~

~~♦ *ENTER age in years*~~

~~UNDERLYING RANGE: 0 to 21~~

Marriage and Cohabitation (AG)

{ASKED OF ALL RESPONDENTS

AGINTRO

AG-1. Now I have some questions about marriage and cohabitation.

{IF R HAS NEVER BEEN MARRIED, GO TO AG-5 EVCOHAB2

{ ASKED IF EVER MARRIED

TIMESMAR

AG-2. (Including your present marriage,) how many times have you been married?

[HELP AVAILABLE]

Number _____

{ IF R IS COHABITING, GO TO NUMCOH1 AG-4.

{ ASKED IF EVER MARRIED

EVCOHAB1

AG-3. Not including the (woman/women) you married, have you ever lived together with any other female sexual partner? By living together, I mean having a sexual relationship while sharing the same usual residence.

IF NECESSARY SAY: Remember, do not include the woman/women who you married.

Do not count 'dating' or 'sleeping over' as living together.

Yes.....1

No.....5

{IF R NEVER COHABITED, GO TO SECTION B

{ ASKED IF EVER MARRIED AND EVER COHABITED WITH ANY OTHER WOMEN, EVCOHAB1=1

NUMCOH1

AG-4. Not including the (woman/women) you married, how many other female sexual partners have you lived together with in your life? (Please include the woman you live with now.)

[HELP AVAILABLE]

Number _____ (GO TO SECTION B)

{ IF R IS CURRENTLY COHABITING, GO TO NUMCOH2 AG-6.

{ ASKED IF NEVER MARRIED AND NOT CURRENTLY COHABITING

EVCOHAB2

AG-5. Have you ever lived together with a female sexual partner? By living together, I mean having a sexual relationship while sharing the same usual residence.

Yes.....1

No.....5

{IF R NEVER COHABITED, GO TO SECTION B

{ ASKED IF NEVER MARRIED AND EVER COHABITED, EVCOHAB2 AG-5 = 1

NUMCOH2

AG-6. (Including the woman you live with now,) How many female sexual partners have you lived with in your life?

[HELP AVAILABLE]

Number _____

SECTION B

SEX COMMUNICATION, EVER SEX, NUMBER OF SEXUAL PARTNERS

Ever had Sex; Sex Communication (BA)

{ ASKED IF R NEVER MARRIED, NEVER COHABITED
EVERSEX

BA-1. The next section is about relationships with females.

Have you ever had sexual intercourse with a female (sometimes this is called making love, having sex, or going all the way)?

[HELP AVAILABLE]

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

{ ASKED IF R NEVER MARRIED, NEVER COHABITED BUT HAD SEX
SXMTONCE

BA-2. Have you had sexual intercourse more than once?

[HELP AVAILABLE]

Yes1
No5

{ ASKED IF R NEVER MARRIED AND NEVER COHABITED AND SAID HE NEVER HAD SEX
YNOSEX

BA-3. As you know, some people have had sexual intercourse by your age and others have not. Please look at Card 13 which lists some reasons that people give for not having sexual intercourse.

[HELP AVAILABLE]

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 a female 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
Other6

{ BA SERIES IS ONLY ASKED OF 15-24 YEAR OLDS.
{ IF R IS OLDER THAN 24 YEARS, **GO TO BB-1 EVEROPER**

TALKPAR

BA-4. 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 with a parent or guardian about?

ENTER all that apply.

How to say no to sex1

- Methods of birth control2
- Where to get birth control3
- Sexually transmitted diseases ...4
- How to prevent HIV/AIDS.....5
- How to use a condom6
- Not to have sex before marriage...7
- None of the above8

SEDNO

BA-5. 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 (GO TO BA-8 SEDBC)

{ ASKED IF R REPORTED HAVING SEX ED ON THIS TOPIC

SEDNOLC

BA-5a. Looking at card 23a, where did you receive that instruction about how to say no to sex?

♦ ENTER all that apply

- School..... 1
- Church2
- A community center3
- Some other place4

{ ASKED IF R REPORTED HAVING SEX ED ON THIS TOPIC

SEDNOG

BA-6. What grade were you in when you first received instruction on how to say no to sex?

- 1st grade1
- 2nd grade2
- 3rd grade3
- 4th grade4
- 5th grade5
- 6th grade6
- 7th grade7
- 8th grade8
- 9th grade9
- 10th grade10
- 11th grade11
- 12th grade12
- 1st year of college13
- 2nd year of college14
- 3rd year of college15
- 4th year of college16
- Not in school when received instruction96

{ IF R HAS NEVER HAD SEX, GO TO BA-8 SEDBC.

SEDNOSX

BA-7. 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

BA-8. (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 (BA-11 SEDWHBC)

{ ASKED IF R REPORTED HAVING SEX ED ON THIS TOPIC

SEDBCLC

BA-8a. Looking at card 23a, where did you receive that instruction about methods of birth control?

♦ ENTER all that apply

School..... 1
Church2
A community center3
Some other place4

{ ASKED IF R REPORTED HAVING SEX ED ON THIS TOPIC

SEDBCG

BA-9. What grade were you in when you first received instruction on methods of birth control?

1st grade1
2nd grade2
3rd grade3
4th grade4
5th grade5
6th grade6
7th grade7
8th grade8
9th grade9
10th grade10
11th grade11
12th grade12
1st year of college13
2nd year of college14
3rd year of college15
4th year of college16
Not in school when received instruction96

{ IF R HAS NEVER HAD SEX, GO TO BA-11 SEDWHBC.

SEDBCSX

BA-10. Did you receive instruction about methods of birth control before or after the first time you had sex?

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

SEDWHBC

BA-11. 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 where to get birth control?

Yes.....1
 No.....5 (BA-14 SEDCOND)

{ ASKED IF R REPORTED HAVING SEX ED ON THIS TOPIC

SEDWHLC

BA-11a. Looking at card 23a, where did you receive that instruction about where to get birth control?

♦ ENTER all that apply

School..... 1
 Church2
 A community center3
 Some other place4

SEDWHBCG

BA-12. What grade were you in when you first received instruction on where to get birth control?

1st grade1
 2nd grade2
 3rd grade3
 4th grade4
 5th grade5
 6th grade6
 7th grade7
 8th grade8
 9th grade9
 10th grade10
 11th grade11
 12th grade12
 1st year of college13
 2nd year of college14
 3rd year of college15
 4th year of college16
 Not in school when received instruction96

{ IF R HAS NEVER HAD SEX, GO TO BA-14 SEDCOND.

SEDWHBCSX

BA-13. Did you receive instruction about where to get birth control before or after the first time you had sex?

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

SEDCOND

BA-14. 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 use a condom?

Yes.....1
 No.....5 (BA-17 SEDSTD)

{ ASKED IF R REPORTED HAVING SEX ED ON THIS TOPIC

SEDCONLC

BA-14a. Looking at card 23a, where did you receive that instruction about how to use a condom?

♦ ENTER all that apply

School.....	1
Church	2
A community center	3
Some other place	4

SEDCONDG

BA-15. What grade were you in when you first received instruction on how to use a condom?

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 BA-17 SEDSTD.

SEDCONDSX

BA-16. Did you receive instruction about how to use a condom before or after the first time you had sex?

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

SEDSTD

BA-17. 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 sexually transmitted diseases?

Yes.....	1
No.....	5 (BA-20 SEDHIV)

{ ASKED IF R REPORTED HAVING SEX ED ON THIS TOPIC

SEDSTDLC

BA-17a. Looking at card 23a, where did you receive that instruction about sexually transmitted diseases?

♦ ENTER all that apply

School.....	1
Church	2
A community center	3
Some other place	4

SEDSTDG

BA-18. What grade were you in when you first received instruction on sexually transmitted diseases?

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 BA-20 SEDHIV.

SEDSTDSX

BA-19. Did you receive instruction about sexually transmitted diseases before or after the first time you had sex?

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

SEDHIV

BA-20. (Have you ever had/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?

Yes.....	1
No.....	5 (BA-23 SEDABST)

{ ASKED IF R REPORTED HAVING SEX ED ON THIS TOPIC

SEDHIVLC

BA-20a. Looking at card 23a, where did you receive that instruction about how to prevent HIV/AIDS?

♦ ENTER all that apply

School.....	1
Church	2
A community center	3
Some other place	4

SEDHIVG

BA-21. What grade were you in when you first received instruction on how to prevent HIV/AIDS?

- 1st grade1
- 2nd grade2
- 3rd grade3
- 4th grade4
- 5th grade5
- 6th grade6
- 7th grade7
- 8th grade8
- 9th grade9
- 10th grade10
- 11th grade11
- 12th grade12
- 1st year of college13
- 2nd year of college14
- 3rd year of college15
- 4th year of college16
- Not in school when received instruction96

{ IF R HAS NEVER HAD SEX, GO TO BA-23 SEDABST.

SEDHIVSX

BA-22. Did you receive instruction about how to prevent HIV/AIDS before or after the first time you had sex?

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

SEDABST

BA-23.(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 waiting until marriage to have sex?

- Yes.....1
- No.....5 (BB-1 EVEROPER)

{ ASKED IF R REPORTED HAVING SEX ED ON THIS TOPIC

SEDBCLC

BA-23a. Looking at card 23a, where did you receive that instruction about methods of birth control?

♦ ENTER all that apply

- School..... 1
- Church2
- A community center3
- Some other place4

{ ASKED IF R REPORTED HAVING SEX ED ON THIS TOPIC

SEDABLC

BA-23a. Looking at card 23a, where did you receive that instruction about waiting until marriage to have sex?

♦ ENTER all that apply

- School.....1
- Church2
- A community center3
- Some other place4

SEDABSTG

BA-24. What grade were you in when you first received instruction about waiting until marriage to have sex?

- 1st grade1
- 2nd grade2
- 3rd grade3
- 4th grade4
- 5th grade5
- 6th grade6
- 7th grade7
- 8th grade8
- 9th grade9
- 10th grade10
- 11th grade11
- 12th grade12
- 1st year of college13
- 2nd year of college14
- 3rd year of college15
- 4th year of college16
- Not in school when received instruction96

{ IF R HAS NEVER HAD SEX, GO TO BB-1 EVEROPER.

SEDSABSSX

BA-25. Did you receive instruction about waiting until marriage to have sex before or after the first time you had sex?

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

Vasectomy/other sterilizing operations; Ability to reproduce (BB)

{ ASKED OF ALL

EVEROPER

BB-1. Some men have operations that make it impossible for them to father a child.

[HELP AVAILABLE]

Have you ever had a vasectomy or any other operation that makes it impossible for you to father a child?

*ENTER [1] if the respondent had a vasectomy for any reason.
ENTER [1] if respondent says he had a vasectomy and had a reversal.*

- Yes.....1
- No.....5 (GO TO FATHPOSS BB-8)

{ ASKED IF HAD ANY STERILIZING OPERATION

TYPEOPER

BB-2. What type of operation did you have? Was it a vasectomy or some other operation?

- Vasectomy.....1 (GO TO BB-4 YRVASEC)
- Other operation2
- Vasectomy failed.....3 (GO TO BB-4 YRVASEC)
- Vasectomy already surgically reversed.....4 (GO TO BB-4 YRVASEC)

{ ASKED IF HAD OTHER OPERATION OR DK/RF TO TYPE OF OPERATION

STEROPER

BB-3. As far as you know, are you completely sterile from this operation; that is, does it make it impossible for you to father a baby in the future?

- Yes1
- No5 (GO TO FATHDIFF BB-9)

{ ASKED IF HAD VASECTOMY OR HAD OTHER OPERATION THAT MADE IMPOSSIBLE TO FATHER A CHILD

VASEC_M/VASEC_Y

BB-4. In what month and year did you have your (vasectomy / sterilizing operation)?

{ ASKED IF VASECTOMY/STERILIZING OPERATION WAS IN LAST FIVE YEARS

PLCSTROP

BB-5. Please look at Card 25 and tell me where (your vasectomy / your sterilizing operation) was performed.

- Private doctor's office.....1
- HMO facility2
- Community health clinic, community clinic,
public health clinic3
- Family planning or Planned Parenthood clinic4
- Employer or company clinic5
- School or school-based clinic6
- Hospital outpatient clinic7
- Hospital emergency room8
- Hospital regular room9
- Urgent care center, urgi-care, or walk-in facility ..10
- Some other place20

{ IF R HAD OPERATION OTHER THAN VASECTOMY, GO TO SECTION BC

{ ASKED IF R HAD VASECTOMY

RVRSVAS

BB-6. (Have you ever had surgery to reverse your vasectomy? / You said that you had surgery to reverse your vasectomy, is that right?)

[HELP AVAILABLE]

- Yes.....1
- No.....5 (GO TO SECTION BC)

{ ASKED IF R HAD VASECTOMY AND REVERSAL

VASREV_M/VASREV_Y

BB-7. In what month and year did you have the reversal?

{ ASKED IF R DID NOT HAVE STERILIZING OPERATION OR HAD A VASECTOMY THAT FAILED OR HAD AN OPERATION FOR WHICH HE ANSWER NO, DK, OR RF ON WHETHER IT WAS FULLY STERILIZING

FATHPOSS

BB-8. Some men are not physically able to father children. As far as you know, is it physically possible for you, yourself to biologically father a child in the future?

[HELP AVAILABLE]

- Yes1
- No5 (GO TO BC SERIES)

{ ASKED IF R DID NOT HAVE STERILIZING OPERATION AND PHYSICALLY POSSIBLE { (OR DK/RF) TO FATHER CHILD OR HAD OTHER STERILIZING OPERATION BUT NOT { IMPOSSIBLE TO HAVE CHILD

FATHDIFF

BB-9. Some men are physically able to father a child, but would have difficulty doing so. As far as you know, would you have any difficulty fathering a child?

[HELP AVAILABLE]

- Yes1
- No5

Number of Sexual Partners (BC)

{ IF R NEVER HAD SEX, GO TO SECTION F

{ ASKED IF R EVER MARRIED, EVER COHABITED, OR HAS HAD SEX MORE THAN ONCE IN THEIR LIFE

LIFEPRT

BC-6. The next questions are about relationships with females.

Please look at Card 14. How many different females have you ever had intercourse with? This includes any female you had intercourse with, even if it was only once or if you did not know her well.

[HELP AVAILABLE]

- One1
- Two2 (GO TO BC-8 MON12PRT)
- Three3 (GO TO BC-8 MON12PRT)
- Four4 (GO TO BC-8 MON12PRT)
- Five5 (GO TO BC-8 MON12PRT)
- Six6 (GO TO BC-8 MON12PRT)
- 7 or more7 (GO TO BC-8 MON12PRT)

{ ASKED IF R HAS ONLY HAD SEX ONCE

SXMON12

BC-7. (The next questions are about relationships with females. You said that you had sexual intercourse with a female once in your life. Was that in the last 12 months,/ Have you had sexual intercourse with this female in the last 12 months,) that is, since (INTERVIEW MONTH, INTERVIEW YEAR -

1)?

[HELP AVAILABLE]

- Yes.....1
- No.....5 (GO TO SECTION BD)

{ ASKED IF R HAD MORE THAN ONE PARTNER IN LIFE

MON12PRT

BC-8. Please look at Card 15. How many different females have you had sexual intercourse with in the past 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1)?

[HELP AVAILABLE]

- None0 (GO TO SECTION BD)
- One1
- Two2
- Three3
- Four4
- Five5
- Six6
- 7 or more7

{ ASKED IF R HAD SEX PARTNER IN THE LAST 12 MONTHS, ONLY HAD SEX ONCE IN LIFE

P12MOCONO

BC-8a. Did you use a condom that time?

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

{ ASKED IF R HAD AT LEAST ONE SEX PARTNER IN THE LAST 12 MONTHS AND
{ HAS HAD SEX MORE THAN ONCE, OR (SEXSTAT=NULL/BLANK)

P12MOCON

BC-8b. Please look at card 48. Thinking back over the past 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1), would you say you used a condom with your partner or partners 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

{ IF R NEVER HAD SEX, GO TO SECTION F
{ IF R DIDN'T HAVE SEX IN THE LAST 12 MONTHS, GO TO SECTION BD

{ ASKED IF R HAD AT LEAST ONE SEX PARTNER IN THE LAST 12 MONTHS

SEXFREQ

BC-9. Now please think about the last four weeks. How many times have you had sexual intercourse with a female in the last four weeks?

[HELP AVAILABLE]

Number of times _____

{ ASKED IF R HAD AT LEAST ONE SEX PARTNER IN THE LAST 12 MONTHS
{ AND HAD SEX IN THE LAST 4 WEEKS

CONFREQ

BC-10. And, in the last four weeks, how many of the times that you had sexual intercourse with a female did you use a condom?

[HELP AVAILABLE]

Number of times _____

Enumeration of recent sex partner(s) or last partner ever (BD)

{ ASKED OF ALL WHO HAD SEX, EVEN IF MORE THAN 12 MONTHS AGO

P1NAME

BD-1. So, that I can refer to her in the interview, please give me the name or initials of the female with whom you (most recently) had sexual intercourse.

[HELP AVAILABLE]

Name/initials _____

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

{ ASKED IF R EVER MARRIED

P1RLTN1

BD-2. Were you ever married to (PARTNER'S NAME)?

Yes1
No5

{ ASKED IF R CURRENTLY MARRIED

P1CURRWIFE

BD-3. *If necessary, ASK:* (Is she your current wife?)

Yes1
No5

{ ASKED IF R CURRENTLY SEPARATED

P1CURRSEP

BD-4. *If necessary, ASK:* (Is she the woman you are separated from now?)

Yes1
No5

{ ASKED IF R WAS NEVER MARRIED TO THIS PARTNER BUT HE EVER COHABITED

P1RLTN2

BD-5. Did you ever live together with (PARTNER'S NAME)?

[HELP AVAILABLE]

Yes1
No5

{ ASKED IF R WAS NEVER MARRIED TO THIS PARTNER AND HE EVER LIVED WITH THIS

{ PARTNER AND HE IS CURRENTLY COHABITING

P1COHABIT

BD-6. *If necessary, ASK:* (Is she the woman you live with now?)

Yes1

No5

P1SXLAST_M/P1SXLAST_Y

BD-7/8. (Please think of the last time that you had sexual intercourse with her./That time that you had sexual intercourse with her,) in what month and year was that?

[HELP AVAILABLE]

{ IF R HAD NONE OR ONE PARTNER IN LAST 12 MONTHS, GO TO END OF SECTION B

P2NAME

BD-9. Now think of the last female with whom you had sexual intercourse before (LAST PARTNER'S NAME). Please give me her name or initials.

[HELP AVAILABLE]

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

P2RLTN1

BD-10. Were you ever married to (PARTNER'S NAME)?

Yes1

No5

{ ASKED IF R CURRENTLY MARRIED AND CURRENT WIFE NOT YET IDENTIFIED

P2CURRWIFE

BD-11. *If necessary, ASK:* (Is she your current wife?)

Yes1

No5

{ ASKED IF R CURRENTLY SEPARATED AND THAT WIFE NOT IDENTIFIED YET

P2CURRSEP

BD-12. *If necessary, ASK:* (Is she the woman you are separated from now?)

Yes1

No5

{ ASKED IF R WAS NEVER MARRIED TO THIS PARTNER BUT HE EVER COHABITED

P2RLTN2

BD-13. Did you ever live together with (PARTNER'S NAME)?

[HELP AVAILABLE]

Yes1

No5

{ ASKED IF R WAS NEVER MARRIED TO THIS PARTNER AND HE EVER LIVED WITH THIS
{ PARTNER AND HE IS CURRENTLY COHABITING AND THIS COHABITING PARTNER NOT YET
{ IDENTIFIED

P2COHABIT

BD-14. *If necessary, ASK:* (Is she the woman you live with now?)

Yes1
No5

P2SXLAST_M/P2SXLAST_Y

BD-15/16. (Please think of the last time that you had sexual intercourse with her./That time that you had sexual intercourse with her,) in what month and year was that?

[HELP AVAILABLE]

{ IF R HAD 2 SEXUAL PARTNERS IN THE LAST 12 MONTHS, GO TO END OF SECTION B

P3NAME

BD-17. Think of the last female with whom you had sexual intercourse before (2ND TO LAST PARTNER'S NAME). Please give me her name or initials.

[HELP AVAILABLE]

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

P3RLTN1

BD-18. Were you ever married to (PARTNER'S NAME)?

Yes1
No5

{ ASKED IF R CURRENTLY MARRIED AND CURRENT WIFE NOT YET IDENTIFIED

P3CURRWIFE

BD-19. If necessary, ASK: (Is she your current wife?)

Yes1
No5

{ ASKED IF R CURRENTLY SEPARATED AND THAT WIFE NOT IDENTIFIED YET

P3CURRSEP

BD-20. If necessary, ASK: (Is she the woman you are separated from now?)

Yes1
No5

{ ASKED IF R WAS NEVER MARRIED TO THIS PARTNER BUT HE EVER COHABITED

P3RLTN2

BD-21. Did you ever live together with (PARTNER'S NAME)?

[HELP AVAILABLE]

Yes1
No5

{ ASKED IF R WAS NEVER MARRIED TO THIS PARTNER AND HE EVER LIVED WITH THIS PARTNER AND HE IS CURRENTLY COHABITING AND THIS COHABITING PARTNER NOT YET IDENTIFIED

P3COHABIT

BD-22. If necessary, ASK: (Is she the woman you live with now?)

Yes1
No5

P3SXLAST_M/P3SXLAST_Y

BD-23/24. (Please think of the last time that you had sexual intercourse with her./That time that you had sexual intercourse with her,) in what month and year was that?

[HELP AVAILABLE]

{ ASKED IF TWO OR THREE PARTNERS BOTH IN LIFETIME AND IN THE LAST 12 MONTHS

FIRST

BD-25. Were (either/any) of the females we've talked about, [DISPLAY PARTNER NAMES HERE], the first female with whom you ever had sexual intercourse?

[HELP AVAILABLE]

Yes, (PARTNER 1 NAME).....1 (GO TO SECTION C)
Yes, (PARTNER 2 NAME).....2 (GO TO SECTION C)
Yes, (PARTNER 3 NAME).....3 (GO TO SECTION C)
No5 (GO TO BD-26 FIRST2)

{ ASKED IF TWO OR THREE PARTNERS BOTH IN LIFETIME AND IN THE LAST 12 MONTHS
NONE OF THEM WAS FIRST PARTNER EVER

FIRST2

BD-26. So that I can refer to her in the interview, please tell me the name or initials of the first female with whom you ever had sexual intercourse.

[HELP AVAILABLE]

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

SECTION C

CURRENT WIFE OR COHABITING PARTNER

{ IF MARRIED OR COHABITING, CONTINUE WITH CA SERIES
{ ELSE GO TO SECTION D

Key Dates in Current Marriage or Cohabitation (CA)

CAINTRO

CA-0. Now I have some questions about your relationship with your
(wife/partner).

{ ASKED IF SHE WAS NOT NAMED IN SECTION B

CA_NAME

CA-1. You may have already told me this, but please tell me her name or
initials so that I can refer to her during the interview.

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

[IF COHABITING, GO TO CA-5 STRTWFCP_M]

MARRDATE_M/MARRDATE_Y

CA-2. In what month and year were you and (WIFE/PARTNER) married?

[HELP AVAILABLE]

{ASKED IF R DOESN'T KNOW THE DATE OF MARRIAGE

HISAGEM

CA-3. How old were you when you and (WIFE/PARTNER) got married?

Age in years _____

{ ASKED IF R MARRIED TO THIS WOMAN

LIVTOGWF

CA-4. 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 your wife live together before you got married?

[HELP AVAILABLE]

Yes1
No5 (GO TO SECTION CB)

{ ASKED IF R [IS MARRIED TO AND DID COHABIT WITH] OR [IS COHABITING WITH]
{ THIS WOMAN

STRTWFCP_M/STRTWFCP_Y

CA-5. In what month and year did you and (WIFE/PARTNER) first start living
together?

[HELP AVAILABLE]

{ ASKED IF R [IS MARRIED TO AND DID COHABIT WITH] OR [IS COHABITING WITH]
{ THIS WOMAN AND START DATE OF COHABITATION = DK/RF

HISAGEC

CA-6. How old were you when you and (WIFE/PARTNER) first started living together?

Age in years _____

{ ASKED IF R [IS MARRIED TO AND DID COHABIT WITH] OR [IS COHABITING WITH]
{ THIS WOMAN

ENGATHEN

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

- Yes, engaged to be married1
- Not engaged but had definite plans to get married3
- No, neither engaged nor had definite plans5

{ ASKED IF R IS COHABITING WITH THIS WOMAN

WILLMARR

CA-8. Please look at Card 58. Do you think that you and (PARTNER) will marry each other?

♦ If R insists he does not know, enter [Ctrl] + [D]

- Definitely yes1
- Probably yes2
- Probably no3
- Definitely no4

Characteristics of Wife/Partner (CB)

CWPD0B_M/CWPD0B_Y

CB-1. In what month and year was she born?

{ ASKED IF R DOESN'T KNOW HER BIRTH DATE

CWPAGE

CB-2. How old is (WIFE/PARTNER) now?

Age in years at last birthday _____

CWPHISP

CB-3. Is your (wife/partner) Hispanic or Latino, or of Spanish origin?

- Yes1
- No5

CWPRACE

CB-4. Which of the groups shown on Card 2 describes (WIFE/PARTNER)'s racial background? Please select one or more groups.

[HELP AVAILABLE]

NOTE: If the respondent mentions a mixture of multiple races (e.g. biracial, mixed, mulatto), probe for and code all racial groups that are part of the mix.

- American Indian or Alaska Native1

- Asian2
- Native Hawaiian or Other Pacific Islander3
- Black or African American4
- White5

{ ASKED IF MORE THAN ONE RACE GROUP MENTIONED

CWPRACEB

CB-5. Which of these groups, that is (responses from CWPRACE), would you say best describes your (wife/partner)'s racial background?

[HELP AVAILABLE]

{ DISPLAY THOSE GROUPS MENTIONED IN CWPRACE CB-4

CWPEDUCN

CB-6. Please look at Card 11. What is the highest level of education (WIFE/PARTNER) has completed?

- Less than high school1
- High school graduate or GED2
- Some college but no degree3
- 2-year college degree (e.g., Associate's degree).4
- 4-year college graduate (e.g., BA, BS)5
- Graduate or professional school6

CWPBORN

CB-7. Was (WIFE/PARTNER) born outside the United States?

[HELP AVAILABLE]

- Yes1
- No5

CWPMARBF

CB-8. (At the time you and she were married, had / Has) (WIFE/PARTNER) been married before?

[HELP AVAILABLE]

- Yes1
- No5

First Sex with Current Wife/Partner (CC)

CWPSX1WN_M/CWPSX1WN_Y

CC-1. Now I have some questions about the beginning of your relationship with your (wife/partner).

Think back to the very first time that you had sexual intercourse with your (wife/partner). In what month and year was that?

[HELP AVAILABLE]

{ ONLY ASKED IF DK/RF DATE OF FIRST SEX

CWPSX1AG

CC-2. The very first time that you had sexual intercourse with your (wife/partner), how old were you?

[HELP AVAILABLE]

Age in years _____

{ ONLY ASKED IF THIS WOMAN IS FIRST SEX PARTNER EVER

CWPSX1RL

CC-3. Please look at Card 44. At the time you first had sexual intercourse with (WIFE/PARTNER), how would you describe your relationship with her?

- Married to her1
- Engaged to her, and living together2
- Engaged to her, but not living together3
- Living together in a sexual relationship, but not engaged4
- Going with her or going steady5
- Going out with her once in a while6
- Just friends7
- Had just met her8
- Something else9

CWPFUSE

CC-4. That first time that you had sexual intercourse with (WIFE/PARTNER), did you or she use any methods to prevent pregnancy or sexually transmitted disease? Please look at Card 45a for some examples of methods, before answering "yes" or "no."

[HELP AVAILABLE]

- Yes1
- No5 (GO TO SECTION CD)

{ASKED IF METHODS WERE USED

CWPFMET

CC-5. Looking at Card 45b, that first time, what methods did you and she use to prevent pregnancy or sexually transmitted disease?

[HELP AVAILABLE]

ENTER all that apply.

- Condom or rubber1
- Withdrawal or pulling out2
- Vasectomy or male sterilization3
- Pill4
- Tubal sterilization ("tubes tied") or other female Sterilization..... 5
- Injection (Depo-Provera™ or Lunelle™).....6
- Spermicidal foam/jelly/cream/film/suppository7
- Hormonal implant (Norplant™ or Implanon™).....8
- Rhythm or safe period9
- Contraceptive patch (Ortho-Evra™).....
-
-10
- Vaginal contraceptive ring (Nuva Ring™).....11

IUD, coil, loop.....12
Something else.....13

Sterilization and Impaired Fecundity (CD)

{ ASKED IF THEY DID NOT USE FEMALE STERILIZATION AT FIRST SEX

CWPOPSTR

CD-1. As far as you know, has your (wife/partner) ever had an operation that made it impossible for her to have a baby?

Yes1
No5 (GO TO CWPPOSS CD-5)

CWPTYPOP

CD-2. (You said that your (wife/partner) has had a sterilizing operation.) Which of these types of sterilizing operations did she have? Did she have a tubal ligation or tubal sterilization, a hysterectomy, or something else?

[HELP AVAILABLE]

ENTER all that apply.

Tubal ligation or tubal sterilization1
Hysterectomy2
Something else3

{ ASKED IF STERILIZING OPERATION WAS "SOMETHING ELSE"

CWPTOTST

CD-3. As far as you know, did the operation make your (wife/partner) completely sterile, that is, is it completely impossible for her to have a baby?

Yes1
No5

{ ASKED IF R's W/CP HAD TUBAL AND NO OTHER STERILIZING OPERATION

CWPREVST

CD-4. Has your (wife/partner) ever had surgery to reverse her tubal sterilization?

[HELP AVAILABLE]

Yes1 (GO TO SECTION CE)
No5 (GO TO SECTION CE)

{ ASKED IF W/CP DID NOT HAVE STERILIZING OPERATION

CWPPOSS

CD-5. Some women are not physically able to have children. As far as you know, is it physically possible for (WIFE/PARTNER) to have a baby?

[HELP AVAILABLE]

Yes1
No5 (GO TO SECTION CE)

{ ASKED IF W/CP DID NOT HAVE OPERATION AND IS PHYSICALLY ABLE TO HAVE CHILDREN (OR DK/RF TO CWPPOSSB) OR IF W/CP HAD OPERATION THAT DID NOT MAKE IT COMPLETELY IMPOSSIBLE FOR HER TO HAVE CHILDREN

CWPDIFF

CD-6. Some women are physically able to have another baby, but have difficulty getting pregnant or carrying the baby to term. As far as you know, would (WIFE/PARTNER) have any difficulty getting pregnant or carrying a baby?

[HELP AVAILABLE]

Yes1
No5

Most Recent Sex with Current Wife/Partner (CE)

{ ASKED IF CURRENTLY MARRIED OR COHABITING BUT CWP WAS NOT THE RECENT PARTNER(S)

CWPLSXWN_M, CWPLSXWN_Y

CE-2. Think back to the most recent time that you had sexual intercourse with your (wife/partner). In what month and year was that?

[HELP AVAILABLE]

CWPLUSE1

CE-5. That last time that you had sexual intercourse with your (wife/partner), did you, yourself use any methods to prevent pregnancy or sexually transmitted disease? Please look at Card 46a for some examples of methods for males, before answering "yes" or "no."

[HELP AVAILABLE]

Yes1
No5 (GO TO CE-7 CWPLUSE2)

{ ASKED IF HE USED A METHOD

CWPLMET1

CE-6. Looking at Card 46b, that last time, what methods did you use?

[HELP AVAILABLE]

ENTER all that apply.

Condom or rubber1
Withdrawal or pulling out2
Vasectomy or male sterilization3
Something else10

CWPLUSE2

CE-7. That last time that you had sexual intercourse with your (wife/partner), did she use any methods to prevent pregnancy or sexually transmitted disease? Please look at Card 47a for some examples of methods for females, before answering "yes" or "no."

[HELP AVAILABLE]

not probe a DK response

♦ Do

Yes1
No5 (GO TO CF SERIES)

{ ASKED IF CE-7 CWPLUSE2 IS DON'T KNOW

DKCWPLUSE

CE-7b. Is it that you don't recall right now, or that you never knew?

Don't recall.....1
Never knew.....2

{ ASKED IF SHE USED A METHOD

CWPLMET2

CE-8. Looking at Card 47b, that last time, what methods did she use?

[HELP AVAILABLE]

ENTER all that apply.

♦ Do

not probe a DK response

- Pill.....4
- Tubal sterilization or other female sterilization.....5
- Injection (Depo-Provera™ or Lunelle™).....6
- Spermicidal foam/jelly/cream/film/suppository.....7
- Hormonal implant (Norplant™ or Implanon™).....8
- Rhythm or safe period.....9
- Contraceptive patch (Ortho-Evra™).....10
- Vaginal contraceptive ring (Nuva Ring™).....11
- IUD, coil, loop.....12
- Something else.....13

{ ASKED IF CE-8 CWPLMET2 IS DON'T KNOW

DKCWPLMET

CE-8b. Is it that you don't recall right now, or that you never knew?

Don't recall.....1
Never knew.....2

Methods Used in the Last 12 Months (CF)

CFINTRO

CF-0. Now I have some questions about methods that you and (WIFE/PARTNER) used in the past 12 months, that is since (INTERVIEW MONTH, INTERVIEW YEAR - 1), to prevent pregnancy or sexually transmitted disease.

(If you were not involved with her for the whole 12 months, please think of only that time that you were involved with her during the past 12 months.)

{ ASKED IF CAN'T TELL IF THEY USED A METHOD IN LAST 12 MONTHS

CWPRECBC

CF-1. During the last 12 months, did you or your (wife/partner) use any methods to prevent pregnancy or sexually transmitted disease when you had intercourse together? Please answer yes if you used a method even once. (If necessary: Please look at Card 45a for some examples of methods, before answering "yes" or "no.")

[HELP AVAILABLE]

Yes1
No5 (GO TO SECTION CG)

CWPALLBC

CF-2. Please look at Card 45b. Including any methods you may have already told me about and methods you may have used only once, during the last 12 months, which of these methods did you and she use to prevent pregnancy or sexually transmitted diseases?

[HELP AVAILABLE]

ENTER all that apply.

- Condom or rubber.....1
- Withdrawal or pulling out2
- Vasectomy or male sterilization3
- Pill4
- Tubal sterilization or other female sterilization5
- Injection (Depo-Provera™ or Lunelle™).....6
- Spermicidal foam/jelly/cream/film/suppository.....7
- Hormonal implant (Norplant™ or Implanon™).....8
- Rhythm or safe period9
- Contraceptive patch (Ortho-Evra™).....10
- Vaginal contraceptive ring (Nuva Ring™).....11
- IUD, coil, loop.....12
- Something else.....13

{ ASKED IF MORE THAN ONE METHOD USED IN THE LAST 12 MONTHS

CWPBCMST

CF-3. During the last 12 months, when you and your (wife/partner) had sex together, which method did you and she use most of the time?

[HELP AVAILABLE]

{ DISPLAY ONLY THOSE METHODS MENTIONED IN CWPALLBC CF-2

{ ASKED OF ALL WHO USED ANY METHOD IN 12 MONTHS EVEN IF CONDOM NOT LISTED

CONFREQ

CF-4. During the last 12 months, what percent of the times that you and she had sex together did you use a condom?

[HELP AVAILABLE]

Percentage _____ (IF 100%, GO TO SECTION CG)

{ ASKED OF ALL WHO USED ANY METHOD IN 12 MOS, EXCEPT 100% CONDOM USERS

CWPNOFRQ

CF-5. Please look at Card 48. During the last 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR-1), how often did you or she use any

method when you had sex together?

- Every time1
- Most of the time.....2
- About half of the time3
- Some of the time.....4
- None of the time.....5

Biological Children (CG)

{ ASKED DIRECTLY FOR MARRIED/COHABITING MEN WHO DID NOT REPORT BIO KIDS IN THEIR HOUSEHOLD ROSTER; AUTOMATICALLY CODED YES FOR THOSE WHO DID

CWPBIOKD

CG-1. Now I have some questions about children that you and your (wife/partner) may have had together. By this I mean, you were the biological father and she was the biological mother.

Have you and (WIFE/PARTNER) ever had a child together?

Include all children R and his wife/partner have had together, regardless of whether they were married at the time or whether they are raising the child(ren) themselves or have placed the child(ren) for adoption.

- Yes1
- No5 (GO TO SECTION CH)

{ ASKED IF CWPBIOKD = YES

CWPNUMKD

CG-2. Altogether, how many children have you had together?

[HELP AVAILABLE]

Number of children _____

CWPCHNAM

CG-3. IF NUMBER OF CHILDREN =1, ASK:

What is the child's first name or initials?

ELSE IF NUMBER OF CHILDREN >1, ASK:

What is the first name or initials of each of the children?

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

{ BEGIN LOOP TO ASK ABOUT EACH CHILD

{ ASKED IF MORE THAN ONE CHILD

TALKBC

CG-4. Let's talk about [CHILD'S NAME].

CWPCHSEX

CG-5. *If necessary, ASK:* (Is this child male or female?)

- Male1
- Female2

CWPCHDOB_M/CWPCHDOB_Y

CG-6. In what month and year was (CHILD'S NAME) born?

{ ASKED IF DOB OF THIS CHILD = DOB OF CHILD DESCRIBED EARLIER

MULTBIRT

CG-7. The birthday of this child is the same as (ANOTHER CHILD'S NAME). Was this a multiple birth?

- Yes1 (GO TO CWPCHLIV CG-11)
- No5

{ ASKED IF R MARRIED AND CAN'T TELL FROM DATES WHETHER MARRIAGE OR CHILD BIRTH CAME FIRST

CWPCHMAR

CG-8. Were you married to (WIFE/PARTNER) at the time of [CHILD NAME]'s birth?

- Yes1 (GO TO CWPCHLIV CG-11)
- No5

{ ASKED IF COHABITING WITH THIS WOMAN NOW OR (IF MARRIED TO HER NOW) NOT MARRIED TO HER AT CHILD BIRTH, BUT HAD PREMARITALLY COHABITED

CWPCHRES

CG-9. Were you living together with (WIFE/PARTNER) at the time of the birth?

[HELP AVAILABLE]

- Yes1 (GO TO CWPCHLIV CG-11)
- No5

{ ASKED IF NOT MARRIED TO OR LIVING WITH WOMAN AT TIME OF BIRTH

CWPCHLRN

CG-10. When did you find out that (WIFE/PARTNER) was pregnant? Was it during the pregnancy or after the child was born?

- During the pregnancy1
- After the child was born2

{ ASKED ABOUT ALL CHILDREN

CWPCHLIV

CG-11. Please look at Card 57. Where does (CHILD NAME) usually live now?

[HELP AVAILABLE]

ENTER all that apply.

Only probe A0 for responses 2-5

If child lives with R part-time, PROBE: Where else does this child live?

- In this household full-time1
- In this household part-time2
- Away at school or college3
- Living on own4
- Living with other relatives5
- Deceased6
- Placed for adoption or adopted7
- Placed in foster care8
- Someplace else9

RANGE CHECK: 1,6,7,8, DK/RF CANNOT BE COMBINED WITH ANY OTHER RESPONSES.

{ ASKED IF CHILD'S DATE OF BIRTH IS MISSING

CWPCHAGE

CG-12. How old is (CHILD) now? Is [he/she] less than 5 years old, 5 to 18 years old, or 19 years or older?

- Less than 5 years old1
- 5-18 years old2
- 19 years or older3

{ ASKED IF CHILD < 19 YEARS AND BORN OUT OF WEDLOCK, BUT NOT DEAD, ADOPTED, { OR IN FOSTER CARE

CWPCHSIG

CG-13a. Did you ever sign the application for [CHILD'S NAME]'s birth certificate or sign a statement that legally says you are [CHILD'S NAME]'s father?

- Yes1
- No5

{ ASKED IF CHILD < 19 YEARS AND BORN OUT OF WEDLOCK, BUT NOT DEAD, ADOPTED, { OR IN FOSTER CARE

CWPCHCRT

CG-13b. Did you have to go to court to establish that you are [CHILD'S NAME]'s legal father?

- Yes1
- No5

{ ASKED IF CHILD < 19 YEARS AND BORN OUT OF WEDLOCK, BUT NOT DEAD, ADOPTED, { OR IN FOSTER CARE

CWPCHGEN

CG-14. Were you legally identified by a blood test or other genetic test as [CHILD'S NAME]'s father?

- Yes1
- No5

{ IF RESPONDENT LIVES WITH CHILD, GO TO CWPCHWNT CG-17

{ ASKED IF CHILD < 19 AND NOT DEAD, ADOPTED, OR IN FOSTER CARE, AND { R DIDN'T LIVE WITH CHILD AT BIRTH, AND DOESN'T LIVE WITH CHILD NOW

CWPCHEVR

CG-15. Did you ever live with [CHILD NAME]?

- Yes1
- No5

{ ASKED IF CHILD < 19 AND NOT DEAD, ADOPTED OR IN FOSTER CARE AND { DOESN'T LIVE WITH R NOW

CWPCHFAR

CG-16. About how many miles away from here does (CHILD) live?

Number of miles _____

ENTER 0 if less than 1 mile

{ IF CHILD IS AGE 19 OR OLDER, GO TO END OF SECTION CG

{ ASKED IF CHILD IS AGE 18 OR YOUNGER AND R WAS MARRIED
{ TO/LIVING WITH MOTHER OR KNEW ABOUT PREGNANCY BEFORE THE BIRTH
{ ASKED EVEN IF CHILD IS DEAD, ADOPTED, IN FOSTER CARE

CWPCHWNT

CG-17. Please look at Card 58. Right before (WIFE/PARTNER) became pregnant with [CHILD], did you, yourself, want to have a child at some time in the future?

[HELP AVAILABLE]

NOTE: If R says that he already had a child, SAY: Right before she became pregnant, did you, yourself, want to have another child at some time in the future.

- Definitely yes1
- Probably yes2
- Probably no3 (GO TO CG-19 CWPCHHPY)
- Definitely no4 (GO TO CG-19 CWPCHHPY)

{ ASKED IF CHILD IS AGE 18 OR YOUNGER AND R WAS MARRIED
{ TO/LIVING WITH MOTHER OR KNEW ABOUT PREGNANCY BEFORE THE BIRTH
{ AND R DEFINITELY OR PROBABLY WANTED A CHILD
{ ASKED EVEN IF CHILD IS DEAD, ADOPTED, IN FOSTER CARE

CWPCHSON

CG-18. Would you say that the pregnancy came sooner than you wanted, at about the right time, or later than you wanted?

[HELP AVAILABLE]

- Too soon1
- Right time2
- Later3
- Didn't care4

{ ASKED IF THE PREGNANCY CAME TOO SOON
{ R CAN ANSWER IN MONTHS OR YEARS

CWPSOONN/CWPSOONMY

CG-18a. How much sooner than you wanted did the pregnancy occur?

Number and (Month/years) _____

{ ASKED IF THE PREGNANCY CAME LATER THAN WANTED
{ R CAN ANSWER IN MONTHS OR YEARS

CWPLATEN/ CWPLATEMY

CG-18c. How much later than you wanted did the pregnancy occur?

◆ Number and (Months/Years) _____

{ ASKED IF CHILD IS AGE 18 OR YOUNGER AND R WAS MARRIED
{ TO/LIVING WITH MOTHER OR KNEW ABOUT PREGNANCY BEFORE THE BIRTH
{ ASKED EVEN IF CHILD IS DEAD, ADOPTED, IN FOSTER CARE

CWPCHHPY

CG-19. Please look at Card 59. On this scale, a zero means that you were very unhappy about that pregnancy, and a ten means that you were very happy about that pregnancy. Tell me which number on the card best describes how you felt when you found out that your (wife/partner) was pregnant that time.

Number from 0 to 10 _____

{ RETURN TO BEGINNING OF LOOP TO ASK ABOUT NEXT CHILD, IF ANY

Current Pregnancy (CH)

{ IF SHE IS STERILE, GO TO SECTION CI

{ ASKED IF W/CP NOT STERILE AND R HAD SEX WITH HER IN LAST 12 MOS

CWPPRGNW

CH-1. Is your (wife/partner) pregnant with your child now?

Yes1 (GO TO CH-4 CWPCPWNT)
No5

{ ASKED IF R'S W/CP NOT PREGNANT NOW

CWPTRYPG

CH-2. Are you and your (wife/partner) currently trying to get pregnant?

Yes1
No5 (GO TO SECTION CI)

{ ASKED IF R'S W/CP NOT PREGNANT NOW AND THEY'VE BEEN TRYING TO GET PREGNANT

CWPTRYLG

CH-3. How long have you and she been trying to get pregnant?

Number of months _____ (GO TO SECTION CI)

{ ASKED IF R'S W/CP IS PREGNANT NOW

CWPCPWNT

CH-4. Please look at Card 58. Right before (WIFE/PARTNER) became pregnant, did you, yourself, want to have a child at some time in the future?

[HELP AVAILABLE]

NOTE: If R says that he already had children, say "Right before she became pregnant, did you, yourself, want to have another child at some time in the future?"

Definitely yes1
Probably yes2
Probably no3 (GO TO CH-6 CWPCPHPY)
Definitely no4 (GO TO CH-6 CWPCPHPY)

{ ASKED IF R'S W/CP IS PREGNANT NOW AND R DEFINITELY OR PROBABLY WANTED CHILD

CWPCPSON

CH-5. Would you say that the pregnancy came sooner than you wanted, at about the right time, or later than you wanted?

[HELP AVAILABLE]

- Too soon1
- Right time2
- Later3
- Didn't care4

{ ASKED IF R'S CWP IS PREGNANT NOW AND THE PREGNANCY CAME TOO SOON.
 { R CAN ANSWER IN MONTHS OR YEARS

CWPCPSNN/CWPCPSNMY

CH-5a. How much sooner than you wanted did the pregnancy occur?

Number and (Month/years) _____

{ ASKED IF THE PREGNANCY CAME LATER THAN WANTED

{ R CAN ANSWER IN MONTHS OR YEARS

CWPCPLATEN/ CWPCPLATEMY

CH-5c. How much later than you wanted did the pregnancy occur?

Number and (Months/Years) _____

{ ASKED IF R'S W/CP IS PREGNANT NOW

CWPCPHY

CH-6. Please look at Card 59. On this scale, a zero means that you were very unhappy about that pregnancy, and a ten means that you were very happy about that pregnancy. Tell me which number on the card best describes how you felt when you found out that your (wife/partner) was pregnant that time.

Number from 0 to 10 _____

Other Children -- Wife/Partner's Children from Her Previous Relationships (CI)

{ ASKED FOR ALL CURRENTLY MARRIED OR COHABITING MEN

CWPOTKID

CI-1. Now I would like to ask you about any other children, whether biological, adopted, foster or legally guarded children, that (WIFE/PARTNER'S NAME) may have had. Please be sure to include all of her children, even if they never lived with you.

When you began living with (WIFE/PARTNER'S NAME), did she have any other children?

- Yes1
- No5 (GO TO SECTION CJ)

CWPOKNUM

CI-2. How many children did she have?

Number of children _____

CWPOKWTH

CI-3. (Did this child/Did any of these children) ever live with you?

Yes1
No5 (GO TO SECTION CJ)

{ ASKED IF HIS CURRENT WIFE OR PARTNER HAD MORE THAN ONE CHILD AND HER CHILDREN LIVED WITH R

CWPOKWTHN

CI-4. How many of these children lived with you?

Number of children _____

{ ASKED IF R LIVED WITH ANY OF HER CHILDREN

CWPOKNAM

CI-5. What is the first name or initials of (this child/the children who lived with you/one of the children who lived with you)?

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

{ SET UP LOOP TO ASK ABOUT EACH CHILD REPORTED IN CI-5 CWPOKNAM

{ ASKED FOR EACH NAMED CHILD

CWPOKSEX

CI-6. (Thinking now of (CHILD'S NAME), is/Is) this child male or female?

Male1
Female2

CWPOKAD

CI-7. Did you legally adopt this child or become (CHILD'S NAME)'s legal guardian?

[HELP AVAILABLE]

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

Yes, adopted 1(GO TO CI-10 CWPOKLIV)
Yes, became guardian 3
No, neither 5(GO TO CI-9 CWPOKTHR)

{ ASKED IF R BECAME LEGAL GUARDIAN TO THIS CHILD

CWPOKTRY

CI-8. Are you in the process of trying to legally adopt (CHILD'S NAME)?

[HELP AVAILABLE]

Yes1 (GO TO CI-10 CWPOKLIV)
No5 (GO TO CI-10 CWPOKLIV)

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

CWPOKTHR

CI-9. Are you in the process of trying to legally adopt (CHILD'S NAME) or to become this child's legal guardian?

[HELP AVAILABLE]

Yes, trying to adopt1
Yes, trying to become guardian3
No, neither5

{ ASKED FOR EACH NAMED CHILD

CWPOKLIV

CI-10. Please look at Card 60. Where does this child usually live now?

[HELP AVAILABLE]

ENTER all that apply

If child lives with R part-time, PROBE: Where else does this child live?

If child lives with other parent (i.e., biological father), enter [5].

In this household full-time1
In this household part-time2
Away at school or college3
Living on own4
Living with other relatives5
Deceased6
Someplace else7

RANGE CHECK: 1, 6 CANNOT BE COMBINED WITH ANY OTHER RESPONSES

{ ASKED IF CHILD IS NOT DECEASED AND DOES NOT LIVE WITH R NOW

CWPOKFAR

CI-11. About how many miles away from here does (CHILD'S NAME) live?

Number of miles _____
ENTER 0 if less than 1 mile

{ ASKED IF R EVER LIVED WITH CHILD AND CHILD IS NOT DECEASED

CWPOKAGE

CI-12. How old is (CHILD'S NAME) now?

Age in years at last birthday _____

ENTER 0 if less than 1 year
ENTER [96] if R volunteers that child is deceased

{ RETURN TO BEGINNING OF LOOP TO ASK ABOUT NEXT CHILD, IF ANY
{ IF NO OTHER CHILD TO BE DISCUSSED, GO TO CJ-1 CWPNBEVR

Other Children (CJ)

{ ASKED FOR ALL CURRENTLY MARRIED OR COHABITING MEN

CWPNBEVR

CJ-1. Besides any children that we may have talked about, have you and your (wife/partner) ever had any other children live with you under your care and responsibility? Please do not include any of your biological children, your (wife/partner)'s biological children, or children from previous relationships.

[HELP AVAILABLE]

If necessary, say: By this I mean that neither you nor your (wife/partner) are the child's biological parents, but you served as a formal or informal guardian to the child or that you were chiefly responsible for the child's care.

R's own biological children from any previous relationships should not be included here. For example, any biological children that he had with a former wife, cohabiting partner, girlfriend, and so forth will be discussed in later questions.

Yes1
No5 (GO TO SECTION D)

CWPNBNUM

CJ-2. How many children?

Number of children _____

CWPNBNAM

CJ-3. What is the first name or initials of (this child/each of these children)?

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

{ SET UP LOOP TO ASK ABOUT EACH CHILD REPORTED IN CJ-3 CWPNBNAM

{ ASKED FOR EVERY CHILD UNDER R'S AND CURRENT WIFE/PARTNER'S CARE

CWPNBREL

CJ-4. When (CHILD'S NAME) began living with you, was he or she the child of a relative by blood or by marriage?

[HELP AVAILABLE]

Yes, by blood1
Yes, by marriage.....3
No5

CWPNBFOS

CJ-5. Was this child a foster child who was placed in your home by a court, child welfare department, or social service agency?

[HELP AVAILABLE]

Yes1
No5

CWPNBSEX

CJ-6. Is this child male or female?

Male1
Female2

CWPNBAD

CJ-7. Did you legally adopt this child or become (CHILD'S NAME)'s legal

guardian?

[HELP AVAILABLE]

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

Yes, adopted1 (GO TO CJ-10 CWPNBIV)
 Yes, became guardian..3 (GO TO CJ-8 CWPNBTRY)
 No, neither.....5 (GO TO CJ-9 CWPNBTHR)

{ ASKED IF R BECAME LEGAL GUARDIAN TO THIS CHILD

CWPNBTRY

CJ-8. Are you in the process of trying to legally adopt (CHILD'S NAME)?

[HELP AVAILABLE]

Yes1 (GO TO CJ-10 CWPNBIV)
 No5 (GO TO CJ-10 CWPNBIV)

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

CWPNBTHR

CJ-9. Are you in the process of trying to legally adopt (CHILD'S NAME) or to become this child's legal guardian?

[HELP AVAILABLE]

Yes, trying to adopt1
 Yes, trying to become guardian3
 No, neither5

CWPNBIV

CJ-10. Please look at Card 60. Where does (CHILD'S NAME) usually live now?

ENTER all that apply

If child lives with R part-time, PROBE: Where else does this child live?

If child lives with a parent, enter [5]

In this household full-time1
 In this household part-time2
 Away at school or college3
 Living on own4
 Living with other relatives5
 Deceased6
 Someplace else7

RANGE CHECK: 1, 6 CANNOT BE COMBINED WITH ANY OTHER RESPONSES

{ ASK IF CHILD NOT DECEASED AND NOT IN R'S HH

CWPNBIFAR

CJ-11. About how many miles away from here does (CHILD'S NAME) live?

Number of miles _____

ENTER 0 if less than 1 mile

{ ASKED IF CHILD NOT DECEASED

CWPNBAGE

CJ-12. How old is (CHILD'S NAME) now?

Age in years at last birthday _____

ENTER 0 if less than 1 year

ENTER [96] if R volunteers that child is deceased

{ RETURN TO BEGINNING OF LOOP TO ASK ABOUT NEXT CHILD, IF ANY.

{ ELSE, IF NO MORE CHILDREN TO DISCUSS, GO TO SECTION D.

SECTION D

RECENT (OR LAST) SEXUAL PARTNER(S) AND FIRST SEXUAL PARTNER

Screener to identify partner (DA)

Establish routing for up to 3 recent partners in last 12 months or last partner ever (if none in last 12 months) (DA)

- If partner is current wife (not separated) or current cohabiting partner, skip to end of loop and check next most recent partner. If no more partners to describe, go to "First sex ever" series (DL)
- If partner is former wife (including separated) or cohab(never wife), ask next series (DB)
- If partner is someone R was never in marr/cohab union, go to flow check before "stability of curr rel'p" series (DC)

Key Dates for Former Wives & Cohabiting Partners (DB)

DINTRO_1

DB-0. Now I have some questions about [PxNAME].

{ ASKED IF R EVER MARRIED TO THIS WOMAN

MARDATEN_M/MARDATEN_Y

DB-1. In what month and year were you and she married?

[HELP AVAILABLE]

{ ASKED IF R EVER MARRIED TO THIS WOMAN BUT MARRIAGE DATE = DK/RF

AGEMARR

DB-2. How old were you when you and (PARTNER'S NAME) got married?

Age in years _____

{ ASKED IF R EVER MARRIED TO THIS WOMAN

LIVTOGN

DB-3. 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 (PARTNER'S NAME) live together before you got married?

[HELP AVAILABLE]

Yes1
No5 (GO TO MARREND DB-7)

{ ASKED IF R EVER COHABITED WITH THIS WOMAN

STRTLIVE_M/STRTLIVE_Y

DB-4. In what month and year did you and she first start living together?

[HELP AVAILABLE]

{ ASKED IF R EVER COHABITED WITH THIS WOMAN, BUT START DATE = DK/RF

AGELIV

DB-5. How old were you when you and (PARTNER'S NAME) first started living

together?

[HELP AVAILABLE]

Age in years _____

{ ASKED IF R EVER COHABITED WITH THIS WOMAN

ENGAGTHN

DB-6. At the time you first began living together, were you and she engaged to be married or did you have definite plans to get married?

- Yes, **engaged to be married**1
- Not engaged but had definite plans to get married**3
- No, **neither engaged nor had definite plans**5

{ ASKED IF R EVER MARRIED TO THIS WOMAN

MARREND

DB-7. (You may have told me this already, but) How did your marriage end?

[HELP AVAILABLE]

- Death of wife1
- Divorce2 (GO TO DIVORFIN DB-9)
- Annulment3 (GO TO DIVORFIN DB-10)
- Separation4 (GO TO DIVORFIN DB-11)

{ ASKED IF R EVER MARRIED TO THIS WOMAN AND MARRIAGE ENDED BY HER DEATH

WIFEDIED_M/WIFEDIED_Y

DB-8. In what month and year did (WIFE/PARTNER) die?

ENTER DATE, THEN GO TO PXMOLAST DD-2

{ ASKED IF R EVER MARRIED TO THIS WOMAN AND MARRIAGE ENDED BY DIVORCE

DIVORFIN_M/DIVORFIN_Y

DB-9. In what month and year did your divorce become final?

[HELP AVAILABLE]

ENTER DATE, THEN GO TO STOPLIVE DB-11

{ ASKED IF R EVER MARRIED TO THIS WOMAN AND MARRIAGE ENDED BY ANNULMENT

ANNULLED_M/ANNULLED_Y

DB-10. In what month and year did your annulment take place?

{ ASKED IF [R EVER MARRIED TO THIS WOMAN AND [[MARRIAGE ENDED IN DIVORCE OR { ANNULMENT] OR [R IS CURRENTLY SEPARATED FROM HER]]] OR IF R NEVER MARRIED { TO THIS WOMAN BUT DID COHABIT WITH HER

STOPLIVE_M/STOPLIVE_Y

DB-11. In what month and year did you and (PARTNER'S NAME) last stop living together?

[HELP AVAILABLE]

Stability of Relationship with Current Partner (DC)

{ ASKED FOR ALL R's WHO HAD AT LEAST 1 PARTNER IN THE LAST 12 MONTHS AND
{ ABOUT ALL RECENT PARTNERS, EXCEPT IF SHE WAS A WIFE AND SHE DIED

PXCURR

DC-1. (Now I have some more questions about (PARTNER'S NAME)). Do you consider
(PARTNER'S NAME) a current sexual partner?

[HELP AVAILABLE]

- Yes1
- No5 (GO TO PXLAST DD-1)

{ ASKED IF R WAS NEVER MARRIED TO THIS WOMAN AND SHE IS A CURRENT PARTNER

PXMARRY

DC-2. Please look at Card 58. Do you think that you and (PARTNER'S NAME) will
marry each other?

♦ *If R insists he does not know, enter [Ctrl] + [D]*

- Definitely yes1
- Probably yes2
- Probably no3
- Definitely no4

Last Sex with Recent Partner (DD)

PXLRUSE

DD-5. That (last) time that you had sexual intercourse with (PARTNER'S NAME),
did you, yourself, use any methods to prevent pregnancy or sexually
transmitted disease? Please look at Card 46a for some examples of
methods for males, before answering "yes" or "no".

[HELP AVAILABLE]

- Yes1
- No5 (GO TO DD-7 PXLPUSE)

{ ASKED IF HE USED METHOD AT LAST SEX

PXLRMETH

DD-6. Looking at Card 46b that (last) time, what methods did you,
yourself, use to prevent pregnancy or sexually transmitted
disease?

[HELP AVAILABLE]

ENTER all that apply.

- Condom or rubber1
- Withdrawal or pulling out2
- Vasectomy or male sterilization3
- Something else10

PXLPUSE

DD-7. That (last) time that you had sexual intercourse with (PARTNER'S NAME), did she use any methods to prevent pregnancy or sexually transmitted disease? Please look at Card 47a for some examples of methods for females, before answering "yes" or "no".

[HELP AVAILABLE]

- ♦ Do not probe a DK response
- Yes1
- No5 (GO TO DD-9 PXLSXPRB)

{ ASKED IF DD-7 PXLPUSE IS DON'T KNOW

DKPXLPUSE

DD-7b. Is it that you don't recall right now, or that you never knew?

- Don't recall.....1
- Never knew.....2

{ ASKED IF SHE USED A METHOD AT LAST SEX

PXLPMETH

DD-8. Looking at Card 47b, that (last) time, what methods did she use to prevent pregnancy or sexually transmitted disease?

[HELP AVAILABLE]

- ENTER all that apply.*
- ♦ Do not probe a DK response
 - Pill.....4
 - Tubal sterilization or other female sterilization.....5
 - Injection (Depo-Provera™ or Lunelle™).....6
 - Spermicidal foam/jelly/cream/film/suppository.....7
 - Hormonal implant (Norplant™ or Implanon™).....8
 - Rhythm or safe period.....9
 - Contraceptive patch (Ortho-Evra™).....10
 - Vaginal contraceptive ring (Nuva Ring™).....11
 - IUD, coil, loop.....12
 - Something else.....13

{ ASKED IF DD-8 PXLPMETH=19

DKPXLPMETH

DD-8b. Is it that you don't recall right now, or that you never knew?

- Don't recall.....1
- Never knew.....2

{ ASKED IF NEVER MARRIED TO OR LIVED WITH THIS PARTNER AND
{ NO METHOD OR ONLY A MALE METHOD REPORTED AT LAST SEX

PXLSXPRB

DD-9. That (last) time, could [PARTNER'S NAME] have used a method that you didn't know about?

- ♦ Do not probe a DK response

Yes1
No5

{ ASKED IF R NEVER MARRIED TO OR COHABITED WITH THIS WOMAN AND
{ IF R HAD MORE THAN ONE PARTNER IN LIFE

PXMTONCE

DD-10. Have you had (did you have) sexual intercourse with (PARTNER'S NAME) more than once?

[HELP AVAILABLE]

Yes1
No5

{ IF AGE <18, GO TO PXFRLTN DD-14

{ ASKED IF R IS 18 OR OLDER OR IF R IS <18 AND PARTNER NOT CURRENT.

PXPAGE

DD-11. How old was (PARTNER'S NAME) when you last had sex with her?

[HELP AVAILABLE]

Age in years _____

{ ASKED IF R DIDN'T KNOW HER AGE AT LAST SEX

PXRELAG

DD-12. Is she older than you, younger than you, or about the same age?

Older.....1
Younger.....2
About the same age...3

{ ASKED IF R DIDN'T KNOW HER AGE AT LAST SEX AND SHE WAS OLDER OR YOUNGER

PXRELYRS

DD-13. By how many years?

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

{ ASKED IF R NEVER MARRIED TO AND NEVER LIVED WITH THIS PARTNER

PXFRLTN

DD-14. Please look at Card 44. At the time you (first / last) had sexual intercourse with (PARTNER'S NAME), how would you describe your relationship with her?

Married to her1
Engaged to her, and living together.....2
Engaged to her, but not living together.....3
Living together in a sexual relationship, but not engaged ...4
Going with her or going steady5
Going out with her once in a while6
Just friends7
Had just met her8
Something else.....9

{ ASKED OF CURRENT PARTNERS, MOST RECENT PARTNER, AND OF FORMER WIFE/COHAB

PXHISP

DD-15. Is (PARTNER'S NAME) Hispanic or Latino, or of Spanish origin?
Yes1
No5

{ ASKED OF CURRENT PARTNERS, MOST RECENT PARTNER, AND OF FORMER WIFE/COHAB
PXRACE

DD-16. Which of the groups shown on Card 2 describes (PARTNER'S NAME)'s racial background? Please select one or more groups.

[HELP AVAILABLE]

ENTER all that apply.

NOTE: If the respondent mentions a mixture of multiple races (e.g. biracial, mixed, mulatto), probe for and code all racial groups that are part of the mix.

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

{ ASKED IF MULTIPLE RACE GROUPS SELECTED

PXBEST

DD-17. Which of these groups, that is (RESPONSES TO DD-16), would you say best describes (PARTNER'S NAME)'s racial background?

[HELP AVAILABLE]

{ ONLY DISPLAY RESPONSES FROM DD-16.

{ IF NEVER MARRIED TO OR LIVED WITH THIS PARTNER AND
{ PARTNER IS NOT CURRENT OR MOST RECENT, GO TO SECTION DF.

Other Characteristics of Current or Most Recent Partner or Former Wife/Cohab (DE)

{ ASKED IF EVER MARRIED TO OREVER LIVED WITH THIS WOMAN

PXDOB_M/PXDOB_Y

DE-1. In what month and year was (PARTNER'S NAME) born?

{ ASKED THIS PARTNER IS CURRENT OR THE MOST RECENT

PXEDUC

DE-2. Please look at Card 11. What is the highest level of education she has completed?

- Less than high school1
- High school graduate or GED2
- Some college but no degree3
- 2-year college degree (e.g., Associate's degree).4
- 4-year college graduate (e.g., BA, BS)5
- Graduate or professional school6

{ ASKED IF EVER MARRIED TO OR COHABITED WITH THIS PARTNER OR IF SHE IS
{ CURRENT OR THE MOST RECENT

PXMARBF

DE-3. (Has (PARTNER) ever been married/ At the time you and (PARTNER) (were
married/started living together), had she been married before?

[HELP AVAILABLE]

Yes1
No5

{ ASKED IF NEVER MARRIED TO OR LIVED WITH THIS PARTNER AND SHE IS CURRENT
{ OR MOST RECENT

PXANYCH

DE-4. When your relationship with (PARTNER'S NAME) began, did she have any
biological, adopted, or foster children?

Yes1
No5 (GO TO DE-6 PXABLECH)

{ ASKED IF NEVER MARRIED TO OR LIVED WITH THIS PARTNER AND SHE IS CURRENT
{ OR MOST RECENT AND SHE HAD CHILD/REN

PXANYCHN

DE-5. Altogether, how many children did she have?

Number of children _____

{ ASKED IF PARTNER IS CURRENT AND NO METHOD USE AT LAST SEX OR
{ METHOD WAS NOT FEMALE STERILIZATION

PXABLECH

DE-6. Some women are not physically able to have children. As far as you
know, is it physically possible for (PARTNER'S NAME) to have a baby?

[HELP AVAILABLE]

Yes1
No5

{ IF R HAD SEX WITH THIS PARTNER ONLY ONCE, GO TO SECTION DH

First Sex with Recent Partner (DF)

{ ASKED IF R HAD SEX WITH THIS WOMAN MORE THAN ONCE

PXSXFRST_M/PXSXFRST_Y

DF-1. Now I have some questions about the very first time that you had sexual
intercourse with (PARTNER'S NAME).

[HELP AVAILABLE]

That very first time, in what month and year was that?

{ ASKED IF DATE OF FIRST SEX MISSING

PXAGFRST

DF-2. The very first time that you had sexual intercourse with (PARTNER'S NAME), how old were you?

[HELP AVAILABLE]

Age in years _____

{ ASKED IF R HAD SEX WITH HER
{ MORE THAN ONCE

PXFRLTN2

DF-3. Please look at Card 44. At the time you first had sexual intercourse with (PARTNER'S NAME), how would you describe your relationship with her?

- Married to her1
- Engaged to her, and living together.....2
- Engaged to her, but not living together.....3
- Living together in a sexual relationship, but not engaged ...4
- Going with her or going steady5
- Going out with her once in a while6
- Just friends7
- Had just met her8
- Something else.....9

{ ASKED IF R HAD SEX WITH THIS WOMAN MORE THAN ONCE

PXFUSE

DF-4. That first time that you had sexual intercourse with (PARTNER'S NAME), did you or she use any methods to prevent pregnancy or sexually transmitted disease? Please look at Card 45a for some examples of methods, before answering "yes" or "no."

[HELP AVAILABLE]

- Yes1
- No5 (GO TO SECTION DG)

{ ASKED IF R HAD SEX WITH THIS WOMAN MORE THAN ONCE AND USED METHOD AT 1ST SEX

PXFMETH

DF-5. Looking at Card 45b, that first time, what methods did you and she use to prevent pregnancy or sexually transmitted disease?

[HELP AVAILABLE]

ENTER all that apply.

- Condom or rubber.....1
- Withdrawal or pulling out.....2
- Vasectomy or male sterilization.....3
- Pill.....4
- Tubal sterilization or other female sterilization.....5
- Injection (Depo-Provera™ or Lunelle™).....6
- Spermicidal foam/jelly/cream/film/suppository7
- Hormonal implant (Norplant™ or Implanon™).....8
- Rhythm or safe period9
- Contraceptive patch (Ortho-Evra™).....10
- Vaginal contraceptive ring (Nuva Ring™).....11

IUD, coil, loop.....	12
Something else.....	13

{ IF NO SEX WITH THIS PARTNER IN LAST 12 MONTHS, GO TO SECTION DH

Methods Used in Past 12 Months (DG)

{ ASKED IF R HAD SEX WITH THIS PARTNER IN LAST 12 MONTHS AND HAD SEX MORE THAN ONCE WITH PARTNER

DGINTRO

DG-0. Now I have some questions about methods that you and (PARTNER'S NAME) used in the past 12 months, that is since (INTERVIEW MONTH, INTERVIEW YEAR - 1), to prevent pregnancy or sexually transmitted disease.

(If you were not involved with her for the whole 12 months, please think of only that time that you were involved with her during the past 12 months.)

{ ASKED OF CURRENT OR MOST RECENT PARTNER AND IF CAN'T TELL IF THEY USED A METHOD IN LAST 12 MONTHS

PXANYUSE

DG-1. During the past 12 months, did you or she use any methods to prevent pregnancy or sexually transmitted disease when you had intercourse together? Please answer yes if you used a method even once. Please look at Card 45a for some examples of methods, before answering "yes" or "no".

[HELP AVAILABLE]

- Yes1
- No5 (GO TO SECTION DH)

{ ASKED OF CURRENT OR MOST RECENT PARTNER IF USED ANY METHOD IN LAST 12 MONTHS

PXMETHOD

DG-2. Please look at Card 45b. Including any methods you may have already told me about and methods you may have used only once, during the past 12 months, which of these methods did you and she use to prevent pregnancy or sexually transmitted diseases?

[HELP AVAILABLE]

ENTER all that apply.

Condom or rubber.....	1
Withdrawal or pulling out	2
Vasectomy or male sterilization	3
Pill	4
Tubal sterilization or other female sterilization	5
Injection (Depo-Provera™ or Lunelle™).....	6
Spermicidal foam/jelly/cream/film/suppository	7
Hormonal implant (Norplant™ or Implanon™).....	8
Rhythm or safe period	9
Contraceptive patch (Ortho-Evra™).....	10
Vaginal contraceptive ring (Nuva Ring™).....	11
IUD, coil, loop.....	12
Something else.....	13

{ ASKED IF MORE THAN ONE METHOD USED IN THE LAST 12 MONTHS

PXMSTUSE

DG-3. During the past 12 months, when you had sex together which method did you and she use most of the time?

[HELP AVAILABLE]

{ DISPLAY ONLY METHODS REPORTED IN PXMETHOD DG-2

{ ASKED OF ALL WHO USED ANY METHOD IN 12 MONTHS EVEN IF CONDOM NOT LISTED

PXCONFREQ

DG-4. During the past 12 months, what percent of the times that you and she had sex together did you use a condom?

[HELP AVAILABLE]

Percent from 0 to 100 _____ (IF 100%, GO TO SECTION DH)

{ ASKED OF ALL WHO USED ANY METHOD IN 12 MOS, EXCEPT 100% CONDOM USERS

PXNOFREQ

DG-5. Please look at Card 48. During the last 12 months, that is since (INTERVIEW MONTH, INTERVIEW YEAR - 1), how often did you or she use any method to prevent pregnancy or disease when you had sex together?

[HELP AVAILABLE]

- Every time1
- Most of the time.....2
- About half of the time3
- Some of the time.....4
- None of the time.....5

Biological Children with Recent Partner or Last Partner (DH)

{ ASKED OF ALL WHO HAD ANY SEXUAL PARTNER OTHER THAN THEIR CURRENT W/P

PXCHILD

DH-1. Now I have some questions about children that you and (PARTNER'S NAME) may have had together. By this I mean that you were the biological father and she was the biological mother.

(Have you and (PARTNER'S NAME) ever had / Did you and (PARTNER'S NAME) ever have) a child together?

Include all children R and his wife/partner have had together, regardless of whether they were married at the time or whether they are raising the child(ren) themselves or have placed the child(ren) for adoption.

- Yes1
- No5 (GO TO SECTION DI)

PXCHILDN

DH-2. Altogether, how many children have you had together?

Number of children _____

[HELP AVAILABLE]

PXCXNAM

DH-3. What is the first name or initials of (this child/each of these children)?

Name/ initials _____

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

{ SET UP LOOP TO ASK ABOUT EACH CHILD

{ ASKED IF MORE THAN ONE CHILD

DHINTRO2

DH-4. Let's talk about (CHILD)

PXCXSEX

DH-5. *If necessary, ASK:* (Is (CHILD) male or female?)

Male.....1

Female.....2

PXCXBORN_M/PXCXBORN_Y

DH-6. In what month and year was (CHILD) born?

{ ASKED IF DOB OF THIS CHILD = DOB OF CHILD DESCRIBED EARLIER

MULTBIRT

DH-7. The birthday of this child is the same as (ANOTHER CHILD'S NAME). Was this a multiple birth?

Yes1

No5

{ ASKED IF R MARRIED AND CAN'T TELL FROM DATES WHETHER MARRIAGE OR

{ CHILDBIRTH CAME FIRST

PXCXMARB

DH-8. Were you married to (PARTNER'S NAME) at the time of the birth?

[HELP AVAILABLE]

Yes1 (GO TO DH-11 PXCXLIV)

No5

{ ASKED IF COHABITING WITH THIS WOMAN OR (IF MARRIED) NOT MARRIED TO

{ HER AT CHILDBIRTH, BUT HAD PREMARITALLY COHABITED

PXCXRES

DH-9. Were you living together with (PARTNER'S NAME) at the time of the birth?

[HELP AVAILABLE]

Yes1 (GO TO DH-11 PXCXLIV)

No5

{ ASKED IF NOT MARRIED TO OR LIVING WITH WOMAN AT TIME OF BIRTH OR DK/RF

PXCXKNOW

DH-10. When did you find out that (PARTNER'S NAME) was pregnant? Was it

during the pregnancy or after the child was born?

- During the pregnancy.....1
- After the child was born.....2

PXCXLIV

DH-11. Please look at Card 61. Where does [CHILD NAME] usually live now?

[HELP AVAILABLE]

ENTER all that apply.

If child lives with R part-time, PROBE: Where else does this child live?

- In this household full-time1
- In this household part-time2
- With his/her mother3
- Away at school or college4
- Living on own5
- Living with other relatives6
- Deceased7
- Placed for adoption or adopted8
- Placed in foster care9
- Someplace else10

RANGE CHECK: 1,7,8,9 CANNOT BE COMBINED WITH ANY OTHER RESPONSES.

{ IF CHILD IS ALIVE, BUT CHILD'S DATE OF BIRTH IS MISSING

PXCXAGE

DH-12. How old is [CHILD NAME] now? Is [he/she] less than 5 years old, 5 to 18 years old, or 19 years or older?

- Less than 5 years old1
- 5-18 years old2
- 19 years or older3

{ ASKED IF CHILD < 19 YEARS AND BORN OUT OF WEDLOCK, BUT NOT DEAD, ADOPTED,
{ OR IN FOSTER CARE

PXCXSIG

DH-13a. Did you ever sign the application for [CHILD NAME]'s birth certificate or sign a statement that legally says you are [CHILD'S NAME]'s father?

- Yes1
- No5

{ ASKED IF CHILD < 19 YEARS AND BORN OUT OF WEDLOCK, BUT NOT DEAD, ADOPTED,
{ OR IN FOSTER CARE-

PXCXCRT

DH-13b. Did you have to go to court to establish that you are [CHILD NAME]'s legal father?

- Yes1
- No5

{ ASKED IF CHILD < 19 YEARS AND BORN OUT OF WEDLOCK, BUT NOT DEAD, ADOPTED,
{ OR IN FOSTER CARE

PXCXGEN

DH-14. Were you legally identified by a blood test or other genetic test as [CHILD NAME]'s father?

- Yes1
- No5

{ IF RESPONDENT LIVES WITH CHILD, GO TO PXRWANT DH-18

{ ASKED IF CHILD < 19 AND NOT DEAD, ADOPTED, OR IN FOSTER CARE AND
 { R DIDN'T LIVE WITH CHILD AT BIRTH AND DOESN'T LIVE WITH CHILD NOW

PXCXEVEVER

DH-15. Did you ever live with [CHILD NAME]?

- Yes1
- No5

{ ASKED IF CHILD < 19 AND NOT DEAD, ADOPTED OR IN FOSTER CARE AND
 { DOESN'T LIVE WITH R NOW

PXCXFAR

DH-16. About how many miles away from here does [CHILD NAME] live?

Number of miles _____
 ENTER 0 if less than 1 mile

{ ASKED IF R CHILD IS < 19 AND R WAS MARRIED TO/LIVING WITH MOTHER
 { OR KNEW ABOUT PREGNANCY BEFORE THE BIRTH
 { ASKED EVEN IF CHILD IS DEAD, ADOPTED, IN FOSTER CARE

PXWANT

DH-17. Please look at Card 58. Right before (PARTNER'S NAME) became pregnant with (CHILD'S NAME), did you, yourself, want to have a child at some time in the future?

[HELP AVAILABLE]

NOTE: If R says that he already had a child, SAY "Right before she became pregnant, did you, yourself, want to have another child at some time in the future?"

♦ ENTER [Ctrl+D] if R insists

- Definitely yes1
- Probably yes2
- Probably no3 (GO TO DH-19 PXHPYPG)
- Definitely no4 (GO TO DH-19 PXHPYPG)

{ ASKED IF R CHILD IS < 19 AND R WAS MARRIED TO/LIVING WITH MOTHER
 { OR KNEW ABOUT PREGNANCY BEFORE THE BIRTH AND R DEFINITELY OR PROBABLY
 { WANTED A CHILD
 { ASKED EVEN IF CHILD IS DEAD, ADOPTED, IN FOSTER CARE

PXS00N

DH-18. Would you say that the pregnancy came sooner than you wanted, at about the right time, or later than you wanted?

[HELP AVAILABLE]

- Too soon1
- Right time2
- Later3
- Didn't care4

{ ASKED IF THE PREGNANCY CAME TOO SOON.
{ R CAN ANSWER IN MONTHS OR YEARS

PXS00NN/PXS00NMY

DH-18a. How much sooner than you wanted did the pregnancy occur?

Number and (Month/years) _____

{ ASKED IF THE PREGNANCY CAME LATER THAN WANTED
{ R CAN ANSWER IN MONTHS OR YEARS

PXLATEN/ PXLATEMY

DH-18c. How much later than you wanted did the pregnancy occur?

Number and (Months/Years) _____

{ ASKED IF CHILD IS AGE 18 OR YOUNGER AND R WAS MARRIED
{ TO/LIVING WITH MOTHER OR KNEW ABOUT PREGNANCY BEFORE THE BIRTH
{ ASKED EVEN IF CHILD IS DEAD, ADOPTED, IN FOSTER CARE

PXHPYPG

DH-19. Please look at Card 59. On this scale, a zero means that you were very unhappy about that pregnancy, and a ten means that you were very happy about that pregnancy. Tell me which number on the card best describes how you felt when you found out that (PARTNER'S NAME) was pregnant that time.

Number from 0 to 10 _____

{ RETURN TO BEGINNING OF LOOP TO ASK ABOUT ANOTHER CHILD, IF ANY

Current Pregnancy (DI)

{ IF PARTNER STERILE, GO TO END OF SECTION DI

{ ASKED IF PARTNER IS CURRENT, IS ABLE TO HAVE CHILDREN (OR DK/RF),
{ HAD SEX WITH R IN LAST YEAR, AND DID NOT USE "TUBAL" AT LAST SEX

PXCPREG

DI-1. Is (PARTNER'S NAME) pregnant with your child now?

- Yes1 (GO TO DI-4 PXRWANT)
- No5

PXTRYING

DI-2. Are you and (PARTNER'S NAME) currently trying to get pregnant?

Yes1

No5 (GO TO END OF SECTION DI)

PTRYLONG

DI-3. How long have you and she been trying to get pregnant?

Number of months _____ (GO TO END OF SECTION DI)

PXRWANT

DI-4. Please look at Card 58. Right before (PARTNER'S NAME) became pregnant, did you, yourself, want to have a child at some time in the future?

If R says that he already had a child, SAY "Right before she became pregnant, did you, yourself, want to have another child at some time in the future?"

[HELP AVAILABLE]

♦ ENTER [Ctrl+D] if R insists.

- Definitely yes1
- Probably yes2
- Probably no3 (GO TO DI-6 PXCPFEEL)
- Definitely no4 (GO TO DI-6 PXCPFEEL)

{ IF R DEFINITELY OR PROBABLY WANTED A CHILD

PXRSOON

DI-5. Would you say that the pregnancy came sooner than you wanted, at about the right time, or later than you wanted?

[HELP AVAILABLE]

- Too soon1
- Right time2
- Later3
- Didn't care4

{ ASKED IF THE PREGNANCY CAME TOO SOON.

{ R CAN ANSWER IN MONTHS OR YEARS

PXRSOONN/PXRSOONMY

DI-5a. _____ How much sooner than you wanted did the pregnancy occur?

Number and (Month/years) _____

{ ASKED IF THE PREGNANCY CAME LATER THAN WANTED

{ R CAN ANSWER IN MONTHS OR YEARS

PXRLATEN/PXRLATEMY

DI-5a. _____ How much later than you wanted did the pregnancy occur?

Number and (Months/Years) _____

PXCPFEEL

DI-6. Please look the scale on Card 59. On this scale, a zero means that you were very unhappy about this pregnancy, and a ten means that you were very happy about this pregnancy. Please tell me which number on the card best describes how you felt when you found out that (PARTNER'S

NAME) was pregnant this time.

Number from 0 to 10 _____

{ IF R WAS NEVER MARRIED TO AND NEVER LIVED WITH THIS PARTNER,
{ GO TO SECTION DL

Other Children -- Former Wife/Partner's Children from her Previous Relationships (former w/p's who were also recent or last partners) (DJ)

{ ASKED IF R EVER MARRIED TO OR LIVED WITH THIS PARTNER AND SHE IS A RECENT PARTNER OR HIS LAST PARTNER

PXOTKID

DJ-1. Now I would like to ask you about any other children, whether biological, adopted, foster or legally guarded children, that (PARTNER'S NAME) may have had. Please be sure to include all of her children, even if they never lived with you.

When you began living with (PARTNER'S NAME), did she have any other children?

Yes1
No5 (GO TO SECTION DK)

{ ASKED IF THIS PARTNER HAD CHILDREN WHEN R BEGAN LIVING WITH HER

PXOKNUM

DJ-2. How many children did she have?
Number of children _____

PXOKWTH

DJ-3. (Did this child/Did any of these children) ever live with you?

Yes1
No5 (GO TO SECTION DK)

{ ASKED IF THIS PARTNER HAD MORE THAN 1 CHILD WHEN R BEGAN LIVING WITH HER

PXOKWTHN

DJ-4. How many of these children lived with you?
Number of children _____

{ ASKED IF R EVER LIVED WITH ANY OF THIS WIFE/PARTNER'S CHILDREN

PXOKNAM

DJ-5. What is the first name or initials of (this child/each of these children/one of these children)?

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

{ SET UP LOOP TO ASK FOR EACH CHILD WITH WHOM HE LIVED

PXOKSEX

DJ-6. (Thinking now of (CHILD'S NAME), is/Is) this child male or female?

Male1

Female2

PXOKAD

DJ-7. Did you legally adopt (CHILD'S NAME) or become (CHILD'S NAME)'s legal guardian?

[HELP AVAILABLE]

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

- Yes, adopted 1
- Yes, became guardian 3
- No, neither 5 (GO TO DJ-10 PXOKAGE)

{ ASKED IF R ADOPTED OR BECAME LEGAL GUARDIAN FOR THIS CHILD

PXOKLIV

DJ-8. Please look at Card 62. Where does this child usually live now?

ENTER all that apply

If child lives with R part-time, PROBE: Where else does this child live?

- In this household full-time1
- In this household part-time2
- With his/her biological parent(s)3
- Away at school or college4
- Living on own5
- Living with other relatives6
- Deceased7
- Someplace else8

RANGE CHECK: 1, 7 CANNOT BE COMBINED WITH ANY OTHER RESPONSES

{ ASKED IF R ADOPTED OR BECAME LEGAL GUARDIAN FOR THIS CHILD,
{ THE CHILD IS NOT DECEASED, AND DOES NOT LIVE IN R'S HH

PXOKFAR

DJ-9. About how many miles away from here does (CHILD'S NAME) live?

Number of miles _____
ENTER 0 if less than 1 mile

{ ASKED IF CHILD LIVED WITH R

PXOKAGE

DJ-10. How old is (CHILD'S NAME) now?

Age in years at last birthday _____
ENTER 0 if less than 1 year
ENTER [96] if R volunteers that child is deceased

{ RETURN TO BEGINNING OF LOOP TO ASK ABOUT NEXT CHILD, IF ANY.
{ ELSE, IF NO MORE CHILDREN TO DISCUSS, GO TO SECTION DK.

Other Nonbiological Children (DK)

{ ASKED IF R EVER MARRIED TO OR LIVED WITH THIS WOMAN AND SHE IS A RECENT OR

{ HIS LAST PARTNER

PXNBEVR

DK-1. Besides any children that we may have talked about already, did you and this (wife/partner) ever have any other children live with you under your care and responsibility? Please do not include any of your biological children, your (wife/partner)'s biological children, or children from previous relationships.

If necessary, say: By this I mean that neither you nor your (wife/partner) are the child's biological parents, but you served as a formal or informal guardian to the child or that you were chiefly responsible for the child's care.

[HELP AVAILABLE]

Yes1
No5 (GO TO SECTION DL)

{ ASKED IF R AND PREVIOUS WIFE/PARTNER HAD OTHER CHILDREN LIVE WITH THEM

PXNBNUM

DK-2. How many children?

Number of children _____

{ ASKED FOR EVERY CHILD UNDER R'S AND PREVIOUS WIFE/PARTNER'S CARE

PXNBNAM

DK-3. What is the first name or initials of (this child/each of these children)?

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

{ SET UP LOOP TO ASK FOR EACH CHILD WITH WHOM HE LIVED

{ ASKED FOR EVERY CHILD UNDER R'S AND PREVIOUS WIFE/PARTNER'S CARE

PXNBREL

DK-4. (Thinking now of (CHILD'S NAME), when/When) (CHILD'S NAME) began living with you, was he or she the child of a relative by blood or by marriage?

[HELP AVAILABLE]

Yes 1
No 5

{ ASKED FOR EVERY CHILD UNDER R'S AND PREVIOUS WIFE/PARTNER'S CARE

PXNBFOS

DK-5. Was (CHILD'S NAME) a foster or related child who was placed in

your home by a court, child welfare department, or social service agency?

[HELP AVAILABLE]

Yes 1
No 5

{ ASKED FOR EVERY CHILD UNDER R'S AND PREVIOUS WIFE/PARTNER'S CARE

PXNBSEX

DK-6. Is (CHILD'S NAME) male or female?

Male1
Female2

{ ASKED FOR EVERY CHILD UNDER R'S AND PREVIOUS WIFE/PARTNER'S CARE

PXNBAD

DK-7. Did you legally adopt (CHILD'S NAME) or become (CHILD'S NAME)'s legal guardian?

[HELP AVAILABLE]

Yes, adopted1
Yes, became guardian..3
No, neither.....5

{ ASKED IF R ADOPTED THIS CHILD OR BECAME THIS CHILD'S LEGAL GUARDIAN

PXNB LIV

DK-8. Please look at Card 62. Where does (CHILD'S NAME) usually live now?

ENTER all that apply

If child lives with R part-time, PROBE: Where else does this child live?

In this household full-time1
In this household part-time2
With his/her biological parent(s).....3
Away at school or college4
Living on own5
Living with other relatives6
Deceased7
Someplace else8

RANGE CHECK: 1, 7 CANNOT BE COMBINED WITH ANY OTHER ANSWERS

{ ASK IF ADOPTED OR LEGALLY GUARDED CHILD IS NOT DECEASED AND NOT IN R'S HH

PXNB FAR

DK-9. About how many miles away from here does (CHILD'S NAME) live?

Number of miles _____
ENTER 0 if less than 1 mile

{ ASKED IF CHILD LIVED WITH R

PXNB AGE

DK-10. How old is (CHILD'S NAME) now?

Age in years at last birthday _____
ENTER 0 if less than 1 year
ENTER [96] if R volunteers that child is deceased

- { IF ANOTHER CHILD TO DESCRIBE, RETURN TO DK-4 PKNBREL.
- { ELSE, IF NO MORE CHILDREN, RETURN TO BEGINNING OF SECTION D TO DISCUSS NEXT
- { PARTNER.
- { ELSE, IF NO MORE PARTNERS TO DISCUSS, GO TO SECTION DL.

First sex ever (DL)

{ IF FIRST PARTNER ALREADY DISCUSSED, GO TO END OF SECTION D

{ ASKED IF VERY FIRST SEX PARTNER WAS NOT A RECENT PARTNER
FPFIRST_M/FPFIRST_Y

DL-1. The next section is about your first sexual experience with a female.

[HELP AVAILABLE]

Please think back to the very first time in your life that you ever had sexual intercourse with a female. In what month and year was that?

{ ASKED IF VERY FIRST SEX PARTNER WAS NOT A RECENT PARTNER

FPAGE

DL-2. That very first time that you had sexual intercourse with a female, how old were you?

[HELP AVAILABLE]

Age in years _____ (GO TO FPNAME DL-6)

{ ASKED IF VERY FIRST SEX PARTNER WAS NOT A RECENT PARTNER AND R DOESN'T
{ KNOW HIS AGE AT FIRST SEX

FPAGE18

DL-3. Were you less than 18 or were you 18 years old or older?

Less than 18.....1
18 years or older....2 (GO TO FPAGE20 DL-5)

FPAGE15

DL-4. Were you less than 15 or were you 15 years old or older?

Less than 151 (GO TO FPNAME DL-6)
15 years or older2 (GO TO FPNAME DL-6)

FPAGE20

DL-5. Were you less than 20 or were you 20 years old or older?

Less than 201
20 years or older2

{ ASKED IF VERY FIRST SEX PARTNER WAS NOT A RECENT PARTNER

FPNAME

DL-6. Please tell me the name or initials of your first sexual partner so that I can refer to her during the interview.

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

{ ASKED IF VERY FIRST SEX PARTNER WAS NOT A RECENT PARTNER

FPPAGE

DL-7. How old was (FPNAME/your first partner) when you had sexual intercourse with her that first time?

[HELP AVAILABLE]

Age in years _____ (GO TO FPRLTN DL-10)

{ ASKED IF VERY FIRST SEX PARTNER WAS NOT A RECENT PARTNER AND R DOESN'T KNOW HER AGE AT FIRST SEX

FPRELAG

DL-8. Was she older than you, younger than you or the same age?

- Older1
- Younger2
- About same age ...3 (GO TO FPRLTN DL-10)

FPRELYRS

DL-9. By how many years?

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

{ ASKED IF VERY FIRST SEX PARTNER WAS NOT A RECENT PARTNER

FPRLTN

DL-10. Please look at Card 44. At the time you first had sexual intercourse with (FPNAME/your first partner), how would you describe your relationship with her?

- Married to her1
- Engaged to her, and living together.....2
- Engaged to her, but not living together.....3
- Living together in a sexual relationship, but not engaged ...4
- Going with her or going steady5
- Going out with her once in a while6
- Just friends7
- Had just met her8
- Something else.....9

{ ASKED IF VERY FIRST SEX PARTNER WAS NOT A RECENT PARTNER

FPUSE

DL-11. That first time that you had sexual intercourse with (FPNAME/your first partner), did you or she use any methods to prevent pregnancy or sexually transmitted disease? Please look at Card 45a for some examples of methods, before answering "yes" or "no."

[HELP AVAILABLE]

- Yes1
- No5 (GO TO DL-13 FPPROBE)

{ ASKED IF VERY FIRST SEX PARTNER WAS NOT A RECENT PARTNER AND METHOD

{ USED AT FIRST SEX

FPMETH

DL-12. Looking at Card 45b, that first time, what methods did you and she use to prevent pregnancy or sexually transmitted disease?

[HELP AVAILABLE]

ENTER all that apply

- Condom or rubber.....1
- Withdrawal or pulling out2
- Vasectomy or male sterilization3
- Pill4
- Tubal sterilization or other female sterilization5
- Injection (Depo-Provera™ or Lunelle™).....6
- Spermicidal foam/jelly/cream/film/suppository7
- Hormonal implant (Norplant™ or Implanon™).....8
- Rhythm or safe period9
- Contraceptive patch (Ortho-Evra™).....10
- Vaginal contraceptive ring (Nuva Ring™).....11
- IUD, coil, loop.....12
- Something else.....13

{ ASKED IF NO METHOD USED OR ONLY MALE METHOD USED AT FIRST SEX

FPPROBE

DL-13. That first time, could (FPNAME/she) have used a method that you didn't know about?

♦Do not probe a DK response

- Yes1
- No5

{ IF NEVER MARRIED OR COHABITED, GO TO SECTION F.

SECTION E

FORMER WIVES AND FIRST COHABITING PARTNER

Enumeration of former wives and first cohabiting partner (EA)

{ **IF NO FORMER WIVES OR FIRST COHABITING PARTNER TO DISCUSS HERE,**
{ **GO TO SECTION F**

{ ASKED IF R HAS AT LEAST ONE FORMER WIFE AND/OR ONE FORMER COHAB
EAINTR01

EA-0. You've said that you have been married to one woman. In this section,
I'll ask you about your former wife.

{ THIS INTRO HAS MANY OTHER VARIANTS BASED ON THE NUMBER OF FORMER WIVES OR
{ COHABITING PARTNERS R HAS HAD.
{ IF R HAS HAD MORE THAN 1 FORMER COHABITING PARTNER, HE WILL BE ASKED ONLY
{ ABOUT THE FIRST ONE.

{ ASKED IF R HAS AT LEAST ONE FORMER WIFE
FWNAME[X]

EA-1. So that I can refer to her in the interview, please tell me the first
name or initials of your (former wife / wife / (first/second/third/etc)
wife).

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

{ ASKED IF R WAS MARRIED TO AT LEAST ONE OF HIS 3 MOST RECENT PARTNERS
REPORTED IN SECTION B

FWVERIFY[X]

EA-2. I need to check whether we've already talked about (WIFE). We talked
about (your recent / some of your recent) sexual partners, that is,
women you had sex with in the past 12 months. Is (WIFE) one of your
recent sexual partners that we already talked about?

Yes1
No5

{ ASKED IF R HAS AT LEAST ONE FORMER COHABITING PARTNER
FCNAME

EA-3. You may have already told me this, but please tell me the first name or
initials of (first of the other women / other woman / first of the women
/ woman) you lived with.

Name or initials _____

{ ASKED IF R HAS R HAS AT LEAST ONE FORMER COHABITING PARTNER and COHABITED
WITH ANY OF HIS 3 MOST RECENT PARTNERS IN THE LAST 12 MONTHS REPORTED IN
SECTION B

FCVERIFY

EA-4. I need to check whether we've already talked about (PARTNER). We talked
about (your recent / some of your recent) sexual partners, that is,
women you had sex with in the past 12 months. Is (PARTNER) one of your
recent sexual partners that we already talked about?

Yes1 (GO TO SECTION F)
No5

{ IF THERE ARE ANY FORMER WIVES OR FIRST COHABITING PARTNER TO DISCUSS HERE
{ IN SECTION E, CONTINUE; ELSE GO TO SECTION F.

Key Dates for Former Wives & First Cohabiting Partner (EB)

EBINTRO

EB-1. Now I'll ask you about your relationship with (WIFE/PARTNER).

{ ASKED IF R WAS EVER MARRIED TO THIS WOMAN

FWMAREND_M/FWMAREND_Y

EB-2. In what month and year were you and she married?

[HELP AVAILABLE]

{ ASKED IF R EVER MARRIED TO THIS WOMAN BUT MARRIAGE DATE = DK/RF

AGEMARRN

EB-3. How old were you when you and (WIFE/PARTNER) got married?

Age in years _____

{ ASKED IF R EVER MARRIED TO THIS WOMAN

LIVTOGN

EB-4. 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 (WIFE/PARTNER) live together before you got married?

[HELP AVAILABLE]

Yes1
No5 (GO TO EB-8 MARREND)

{ ASKED IF R EVER COHABITED WITH THIS WOMAN

STRTLIVE_M/STRTLIVE_Y

EB-5. In what month and year did you and she first start living together?

[HELP AVAILABLE]

{ ASKED IF R EVER COHABITED WITH THIS WOMAN, BUT START DATE = DK/RF

AGELIV

EB-6. How old were you when you and (WIFE/PARTNER) first started living together?

Age in years _____

{ COMPARE DATES OF FIRST MARRIAGE AND FIRST COHABITATION. IF RESPONDENT NEVER
{ MARRIED OR IF FIRST COHABITATION CAME BEFORE FIRST MARRIAGE, GO TO ENGAGTHN
{ EB-7. ELSE, IF FIRST COHABITATION CAME AFTER FIRST MARRIAGE, GO TO SECTION
{ F. ELSE, IF CAN'T TELL, ASK FSTUNION EB-6a.

{ ASKED IF R EVER COHABITED WITH THIS WOMAN

ENGAGTHN

EB-7. At the time you first started living together, were you and she engaged to be married or did you have definite plans to get married?

ENTER [1] if R both engaged and had definite plans to get married

- Yes, engaged to be married1
- Not engaged but had definite plans to get married3
- No, neither engaged nor had definite plans5

{ IF NEVER MARRIED TO THIS WOMAN, GO TO STOPLIVE EB-12

{ ASKED IF R EVER MARRIED TO THIS WOMAN

MARREND

EB-8. How did your marriage end?

[HELP AVAILABLE]

- Death of wife1
- Divorce2 (GO TO EB-10 DIVORFIN)
- Annulment3 (GO TO EB-11 ANNULLED)
- Separation4 (GO TO EB-12 STOPLIVE)

{ ASKED IF R EVER MARRIED TO THIS WOMAN AND MARRIAGE ENDED BY HER DEATH

WIFEDIED_M/WIFEDIED_Y

EB-9. In what month and year did (WIFE/PARTNER) die?

ENTER DATE, THEN GO TO EC SERIES

{ ASKED IF R EVER MARRIED TO THIS WOMAN AND MARRIAGE ENDED BY DIVORCE

DIVORFIN_M/DIVORFIN_Y

EB-10. In what month and year did your divorce become final?

[HELP AVAILABLE]

ENTER DATE, THEN GO TO STOPLIVE EB_12

{ ASKED IF R EVER MARRIED TO THIS WOMAN AND MARRIAGE ENDED BY ANNULMENT

ANNULLED_M/ANNULLED_Y

EB-11. In what month and year did your annulment take place?

{ ASKED IF [R EVER MARRIED TO THIS WOMAN AND [[MARRIAGE ENDED IN DIVORCE OR ANNULMENT] OR [R IS CURRENTLY SEPARATED FROM HER]]] OR IF R NEVER MARRIED TO THIS WOMAN BUT DID COHABIT WITH HER

STOPLIVE_M/STOPLIVE_Y

EB-12. In what month and year did you and (WIFE/PARTNER) last stop living together?

[HELP AVAILABLE]

Characteristics Wife/Partner (EC)

{ ASKED IF R EVER MARRIED TO OR LIVED WITH THIS WOMAN
FWPDOB_M/FWPD0B_Y

EC-1. Now I have some more questions about (WIFE/PARTNER).

In what month and year was she born?

{ ASKED IF R EVER MARRIED TO OR LIVED WITH THIS WOMAN AND
{ HER BIRTH DATE = DK/RF

FWPAGE

EC-2. How old was (WIFE/PARTNER) when (she died/ your divorce became final/your annulment took place/ you and she last stopped living together)?

Age in years _____

{ ASKED IF THIS WOMAN WAS R's FIRST WIFE OR COHABITING PARTNER
FWPHISP

EC-3. (Was/Is (WIFE/PARTNER) Hispanic or Latino, or of Spanish origin)?

Yes1
No5

{ ASKED IF THIS WOMAN WAS R's FIRST WIFE OR COHABITING PARTNER
FWPRACE

EC-4. Which of the groups shown on Card 2 describes (WIFE/PARTNER)'s racial background? Please select one or more groups.

[HELP AVAILABLE]

ENTER all that apply.

NOTE: If the respondent mentions a mixture of multiple races (e.g. biracial, mixed, mulatto), PROBE for and CODE all racial groups that are part of the mix.

- American Indian or Alaska Native1
- Asian2
- Native Hawaiian or Other Pacific Islander3
- Black or African American4
- White5

{ ASKED IF THIS WOMAN WAS R's FIRST WIFE OR COHABITING PARTNER AND MORE THAN
{ ONE RACE GROUP MENTIONED

FWPRACEB

EC-5. Which of these groups, that is (RESPONSES IN FWPRACE), would you say best describes your (WIFE/PARTNER)'s racial background?

[HELP AVAILABLE]

{DISPLAY ONLY CATEGORIES MENTIONED FROM FWPRACE EC-4

{ ASKED IF R EVER MARRIED TO OR LIVED WITH THIS WOMAN

FWPMARBF

EC-6. At the time you and she (were married/ started living together), had she ever been married (before)?

[HELP AVAILABLE]

Yes1

No5

Biological Children with Former Wife/Cohabiting Partner (ED)

{ ASKED OF ALL WHO HAVE A FORMER WIFE OR COHABITING PARTNER COVERED IN SECTION E

FWPBIOKID

ED-1. Now I have some questions about children that you and (WIFE/PARTNER) may have had together. By this I mean that you were the biological father and she was the biological mother.

Did you and (WIFE/PARTNER) ever have a child together?

Include all children R and his former wife/partner had together, regardless of whether they were married at the time or whether they raised the child(ren) themselves or placed the child(ren) for adoption.

Yes1

No5 (GO TO SECTION EE)

{ ASKED IF THEY HAD CHILD/REN

FWPNUMKD

ED-2. Altogether, how many children did you have together?

[HELP AVAILABLE]

Number of children _____

{ ASKED IF THEY HAD CHILD/REN

FWPCHNAM

ED-3. What is the first name or initials of (this child/each of these children)?

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

{SET UP LOOP TO ASK ABOUT EACH CHILD

{ ASKED IF MORE THAN ONE CHILD

EDINTRO2

ED-4. Let's talk about (CHILD NAME).

FWPCHSEX

ED-5. *If necessary, ASK:* (Is (CHILD) male or female?)

Male1

Female2

FWPCHDOB_MO/FWPCHDOB_YR

ED-6. In what month and year was (CHILD) born?

{ ASKED IF BIRTHDAY OF THIS CHILD IS SAME AS PREVIOUSLY MENTIONED CHILD
MULTBIRT

ED-7. The birthday of this child is the same as (ANOTHER CHILD'S NAME),
was this a multiple birth?

Yes1 (GO TO ED-11 FWPCHLIV)
No5

{ ASKED IF THEY WERE MARRIED AND CAN'T TELL FROM DATES WHETHER MARRIAGE OR
{ CHILDBIRTH CAME FIRST

FWCHMARB

ED-8. Were you married to (WIFE/PARTNER) at the time of the birth?

[HELP AVAILABLE]

Yes1 (GO TO ED-11 FWPCHLIV)
No5

{ ASKED IF COHABITED WITH THIS WOMAN OR (IF MARRIED) NOT MARRIED TO
{ HER AT CHILDBIRTH, BUT HAD PREMARITALLY COHABITED

FWPCHRES

ED-9. Were you living together with (WIFE/PARTNER) at the time of the birth?

[HELP AVAILABLE]

Yes1 (GO TO ED-11 FWPCHLIV)
No5

{ ASKED IF NOT MARRIED TO OR LIVING WITH WOMAN AT TIME OF BIRTH OR DK/RF
FWPCHLRN

ED-10. When did you find out that (WIFE/PARTNER) was pregnant? Was it
during the pregnancy or after the child was born?

During the pregnancy1
After the child was born2

{ ASKED ABOUT ALL CHILDREN

FWPCHLIV

ED-11. Please look at Card 61. Where does (CHILD) usually live now?

[HELP AVAILABLE]

ENTER all that apply.

If child lives with R part-time, PROBE: Where else does this child live?

In this household full-time1
In this household part-time2
With his/her mother3
Away at school or college4
Living on own5
Living with other relatives6
Deceased7
Placed for adoption or adopted8

Placed in foster care9
Someplace else10

{ ASKED IF CHILD IS ALIVE AND CHILD'S DATE OF BIRTH IS MISSING

FWPCHAGE

ED-12. How old is (CHILD NAME) now? Is [he/she] less than 5 years old, 5 to 18 years old, or 19 years or older?

Less than 5 years old1
5-18 years old2
19 years or older3

{ ASKED IF CHILD < 19 YEARS AND BORN OUT OF WEDLOCK, BUT NOT DEAD, ADOPTED,
{ OR IN FOSTER CARE

FWPCHSIG

ED-13a. Did you ever sign the application for {CHILD'S NAME}'s birth certificate or sign a statement that legally says you are {CHILD'S NAME}'s father?

Yes1
No5

{ ASKED IF CHILD < 19 YEARS AND BORN OUT OF WEDLOCK, BUT NOT DEAD, ADOPTED,
{ OR IN FOSTER CARE

FWPCHCRT

ED-13b. Did you have to go to court to establish that you are {CHILD'S NAME}'s legal father?

Yes1
No5

{ ASKED IF CHILD < 19 YEARS AND BORN OUT OF WEDLOCK, BUT NOT DEAD, ADOPTED,
{ OR IN FOSTER CARE

FWPCHGEN

ED-14. Were you legally identified by a blood test or other genetic test as {CHILD'S NAME}'s father?

Yes1
No5

{ IF RESPONDENT LIVES WITH CHILD, GO TO FWPRWANT ED-18

{ ASKED IF CHILD < 19 AND NOT DEAD, ADOPTED, OR IN FOSTER CARE AND
{ R DIDN'T LIVE WITH CHILD AT BIRTH AND DOESN'T LIVE WITH CHILD NOW

FWPCHEVR

ED-15. Did you ever live with (CHILD)?

Yes1
No5

{ ASKED IF CHILD <19 AND NOT DEAD, ADOPTED OR IN FOSTER CARE AND
{ DOESN'T LIVE WITH R NOW

FWPCHFAR

ED-16. About how many miles away from here does (child) live?

Number of miles _____

ENTER 0 if less than 1 mile

{ ASKED IF R CHILD LE 18 AND R WAS MARRIED TO/LIVING WITH MOTHER
{ OR KNEW ABOUT PREGNANCY BEFORE THE BIRTH;
{ ASKED EVEN IF CHILD IS DEAD, ADOPTED, IN FOSTER CARE

FWPRWANT

ED-17. Please look at Card 58. Right before (WIFE/PARTNER) became pregnant with (CHILD'S NAME), did you, yourself, want to have a child at some time in the future?

[HELP AVAILABLE]

NOTE: If R says that he already had a child, SAY Right before she became pregnant, did you, yourself, want to have another child at some time in the future?

♦ ENTER [Ctrl+D] if R insists.

- Definitely yes1
- Probably yes2
- Probably no3 (GO TO ED-19 FWPHPYPG)
- Definitely no4 (GO TO ED-19 FWPHPYPG)

{ ASKED IF R CHILD < 19 AND R WAS MARRIED TO/LIVING WITH MOTHER
{ OR KNEW ABOUT PREGNANCY BEFORE THE BIRTH AND R DEFINITELY OR
{ PROBABLY WANTED A CHILD
{ ASKED EVEN IF CHILD IS DEAD, ADOPTED, IN FOSTER CARE

FWPSOON

ED-18. Would you say that the pregnancy came sooner than you wanted, at about the right time, or later than you wanted?

[HELP AVAILABLE]

- Too soon1
- Right time2
- Later3
- Didn't care4

{ ASKED IF THE PREGNANCY CAME TOO SOON
{ R CAN ANSWER IN MONTHS OR YEARS.

FWPSOONN/ FWPSOONMY

ED-18a. How much sooner than you wanted did the pregnancy occur?
Number and (Month/years) _____

{ ASKED IF THE PREGNANCY CAME LATER THAN WANTED
{ R CAN ANSWER IN MONTHS OR YEARS

FWPLATEN/ FWPLATEMY

ED-18c. How much later than you wanted did the pregnancy occur?
Number and (Months/Years) _____

{ ASKED IF CHILD IS AGE 18 OR YOUNGER AND R WAS MARRIED
{ TO/LIVING WITH MOTHER OR KNEW ABOUT PREGNANCY BEFORE THE BIRTH

{ ASKED EVEN IF CHILD IS DEAD, ADOPTED, IN FOSTER CARE

FWHPYPG

ED-19. Please look at Card 59. On this scale, a zero means that you were very unhappy about that pregnancy, and a ten means that you were very happy about that pregnancy. Tell me which number on the card best describes how you felt when you found out that (WIFE/PARTNER) was pregnant that time.

Number from 0 to 10 _____

{ RETURN TO BEGINNING OF LOOP TO ASK ABOUT NEXT CHILD, IF ANY

Other Children -- Former Wife/Partner's Children (EE)

{ ASKED IF INFORMATION ABOUT THIS FORMER WIFE OR THE 1ST COHABITING

{ PARTNER NOT COLLECTED IN PREVIOUS SECTIONS

FWPOTKID

EE-1. Now I would like to ask you about any other children, whether biological, adopted, foster or legally guarded children, that (WIFE/PARTNER) may have had. Please be sure to include all of her children, even if they never lived with you.

When you began living with (WIFE/PARTNER), did she have any other children?

Yes1

No5 (GO TO SECTION EF)

{ ASKED IF THIS WIFE/PARTNER HAD CHILDREN WHEN R BEGAN LIVING WITH HER

FWPOKNUM

EE-2. How many children did she have?

Number of children _____

{ ASKED IF THIS WIFE/PARTNER HAD CHILDREN WHEN R BEGAN LIVING WITH HER

FWPOKWTH

EE-3. (Did this child/Did any of these children) ever live with you?

Yes1

No5 (GO TO SECTION EF)

{ ASKED IF THIS WIFE/PARTNER HAD MORE THAN 1 CHILD WHEN R BEGAN LIVING

{ WITH HER

FWPOKWTHN

EE-4. How many of these children lived with you?

Number of children _____

{ SET UP LOOP TO ASK FOR EACH CHILD WITH WHOM HE LIVED

{ ASKED IF R LIVED EVER WITH ANY OF THIS WIFE/1ST COHABITING PARTNER'S

{ CHILDREN

FWPOKNAM

EE-5. What is the first name or initials of (this child/each of these children/one of these children)?

Name/ initials _____ **(NO NAMES OR INITIALS ARE PLACED ON**

THE FINAL DATA FILE.)

{ ASKED FOR EACH CHILD OF R'S FORMER WIFE/PARTNER WHO LIVED WITH HIM

FWPOKSEX

EE-6. (Thinking now of (CHILD'S NAME), is/Is) this child male or female?

Male1

Female2

FWPOKAD

EE-7. Did you legally adopt (CHILD'S NAME) or become (CHILD'S NAME)'s legal guardian?

[HELP AVAILABLE]

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

Yes, adopted 1

Yes, became guardian 3

No, neither 5 (GO TO FWPOKAGE)

{ ASKED IF R ADOPTED OR BECAME LEGAL GUARDIAN FOR THIS CHILD

FWPOKLIV

EE-8. Please look at Card 62. Where does this child usually live now?

ENTER all that apply

If child lives with R part-time, PROBE: Where else does this child live?

In this household full-time1

In this household part-time2

With his/her biological parent(s).....3

Away at school or college4

Living on own5

Living with other relatives6

Deceased7

Someplace else8

RANGE CHECK: 1, 7 CANNOT BE COMBINED WITH ANY OTHER RESPONSES

{ ASKED IF R ADOPTED OR BECAME LEGAL GUARDIAN FOR THIS CHILD,
{ THE CHILD IS NOT DECEASED, AND CHILD DOES NOT LIVE IN R'S HH

FWPOKFAR

EE-9. About how many miles away from here does (CHILD'S NAME) live?

Number of miles _____

ENTER 0 if less than 1 mile

{ ASKED IF CHILD LIVED WITH R

FWPOKAGE

EE-10. How old is (CHILD'S NAME) now?

Age in years at last birthday _____

ENTER 0 if less than 1 year old.

ENTER [96] if R volunteers that child is deceased

{ RETURN TO BEGINNING OF LOOP TO ASK ABOUT NEXT CHILD, IF ANY

Other Nonbiological Children (EF)

FWPNBEVR

EF-1. Besides any children that we may have talked about already, did you and (WIFE/PARTNER) ever have any other children live with you under your care and responsibility? Please do not include any of your biological children, (WIFE/PARTNER)'s biological children, or children from previous relationships.

[HELP AVAILABLE]

IF NECESSARY, SAY: By this I mean that neither you nor (WIFE/PARTNER) are the child's biological parents, but you served as a formal or informal guardian to the child or that you were chiefly responsible for the child's care.

Yes1
No5 (GO TO SECTION F)

FWPNBNUM

EF-2. How many children?

Number of children _____

FWPNBNAM

EF-3. What is the first name or initials of (this child/each of these children)?

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

{ SET UP LOOP TO ASK ABOUT EACH CHILD WITH WHOM HE LIVED

{ ASKED FOR EVERY CHILD UNDER R'S AND PREVIOUS WIFE'S CARE

FWPNBREL

EF-4. When (CHILD'S NAME) began living with you, was he or she the child of a relative by blood or by marriage?

[HELP AVAILABLE]

Yes 1
No 5

{ ASKED FOR EVERY CHILD UNDER R'S AND PREVIOUS WIFE'S CARE

FWPNBFOS

EF-5. Was (CHILD'S NAME) a foster or related child who was placed in your home by a court, child welfare department, or social service agency?

[HELP AVAILABLE]

Yes 1
No 5

{ ASKED FOR EVERY CHILD UNDER R'S AND PREVIOUS WIFE'S CARE

FWPNBSEX

EF-6. Is (CHILD'S NAME) male or female?

- Male1
- Female2

{ ASKED FOR EVERY CHILD UNDER R'S AND PREVIOUS WIFE'S CARE

FWPNBAD

EF-7. Did you legally adopt (CHILD'S NAME) or become (CHILD'S NAME) legal guardian?

[HELP AVAILABLE]

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

- Yes, adopted1
- Yes, became guardian..3
- No, neither.....5

{ ASKED IF R ADOPTED THIS CHILD OR BECAME THIS CHILD'S LEGAL GUARDIAN

FWPNBLIV

EF-8. Please look at Card 62. Where does (CHILD'S NAME) usually live now?

ENTER all that apply

If child lives with R part-time, PROBE: Where else does this child live?

- In this household full-time1
- In this household part-time2
- With his/her biological parent(s)3
- Away at school or college4
- Living on own5
- Living with other relatives6
- Deceased7
- Someplace else8

RANGE CHECK: 1,7 CANNOT BE COMBINED WITH ANY OTHER RESPONSES

{ ASKED IF ADOPTED OR LEGALLY GUARDED CHILD IS NOT DECEASED AND NOT IN R'S HH

FWPNBFAR

EF-9. About how many miles away from here does (CHILD'S NAME) live?

Number of miles _____
ENTER 0 if less than 1 mile

{ ASKED IF CHILD LIVED WITH R

FWPNBAGE

EF-10. How old is (CHILD'S NAME) now?

Age in years _____
ENTER 0 if less than 1 year old.
ENTER [96] if R volunteers that child is deceased

{ RETURN TO BEGINNING OF LOOP TO DISCUSS NEXT CHILD, IF ANY.
{ ELSE, RETURN TO BEGINNING OF SECTION EB TO DISCUSS NEXT FORMER WIFE OR

{ COHABITING PARTNER, IF ANY.
{ ELSE, IF NO OTHER FORMER WIFE OR COHABITING PARTNER TO DISCUSS, GO TO
{ SECTION F

SECTION F

OTHER BIOLOGICAL CHILDREN, OTHER ADOPTED CHILDREN, OTHER PREGNANCIES

{ IF ALL SEXUAL PARTNERS OF THE RESPONDENT HAVE BEEN DISCUSSED ALREADY AND:
{ AGE < 18, GO TO SECTION FC
{ AGE >= 18, GO TO SECTION FB
{ IF NEVER HAD SEX AND:
{ AGE < 18 GO TO SECTION H
{ AGE >=18 GO TO SECTION FB

Other biological children with nonmarital partners (FA)

{ ASKED IF R HAS HAD SEX AND HAS MORE SEXUAL PARTNERS THAN HAVE BEEN
{ DISCUSSED IN SECTIONS C-E

OTBCHIL

FA-1. Now, I would like to ask you about (other) biological children you may have had with any other sexual partners you never married. (Not counting any children we already talked about, as/As) far as you know, have you had any other biological children?

Yes1
No5 (GO TO FA-2 OTBPROBE)

{ ASKED IF OTBCHIL=NO OR DK/RF

OTBPROBE

FA-2. Could you have fathered a child with a sexual partner and you didn't know about it?

Yes1 (GO TO SECTION FB)
No5 (GO TO SECTION FB)

{ ASKED IF R HAS HAD CHILDREN WITH OTHER SEXUAL PARTNERS**OTBCHILN**

FA-3. How many (biological/ other biological) children have you had?

Number of children _____

OTBCHNAM

FA-4. What is the first name or initials of (this child/each of these children)?

Child's name/initials _____ **(NO NAMES OR INITIALS ARE PLACED ON THE FINAL DATA FILE.)**

{ ASKED IF MORE THAN ONE CHILD REPORTED

OTBSAME

FA-5. Do these children have the same biological mother?

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

OTBMOMX

FA-6. What is the first name or initials of (CHILD'S NAME /THEIR) biological

mother?

Mother's name/initials _____ (NO NAMES OR INITIALS ARE PLACED ON THE FINAL DATA FILE.)

{ SET UP LOOP TO ASK ABOUT EACH CHILD

DISPLAY FOR INTERVIEWER:

These children are displayed for the interviewer's reference only.

[CHILD'S NAME] is the child of [MOTHER'S NAME]

FAINTRO

FA-7. Let's talk about (CHILD'S NAME)

OBCSEX

FA-8. If necessary, ASK: (Is (CHILD'S NAME) male or female?)

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

OBCDOB_M/OBCDOB_Y

FA-9. In what month and year was (CHILD'S NAME) born?

{ ASKED IF BIRTHDAY OF THIS CHILD SAME AS PREVIOUS CHILD

MULTBIRT

FA-10. The birthday of this child is the same as (ANOTHER CHILD'S NAME). Was this a multiple birth?

Yes1 (GO TO FA-12 OBCLIVE)
No5

OBCMAGEX

FA-11. When (CHILD'S NAME) was born, how old was (MOTHER'S NAME)?

Age in years _____

OBCMLIV

FA-12. Were you living together with (MOTHER'S NAME) at the time of the birth?

[HELP AVAILABLE]

Yes1 (GO TO FA-14 OBCLIVEX)
No5

{ ASKED IF NOT LIVING WITH WOMAN AT TIME OF BIRTH

OBCKNOWX

FA-13. When did you find out that (MOTHER'S NAME) was pregnant? Was it during the pregnancy or after the child was born?

During the pregnancy.....1
After the child was born.....2

{ ASKED ABOUT ALL CHILDREN

OBCLIVEX

FA-14. Please look at Card 61. Where does (CHILD'S NAME) usually live now?

[HELP AVAILABLE]

ENTER all that apply.

If child lives with R part-time, PROBE: Where else does this child live?

- In this household full-time1
- In this household part-time2
- With his/her mother3
- Away at school or college4
- Living on own5
- Living with other relatives6
- Deceased7
- Placed for adoption or adopted8
- Placed in foster care9
- Someplace else10

RANGE CHECK: 1,7,8,9 CANNOT BE COMBINED WITH ANY OTHER RESPONSES.

{ ASKED IF CHILD ALIVE AND CHILD'S DATE OF BIRTH MISSING

OBCAGE

FA-15. How old is (CHILD'S NAME) now? Is [he/she] less than 5 years old, 5 to 18 years old, or 19 years or older?

- Less than 5 years old1
- 5-18 years old2
- 19 years or older3

{ ASKED IF CHILD < 19 YEARS AND BUT NOT DEAD, ADOPTED, OR IN FOSTER CARE

OBCCHSIG

FA-16a. Did you ever sign the application for {CHILD'S NAME}'s birth certificate or sign a statement that legally says you are {CHILD'S NAME}'s father?

- Yes1
- No5

{ ASKED IF CHILD < 19 YEARS AND BUT NOT DEAD, ADOPTED, OR IN FOSTER CARE

OBCCHCRT

FA-16b. Did you have to go to court to establish that you are {CHILD'S NAME}'s legal father?

- Yes1
- No5

{ ASKED IF CHILD < 19 YEARS BUT NOT DEAD, ADOPTED, OR IN FOSTER CARE

OBCCHGEN

FA-17. Were you legally identified by a blood test or other genetic test as {CHILD'S NAME}'s father?

- Yes1
- No5

{ IF RESPONDENT LIVES WITH CHILD, GO TO OBCRWANX FA-21

{ ASKED IF CHILD < 19 AND NOT DEAD, ADOPTED, OR IN FOSTER CARE AND
{ DOESN'T LIVE WITH R NOW

OBCEVER

FA-18. Did you ever live with (CHILD'S NAME)?

Yes.....1

No.....5

{ ASKED IF CHILD < 19 AND NOT DEAD, ADOPTED OR IN FOSTER CARE AND
{ DOESN'T LIVE WITH R NOW

OBCFAR

FA-19. About how many miles away from here does (CHILD'S NAME) live?

Number of miles _____
ENTER 0 if less than 1 mile

{ ASKED IF R CHILD IS < 19 AND R WAS LIVING WITH MOTHER OR KNEW ABOUT
{ PREGNANCY BEFORE THE BIRTH;
{ ASKED EVEN IF CHILD IS DEAD, ADOPTED, IN FOSTER CARE

OBCRWANX

FA-20. Please look at Card 58. Right before (PARTNER) became pregnant
with (CHILD'S NAME), did you, yourself, want to have a child at
some time in the future?

[HELP AVAILABLE]

□□If R insists he does not know, enter [Ctrl] + [D]"

*NOTE: If R says that he already had a child, SAY: Right before
she became pregnant, did you, yourself, want to have another child
at some time in the future?*

Definitely yes1

Probably yes2

Probably no3 (GO TO FA-22 OBCHPYX)

Definitely no4 (GO TO FA-22 OBCHPYX)

{ ASKED IF R CHILD IS < 19 AND R WAS LIVING WITH MOTHER OR KNEW ABOUT
{ PREGNANCY BEFORE THE BIRTH AND R DEFINITELY OR PROBABLY WANTED A CHILD;
{ ASKED EVEN IF CHILD IS DEAD, ADOPTED, IN FOSTER CARE

OBCSOONX

FA-21. Would you say that the pregnancy came sooner than you wanted, at
about the right time, or later than you wanted?

[HELP AVAILABLE]

Too soon1

Right time2

Later3

Didn't care4

{ ASKED IF THE PREGNANCY CAME TOO SOON
{ R CAN ANSWER IN MONTHS OR YEARS

OBCSOONN/OBCSOONMY

FA-21a. How much sooner than you wanted did the pregnancy occur?

Number and (Month/years) _____

{ ASKED IF THE PREGNANCY CAME LATER THAN WANTED
{ R CAN ANSWER IN MONTHS OR YEARS

OBCLATEN/OBCLATEMY

FA-21c. How much later than you wanted did the pregnancy occur?

♦ Number and (Months/Years)_____

{ ASKED IF R CHILD IS < 19 AND R WAS LIVING WITH MOTHER OR
{ KNEW ABOUT PREGNANCY BEFORE THE BIRTH;
{ ASKED EVEN IF CHILD IS DEAD, ADOPTED, IN FOSTER CARE

OBCHPYX

FA-22. Please look at Card 59. On this scale, a zero means that you were very unhappy about that pregnancy, and a ten means that you were very happy about that pregnancy. Tell me which number on the card best describes how you felt when you found out that (MOTHER'S NAME) was pregnant that time.

Number from 0 to 10 _____

{ RETURN TO BEGINNING OF LOOP TO DISCUSS NEXT CHILD, IF ANY

Other Nonbiological Children (FB)

{ ASKED OF Rs 18 AND OLDER

OTACHIL

FB-1. The next question is about (children/ other children) who may have lived with you under your care and responsibility, but you were not their biological father. By this I mean that you served as a formal or informal guardian to the child or that you were chiefly responsible for the child's care.

[HELP AVAILABLE]

(Besides any children that we may have talked about already, have/Have) you ever had any (children/other children) like this under your care and responsibility?

Yes1
No5 (GO TO SECTION FC)

OTACHILN

FB-2. (Besides any children that we may have talked about already, how/How) many (children/other children), who were not your biological children, have ever lived with you under your care and responsibility?

Number of children _____

OTNBNAM

FB-3. What is the first name or initials of (this child/each of these children)?

Child's name/initials _____ **(NO NAMES OR INITIALS ARE PLACED ON THE FINAL DATA FILE.)**

{ SET UP LOOP TO ASK ABOUT EACH NAMED CHILD

{ ASKED FOR EVERY CHILD UNDER R'S CARE

OTNBREL

FB-4. (Thinking now of (CHILD'S NAME), when/When) (CHILD'S NAME) began living with you, was he or she the child of a relative by blood or by marriage?

[HELP AVAILABLE]

Yes 1
No 5

{ ASKED FOR EVERY CHILD UNDER R'S CARE

OTNBFOS

FB-5. Was (CHILD'S NAME) a foster or related child who was placed in your home by a court, child welfare department, or social service agency?

[HELP AVAILABLE]

Yes 1
No 5

{ ASKED FOR EVERY CHILD UNDER R'S CARE

OTNBSEX

FB-6. Is (CHILD'S NAME) male or female?

Male1
Female2

{ ASKED FOR EVERY CHILD UNDER R'S CARE

OTNBAD

FB-7. Did you legally adopt (CHILD'S NAME) or become (CHILD'S NAME)'s legal guardian?

[HELP AVAILABLE]

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

Yes, adopted1
Yes, became guardian..3
No, neither.....5

{ ASKED IF R ADOPTED THIS CHILD OR BECAME THIS CHILD'S LEGAL GUARDIAN

OTNBLIV

FB-8. Please look at Card 62. Where does (CHILD'S NAME) usually live now?

ENTER all that apply

If child lives with R part-time, PROBE: Where else does this child live?

- In this household full-time1
- In this household part-time2
- With his/her biological parent(s)3
- Away at school or college4
- Living on own5
- Living with other relatives6
- Deceased7
- Someplace else8

RANGE CHECK: 1, 7 CANNOT BE COMBINED WITH ANY OTHER RESPONSES

{ ASKED IF ADOPTED OR LEGALLY GUARDED CHILD IS NOT DECEASED AND NOT IN R's HH
OTNBFAR

FB-9. About how many miles away from here does (CHILD'S NAME) live?

Number of miles _____
ENTER 0 if less than 1 mile

{ ASKED IF CHILD LIVED WITH R
OTNBAGE

FB-10. How old is (CHILD'S NAME) now?

Age in years _____
ENTER 0 if less than 1 year
ENTER [96] if R volunteers that child is deceased

{ RETURN TO BEGINNING OF LOOP TO ASK ABOUT NEXT CHILD, IF ANY
{ IF NO MORE CHILDREN TO DISCUSS, GO TO SECTION FC

Other Pregnancies, Total Pregnancies, and Number of Sexual Partners (FC)

{ IF R NEVER HAD SEX, BUT DOES HAVE ADOPTED CHILD/REN GO TO SECTION G
{ ELSE GO TO SECTION H

OTPREG

FC-1. Sometimes pregnancies do not result in a live birth, but end in miscarriage, stillbirth, or abortion. As far as you know, have you ever had a pregnancy with a woman that ended in miscarriage, stillbirth, or abortion?

[HELP AVAILABLE]

- Yes1 (GO TO FC-3 OTPRGN)
- No5

{ ASKED IF OTPREG= NO OR DK/RF
OTPRGPRB

FC-2. Could you have ever had a pregnancy like this with a woman that you didn't know about?

Yes1 (GO TO FC-8 TOTPRG)

No5 (GO TO FC-8 TOTPRG)

OTPRGN

FC-3. How many pregnancies (did you have that did not result in live birth)?

Number of pregnancies _____

{ ASKED IF ONLY ONE PREGNANCY

OTPRGEND

FC-4. Please look at Card 63. In which of the ways shown on this card did that pregnancy end?

Miscarriage.....1 (GO TO FC-8 TOTPRG)

Stillbirth.....2 (GO TO FC-8 TOTPRG)

Abortion.....3 (GO TO FC-8 TOTPRG)

{ ASKED IF MORE THAN ONE PREGNANCY

OTMSN

FC-5. How many pregnancies ended in miscarriage?

[HELP AVAILABLE]

Number of pregnancies _____

{ ASKED IF MORE THAN ONE PREGNANCY

OTSTN

FC-6. How many pregnancies ended in stillbirth?

[HELP AVAILABLE]

Number of pregnancies _____

{ ASKED IF MORE THAN ONE PREGNANCY

OTABN

FC-7. How many pregnancies ended in abortion?

[HELP AVAILABLE]

Number of pregnancies _____

{ Asked if R has ever fathered a nonlivebirth pregnancy

AGENONLB

FC-7a. IF OTPREGS = 1, ASK:

When you had this pregnancy that did not end with a live birth, how old were you when the pregnancy ended?

ELSE IF OTPREGS > 1, ASK:

Thinking of the first time you ever had a pregnancy with a woman that did not end with a live birth, how old were you when this pregnancy ended?

Age in years _____

{ Asked if R has ever fathered a nonlivebirth pregnancy

HERAGENLB

FC-7b. Thinking of this same pregnancy, how old was the mother when this pregnancy ended?

Age in years _____

TOTPRG

FC-8. Altogether, including pregnancies that ended in live birth, pregnancies that ended in miscarriage, stillbirth, or abortion, and pregnancies that are ongoing, as far as you know, how many times have you ever made someone pregnant?

[HELP AVAILABLE]

Number of pregnancies _____

Establishment of Duplicate Children and Chronologically Arranged Variables for Biological Children (FD)

DUPLIST

FD-1. Before we move on to some other questions about the children you've told me about, let's make sure we have things right.

These are some children that may have been listed more than once. There's ...

(BKIDNAM[X]) is your biological (daughter/son), age (BKIDAGE[X])
(BKIDNAM[X]) is your biological (daughter/son), age (BKIDAGE[X])

ALLOW AS MANY ENTRIES AS THERE ARE DUPLICATE CHILDREN AMONG THE BIODIDS NUMBER OF CHILDREN

Have we listed any of these children more than once?

Yes1
No5 (Flow Check F-23)

{ ASKED IF CHILD LISTED MORE THAN ONCE

DUPCHECK

FD-2. Which child has been listed more than once?

1. (BKIDNAM[X]) is your biological (daughter/son), age (BKIDAGE[X])
2. (BKIDNAM[X]) is your biological (daughter/son), age (BKIDAGE[X])

ENTER all that apply.

Numbers of partners in lifetime & last 12 months (FE)

{ IF RESPONDENT HAD FEWER THAN 7 SEX PARTNERS IN HIS LIFE, GO TO SECTION G

{ ASKED ONLY IF RESPONDENT HAD 7 OR MORE SEXUAL PARTNERS IN HIS LIFETIME
NUMLIFE

FE-1. Altogether, how many different females have you ever had intercourse with? This includes any female you had intercourse with, even if it was only once or if you did not know her well.

[HELP AVAILABLE]

Number of partners _____

**{ IF RESPONDENT HAD FEWER THAN 7 SEXUAL PARTNERS IN THE LAST 12 MONTHS,
{ GO TO SECTION G**

{ ASKED ONLY IF RESPONDENT HAD 7 OR MORE SEXUAL PARTNERS IN LAST 12 MONTHS
NUM12MO

FE-2. Altogether, how many different females have you had sexual intercourse with in the past 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1)?

[HELP AVAILABLE]

Number of partners _____

SECTION G

FATHERING

{ IF RESPONDENT HAS NO CHILDREN UNDER AGE 19 IN HIS HH AND NO BIOLOGICAL
{ OR ADOPTED CHILDREN UNDER AGE 19 WHO LIVE ELSEWHERE, GO TO SECTION H

{ IF RESPONDENT HAS NO CHILDREN UNDER AGE 19 IN HIS HH, BUT HAS BIOLOGICAL
{ OR ADOPTED CHILDREN UNDER AGE 19 WHO LIVE ELSEWHERE, GO TO SECTION GB

{ Up to two focal children are selected in this series, one residential and one nonresidential. If more than one child fits either category, then the focal child is the youngest one.

Residential Children (GA)

INTRO_G

GA-00. Now I would like to ask you some questions about the child/children who live(s) with you. (To make it easier for you, the computer will select 1 child to ask about.)

{ FOR R WITH ANY RESIDENTIAL CHILD(REN)

GAINTRO

GA-0. I would like to ask some questions about your [son/daughter/child].[NAME] who is [AGE] years old.

{ IF [Residential Focal Child] is aged 0-4 then go to GA-1 ROUTG04
{ IF [Residential Focal Child] is aged 5-18 then go to GA-14 ROUTG518

{ ASKED IF RESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD

ROUTG04

GA-1. Please look at card 65.(In the last four weeks, how often did you...) Spend time with [NAME] on an outing away from home to places such as museums, zoos, movies, sports, playground, park, etc.?

- Not at all1
- Less than once a week2
- About once a week3
- Several times a week4
- Every day (at least once a day)5

{ ASKED IF RESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD

RMEAL04

GA-2. (In the last four weeks, how often did you...) Eat evening meals together with [NAME]?

- Not at all1
- Less than once a week2
- About once a week3
- Several times a week4
- Every day (at least once a day)5

{ ASKED IF RESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD

RERRAND04

GA-3. (In the last four weeks, how often did you...)
Take [NAME] along while doing errands like going to the grocery store, post office, or bank?

- Not at all1
- Less than once a week2
- About once a week3
- Several times a week4
- Every day (at least once a day)5

{ ASKED IF RESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD

RPLAY04

GA-4. (In the last four weeks, how often did you...)
Play with [NAME] or play games with [him/her]?

- Not at all1
- Less than once a week2
- About once a week3
- Several times a week4
- Every day (at least once a day)5

{ ASKED IF RESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD

RREAD04

GA-5. (In the last four weeks, how often did you...)
Read to [NAME]?

- Not at all1
- Less than once a week2
- About once a week3
- Several times a week4
- Every day (at least once a day)5

{ ASKED IF RESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD

RAFFECT04

GA-6. (In the last four weeks, how often did you...)
Show [NAME] physical affection (kiss, hug, stroke hair, etc.)?

- Not at all1
- Less than once a week2
- About once a week3
- Several times a week4
- Every day (at least once a day)5

{ ASKED IF RESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD

RPRAISE04

GA-7. (In the last four weeks, how often did you...)
Praise [NAME] for doing something worthwhile?

- Not at all1
- Less than once a week2
- About once a week3
- Several times a week4
- Every day (at least once a day)5

{ ASKED IF RESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD

RFEED04

GA-8. (In the last four weeks, how often did you...)
Feed [NAME]?

- Not at all1
- Less than once a week2
- About once a week3
- Several times a week4
- Every day (at least once a day)5

{ ASKED IF RESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD

RBATH04

GA-9. (In the last four weeks, how often did you...)
Give [NAME] a bath?

- Not at all1
- Less than once a week2
- About once a week3
- Several times a week4
- Every day (at least once a day)5

{ ASKED IF RESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD

RDIAPER04

GA-10. (In the last four weeks, how often did you...)
Diaper or help [him/her] use the toilet?

- Not at all1
- Less than once a week2
- About once a week3
- Several times a week4
- Every day (at least once a day)5

{ ASKED IF RESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD

RBED04

GA-11. (In the last four weeks, how often did you...)
Put [him/her] to bed?

- Not at all1
- Less than once a week2
- About once a week3
- Several times a week4
- Every day (at least once a day)5

{ ASKED IF RESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD

RAPPT04

GA-12. (In the last four weeks, how often did you...)
Take [NAME] to or from appointments such as a doctor's visit?

- Not at all1
- Less than once a week2
- About once a week3
- Several times a week4
- Every day (at least once a day)5

{ ASKED IF RESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD

RDISC04

GA-13. Most children misbehave from time to time. In the last 4 weeks,
how often did you discipline [NAME] by putting [him/her] in time
out, taking away privileges, or spanking him/her?

- Not at all1

- Less than once a week2
- About once a week3
- Several times a week4
- Every day (at least once a day)5

{ ASKED IF RESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD

ROUTG518

GA-14. Please look at card 65. (In the last four weeks, how often did you...)
Spend time with [NAME] on an outing away from home to places such as museums, zoos, movies, sports, playground, park, etc.?

- Not at all1
- Less than once a week2
- About once a week3
- Several times a week4
- Every day (at least once a day)5

{ ASKED IF RESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD

RMEAL518

GA-15. (In the last four weeks, how often did you...)
Eat evening meals together with [NAME]?

- Not at all1
- Less than once a week2
- About once a week3
- Several times a week4
- Every day (at least once a day)5

{ ASKED IF RESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD

RERRAND518

GA-16. (In the last four weeks, how often did you...)
Take [NAME] along while doing errands like going to the grocery store, post office, or bank?

- Not at all1
- Less than once a week2
- About once a week3
- Several times a week4
- Every day (at least once a day)5

{ ASKED IF RESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD

RAFFECT518

GA-17. (In the last four weeks, how often did you...)
Show [NAME] physical affection (kiss, hug, stroke hair, etc.)?

- Not at all1
- Less than once a week2
- About once a week3
- Several times a week4
- Every day (at least once a day)5

{ ASKED IF RESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD

RPRAISE518

GA-18. (In the last four weeks, how often did you...)
Praise [NAME] for doing something worthwhile?

- Not at all1
- Less than once a week2
- About once a week3
- Several times a week4
- Every day (at least once a day)5

{ ASKED IF RESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD

RTAKE518

GA-19. (In the last four weeks, how often did you...)
Take [NAME] to or from activities?

- Not at all1
- Less than once a week2
- About once a week3
- Several times a week4
- Every day (at least once a day)5

{ ASKED IF RESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD

RAPPT518

GA-20. (In the last four weeks, how often did you...)
Take [NAME] to/from appointments such as doctor's visits?

- Not at all1
- Less than once a week2
- About once a week3
- Several times a week4
- Every day (at least once a day)5

{ ASKED IF RESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD

RHELP518

GA-21. (In the last four weeks, how often did you...)
Help your child with [his/her] homework or check that [he/she] did it?

- Not at all1
- Less than once a week2
- About once a week3
- Several times a week4
- Every day (at least once a day)5

{ ASKED IF RESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD

RDISC518

GA-22. Most children misbehave from time to time. In the last 4 weeks, how often did you discipline [NAME] by putting [him/her] in time out, taking away privileges, or spanking [him/her]?

- Not at all1
- Less than once a week2
- About once a week3
- Several times a week4
- Every day (at least once a day)5

{ ASKED IF RESIDENTIAL FOCAL CHILD IS 5-18 YEARS

RCLFR518

GA-23. Please look at card 65a. How much would you say that you know about [NAME]'s close friends?

- Knows everything1
- Knows most things2
- Knows some things3
- Knows a little4
- Knows nothing5

{ ASKED IF RESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD

RD0518

GA-24. How much would you say that you know about what [NAME] is doing when not at home?

- Knows everything1
- Knows most things2
- Knows some things3
- Knows a little4
- Knows nothing5

Nonresidential Children (GB)

{ GB SERIES ASKED ONLY IF R HAS A NON-RESIDENTIAL BIOLOGICAL OR ADOPTED CHILD WHO IS LESS THAN 18 YEARS OLD. IF R HAS NO BIOLOGICAL OR ADOPTED CHILDREN LIVING ELSEWHERE (NOT IN THE HH), GO TO SECTION H.

INTRO

GA-0a. I would like to ask you some questions about the children who do not live with you. To make it easier for you, the computer will select 1 child to ask about.

GBINTRO

GB-0. Here are some questions about your [AGE] [son/daughter/child], who does not live with you.

{ IF Nonresidential Focal Child is aged 0-4 then go to GB-1 NRVISIT04
{ IF Nonresidential Focal Child is aged 5-18 then go to GB-17 NRVISIT518

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD

NRVISIT04

GB-1. Please look at card 65. During the last 4 weeks, about how often did you see or have a visit with [NAME]?

- Not at all1
- Less than once a week2
- About once a week3
- Several times a week4
- Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD

NRSATVIS04

GB-2. Please look at card 67. On this scale, 0 means very dissatisfied and 10 means very satisfied. Overall, how satisfied are you with how often you see or have a visit with [NAME]?

Number from 0 to 10_____

{ IF R HAS NOT SEEN OR VISITED [Nonresidential Focal Child] IN LAST 4 WEEKS,
{ THEN GO TO GC-1 NRMONEY

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST

{ SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NROUTG04

GB-3. Please look at card 65. (In the last four weeks, how often did you...)

Spend time with [NAME] on an outing away from home to places such as museums, zoos, movies, sports, playground, park, etc.?

- Not at all1
- Less than once a week2
- About once a week3
- Several times a week4
- Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST { SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRMEAL04

GB-4. (In the last four weeks, how often did you...)

Eat evening meals together with [NAME]?

- Not at all1
- Less than once a week2
- About once a week3
- Several times a week4
- Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST { SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRERRAND04

GB-5. (In the last four weeks, how often did you...)

Take [NAME] along while doing errands like going to the grocery store, post office, or bank?

- Not at all1
- Less than once a week2
- About once a week3
- Several times a week4
- Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST { SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NROVRNT04

GB-6 . (In the last four weeks, how often did ...)

[NAME] stay overnight with you?

- Not at all1
- Less than once a week2
- About once a week3
- Several times a week4
- Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST { SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRPLAY04

GB-7. (In the last four weeks, how often did you...)

Play with [NAME] or play games with [him/her]?

- Not at all1
- Less than once a week2

- About once a week3
- Several times a week4
- Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST
 { SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRREAD04

GB-8. (In the last four weeks, how often did you...)
 Read to [NAME]?

- Not at all1
- Less than once a week2
- About once a week3
- Several times a week4
- Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST
 { SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRAFFECT04

GB-9. (In the last four weeks, how often did you...)
 Show [NAME] physical affection (kiss, hug, stroke hair, etc.)?

- Not at all1
- Less than once a week2
- About once a week3
- Several times a week4
- Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST
 { SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRPRAISE04

GB-10. (In the last four weeks, how often did you...)
 Praise [NAME] for doing something worthwhile?

- Not at all1
- Less than once a week2
- About once a week3
- Several times a week4
- Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST
 { SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRFEED04

GB-11. (In the last four weeks, how often did you...)
 Feed [NAME]?

- Not at all1
- Less than once a week2
- About once a week3
- Several times a week4
- Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST
 { SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRBATH04

GB-12. (In the last four weeks, how often did you...)
 Give [NAME] a bath?

- Not at all1
- Less than once a week2
- About once a week3
- Several times a week4
- Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST
 { SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRDIAPER04

GB-13. (In the last four weeks, how often did you...)
 Diaper or help [him/her] use the toilet?

- Not at all1
- Less than once a week2
- About once a week3
- Several times a week4
- Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST
 { SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRBED04

GB-14. (In the last four weeks, how often did you...)
 Put [him/her] to bed?

- Not at all1
- Less than once a week2
- About once a week3
- Several times a week4
- Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST
 { SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRAPPT04

GB-15. (In the last four weeks, how often did you...)
 Take [NAME] to or from appointments such as a doctor's visit?

- Not at all1
- Less than once a week2
- About once a week3
- Several times a week4
- Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST
 { SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRDISC04

GB-16. Most children misbehave from time to time. In the last 4 weeks,
 how often did you discipline [NAME] by putting [him/her]
 in time out, taking away privileges, or spanking him/her?

- Not at all1
- Less than once a week2
- About once a week3
- Several times a week4
- Every day (at least once a day)5

{ Go to GC-1 NRMONEY (child support)

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD

NRVISIT518

GB-17. Please look at card 65. During the last 4 weeks, about how often did you see or have a visit with [NAME]?

- Not at all1
- Less than once a week2
- About once a week3
- Several times a week4
- Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD

NRSATVIS518

GB-18. Please look at card 67. On this scale, 0 means very dissatisfied and 10 means very satisfied. Overall, how satisfied are you with how often you see or have a visit with [NAME]?

Number from 0 to 10_____

{ IF R HAS NOT SEEN OR VISITED [Nonresidential Focal Child] IN LAST 4 WEEKS,
{ THEN GO TO NRMONEY

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD AND R HAS HAD AT
{ LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NROUTG518

GB-19. Please look at card 65. (In the last four weeks, how often did you...)
Spend time with [NAME] on an outing away from home to places such as museums, zoos, movies, sports, playground, park, etc.?

- Not at all1
- Less than once a week2
- About once a week3
- Several times a week4
- Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD AND R HAS HAD AT
{ LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRMEAL518

GB-20. (In the last four weeks, how often did you...)
Eat evening meals together with [NAME]?

- Not at all1
- Less than once a week2
- About once a week3
- Several times a week4
- Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD AND R HAS HAD AT
{ LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRERRAND518

GB-21. (In the last four weeks, how often did you...)
Take [NAME] along while doing errands like going to the grocery store, post office, or bank?

- Not at all1
- Less than once a week2
- About once a week3

Several times a week4
Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD AND R HAS HAD AT
{ LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NROVRT518

GB-22. (In the last four weeks, how often did...)
[NAME] stay overnight with you?

Not at all1
Less than once a week2
About once a week3
Several times a week4
Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD AND R HAS HAD AT
{ LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRAFFECT518

GB-23. (In the last four weeks, how often did you...)
Show [NAME] physical affection (kiss, hug, stroke hair, etc.)?

Not at all1
Less than once a week2
About once a week3
Several times a week4
Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD AND R HAS HAD AT
{ LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRPRAISE518

GB-24. (In the last four weeks, how often did you...)
Praise [NAME] for doing something worthwhile?

Not at all1
Less than once a week2
About once a week3
Several times a week4
Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD AND R HAS HAD AT
{ LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRTAKE518

GB-25. (In the last four weeks, how often did you...)
Take [NAME] to or from activities?

Not at all1
Less than once a week2
About once a week3
Several times a week4
Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD AND R HAS HAD AT
{ LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRAPPT518

GB-26. (In the last four weeks, how often did you...)
Take [NAME] to or from appointments such as doctor's visits?

Not at all1

- Less than once a week2
- About once a week3
- Several times a week4
- Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD AND R HAS HAD AT
 { LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRHELP518

GB-27. (In the last four weeks, how often did you...)
 Help your child with [his/her] homework or check that [he/she] did it?

- Not at all1
- Less than once a week2
- About once a week3
- Several times a week4
- Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD AND R HAS HAD AT
 { LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRDISC518

GB-28. Most children misbehave from time to time. In the last 4 weeks, how often did you discipline [NAME] by putting [him/her] in time out, taking away privileges, or spanking him/her?

- Not at all1
- Less than once a week2
- About once a week3
- Several times a week4
- Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD AND R HAS HAD AT
 { LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRCLFR518

GB-29. Please look at card 65a. How much would you say that you know about [NAME]'s close friends?

- Knows everything1
- Knows most things2
- Knows some things3
- Knows a little4
- Knows nothing5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD AND R HAS HAD AT
 { LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRD0518

GB-30. How much would you say that you know about what [NAME] is doing when not at home?

- Knows everything1
- Knows most things2
- Knows some things3
- Knows a little4
- Knows nothing5

{Go to GC-1 NRMONEY (child support)

Nonresidential children -- Financial Support (GC)

{ GC SERIES ASKED ONLY IF [nonresidential focal child] is under age 18

{ ASKED IF HAS NONRESIDENTIAL FOCAL CHILD AGED 0-18

NRMONEY

GC-1. Now I have a few questions about your financial support of [NAME].

In the last 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1), did you contribute money or child support for [NAME]'s upbringing?

[HELP AVAILABLE]

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

{IF DID NOT CONTRIBUTE MONEY OR FINANCIAL SUPPORT IN THE PAST 12 MONTHS GO TO HA-1 HAINTR

{ ASKED IF CONTRIBUTED CHILD SUPPORT IN THE PAST 12 MONTHS

NREG

GC-2. Did you do this on a regular basis, or once in a while?

[HELP AVAILABLE]

- Regular basis.....1
- Once in a while...5

{ ASKED IF CONTRIBUTED CHILD SUPPORT IN THE PAST 12 MONTHS

NRAMOUNT

GC-3a. In the last 12 months, how much did you give?

R can report weekly, monthly, or yearly amount
If R says that the payments are not always the same, say:
 How much do you "usually" give? OR How much did you give total?

_____ Amount in dollars _____
 Enter '0' for none

{ If GAVE NO MONETARY SUPPORT (NRAMOUNT = 0), THEN GO TO SECTION H

{ ASKED IF CONTRIBUTED CHILD SUPPORT IN THE PAST 12 MONTHS

NRUNIT

GC-3b. (In the last 12 months, how much did you give?)

\$(NRAMOUNT) per (Week, Month, Year)

- Week1
- Month2
- Year3

{ ASKED IF CONTRIBUTED CHILD SUPPORT IN THE PAST 12 MONTHS

NRAGREE

GC-4. Was any of this/the amount paid as the result of a child support order?

- Yes1
- No5

{ ASKED IF HAS NONRESIDENTIAL FOCAL CHILD AGED 0-18

COPARENT

GD-1. The next question is about you and [NAME]'s mother as parents for [NAME]. For the following statement, please tell me if you strongly agree, agree, are not sure, disagree, or strongly disagree. [NAME]'s mother and I are a good parenting team....

- STRONGLY AGREE..... 1
- AGREE..... 2
- NOT SURE..... 3
- DISAGREE..... 4
- STRONGLY DISAGREE..... 5

SECTION H

Desires and Intentions for Future Children

Desires for future children Series (HA)

HCINTR

HA-1. Now, I would like to know your feelings about having (a/another) child, whether or not you are able to, or plan to have one.

By "having a child," I mean that you are the biological father of that child.

RWANT

HA-2. (Looking to the future, do / If it were possible, would) you, yourself, want to have (a/another) child at some time in the future (after this pregnancy is over)?

Yes1
No5

{ IF R SAYS ANYTHING BESIDES "DON'T KNOW" TO RWANT, GO TO HB SERIES

{ ASKED IF R SAYS "DON'T KNOW" TO RWANT

PROBWANT

HA-3. (If it were possible, do you think you would / Do you think you) probably want or would probably not want to have (a/another child) at some time (in the future / after this pregnancy is over)?

Probably want1
Probably do not want2

{ IF R IS MARRIED OR COHABITING AND BOTH HE AND HIS WIFE/PARTNER ARE ABLE TO { HAVE CHILDREN, ASK JOINT INTENTION SERIES (HB)

{ ELSE IF R IS MARRIED OR COHABITING AND EITHER HE OR HIS WIFE/PARTNER ARE { UNABLE TO HAVE CHILDREN, GO TO SECTION I, INTRO_I1

{ ELSE IF R IS NOT MARRIED OR COHABITING AND HE IS ABLE TO HAVE CHILDREN, GO { TO HC SERIES

{ ELSE IF R IS NOT MARRIED OR COHABITING AND HE IS UNABLE TO HAVE CHILDREN, { GO TO SECTION I, INTRO_I1

Joint Intention Series (HB)

{ R IS CURRENTLY MARRIED OR COHABITING AND HE AND HIS WIFE/PARTNER ARE BOTH { ABLE TO HAVE CHILDREN.

HCINTRO2

HB-1. 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 (WIFE/PARTNER)'s intentions to have (a/another) child in the future.

By "have a child," I mean that you are the biological father and she is

the biological mother of that child.

JINTEND

HB-2. Do you and (WIFE/PARTNER) intend to have (a/another) child at some time (in the future/after this pregnancy is over)?

If Necessary, SAY: Intend refers to what you and she are actually going to try to do.

Do not count intended adoptions or stepchildren.

Yes1
No5

{ IF JINTEND = "DON'T KNOW" GO TO HB-5 JEXPECTL.

{ IF JINTEND = "REFUSED" GO TO SECTION I.

{ ASKED IF JINTEND = YES OR NO

JSUREINT

HB-3. 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 (WIFE/PARTNER) will (not) have (a/another) child (after this pregnancy is over)? Would you say very sure, somewhat sure, or not sure at all?

Very sure1
Somewhat sure2
Not at all sure3

{ IF R INTENDS NO MORE CHILDREN, GO TO SECTION I.

{ ASKED IF JINTEND = YES

JINTENDN

HB-4. (Not counting her current pregnancy, how / How) many (more) children do you and (WIFE/PARTNER) intend to have?

If Necessary, SAY: Intend refers to what you and she are actually going to try to do.

Do not count intended adoptions or stepchildren.

Number of children _____ (IF A NUMBER GIVEN, GO TO SECTION I)

{IF R GIVES THE NUMBER OF CHILDREN THEY INTEND TO HAVE OR REFUSES TO GIVE A NUMBER, GO TO HB-7 JINTNEXT

{ ASKED IF R DOESN'T KNOW THE NUMBER OF CHILDREN THEY INTEND

JEXPECTL

HB-5. Many people aren't sure, but still have some idea about the future. As you expect things to work out for you and (WIFE/PARTNER), what is the largest number of (additional) children you and she expect to have (after this pregnancy is over)?

Number of children _____ (IF ZERO, GO TO SECTION I)

{ ASKED IF NUMBER OF (ADDITIONAL) BABIES EXPECTED IS > ZERO

JEXPECTS

HB-6. What is the smallest number of (additional) children you and

(WIFE/PARTNER) expect to have (after this pregnancy is over)?

Number of children _____

JINTNEXT

HB-7. When do you and [WIFE/PARTNER] expect your first/next child to be born (after this pregnancy)? Would you say, within the next 2 years, 2-5 years from now, or more than 5 years from now?

- Within the next 2 years1
- 2 - 5 years from now2
- More than 5 years from now3

Individual Intention for Future Children (HC)

{ HC SERIES IS ASKED IF R IS NOT MARRIED OR COHABITING AND IS ABLE TO HAVE A CHILD AND WANTS A CHILD

HCINTRO3

HC-1. 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 to have (a/another) child in the future.

By "have a child," I mean that you are the biological father of that child.

INTEND

HC-2. Please look at Card 58. Looking to the future, do you intend to have (a/another) child at some time (after this pregnancy is over)?

If necessary, SAY: Intend refers to what you are actually going to try to do.

Please do not count intended adoptions or stepchildren.

- Definitely Yes1
- Probably Yes.....2
- Probably No.....3 (GO TO SECTION I)
- Definitely No.....4 (GO TO SECTION I)

{ASKED IF INTENDS TO HAVE A/NOTHER CHILD

INTENDN

HC-3. (Not counting the current pregnancy, how / How) many (more) children do you intend to have?

If Necessary, Say: Intend refers to what you are actually going to try to do.

Do not count intended adoptions or stepchildren.

Number of children_____ (IF A NUMBER IS GIVEN, GO TO HC-6 INTNEXT)

{ ASKED IF R DOESN'T KNOW WHETHER HE INTENDS TO HAVE CHILDREN OR DOESN'T KNOW THE NUMBER OF CHILDREN HE INTENDS

EXPECTL

HC-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) children you, yourself, expect to have (after this pregnancy is over)?

Number of children _____ (IF ZERO, GO TO SECTION I)

{ ASKED IF NUMBER OF (ADDITIONAL) BABIES EXPECTED IS > ZERO

EXPECTS

HC-5. What is the smallest number of (additional) children you, yourself, expect to have (after this pregnancy is over)?

Number of children _____

INTNEXT

HC-6. When do you expect your first/next child to be born (after this pregnancy)? Would you say, within the next 2 years, 2-5 years from now, or more than 5 years from now?

Within the next 2 years1
2 - 5 years from now2
More than 5 years from now3

SECTION I
HEALTH CONDITIONS AND HEALTH SERVICES

{ ASKED FOR ALL

INTRO_I1

IA-0. The next questions are about your experiences with health care providers, health insurance, and health problems.

Access to Health Care (IA)

{ ASKED FOR ALL

USUALCAR

IA-1. Is there a place that you usually go to when you are sick or need advice about health?

- Yes1
- No5 (IA-3 **CURRCOV**)

{ ASKED IF R HAS A USUAL PLACE FOR HEALTH CARE

USLPLACE

IA-2. Please look at Card 25a. What kind of place is it?

- Private doctor's office or HMO.....1
- Community health clinic, community clinic,
public health clinic2
- Family planning or Planned Parenthood clinic3
- Employer or company clinic4
- School or school-based clinic5
- Hospital outpatient clinic6
- Hospital emergency room7
- Hospital regular room8
- Urgent care center, urgi-care, or walk-in facility9
- Sexually transmitted disease (STD) clinic.....10
- In-store health clinic (like CVS, Target, or Walmart)..11
- Some other place20

{ ASKED IF R REPORTED A USUAL SOURCE OF CARE IN USUALCAR

USL12MOS

IA-2a. Have you gone to this place in the last 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1)?

- Yes1
- No5

{Asked for all Rs

CURRCOV

IA-3. Are you currently covered by any kind of health insurance or some other kind of health care plan?

[HELP AVAILABLE]

- Yes1
- No5 (GO TO IA-8 COVER12)

{ASKED IF R IS COVERED BY HEALTH INSURANCE (**CURRCOV** = 1)

COVERHOW

IA-4. Card 76 shows different types of health care coverage. Which of these are you covered by?

[HELP AVAILABLE]

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 MEDICAID 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 (e.g., dental, vision, prescriptions).....8
- State-sponsored health plan (called [DISPLAY STATE PLAN NAME] in this state).....9
- Other government health care.....10

{ ASKED IF R IS 18-25 AND CURRENTLY HAS PRIVATE INSURANCE COVERAGE

PARINSUR

IA-5. Are you covered on your parents' private health insurance plan?

- Yes1
- No5

{ We may narrow this universe further to specific types, as in NHIS series: private, Medicaid, CHIP, state-sponsored, and other government health care

{ ASKED IF R CURRENTLY COVERED BY HEALTH INSURANCE

INS_EXCH

IA-6. (Was/Were any of your) your health insurance plan(s) obtained through Healthcare.gov or the [DISPLAY STATE MARKETPLACE NAME]?

- Yes1
- No5

{ ASKED IF R CURRENTLY HAS HEALTH INSURANCE

INS_PREM

IA-7. A health insurance premium is the amount you or a family member pays each month for health care coverage. Do you or a family member pay a premium for (any of) your health insurance plan(s)?

- Yes1
- No5

{ ASKED FOR ALL

COVER12

IA-8. Looking at Card 75 for examples of types of health insurance 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?

[HELP AVAILABLE]

Yes1
No5 (GO TO IB-1 **YOUGOFPC**)

{ ASKED IF R HAD NO HEALTH INSURANCE AT SOME TIME IN THE PAST YEAR
NUMNOCOV

IA-9. In how many of the past 12 months were you without coverage?

Number of months _____

Use of Family Planning Clinic (IB)

{ ASKED OF ALL RESPONDENTS

YOUGOFPC

IB-1. Now please look at Card 69, which shows some family planning and health services. Have you, yourself, ever received services such as these from a family planning clinic or Planned Parenthood clinic?

Yes1
No5 (IC-1 DEAF)

{ ASKED IF RECEIVED SERVICES FROM A FAMILY PLANNING CLINIC

WHENGOFPC

IB-2. When was the last time you received services from a family planning clinic or Planned Parenthood clinic? Was it within the last 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1), or more than 12 months ago?

Within the last 12 months1
More than 12 months ago2 (IC-1 DEAF)

{ ASKED IF R RECEIVED SERVICES FROM A FAMILY PLANNING CLINIC WITHIN THE LAST
{ 12 MONTHS

YOUFPSVC

IB-3. Please look again at Card 69. Which of these services did you receive at that visit?

♦ ENTER all that apply

Physical exam1
HIV testing3
Testing for sexually transmitted diseases other than HIV.....4
Treatment for sexually transmitted diseases other than HIV5
Information or advice on strategies to prevent pregnancy, for example, birth control methods7
Information or advice on strategies to prevent STDs or HIV, for example, using condoms or reducing your number of partners.....8
Some other service.....9

Health Problems or Impairments (IC)

{ ASKED OF ALL RESPONDENTS

DEAF

IC-1. The following questions are about health problems or impairments you may have. Do you have serious difficulty hearing?

- Yes1
- No5

BLIND

IC-2. Do you have serious difficulty seeing, even when wearing glasses?

Contact lenses should be considered in the same way as glasses.

- Yes1
- No5

DIFDECIDE

IC-3. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?

- Yes1
- No5

DIFWALK

IC-4. Do you have serious difficulty walking or climbing stairs?

- Yes1
- No5

DIFDRESS

IC-5. Do you have difficulty dressing or bathing?

- Yes1
- No5

DIFOUT

IC-6. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- Yes1
- No5

{ ASKED OF ALL

EVRCANCER

IC-7. Now I would like to ask you about cancer. Have you ever been told by a doctor or other health care provider that you had cancer?

- Yes1
- No5 (IC-8 ALCORISK)

{ ASKED IF R HAS EVER BEEN TOLD HE HAS CANCER

AGECANCER

IC-7a. At what age were you first told that you had cancer?

♦ *READ if necessary:* If you have had more than one cancer, please tell me about your first cancer.

_____ Age in years

{ ASKED IF R HAS EVER BEEN TOLD HE HAS CANCER

CANCTYPE

IC-7b. What type of cancer was? If you had cancer more than once, please say what your first cancer was.

INTERVIEWER NOTE: Code based on what respondent reports for his first type of cancer. The list is alphabetical. Read the list only if necessary. You may stop reading the list when the respondent states a cancer.

- Bladder cancer.....01
- Blood02
- Bone cancer.....03
- Brain cancer or tumor, spinal cord
cancer, or other cancer of the
central nervous system04
- Breast cancer05
- BLANK06
- Colon cancer07
- Esophageal (Esophagus) cancer.....08
- BLANK 09
- Gallbladder Cancer..... 10
- Head and neck cancer.....11
- Heart cancer12
- Laryngeal (Larynx/Windpipe)cancer.. 13
- Leukemia/~~blood cancer~~14
- Liver cancer15
- Lung cancer16
- Lymphoma including Hodgkins disease/
Lymphoma and non-Hodgkins
lymphomas17
- Melanoma18
- Neuroblastoma19
- Oral (mouth/tongue/lip) cancer20
- BLANK.....21
- Pancreatic (pancreas) cancer.....22
- Pharyngeal (throat/pharynx) cancer. 23
- Prostate cancer..... 24
- Rectal (rectum) cancer25
- Renal (kidney) cancer26
- Skin cancer (non-melanoma)27
- Skin cancer (DK what kind)28
- Soft Tissue (muscle or fat)sarcoma..29
- Stomach cancer30
- Testicular (testis) cancer31
- Thyroid cancer32
- Other 33

{IF CODE 2533 NOT REPORTED, GO TO ID-1 VISIT12M0

{ASKED IF R REPORT HAVING 'OTHER' CANCER, CANCTYPE

SP_CANCTYPE

IC-7sp. INTERVIEWER: Record verbatim what R reports for his type of cancer.

NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.

{ ASKED FOR ALL

ALCORISK

IC-8. Do you think that drinking more than 1 alcoholic beverages a day increases one's chances of getting cancer a lot, a little, or not at all or do you have no opinion?

- A lot1
- A little2
- Not at all3
- No opinion4

Health Services (ID)

{ ASKED FOR ALL

VISIT12MO

ID-1. Please look at card 69a. In the past 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1), did you have any of these types of visits to a doctor or health care provider?

♦ ENTER all that apply

- A routine physical exam1
- A physical exam for sports or work..... 2
- A doctor visit when you were sick or hurt.....3
- Did not have any visits to a doctor4 (ID-9 BARRIER)

RANGE CHECK: Code 4 cannot be entered with any other code.

{ ASKED ONLY IF ID-1 VISIT12MO= 1,2,3

SVC12MO

ID-2. Please look at Card 69b. Did you receive any of the services shown on this card at those visits in the past 12 months?

♦ ENTER all that apply

- A testicular exam (had your testicles examined)1
- Testing for sexually transmitted disease2
- Treatment for sexually transmitted disease3
- Information or advice about your partner using female methods of birth control5
- Information or advice about you getting a vasectomy (surgically sterilized)6
- Information or advice about HIV or AIDS7
- Information or advice about other sexually transmitted diseases, such as gonorrhea, chlamydia, syphilis, herpes or AIDS.....8
- Information or advice about using condoms to prevent pregnancy.....10
- Information or advice about using condoms to prevent STDs.....11
- None of the above12

{Asked only if ID-1 VISIT12MO=1,2,3

NUMVISIT

ID-3. How many visits did you have in the last 12 months in order to receive all of these services from a doctor or other health care provider?

♦ ENTER number of visits

{Asked only if ID-1 VISIT12M0=1,2,3

PLACEVIS

ID-4. Please look at Card 25a. What place or places did you go for these service(s)?

ENTER all that apply

- Private doctor's office or HMO.....1
- Community health clinic, community clinic,
public health clinic2
- Family planning or Planned Parenthood clinic.....3
- Employer or company clinic4
- School or school-based clinic5
- Hospital outpatient clinic6
- Hospital emergency room7
- Hospital regular room8
- Urgent care center, urgi-care, or walk-in facility ...9
- Sexually transmitted disease (STD) clinic.....10
- Some other place20

{Asked only if ID-1 VISIT12M0=1,2,3

SVCPAY

ID-5. Please look at Card 16a. In which of the ways shown on this card was the bill for these visits paid?

ENTER all that apply.

- Insurance1
- Co-payment2
- Out-of-pocket payment3
- Medicaid4
- No payment required.....5
- Some other way6

{Asked only if ID-1 VISIT12M0=1,2,3

TALKSA

ID-6. During your visit(s) in the past 12 months did a doctor or health care provider ask if you were sexually active?

- Yes1
- No5
- IF VOL: Provider already knew R's status7

{Asked only if ID-1 VISIT12M0=1,2,3

TALKEC

ID-7. During your visit in the past 12 months, did a doctor or health care provider talk with you about emergency contraception?

- Yes1
- No5

{Asked only if ID-1 VISIT12M0=1,2,3

TALKDM

ID-8. During your visit in the past 12 months, did a doctor or health care provider talk with you about using a condom at the same time

as a female method of contraception?

- Yes1
- No5

{ IF R RECEIVED TEST FOR STD IN LAST 12 MONTHS (ID-2 SVC12MO=2)

WHYPSTD

ID-8a. Please look at Card XX. In the past 12 months you received a test for a sexually transmitted disease from a [Display response to where received STD test]. What is the main reason that you chose this place for care?

- Could walk in or get same-day appointment.....1
- Cost.....2
- Privacy concern.....3
- Expert care here.....4
- Embarrassed to go to usual provider.....5
- Other.....6

{ASKED IF R DID NOT REC'D STD TEST IN LAST 12 MONTHS

WHYNOSTD

ID-8b. In the past 12 months you did not receive a test for a sexually transmitted disease. Which one of these reasons would you say is the MAIN reason why you have not been tested for a sexually transmitted disease?

- Didn't want parents to find out.....1
- Concerned about confidentiality.....2
- Doctor or health care provider never suggested it.....3
- Embarrassed or difficult to ask to be tested4
- Cost or lack of insurance.....5
- Other.....6

{ ASKED OF R's WHO DID NOT SEE A DOCTOR IN PAST 12 MONTHS, VISIT12MO=4

BARRIER

ID-9. You reported that you did not go to a doctor in the past 12 months. Please look at Card 69c. Which of the reasons shown on this card explain why you did not see a doctor?

• ENTER all that apply

- I did not need to see a doctor in the last year.....1
- I did not know where to go for care.....2
- I could not afford to pay for a visit.....3
- I was afraid to hear bad news.....4
- I had privacy/confidentiality concerns.5
- I could not take time off from work.....6
- Something else (please specify)20

{ ASKED IF BARRIER=20 ("something else")

BARRIER_SP

ID-9sp. What other reason(s) made it difficult for you to see a doctor in past 12 months?

NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.

{ Asked for all Rs

BLDPRESS

ID-10. The next couple of questions are about your blood pressure. In the past 12 months, that is, since (CMLSTYR_FILL), have you had your blood pressure checked by a doctor or other medical care provider?

- Yes.....1
- No.....5 (ID-13 ASKSMOKE)

{ Asked if BLDPRESS=yes

HIGHBP

ID-11. During your visit in the past 12 months, did a doctor or other medical care provider tell you that you had hypertension, also called high blood pressure?

- Yes.....1
- No.....5
- Not told.....3

{ Asked if R was told her blood pressure was high

BPMEDS

ID-12. Are you currently taking any medicine prescribed by a doctor for your high blood pressure?

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

ASKSMOKE

ID-13. The next question is about things your doctor or other medical care provider may have asked you about in the past 12 months either in person, or via a computerized or paper form.

During the last 12 months, has a doctor or other medical care provider asked you whether you smoke cigarettes or use other kinds of tobacco?

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

Infertility Services (IE)

{ IE SERIES ONLY ASKED IF R HAS EVER HAD SEX WITH A FEMALE.
{ IF R HAS NEVER HAD SEX, GO TO IF SERIES.

{ ASKED IF R EVER HAD SEX WITH A FEMALE

INFHELP

IE-1. (Did you or your wife ever go / Have you or your partner ever been / During any of your relationships, have you or your (wife or) partner at the time ever been) to a doctor or other medical care provider to talk about ways to help you have a baby together?

NOTE: Do not code yes if main purpose of visit was for something other than seeking help to have a baby.

- Yes1
- No5 (INTRO-I2)

{ ASKED IF R EVER HAD SEX WITH A FEMALE AND SAW A DOCTOR ABOUT WAYS TO

{ BECOME PREGNANT

INFSVCS

IE-2. (Think about all of the medical help you or your partners have ever received to help you have a baby together.) Which of the services shown on Card 70 (did / have) you or (they/your wife/your partner) (have / had) to help you have a baby together?

ENTER all that apply

- Advice.....1
- Infertility testing2
- Drugs to improve ovulation3
- Surgery to correct blocked tubes4
- Artificial insemination5
- Treatment for varicocele6
- Other types of medical help7

{ ASKED IF INFERTILITY TESTING WAS MENTIONED

INFTEST

IE-3. Who was it that had infertility testing? Was it you, her, or both of you?

- You1
- Her2
- Both of you3

{ ASKED IF ARTIFICIAL INSEMINATION WAS MENTIONED

WHOINSEM

IE-4. Was your wife or partner inseminated with sperm from you only, from some other donor only, or from both?

- You only1
- Some other donor only2
- Both3

{ IF R IS NOT CURRENTLY MARRIED OR COHABITING, GO TO IE-6 LASTVIS.

{ ASKED IF R IS CURRENTLY MARRIED OR COHABITING

INFHLPNW

IE-5. Are you and your (wife/partner) currently pursuing medical help to have a baby together?

NOTE: "Currently pursuing help" means that R or his (wife/partner) plan to visit the doctor or infertility clinic again.

- Yes1
- No5

LASTVIS_M/LASTVIS_Y

IE-6m/IE-6y. In what month and year was your (most recent/last) visit for medical help to have a baby together?

INFRTHIS

IE-7. When you and your wife or partner went for medical help to have a baby together, were you ever told that you had any of the following male infertility problems shown on Card 71?

ENTER all that apply

- Low sperm count or no sperm1
- Varicocele2
- Genetic disorder that alters sperm production ...3
- Low testosterone level4
- Other5
- None of the above6

CODE 6 CANNOT BE ENTERED WITH ANY OTHER CODE.

HIV TESTING AND AIDS KNOWLEDGE/COUNSELING (IF)

{ ASKED FOR ALL

INTRO_I2

IF-0. Now I would like to ask you about testing for HIV, the virus that causes AIDS.

{ ASKED FOR ALL

DONBLOOD

IF-1. First, I'll ask you about blood and blood product donations you may have made to the Red Cross or other blood banks. By blood products, we mean such things as plasma, platelets, and marrow. Have you ever donated blood or blood products at the Red Cross, at a bloodmobile, at a blood drive, or at other blood banks?

[HELP AVAILABLE]

- Yes 1
- No 5

{ ASKED FOR ALL

HIVTEST

IF-2. (Not counting tests you may have had as part of donating blood or blood products,) Have you ever been tested for HIV?

NOTE: Explain, if necessary, that you will not be asking for the results of any test he may have ever had.

- Yes 1
- No 5

{ IF HIVTEST = DK or RF, GO TO IF-6 TALKDOCT.

{ IF HIVTEST = 1, GO TO IF-3 WHENHIV_M/_Y

{ ASEDK IF R NEVER HAD AN HIV TEST, HIVTEST=5

NOHIVTST

IF-2b. IF IF-2 HIVTEST = NO ASK:

Which one of these reasons shown on Card 88 would you say is the MAIN reason why you have not been tested for HIV?

- You have never been offered an HIV test.....1
- You are worried about what other people would think if you got tested for HIV.....2
- It's unlikely you've been exposed to HIV3
- You were afraid to find out if you were HIV positive (that you had HIV)4

You don't like needles5
Some other reason20

{ ASKED IF R REPORTED SOME OTHER REASON FOR NOT HAVING AN HIV TEST,
{ NOHIVTST=20

SP_NOHIVTST

IF-2sp. What was the MAIN reason why you have not been tested for HIV?

NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.

{ ASKED IF R HAD ANY HIV TEST OUTSIDE OF BLOOD DONATION

WHENHIV_M/WHENHIV_Y

IF-3m/IF-3y. (Not including tests you may have had as part as part of donating blood or blood products,) 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

IF-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,
{ HIVTEST=1

HIVRESULT

IF-3d. After your last test for HIV, did you find out your test result?

Yes.....1
No.....5 (IF-3e WHYNOGET)

{ IF R ANSWERED YES, DK, OR RF TO FINDING OUT TEST RESULT, GO TO PLCHIV

{ ASKED IF R NEVER RECEIVED TEST RESULT

WHYNOGET

IF-3e. What was the main reason why you did not find out your test result?

You thought the testing site would contact you.....1
You were afraid to find out if you were HIV positive (that you had HIV).....2
You didn't want to know your HIV test result.....3
You didn't know where or how to get your test result.....4
Some other reason20

{ ASKED IF SOME OTHER REASON GIVEN FOR NOT RECEIVING TEST RESULT,
{ WHYNOGET=20

SP_WHYNOGET

IF3e_sp. IF IF-3e WHYNOGET=20, ASK:

What was this other reason that you did not find out your HIV test result?

NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.

{ ASKED IF R REPORTED ANY HIV TESTING APART FROM BLOOD DONATION

PLCHIV

IF-4. Please look at Card 72. (Not including tests you may have had as part of donating blood or blood products,) Where did you have that last test

for HIV?

Private doctor's office.....1
 HMO facility2
 Community health clinic, community clinic,
 public health clinic3
 Family planning or Planned Parenthood clinic4
 Employer or company clinic5
 School or school-based clinic (including college or
 university)6
 Hospital outpatient clinic7
 Hospital emergency room8
 Hospital regular room9
 Urgent care center, urgi-care, or walk-in facility .10
 Your worksite11
 Your home12
 Military induction or military service site.....13
 Sexually transmitted disease (STD) clinic.....14
 Laboratory or blood bank.....15
 Some other place20

{ ASKED IF SOME OTHER PLACE GIVEN FOR TESTING SITE, PLCHIV=20

SP_PLCHIV

IF-4sp . Where was this other place that you had your last HIV test?

NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.

{ Asked if R reported their last HIV test was done at their home (PLCHIV=12)

RHHIVT1

IF-4a.

A rapid home HIV test is a test you can use to test yourself that can provide results in about 20 minutes or less. The last time you had an HIV test, did you use a rapid home HIV test?

- Yes.....1
- No.....5 (IF-5 HIVTST)

{ Asked if R reported their last HIV test was a rapid home HIV test

RHHIVT2

IF-4b.

People use a rapid home HIV test for many different reasons. Looking at Card XX, which of these reasons did you have for using the rapid home HIV test?

ENTER all that apply

- I didn't want to get tested by a doctor or
 at an HIV testing
 site1
- I didn't want other people to know I am getting tested ...2
- I wanted to get tested together with someone, before
 we had sex3
- I wanted to get tested by myself, before having sex4
- I wanted to get tested by myself, after having sex5
- A sex partner asked me to take a rapid home HIV test6
- Other reason20

{ ASKED IF R HAD ANY HIV TEST OUTSIDE OF BLOOD DONATION, HIVTEST=1

HIVTST

IF-5. Please look at Card 73b. 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 tests you may have had as part of donating blood or blood products), which of these would you say was the main reason for your last HIV test?

- Part of a medical checkup or surgical procedure (a doctor or medical provider asked for the test).....1
- Required for health or life insurance coverage.....2
- Required for marriage license or to get married.....3
- Required for military service or a job4
- You wanted to find out if infected or not (you were the one who asked for the test).....5
- Someone else suggested you should be tested6
- INTENTIONALLY BLANK7
- You might have been exposed through sex or drug use8
- You might have been exposed in some other way9
- Some other reason - *specify*20

~~{ ASKED IF R REPORTED THAT SOMEONE SUGGESTED YOU SHOULD BE TESTED, HIVTST=6
WHOSUGG~~

~~IF-5b. Who suggested you should be tested a doctor or other medical care provider, a sexual partner, or someone else?~~

- ~~Doctor or other medical care provider.....1~~
- ~~Sexual partner2~~
- ~~Someone else.....3~~

{ ASKED IF REPORTED "SOME OTHER REASON" GIVEN FOR HIV TEST, HIVTST=20
SP-HIVTST

IF5sp. What was the main reason for your last HIV test?

NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.

~~{ASKED FOR ALL
/ " Heard about PrEP medications"~~

~~**PREPHIV** There are medications available for people who do not have HIV to
IF-5c keep them from getting HIV. Have you heard of these medicines?~~

- ~~Yes1~~
- ~~No5~~

{ ASKED FOR ALL
TALKDOCT

IF-6. Has a doctor or other medical care provider ever talked with you about HIV, the virus that causes AIDS?

- Yes1
- No5 (SECTION J)

{ ASKED FOR THOSE WITH TALKDOCT = YES
AIDSTALK

IF-7. Looking at Card 74, what topics related to HIV or AIDS were covered in the discussion you had with the doctor or other medical care provider?

ENTER all that apply

How HIV/AIDS is transmitted1
Other sexually transmitted diseases like
gonorrhea, herpes, or Hepatitis C2
The correct use of condoms3
Needle cleaning/using clean needles4
Dangers of needle sharing5
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
Getting tested and knowing your HIV status10
Medicines to prevent getting HIV (pre-exposure
prophylaxis, also known as PrEP.....11
Other20

{ ASKED IF R RESPONDED "OTHER" TO AIDSTALK

SP_AIDSTALK

IF-7sp. What was the other topic covered in your discussion with the
doctor or medical care provider about HIV or AIDS?_

NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.

SECTION J

Residence and Place of Birth; Religion; Military Service; Past and Current Work (R and Wife/cohab Partner); Attitudes

Residence and Place of Birth (JA)

{ ASKED FOR ALL
SAMEADD

JA-0. Now I have some questions about where you live.

Were you living at this same address on April 1, 2010?

Yes.....1 (GO TO JA-7 BRNOUT)

No.....5

{ ASKED IF NOT LIVING AT THIS ADDRESS ON APRIL 1, 2010
CNTRY10

JA-1. Were you living in the United States on April 1, 2010?

[HELP AVAILABLE]

Yes.....1

No.....5 (GO TO JA-7 BRNOUT)

ASTATE

JA-4. Please tell me in which state you were living on April 1, 2010.

[LINK STATE DATABASE]

State _____

(**THIS INFORMATION WILL NOT BE PLACED ON THE FINAL DATA FILE.**)

{ ASKED FOR ALL
BRNOUT

JA-7. Were you born outside of the United States?

[HELP AVAILABLE]

Yes1

No5 (GO TO JB-1 RELRSD)

{ASKED IF R WAS BORN OUTSIDE THE U.S.

STRUS_M/STRUS_Y

JA-8. In what month and year did you come to the United States to stay?

[HELP AVAILABLE]

Religion (JB)

{ ASKED FOR ALL

RELRS D

JB-1. Now I have a few questions about religion. Please look at Card 77. In what religion were you raised, if any?

[HELP AVAILABLE]

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
- Other11

{ ASKED IF R'S RELIGION RAISED WAS "OTHER" (JB-1 RELRS D = 11)

RELRS D1

JB-2. Please look at Card 78. In what religion were you raised?

[HELP AVAILABLE]

- 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
- 7th Day Adventist.....17
- United Pentecostal Church.....18
- Pentecostal Assemblies.....19
- Jehovah's Witness.....20
- Christian, another denomination not listed21
- Christian, no specific denomination22
- Unitarian-Universalist.....23
- Greek Orthodox.....24
- Other Orthodox.....25

- Muslim.....26
- Buddhist.....27
- Hindu.....28
- Other (specify).....29

Item deleted for 2017

~~{ ASKED IF R'S RELIGION IS "OTHER (SPECIFY)" (JB-2 RELRS D1 = 29)~~

OTHRLRS D

JB-3. Please tell me the name of the religion in which you were raised.

{ASKED IF R IS UNDER AGE 25

ATTND14

JB-4. Please look at Card 79. When you were 14, about how often did you usually attend religious services?

[HELP AVAILABLE]

- More than once a week.....1
- Once a week.....2
- 2-3 times per 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

{ ASKED FOR ALL

RELNOW

JB-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].

If R identifies with more than one religion, enter the number of the first one mentioned and insert an F2 comment with the code for the 2nd religion with R's comments.

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
- Other11

{ ASKED IF R'S RELIGION IS "OTHER" (JB-5 RELNOW = 11)

RELNOW1

JB-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
- 7th Day Adventist.....17
- United Pentecostal Church.....18
- Pentecostal Assemblies.....19
- Jehovah's Witness.....20
- Christian, another denomination not listed21
- Christian, no specific denomination22
- Unitarian-Universalist.....23
- Greek Orthodox.....24

Other Orthodox.....25
 Muslim.....26
 Buddhist.....27
 Hindu.....28
 Other (specify).....29

Item deleted for 2017

~~{ ASKED IF R'S RELIGION IS "OTHER (SPECIFY)" (RELNOW1 JB 6 = 29)~~

~~OTHRLNOW~~

~~JF 7. Please tell me the name of the religion you are now.~~

{ IF R'S RELIGION IS JEWISH, MUSLIM, BUDDHIST, HINDU, DON'T KNOW, OR REFUSED,
 { GO TO JB-9 REIDLIFE
 { ELSE IF R'S RELIGION IS NONE, GO TO JB-10 ATTNDNOW
 { ELSE ASK JB-8 FUNDAM

FUNDAM

JB-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 fundamentalist4
- None of the above.....5

[Response category 5 cannot be entered in combination with any other response.]

{ ASKED IF R REPORTED A RELIGION

REIDLIFE

JB-9. Currently, how important is religion in your daily life? Would you say it is very important, somewhat important, or not important?

[HELP AVAILABLE]

- Very important.....1
- Somewhat important.....2
- Not important.....3

{ ASKED FOR ALL

ATTNDNOW

JB-10. Please look at Card 79. About how often do you attend religious services?

[HELP AVAILABLE]

- More than once a week.....1
- Once a week.....2
- 2-3 times per 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

{ JC SERIES ASKED ONLY IF R WAS 18 OR OLDER AT TIME OF HH SCREENER

Military Service (JC)

MILSVC

JC-1. Have you ever been on active duty in the Armed Forces for a period of 6 months or more?

- Yes.....1
- No.....5 (JD-4 WRK12MOS)

BEGMIL_M/BEGMIL_Y

JC-2. In what month and year did that period of active duty begin?

ENDMIL_M/ENDMIL_Y

JC-3. What was the month and year of your last separation from active duty?

If R is still on active duty, enter 96 for month.

Work (JD)

{ ASKED FOR ALL

WRK12MOS

JD-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, that you were expected to perform. Please include full-time, part-time, and temporary or summer jobs.

[HELP AVAILABLE]

In the last 12 months, that is since [INTERVIEW MONTH, INTERVIEW YEAR - 1], for how many months did you have any job for pay?

♦ *Active duty military is considered full-time employment/work*

Number of months _____ (IF ZERO, DK, RF, GO TO JE-1 DOLASTWK)

{ ASKED IF R WORKED 1-12 MONTHS

FPT12MOS

JD-5. In the last 12 months, did you work all full-time, all part-time or some of each?

[HELP AVAILABLE]

- Full-time.....1
- Part time.....2
- Some of each.....3

Current/Last Job Series (JE)

{ ASKED FOR ALL

DOLASTWK

JE-1. Please look at Card 82. Last week, what were you doing? Were you working, keeping house, going to school, or something else?

[HELP AVAILABLE]

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 family6
- Going to school..... 7
- On permanent disability..... 8
- Something else 9

{ IF R IS CURRENTLY EMPLOYED OR WORKED IN THE LAST 12 MONTHS, GO TO JE-3 RNUMJOB.

{ ASKED IF R DIDN'T WORK IN THE LAST 12 MONTHS
{ AND WASN'T WORKING LAST WEEK

RPAYJOB

JE-2. Did you ever work at a job or business for pay on a regular basis?

- Yes.....1
- No.....5 (GO TO JF SERIES)
(IF DON'T KNOW OR REFUSED, GO TO JF SERIES)

{ ASKED IF R IS CURRENTLY EMPLOYED, OR WORKED IN THE LAST 12 MONTHS, OR EVER WORKED (RPAYJOB=1)

RNUMJOB

JE-3. How many jobs did you work (last week/during the last week you worked)?

Number of jobs _____

RFTPTX

JE-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 (JF)

{ IF R IS NOT CURRENTLY MARRIED OR COHABITING, GO TO JG SERIES

SPLSTWK

JF-1. Please look at Card 81. Last week, what was (WIFE/PARTNER) doing? Was she working, keeping house, going to school, or something else?

[HELP AVAILABLE]

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 family6
- Going to school..... 7
- On permanent disability..... 8
- Something else9

{ IF WIFE/PARTNER EMPLOYED/WORKING LAST WEEK (JF-1 SPLSTWK = 1, 2, OR 3), GO
{ TO JF-3 SPNUMJOB

{ ASKED IF WIFE/PARTNER NOT EMPLOYED/WORKING LAST WEEK

SPPAYJOB

JF-2. Did she ever work at a job or business for pay on a regular basis?

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

{ ASKED IF R'S WIFE/PARTNER WAS WORKING LAST WEEK OR SHE EVER WORKED FOR PAY
SPNUMJOB

JF-3. How many jobs did she work (last week/during the last week she worked)?

Number of jobs _____

SPFTPTX

JF-3. (Please think about the last week she worked on her (primary) job. Did/At her primary job, does/Does) she 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

Attitudes Towards Sex, Contraception, Marriage, Gender and Parenthood (JG-JH)

{ JG series asked of all, unless otherwise indicated

Additions to this intro and subsequent related changes to question wording are being reinstated from 2015.

JGINTR01

JG-0. Next, I would like to get your opinion on some matters concerning family life. **Please look at Card 84 to see the response options. 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 statement is:**

SAMESEX

JG-1. Sexual relations between two adults of the same sex are all right. ~~Do you strongly agree, agree, disagree, or strongly disagree?~~

- Strongly agree.....1

Agree2
Disagree3
Strongly disagree.....4
IF R INSISTS: Neither agree nor disagree5

CHSUPPORT

JG-2. It is okay for a young, unmarried woman to have and raise a child.
~~Do you strongly agree, agree, disagree, or strongly disagree?~~

Strongly agree.....1
Agree2
Disagree3
Strongly disagree.....4
IF R INSISTS: Neither agree nor disagree5

{ ASKED IF NEITHER R NOR HIS WIFE/PARTNER, IF ANY, ARE STERILE AND HIS
{ WIFE/PARTNER IS NOT CURRENTLY PREGNANT

REACTSLF

JG-3. If you got (your wife/your partner/a female) pregnant now how
would you feel? Would you be very upset, a little upset, a little
pleased, or very pleased?

Very upset1
A little upset2
A little pleased3
Very pleased4
IF R INSISTS: he wouldn't care...5

{ ASKED OF ALL

CHBOTHER

JG-4. If it turns out that you do not have any (additional) children,
would that bother you a great deal, some, a little, or not at
all?

[HELP AVAILABLE]

A great deal1
Some2
A little3
Not at all4

SEXNEEDS

JG-5. Again, please tell me if you strongly agree, agree, disagree, or
strongly disagree with the following statements.

Men have greater sexual needs than women.

Strongly agree1
Agree2
Disagree3
Strongly disagree.....4
If R insists: Neither agree nor disagree5

WHENSICK

JG-6. Men only need to see a doctor when they are hurt or sick.

Strongly agree1
Agree2

Disagree3
Strongly disagree.....4
If R insists: Neither agree nor disagree5

SHOWPAIN

JG-7. When a man is feeling pain he should not let it show.

Strongly agree1
Agree2
Disagree3
Strongly disagree.....4
If R insists: Neither agree nor disagree5

{ ASKED IF R IS NOT CURRENTLY MARRIED OR COHABITING

COHCHANCE

JG-8. Please look at Card 58. Do you think that you will ever (again) live together with a woman to whom you are not married?

♦ If R insists he does not know, enter [Ctrl] + [D]

Definitely yes1
Probably yes2
Probably no3
Definitely no4

{ ASKED IF R IS NOT CURRENTLY MARRIED

MARRCHANCE

JG-9. (Please look at Card 58.) You may have already told me this, but do you think that you will get married (again) someday?

♦ If R insists he does not know, enter [Ctrl] + [D]

Definitely yes1
Probably yes2
Probably no3
Definitely no4 (GO TO JH SERIES)

{ ASKED IF R SAYS THAT HE MAY (RE)MARRY SOMEDAY

PMARCOH

JG-10. Again, you may have already told me this, but do you think that you will live together with your future wife before getting married?

♦ If R insists he does not know, enter [Ctrl] + [D]

Definitely yes1
Probably yes2
Probably no3
Definitely no4

{ Question only intended for interviewer.

ACASILANG

JG-11. Interviewer: Should ACASI be conducted in English or Spanish?

English.....1
Spanish.....2

SECTION K

Audio CASI

{ READ BY INTERVIEWER FROM THE SCREEN

INTRO_K1

INTRO-K1. For this last part of the interview, I'll turn the computer over to you so that you can enter your answers by 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_K1b

INTRO-K1b. INTERVIEWER: Explain the following things to R:

Connect the headphones to the laptop.
Give the computer to the Respondent.
Show Respondent where to find number keys, Enter, Backspace, F11, F12, and Hyphen keys.

Show Respondent the Aid Card.

Explain that on the back of this page is a list they will be referring to toward the end of this section.

Explain how to adjust the volume.

Explain that you will be doing an unrelated task while the Respondent completes Audio CASI, but Respondent should feel free to interrupt with questions.

The next screen is for the Respondent.

A-CASI PRACTICE QUESTIONS (KA)

{ MACHINE AUDIO BEGINS HERE

INTRO_K2

INTRO-K2. These questions are for you to practice with. The interviewer is going to help you do this.

You may press the [BACKSPACE] key to clear an entry when you want to change an answer, 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

KA-1. In what year were you born?

Please enter the 4-digit year you were born and press the [Enter] key.
Year _____

PRACMNTH

KA-2. In what month in [PRACYEAR] were you born?

Please enter the number for the month.

January01
February02
March03
April04
May05
June06
July07
August08
September09
October10
November11
December12

PRACCNFM

KA-3. The computer has recorded that you were born in [PRACMNTH, PRACYEAR]. Is this correct?

YES1 (KA-0 INTROK3a)
NO5 (RETURN TO KA-1 PRACYEAR TO RE-ENTER CORRECT INFO)

INTROK3a

KA-3a. Thank you. Now we will go over a few keystrokes which will help you complete the survey.

Please press [Enter] to continue

INTROK3ab

KA-3ab. If you want to replay the audio, press the [F11] key. It is located rear the top right side of the keyboard.

Please press [Enter] to continue

INTROK3b

KA-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

INTROK3c

KA-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

INTR0K3d

KA-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

INTR0K3e

KA-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_K4

INTRO-K4. These first questions are about your general health.

Please press [Enter] to continue

GENHEALT

KA-4. In general, how is your health? Would you say it is...

- Excellent1
- Very good2
- Good3
- Fair4
- Poor5

RHEIGHT_FT

KA-5. How tall are you?

First, please select the number of feet, then press [Enter].

- 3 feet 3
- 4 feet4
- 5 feet5
- 6 feet6
- 7 feet7

(DK OR RF: GO TO KB SERIES)

RHEIGHT_IN

KA-5. Now please select the number of inches and then press [Enter].

- 0 inches00
- 1 inch01
- 2 inches02
- 3 inches03
- 4 inches04
- 5 inches05
- 6 inches06
- 7 inches07
- 8 inches08
- 9 inches09
- 10 inches10
- 11 inches11

RWEIGHT

KA-6. How much do you weigh?

Please answer in pounds and then press [Enter].

Pounds _____

{ Asked for all Rs

DRWEIGH

KA-6a. The next couple of questions are about your weight. In the past 12 months, that is, since (CMLSTYR_FILL), did a doctor or other medical care provider weigh you?

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

{ Asked if DRWEIGH=yes

TELLWGHT

KA-6b. During your visit in the past 12 months, did a doctor or other medical care provider tell you that you were underweight, normal weight, overweight, obese, or were you not told?

- Underweight.....1
- Normal weight.....2
- Overweight.....3
- Obese.....4
- Not told.....5

{ Asked if R was told he was overweight or obese (TELLWGHT=3 OR 4)

WGHTSCRN

KA-6c. During your visit in the past 12 months, did a doctor or other medical care provider refer you to diet or exercise counseling?

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

{ Asked for all Rs

ENGSPKAK

KA-7. The next question is about your ability to speak English. How well do you speak English?

- Very well1
- Well2
- Not well3
- Not at all4

Significant Events (KB)

INTRO_K5

INTRO-K5. The next few questions are about some things that you may have experienced recently in your life. We know that some of these questions are about things that you may not think about or talk about often. These things may be difficult to remember and some are personal.

Because this information is very important, please take as much time as you need to read the questions and put your answers into the computer in complete privacy. Your interviewer will never know how you answer and will not ask you any questions about your answers.

Please press [Enter] to continue

{ Asked for all Rs

NOBEDYR

KB-0a. In the last 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1), was there ever a time when you did not have a permanent place to stay and had to stay at least overnight in a location such as a shelter, a car or someplace outdoors?

Yes1
No5

{ Asked for all Rs

STAYREL

KB-0b

In the last 12 months, was there ever a time when you did not have a permanent place to stay and had to stay at least overnight with a friend or relative?

Yes1
No5

JAILED

KB-2. In the last 12 months, have you spent any time in a jail, prison or a juvenile detention facility?

Yes1 (GO TO KB-4 FRQJAIL)
No5

JAILED2

KB-3. Have you ever spent time in a jail, prison or juvenile detention center?

Yes1
No5

{ Asked if ever been in jail (JAILED=1 or JAILED2=1)

FRQJAIL

KB-4. Have you been in jail, prison, or a juvenile detention facility only one time or more than one time?

Only one time?.....1
Or more than one time?.....2

FRQJAIL2

KB-5. If KB-4 FRQJAIL = 1, ask:

How long were you in jail, prison, or juvenile detention?

Else if KB-4 FRQJAIL = 2, DK, OR RF, ask:

The last time you were in jail, prison, or juvenile detention, how long were you in?

One month or less.....1
More than one month but less than one year.....2
One year.....3
More than one year4

{ Asked only if R is 15-24 years old

EVSUSPEN

KB-6. Have you ever been suspended or expelled from school?

- Yes1
- No5 (GO TO Substance Use (KC))

{ Asked only if R is 15-24 years old

GRADSUSP

KB-7. 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 _____

Substance Use (KC)

INTRO_K6

INTRO-K6. These next questions are about your use of cigarettes, alcohol, and other substances.

Please press [Enter] to continue.

SMK100

KC-0a1. 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

KC-0a2. 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

KC-0a3. During the last 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1), how many cigarettes did you smoke a day, on average?

- None.....1
- About one cigarette a day or less.....2
- Just a few cigarettes a day (2-4).....3
- About half a pack a day (5-14).....4
- About a pack a day (15-24).....5
- More than a pack a day (25 or more)...6

{ Asked if R reported any amount of smoking in the last 12 months

SMKSTOP

KC-0a4. During the last 12 months, has a doctor or other medical care provider provided you with counseling or support for you to stop smoking or using other kinds of tobacco?

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

DRINK12

KC-1. During the last 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1), how often have you had beer, wine, liquor, or other alcoholic beverages?

- Never1 (GO TO KC-3 POT12)
- Once or twice during the year2
- Several times during the year3
- About once a month4
- About once a week5
- About once a day6

{ Asked if R reported any drinking in the past 12 months

UNIT30D

KC-1a_U. This next question asks about your drinking over the past 30 days. Would you prefer to answer in terms of days per week or days per month?

- Days per week1
- Days per month5

{ Asked if R answered UNIT30D with 1, 5, or DK

DRINK30D

KC-1a_N.

IF UNIT30D = 1, ASK:

During the past 30 days, that is, since (mo/day/yr), on how many days per week did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

ELSE IF UNIT30D = 5 OR DK, ASK:

During the past 30 days, that is, since (mo/day/yr), on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

___ Number of days [IF 0, GO TO POT12]

{ Asked if R reported any drinking in the past 30 days.

DRINKDAY

KC-1b.

One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

___ Number of drinks

{ Asked if R reported any drinking in the past 30 days.

BINGE30

KC-1c.

Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an

occasion?

____ Number of times

{ Asked if R reported any drinking in the past 30 days.

DRNKMOST

KC-1d. During the past 30 days, what is the largest number of drinks you had on any occasion?

____ Number of drinks

{ ASKED IF R REPORTED ANY ALCOHOL CONSUMPTION IN LAST 12 MONTHS

BINGE12

KC-2. During the last 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1) how often did you have 5 or more drinks within a couple of hours?

- Never1
- Once or twice during the year2
- Several times during the year3
- About once a month4
- About once a week5
- About once a day6

POT12

KC-3. During the last 12 months, how often have you smoked marijuana?

- Never1
- Once or twice during the year2
- Several times during the year3
- About once a month4
- About once a week5
- About once a day or more6

COC12

KC-4. During the last 12 months, how often have you used cocaine?

- Never1
- Once or twice during the year2
- Several times during the year3
- About once a month or more4

CRACK12

KC-5. During the last 12 months, how often have you used crack?

- Never1
- Once or twice during the year2
- Several times during the year3
- About once a month or more4

CRYSTMTH

KC-5a. During the last 12 months, how often have you used Crystal or meth, also known as tina, crank, or ice?

- Never1
- Once or twice during the year2
- Several times during the year3
- About once a month or more4

INJECT12

KC-6. 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.

- Never1
- Once or twice during the year2
- Several times during the year3
- About once a month or more4

Pregnancy/Abortion (KD)

INTRO_K7

INTRO-K7. Here are a few questions asking about pregnancies you have fathered. Sometimes men who take part in the study are reluctant to tell an interviewer about their experience with pregnancies, especially if the pregnancies ended in abortion or with children they no longer live with.

Please press [Enter] to continue.

{ IF R HAS NOT REPORTED FATHERING ANY PREGNANCIES IN SECTIONS C-F OF THE
 { QUESTIONNAIRE, ASK KD-1 MADEPREG;
 { ELSE IF ANY PREGNANCIES PREVIOUSLY REPORTED, GO TO KD-2b PREGTOT2.

{ ASKED IF R HAS NOT REPORTED FATHERING ANY PREGNANCIES IN SECTIONS C-F OF THE QUESTIONNAIRE

MADEPREG

KD-1. To the best of your knowledge, have you ever made someone pregnant?

- Yes1
- No5 (TOLDPREG KD-5)

{ ASKED IF R PREVIOUSLY REPORTED ANY PREGNANCIES IN SECTIONS C-F OF THE QUESTIONNAIRE

PREGTOT2

KD-2. To the best of your knowledge, how many times have you ever made someone pregnant? Please include any pregnancies you may have already told the interviewer about.

Number _____

NUMABORT

KD-3. To the best of your knowledge, how many of these pregnancies ended in abortion?

Number _____

NUMLIVEB

KD-4. ASK ONLY IF NUMBER OF ABORTIONS < NUMBER OF TOTAL PREGNANCIES:
To the best of your knowledge, how many of these pregnancies resulted in a baby being born?

(Twins or triplets from a pregnancy count as one pregnancy.)

Number _____

{ IF R's AGE >= 25, GO TO INTRO_K8.

{ ASKED ONLY FOR R's UNDER AGE 25.

TOLDPREG

KD-5. Have you ever been told by someone that you may have made her pregnant?

- Yes1
- No5 (GO TO KE SERIES)

WHATHAPP

KD-6. The last time you were told by someone that you may have made her pregnant, ...

- Did it turn out that she was pregnant and you were the father,1
- Or was she pregnant but you were not the father,2
- Or did it turn out that she was not pregnant?3

Sex with Females (KE)

INTRO_K8

KE-0. The next questions are about sexual experiences that you may have had with a female.

Please press [Enter] to continue.

{ READ IF R IS UNDER AGE 20 AND HE HAS NEVER BEEN MARRIED AND NEVER COHABITED.

INTRO_K9a

KE-0a. Here are some things you may have done with a female. If you have ever done this at least one time with a female, answer yes. If you have never done this, answer no.

Please press [Enter] to continue.

{ ASKED IF R IS UNDER AGE 20 AND HE HAS NEVER BEEN MARRIED.

FEMTOUCH

KE-1. Has a female ever touched your penis until you ejaculated, or "came"?

- Yes1
- No5

{ READ IF R IS 20 OR OLDER OR IF R HAS EVER BEEN MARRIED.

INTRO_K9b

KE-0b. Here are some things you may have done with a female. If you have ever done this at least one time with a female, answer yes. If you have never done this, answer no.

{ ASKED IF R HAS NEVER MARRIED, NEVER COHABITED, NEVER FATHERED A PREGNANCY (BASED ON CAPI OR ACASI)

VAGSEX

KE-2. Have you ever put your penis in a female's vagina (also known as vaginal intercourse)?

- Yes1
- No5 (KE-5 GETORALF)

AGEVAGR

KE-2b. The first time this occurred, how old were you?

Age in years _____

CONDVAG

KE-3. Did you use a condom the last time you had vaginal intercourse with a female?

Yes1
No5 (KE-5 GETORALF)

{Asked if R used a condom at last vaginal intercourse

COND1BRK

KE-3a. That time, did it break or completely fall off during intercourse or withdrawal?

Yes1
No5

{Asked if R used a condom at last vaginal intercourse

COND1OFF

KE-3b. That time, was the condom used for only part of the time during intercourse? That is, did you put it on after you started having sex, or take it off during sex but before ejaculation?

Yes1
No5

WHYCONDL

KE-4. The last time you had vaginal intercourse with a female, did you use the condom...

To prevent pregnancy,1
To prevent diseases like gonorrhea, chlamydia, syphilis, herpes or AIDS,2
For both reasons,3
Or for some other reason4

GETORALF

KE-5. The next few questions are about oral sex. By oral sex, we mean stimulating the genitals with the mouth. Has a female ever performed oral sex on you, that is, stimulated your penis with her mouth?

Yes1
No5 (KE-7 GIVORALF)

CONDFELL

KE-6. Did you use a condom the last time a female performed oral sex on you?

Yes1
No5

GIVORALF

KE-7. Have you ever performed oral sex on a female?

Yes1

No5

{ASKED IF R IS 15-24 AND HAS EVER HAD ORAL SEX AND VAGINAL INTERCOURSE

TIMING

KE-7b. Thinking back to when you had oral sex with a female for the first time, was it before, after, or on the same occasion as your first vaginal intercourse with a female?

Before first vaginal intercourse1
After first vaginal intercourse3
Same occasion.....5

ANALSEX

KE-8. Have you ever put your penis in a female's anus or butt (also known as anal sex)?

Yes1
No5 (CONDSEXL KE-10)

CONDANAL

KE-9. Did you use a condom the last time you had anal sex with a female?

Yes1
No5

{ ASKED IF R REPORTED MORE THAN 1 TYPE OF MALE-GENITAL-INVOLVING SEX WITH A FEMALE PARTNER.

CONDSEXL

KE-10. The very last time you had any type of sex -- that is, vaginal intercourse or anal sex or oral sex -- with a female partner, did you use a condom?

Yes1
No5

{ IF R's AGE >= 18, CONTINUE WITH KF SERIES.
{ ELSE IF R's AGE < 18, GO TO KG SERIES.

Non Voluntary Intercourse: Female - Male (KF)

{ KF SERIES ASKED ONLY IF R AGED 18 OR OLDER.

{ IF R EVER HAD VAGINAL SEX, ASK KF-1 WANTSEX1;
{ ELSE GO TO KF-2 EVRFORCD.

WANTSEX1

KF-1. Think back to the very first time you had vaginal intercourse with a female. 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 time1
I had mixed feelings -- part of me wanted it to happen at the time and part of me didn't2
I really wanted it to happen at the time3

{ IF DK OR RF, GO TO KF-1b HOWOLD

HOWOLD

KF-1b. How old were you when this first intercourse happened?

Age in years _____

EVRFORCD

KF-2. At any time in your life, have you ever been forced by a female to have vaginal intercourse against your will?

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

{ REMAINING ITEMS IN KF SERIES ONLY ASKED IF R REPORTED EVER BEING FORCED BY
{ A FEMALE

AGEFORC1

KF-3. How old were you the very first time you were forced by a female to have vaginal intercourse against your will?

Age in years _____

INTROK10

KF-4. The first time this occurred, were any of these kinds of force used?

Please press [Enter] to continue.

GIVNDRG2

KF-4a. Were you given alcohol or drugs?

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

SHEBIGOL

KF-4b. Did you do what she said because she was bigger than you or a grown-up, and you were young?

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

ENDRELA2

KF-4c. Were you told that the relationship would end if you didn't have sex?

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

WRDPRES2

KF-4d. Were you pressured into it by her words or actions, but without threats of harm?

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

THRTPHY2

KF-4e. Were you threatened with physical hurt or injury?

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

PHYSHRT2

KF-4f. Were you physically hurt or injured?

Yes.....1

No.....5

HELDDWN2

KF-4g. Were you physically held down?

Yes.....1

No.....5

STD/HIV Risk Behaviors: Females (KG)

{ IF R NEVER HAD ORAL, ANAL, VAGINAL SEX WITH FEMALE, GO TO SECTION KH

INTROK11

KG-0. This next section is about your female sex partners. Now please think about any female with whom you have had vaginal intercourse, oral sex, or anal sex -- any of these.

Please press [Enter] to continue.

PARTSLIF

KG-1. Thinking about your entire life, how many female sex partners have you had? Please count every partner even those you had sex with only once.

Number _____

PARTS12

KG-2. Thinking about the last 12 months, how many female sex partners have you had in the 12 months since (INTERVIEW MONTH, INTERVIEW YEAR - 1)? 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 FEMALE PARTNERS IN LAST 12 MONTHS THAN IN LIFETIME

NEWYEAR

KG-2YR. Earlier you reported having more female 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:

___ female partners in last 12 months

___ female partners in lifetime

NEWLIFE

KG-2LF. How many female partners did you have in your lifetime?

Number _____

{ Asked if R has ever had vaginal intercourse

VAGNUM12

KG-2YRa. Your number of female partners in the last 12 months is displayed below. Thinking of your female partners in the last 12 months, with how many of them did you have vaginal intercourse?

DISPLAY: ___ female partners in last 12 months

{ Asked if R has ever had oral sex with a female

ORALNUM12

KG-2YRb. (Your number of female partners in the last 12 months is displayed below.) Thinking of your female partners in the last 12 months, with how many of them did you have oral sex, either giving or receiving?

DISPLAY: ___ female partners in last 12 months

{ Asked if R has ever had anal sex with a female

ANALNUM12

KG-2YRc. (Your number of female partners in the last 12 months is displayed below.) Thinking of your female partners in the last 12 months, with how many of them did you have anal sex?

months DISPLAY: ___ female partners in last 12

{ IF R's AGE < 18 AND R HAS A CURRENT SEXUAL PARTNER, READ INTROK12.
{ ELSE IF R's AGE < 18 AND R HAS NO CURRENT SEXUAL PARTNERS OR
{ R's AGE >= 18, GO TO KG-4 NONMONOG

INTROK12

KG-3. You indicated in the interview that you have (NUMBER) current sexual partner. Here are a couple of questions about (her/those partners).

{ SET UP LOOP TO ASK AGE (CURRPAGE THROUGH HOWMUCH) OF EACH OF 1, 2, OR 3 CURRENT PARTNERS

CURRPAGE

KG-3a. Earlier you reported that you last had sexual intercourse with the [(first/second/third)] person shown on the screen in (Mo/Yr of last sex with this partner). How old was she at that time?

Age in years _____

{ ASK IF CURRPAGE=DK

RELAGE

KG-3b. Is she older than you, younger than you or about the same age?

- Older1
- Younger2
- About the same age ...3 (NONMONOG KG-4)

HOWMUCH

KG-3c. By how many years?

- 1-2 years1
- 3-5 years2
- 6-10 years3

More than 10 years4

{ IF R HAD NO FEMALE SEXUAL PARTNERS IN LAST 12 MONTHS, GO TO SECTION KH

{ ASKED IF R HAD AT LEAST 1 FEMALE SEXUAL PARTNER IN LAST 12 MONTHS

NONMONOG

KG-4. During the last 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR-1), did you have sex with any females who were also having sex with other people at around the same time?

- Yes1
- No5

{ASKED IF R HAD SEX WITH FEMALE(S) WHO HAD SEX WITH OTHER PEOPLE DURING THE PAST 12 MONTHS (NONMONOG=1), AND R HAD MORE THAN 1 FEMALE PARTNER IN PAST 12 MONTHS

{Rs WITH ONLY 1 FEMALE PARTNER IN PAST 12 MONTHS GO STRAIGHT TO KG-5B

NNONMONOG1

KG-5a. To the best of your knowledge, how many of your female sexual partners in the last 12 months were having sex with other people around the same time?

- 1 partner1
- 2 or more partners.....2

NNONMONOG2

KG-5b. (Thinking of your 1 female partner in the last 12 months), how many other partners do you think she had around the same time as she was having sex with you?

- 1 other partner besides you1
- 2 other partners besides you2
- 3 or more other partners besides you3

{ASKED IF NONMONOG=1 AND R HAD AT LEAST 2 FEMALE PARTNERS WHO HAD SEX WITH OTHER PEOPLE DURING THE PAST 12 MONTHS

NNONMONOG3

KG-5c. Thinking of your most recent female partner who had other sexual partners, how many other partners do you think she had around the same time as she was having sex with you?

- 1 other partner besides you1
- 2 other partners besides you2
- 3 or more other partners besides you3

{ ASKED IF R HAD FEMALE SEXUAL PARTNER IN LAST 12 MONTHS

FEMSHT12

KG-6. In the last 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR-1), have you had sex with a female who takes or shoots street drugs using a needle?

- Yes1
- No5

{ ASKED IF R HAD FEMALE SEXUAL PARTNER IN LAST 12 MONTHS

JOHNFREQ

KG-7. In the last 12 months, have you given a female money or drugs in exchange for having sex with you?

Yes1
No5

{ ASKED IF R HAD FEMALE SEXUAL PARTNER IN LAST 12 MONTHS

PROSTFRQ

KG-8. In the last 12 months, has a female given you money or drugs to have sex with her?

Yes1
No5

{ ASKED IF R HAD FEMALE SEXUAL PARTNER IN LAST 12 MONTHS

HIVFEM12

KG-9. In the last 12 months, have you had sex with a female who you knew was infected with the AIDS virus?

Yes1
No5

Sex with Males (KH)

{ ASKED FOR ALL

INTROK13

KH-0. The next questions ask about sexual experience you may have had with another male. Have you ever done any of the following with another male?

Please press [Enter] to continue.

GIVORALM

KH-1. Have you ever performed oral sex on another male, that is, stimulated his penis with your mouth?

Yes1
No5

GETORALM

KH-2. Has another male ever performed oral sex on you, that is, stimulated your penis with his mouth?

Yes1
No5

{ ASKED IF R EVER HAD ORAL SEX WITH A MALE PARTNER

ORALCONDM

KH-2b. Did you use a condom the last time you had oral sex with a male?

Yes1
No5

ANALSEX2

KH-3. Has another male ever put his penis in your anus or butt (receptive anal sex)?

Yes1
No5

{ Asked if R ever had receptive anal sex with a male partner (ANALSEX2=1)

ANALCONDM1

KH-3b. Did you use a condom the last time you had receptive anal sex with a male?

Yes1
No5

ANALSEX3

KH-4. Have you ever put your penis in another male's anus or butt (insertive anal sex)?

Yes1
No5

{ Asked if R ever had insertive anal sex with a male partner (ANALSEX3=1)

ANALCONDM2

KH-4b. Did you use a condom the last time you had insertive anal sex with a male?

Yes1
No5

{ Asked for all Rs

MALESEX

KH-4c. Have you ever had any other sexual experience of any kind with another male?

Yes1
No5

{ Asked for all who have ever had any sexual experience with a male partner

MALPRTAG

KH-5. Thinking of your most recent or last male sex partner, that is, the man with whom you last had any sexual experience, was he older than you, younger than you, or about the same age?

Older1
Younger2
Same age3

{ Asked for all who have ever had any sexual experience with a male partner

MALPRTHISP

KH-6. Thinking of this same male partner with whom you last had any sexual experience, is he Hispanic or Latino, or of Spanish origin?

Yes1
No5

{ Asked for all who have ever had any sexual experience with a male partner

MALPRTRACE

KH-7. Thinking of this same male sexual partner, which of the groups shown below describe his racial background?

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.

- American Indian or Alaska Native1
- Asian.....2
- Native Hawaiian or Other Pacific Islander..3
- Black or African American4
- White5

Non Voluntary Intercourse: Male -> Male (KI)

{ IF R's AGE < 18, GO TO KJ SERIES.
{ IF R's AGE >= 18, CONTINUE WITH KI SERIES.

EVRFORC2

KI-1. At any time in your life, have you ever been forced by a male to have oral or anal sex against your will?

- Yes.....1
- No.....5 (KJ SERIES)

{ REMAINDER OF KI SERIES ONLY ASKED IF R REPORTED EVER BEING FORCED BY A MALE
AGEFORC2

KI-2. How old were you the very first time you were forced by a male to have sexual intercourse against your will?

Age in years _____

INTROK14

KI-3. The first time this occurred, were any of these kinds of force used?

Please press [Enter] to continue.

GIVNDRG3

KI-3a. Were you given alcohol or drugs?

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

HEBIGOLD

KI-3b. Did you do what he said because he was bigger than you or a grown-up, and you were young?

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

ENDRELA3

KI-3c. Were you told that the relationship would end if you didn't have

sex?

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

WRDPRES3

KI-3d. Were you pressured into it by his words or actions, but without threats of harm?

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

THRTPHY3

KI-3e. Were you threatened with physical hurt or injury?

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

PHYSHRT3

KI-3f. Were you physically hurt or injured?

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

HELDDWN3

KI-3g. Were you physically held down?

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

STD/HIV Risk Behaviors: Males (KJ)

{ IF R REPORTED NO SEXUAL EXPERIENCE WITH A MALE PARTNER, GO TO KK-4 ATTRACT.

INTROK15

INTRO-K15. This next section is about males with whom you have had sexual contact. Think about any male with whom you have had any sexual experience.

Please press [Enter] to continue.

{ Asked for all who have ever had any sexual experience with a male partner

MALEPRTS

KJ-1. Thinking about your entire life, how many male sex partners have you had?

Number _____

{ Asked for all who have ever had any sexual experience with a male partner

MALPRT12

KJ-2. Thinking about the last 12 months, how many male sexual partners have you had in the 12 months since (INTERVIEW MONTH, INTERVIEW YEAR - 1)? Please count every partner, even those you had sex with only once in those 12 months.

Number _____

{ Asked if R ever had oral sex with a male partner (GIVORALM=1 OR GETORALM=1)

SAMORAL12

KJ-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 oral sex?

DISPLAY: [SAMYEARNUM] male partners in last 12 months

{ Asked if R ever had receptive anal sex with a male partner (ANALSEX2=1)

RECEPANAL12

KJ-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 receptive anal sex where he put his penis in your anus (butt)?

DISPLAY: [SAMYEARNUM] male partners in last 12 months

{ Asked if R ever had insertive anal sex with a male partner (ANALSEX3=1)

INSERANAL12

KJ-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 insertive anal sex where you put your penis in his anus (butt)?

DISPLAY: [SAMYEARNUM] male partners in last 12 months

{ Asked for all who have ever had any sexual experience with a male partner

SAMESEX1

KJ-3. Thinking back to the first time you ever had any sexual experience with a male partner, how old were you?

Age in years _____

{ Asked for all Rs who have ever had any sexual experience with a male partner

MSAMEREL

KJ-3a.

At the time you first had any sexual experience with a male partner, how would you describe your relationship with him?

- Married to him1
- Engaged to him2
- Living together in a sexual relationship, but not engaged3
- Going with him or going steady4
- Going out with him once in a while5
- Just friends6
- Had just met him7
- Something else8

{ IF R REPORTED NO MALE SEXUAL PARTNERS IN LAST 12 MONTHS, GO TO KJ-11 CNDLSMAL .

{ Asked if R had at least 1 male sexual partner in past year

MSMNONMON

KJ-4.

Your number of male partners in the last 12 months is displayed below. In the last 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1), how many of your male partners were having sex with other people around the same time?

DISPLAY: [SAMYEARNUM] male partners in last 12 months

MALSHT12

KJ-5. In the last 12 months, that is since (INTERVIEW MONTH, INTERVIEW YEAR - 1) have you had sex with a male who takes or shoots street drugs using a needle?

Yes1
No5

JOHN2FRQ

KJ-6. In the last 12 months, have you given a male money or drugs in exchange for having sex with you?

Yes1
No5

PROS2FRQ

KJ-7. In the last 12 months, has a male given you money or drugs to have sex with him?

Yes1
No5

HIVMAL12

KJ-8. In the last 12 months, have you had sex with a male who you knew was infected with the AIDS virus?

Yes1
No5

MSMWEB12

~~KJ-9. Some men meet their sexual partners by using the internet, and some do not. Internet includes the use of social network websites such as Facebook or MySpace, websites directed towards gay men such as Manhunt or Gay.com, dating websites, or the use of mobile social applications such as Foursquare or Grindr.~~

~~Thinking about your male sex partners in the last 12 months, did you first meet any of them using the internet?~~

~~Yes1
No5~~

MSMSORT12

KJ-10. Some men only have sex with other males that they know have the same HIV status as they do, and some do not. Thinking about your male sex partners in the last 12 months, do you usually limit your male partners to those of the same HIV status to prevent getting or transmitting HIV?

Would you say "yes, usually," "yes, some of the time," or "no"?

Yes, usually1
Yes, some of the time ...3
No5

{ Asked for all who have ever had any sexual experience with a male partner

CNDLSMAL

KJ-11. Now think of the last time you had any sexual experience with a male partner, was a condom used?

- Yes1
- No5

Sexual Attraction, Orientation, & Experience with STDs (KK)

{ IF R HAD SEXUAL ACTIVITY WITH ONLY FEMALES OR WITH ONLY MALES IN HIS LIFE,
{ GO TO KK-4 ATTRACT.

{ IF R HAD SEXUAL ACTIVITY WITH BOTH FEMALES AND MALES IN HIS LIFE,
{ BUT ONLY WITH MALES OR ONLY WITH FEMALES IN LAST 12 MONTHS,
{ GO TO KK-4 ATTRACT

{ ASKED IF R HAD BOTH MALE AND FEMALE PARTNERS IN THE LAST 12 MONTHS

CONDALLS

KK-1. The very last time you had any type of sex -- that is vaginal intercourse or anal sex or oral sex -- with a male or female partner, was a condom used?

- Yes1
- No5 (KK-3a DATEAPP)

MFLASTP

KK-2. Was that last sexual partner male or female?

- Male1 (KK-3a DATEAPP)
- Female2

{ ASKED ONLY IF LAST SEXUAL PARTNER WAS A FEMALE

WHYCOND

KK-3. Was the condom used...

- To prevent pregnancy1
- To prevent diseases like gonorrhea, chlamydia, syphilis, herpes or AIDS,2
- For both reasons3
- Or for some other reason4

{ Asked for all Rs

DATEAPP

KK-3a. In the past 12 months, have you had sex with anyone you first met using a dating or "hookup" website or mobile app? Sex includes vaginal, anal and oral sex.

- Yes1
- No5

ATTRACT

KK-4. People are different in their sexual attraction to other people. Which best describes your feelings? Are you...

- Only attracted to females1
- Mostly attracted to females2
- Equally attracted to females and males3

Mostly attracted to males4
Only attracted to males5
Not sure6

{ ASKED FOR ALL - USED IN RANDOM HALF SAMPLE OF NSFG RESPONDENTS

ORIENT_A

KK-5a. Do you think of yourself as ...

Heterosexual or straight.....1
Homosexual or gay.....2
Or bisexual3

{ ASKED FOR ALL - USED IN RANDOM HALF SAMPLE OF NSFG RESPONDENTS

ORIENT_B

KK-5b.

Which of the following best represents how you think of yourself?

Gay.....1
Straight, that is, not gay.....2
Bisexual3
Something else4

INTROK16

KK-6. These next questions are about your sexual and reproductive health.

{ Asked for all Rs aged 15-25

CONFCONC

KK-6a. Would you ever not go for sexual or reproductive health care because your parents might find out?

Yes1
No5

{ Asked for all Rs aged 15-17

TIMALON

KK-6b. The last time you had a health care visit in the past 12 months, did a doctor or other health provider spend any time alone with you without a parent, relative or guardian in the room?

Enter 6 if you did not have a health care visit in the past 12 months.

Yes1
No5

{ Asked for all Rs

RISKCHK1

KK-6c. In the last 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1), has a doctor or other medical care provider asked you about your sexual orientation or the sex of your sexual partners?

Yes1
No5

{ Asked for all Rs

RISKCHK2

KK-6d. In the last 12 months, has a doctor or other medical care provider

asked you about your number of sexual partners?

Yes1
No5

{ Asked for all Rs

RISKCHK3

KK-6e. In the last 12 months, has a doctor or other medical care provider asked you about your use of condoms?

Yes1
No5

{ Asked for all Rs

RISKCHK4

KK-6f. In the last 12 months, has a doctor or other medical care provider asked you about the types of sex you have, whether vaginal, oral, or anal?

Yes1
No5

{ Asked if R >=18 years and has had anal sex with male partner in last year

RECTDOUCH

KK-6g. Some men use a rectal douche before or after anal sex, and some do not. During the last 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1) how often, if at all, did you use a rectal douche?

Never1
Once or twice during the year2
Several times during the year3
About once a month4
About once a week5
About once a day or more6

{ Asked for all Rs

STDST12

KK-7. In the past 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1), have you been tested by a doctor or other medical care provider for a sexually transmitted disease like gonorrhea, chlamydia, herpes, or syphilis?

Yes1
No5 (GO TO KK-8 STDTRT12)

{ Asked only for Rs who said "yes" to STDST12

STDSITE12

KK-7b. ASK IF KK-7 STDST12 = 1 (YES):
In the past 12 months, have you been tested by a doctor or other medical care provider for a sexually transmitted disease like gonorrhea or chlamydia in your throat or pharynx or your rectum (anus or butt)?

Yes1
No5

{ Asked for all Rs

STDTRT12

KK-8. In the past 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?

Yes1
No5

{ Asked for all Rs

GON

KK-9. In the last 12 months, have you been told by a doctor or other provider that you had gonorrhea?

Yes1
No5

{ Asked for all Rs

CHLAM

KK-10. In the last 12 months, have you been told by a doctor or other medical care provider that you had chlamydia?

Yes1
No5

{ Asked for all Rs

HERPES

KK-11. At any time in your life, have you ever been told by a doctor or other medical care provider that you had genital herpes?

Yes1
No5

{ Asked for all Rs

GENWARTS

KK-12. At any time in your life, have you ever been told by a doctor or other medical care provider that you had genital warts?

Yes1
No5

{ Asked for all Rs

SYPHILIS

KK-13. At any time in your life, have you ever been told by a doctor or other medical care provider that you had syphilis?

Yes1
No5

{ Asked if R reported never injecting drugs other than those prescribed in the past 12 months (INJECT12=1) or DK/RF

EVRINJECT

KK-14. At any time in your life, have you ever shot up or injected drugs other than those prescribed for you?

Yes1
No5 (KL Series)

{ Asked if R reported ever injecting drugs other than those prescribed in past 12 months (INJECT12=2,3,4)

EVRSHARE

KK-15. At any time in your life, have you ever shot up or injected drugs with a needle that someone else had used before you?

Yes1

No5

Individual Earnings and Family Income and Public Assistance (KL)

{ ASKED FOR ALL

INTROK17

KL-0. 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.

{ ASKED IF R EVER WORKED

EARNTYPE

KL-0a. Next, please enter your total earnings before taxes (on your last job). Will it be easier for you to enter your total earnings per week, per month, or per year?

Week.....1

Month.....2

Year.....3

EARN

KL-0b. Which category represents your total (weekly/monthly/yearly) earnings before taxes (on your last job)?

(WEEKLY INCOME CATEGORIES)

- 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
- \$1,442-1,922.....14
- \$1,923 or more.....15

(MONTHLY INCOME CATEGORIES)

- UNDER \$417.....1
- \$ 417-624.....2
- \$ 625-832.....3
- \$ 833-1,041.....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
\$6,250-8,332.....	14
\$8,333 or more.....	15

(YEARLY INCOME CATEGORIES)

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
\$75,000-99,999.....	14
\$100,000 or more.....	15

{ASKED IF R ANSWERED DK OR RF ON KL-0b EARN

EARNDK1

KL-0c. Was it \$20,000 or more per year?

- Yes.....1
- No.....5 (GO TO KL-1 INTROK18)

{ASKED IF R ANSWERED "YES" TO KL-0c EARNDK1

EARNDK2

KL-0d. Was it \$50,000 or more per year?

- Yes.....1
- No.....5 (GO TO KL-1 INTROK18)

{ASKED IF R ANSWERED "YES" TO KL-0d EARNDK2

EARNDK3

KL-0e. Was it \$75,000 or more per year?

- Yes.....1
- No.....5 (GO TO KI-1 INTROK18)

{ASKED IF R ANSWERED "YES" TO KL-0e EARNDK3

EARNDK4

KL-0f. Was it \$100,000 or more per year?

- Yes1
- No5

{ READ IF HOUSEHOLD INCLUDES MORE THAN JUST R.

INTROK18

KL-1. 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 (year of interview - 1). When answering these questions, please remember that "combined family income" means your income plus your wife's income, income from any of your family members that live here, and income from any of your wife's family members that live here, before taxes.

{THERE ARE OTHER WORDING VARIANTS, DETERMINED BY HOUSEHOLD SIZE & COMPOSITION

Please press [Enter] to continue.

SOURCES

KL-1a.

IF ROSCNT = 1, ASK:

Please look at the list of possible sources of income on the back of last card in the showcard booklet. In thinking about your income, please include any income you received last year from any of those sources. When you have read through the list please press the [Enter] key to continue.

ELSE IF ROSCNT > 1, ASK:

Please look at the list of possible sources of income on the back of the last card in the showcard booklet. In thinking about your combined family income, please include any income anyone in your family received last year from any of those sources. When you have read through the list please press the [Enter] key to continue.

TOINCWMY

KL-2.

Remember, this item is important and your answers will be kept confidential. Will it be easier for you to report (your/the) total income (LASTYEAR_FILL) per week, per month, or per year?

- Week.....1
- Month.....2
- Year.....3

TOTINC

KL-3.

Which category represents (your total (weekly/monthly/yearly) income/the total combined (weekly/monthly/yearly) income of your family) in the year (year of interview - 1)? Please enter the amount before taxes.

{ ONSCREEN NOTES REMIND R OF WHOSE INCOME TO INCLUDE

(WEEKLY INCOME CATEGORIES)

- 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
\$1,442-1,922.....	14
\$1,923 or more.....	15

(MONTHLY INCOME CATEGORIES)

UNDER \$417.....	1
\$ 417-624.....	2
\$ 625-832.....	3
\$ 833-1,041.....	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
\$6,250-8,332.....	14
\$8,333 or more.....	15

(YEARLY INCOME CATEGORIES)

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
\$75,000-99,999.....	14
\$100,000 or more.....	15

{ IF KL-3 TOTINC IS REPORTED, GO TO KL-4 PUBASST.

{ ASKED IF INCOME = DK OR RF

FMINCDK1

KL-3a. Was it less than \$50,000 or \$50,000 or more in (year of interview - 1)?

Less than \$50,000.....	1
\$50,000 or more	5 (GO TO KL-3d FMINCDK4)

{ ASKED IF INCOME WAS LESS THAN \$50,000

FMINCDK2

KL-3b. Was it less than \$35,000?

Yes.....	1
No.....	5 (GO TO KL-4 PUBASST)

{ ASKED IF INCOME WAS LESS THAN \$35,000

FMINCDK3

KL-3c. Was it less than (poverty threshold for a family the size of the respondent's)?

Yes.....1 (GO TO KL-4 PUBASST)

No.....5 (GO TO KL-4 PUBASST)

(ASKED IF INCOME WAS MORE THAN \$50,000

FMINCDK4

KL-3d. Was it \$75,000 or more last year?

Yes1

No5 (GO TO KL-4 PUBASST)

(ASKED IF INCOME WAS MORE THAN \$75,000

FMINCDK5

KL-3e. Was it \$100,000 or more per year?

Yes1

No5

{ ASKED FOR ALL

PUBASST

KL-4. At any time during (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.

Yes1

No5 (GO TO KL-6 FOODSTMP)

{ ASKED IF ANY GOVT PAYMENTS WERE REPORTED

PUBASTYP

KL-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

KL-6. The next question is about SNAP, the Supplemental Nutrition Assistance Program, formerly known as the Food Stamp Program. SNAP benefits are provided on an electronic debit card called [DISPLAY STATE PROGRAM NAME(S)] or EBT card. In the year (year of interview - 1), did you or any members of your family living here receive food stamps or SNAP benefits?

Yes1
No5

{ ASKED FOR ALL

WIC

KL-7. In the year (year of interview - 1), did you or any members of your family living here receive WIC, the Women, Infants, and Children Nutrition Program?

Yes1
No5

{ ASKED FOR ALL

HLPTRANS

KL-8a. In the year (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

KL-8b. *(In the year (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

KL-8c. *(In the year (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

{ ASKED FOR ALL

FREEFOOD

KL-9. In the last 12 months, did you receive free or reduced-cost food or meals because you couldn't afford to buy food?

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

HUNGRY

KL-10. In the past 12 months, were you or any member of your family ever hungry, but you just couldn't afford more food?

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

MED_COST

KL-11. In the past 12 months, was there anyone in your household who needed to see a doctor or go to the hospital but couldn't go because of the cost?

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.*