

## Attachment 4 – Female CAPI-lite Questionnaire

### National Survey of Family Growth FEMALE 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) female questionnaire, showing basic question wording and routing. The full specifications, used in programming the questionnaire, are 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

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

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

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

**3A.**

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

**TERMINATION SCRIPTS:**

**TERMAGE**

AA-3A.

That's all the questions I have for you. Thank you for your time.

ENTER [1] TO EXIT INTERVIEW

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

**TERM**

AA-3.

In this survey we are only interviewing women who are between 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

**Hispanic Origin and Race (AC)**

**HISP**

AC-1.

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

[HELP AVAILABLE]

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

**INTROCARD**

A-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

**HISGRP**

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 Chicana.....3  
Central or South American.....4  
Another Hispanic, Latina, 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.

White .....1  
Black or African American.....2  
American Indian or Alaska Native.....3  
  
Asian Indian.....4  
Chinese .....5  
Filipino .....6  
Japanese.....7  
Korean.....8  
Vietnamese .....9  
Other Asian .....10  
  
Native Hawaiian .....11  
Guamanian or Chamorro .....12  
Samoan .....13  
Other Pacific Islander .....14

{ 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 RRACE AC-3)

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

**OBSERVE**

AC-5. ♦ ENTER race of respondent by observation

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

{ Asked of all Rs

**PRIMLANG**

AC-6. What language(s) 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 HERSELF PROVIDED THE SCREENER INFORMATION, (IS THE "SCREENER INFORMANT"), SHE ONLY PROVIDES RELATIONSHIP ("Relar") OF EACH PRE-FILLED HOUSEHOLD MEMBER. IF SHE IS NOT THE SCREENER INFORMANT, SHE VERIFIES THE INFORMATION OF EACH PRE-FILLED HOUSEHOLD MEMBER AND PROVIDES RELATIONSHIP.)

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

{ASKED OF ALL RESPONDENTS:

**Verify[X]**

AD-0. I would like to get some additional information about the people in this household. / I would like to go over the information that I have about the people in this household.

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

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

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

Is there anyone else who lives here?

*If no, GO TO AD-7 ENDROSTER*

*If yes, CONTINUE*

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

**Name[X]**

AD-1. *Enter name or initials of person who usually lives here.*

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

**UsualRes[X]**

AD-2. Is this address considered to be (NAME[X])'s usual residence?

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

**Sex[X]**

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

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

**Age[X]**

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

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

Age \_\_\_\_\_

**Relar[X]**

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

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

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

(IF HOUSEHOLD MEMBER IS MALE, DISPLAY:)

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

(IF HOUSEHOLD MEMBER IS FEMALE, DISPLAY:)

Wife/spouse.....	1
Female unmarried partner .....	2
Biological daughter .....	3
Step-daughter (daughter of spouse) .....	4
Adopted daughter .....	5
Legal ward .....	6
Foster child .....	7
Partner's daughter .....	8
Granddaughter .....	9
Niece .....	10
Biological mother .....	11
Step-mother (wife of father) .....	12
Adoptive mother .....	13
Legal guardian .....	14
Foster parent .....	15
Your parent's female partner .....	16
Grandmother .....	17
Aunt .....	18
Sister .....	19
Other female relative .....	20
Roommate (female) .....	21
Tenant or boarder (female) .....	22
Other female nonrelative .....	23

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

**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 pregnancies, children you have 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?

♦ 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 sex .....2
- Widowed .....3
- Divorced or annulled .....4
- Separated, because you and your spouse are  
not getting along .....5
- Never been married .....6

{ 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?

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

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

**HPLOCATN**

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

- Friend's home.....1

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

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

**RELMAN[X]**

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

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

**Calendar Intro (AE)**

**CALENDAR\_1**

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

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

**CALENDAR\_2**

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

**CALENDAR\_3**

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

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

*ENTER [1] to continue*

**CALENDAR\_4**

AE\_4. Sometimes we'll be asking how old you were at a particular event in your life. Remember that your age at the event will depend on whether it

happened before or after your birthday in that year. You can use the calendar to help figure that out.

Now let's continue with the interview.

ENTER [1] to continue

**Regular school and GED (AF)**

{ASKED OF ALL RESPONDENTS:  
**GOSCHOL**

AF-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 she is "taking GED courses now", or "taking a semester or quarter off", or in "vocational school", enter [5].*

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

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

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

[HELP AVAILABLE]

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

**HIGRADE**

AF-3. Please look at Card 8. What (is the highest grade or year of (regular) school you have ever attended / grade or year of school are you in / were you in before vacation began)?

[HELP AVAILABLE]

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

- 5 years of college/grad school .....17
- 6 years of college/grad school .....18
- 7 or more years of college and/or grad school ...19

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

{ASKED IF HIGHEST GRADE ATTENDED IS 1 THROUGH 19

**COMPGRD**

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

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

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

{ ASKED IF R HAS 12 YRS OF SCHOOLING

**DIPGED**

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

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

AF-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**

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

*ENTER year in 4 digits \_\_\_\_\_*

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

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

AF-8. (Not counting your GED classes,) what is the highest grade of

elementary, junior high or middle school, or high school you have ever attended?

[HELP AVAILABLE]

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

{ ASKED IF R LEFT ELEM/JUNIOR/HIGH SCHOOL BEFORE HIGH SCHOOL GRADUATION  
**MYSCHOL\_M, MYSCHOL\_Y**

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

[HELP AVAILABLE]

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

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

{ASKED IF HIGHEST GRADE >12

**HAVEDEG**

AF-10. Do you have any college or university degrees?

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

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

{ASKED IF R HAS A COLLEGE DEGREE

**DEGREES**

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

- Associate's degree .....1 (GO TO AG SERIES)
- Bachelor's degree .....2
- Master's degree .....3
- Doctorate degree .....4
- Professional School degree ...5

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

**EARNBA\_M, EARNBA\_Y**

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

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

*ENTER month and year*

\_\_\_\_\_

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

**EXPSCHL**

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

[HELP AVAILABLE]

Yes .....1 (ASK AF-13a)

No .....5 (GO TO AG-0)

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

**EXPGRADE**

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

[HELP AVAILABLE]

- 1st grade .....1
- 2nd grade .....2
- 3rd grade .....3
- 4th grade .....4
- 5th grade .....5
- 6th grade .....6
- 7th grade .....7
- 8th grade .....8
- 9th grade .....9
- 10th grade .....10
- 11th grade .....11
- 12th grade .....12
- 1 year of college or less .....13
- 2 years of college .....14
- 3 years of college .....15
- 4 years of college/grad school .....16
- 5 years of college/grad school .....17
- 6 years of college/grad school .....18
- 7 or more years of college and/or grad school ...19

**Childhood Background (AG)**

**AGINTRO**

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

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

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

**ONOWN**

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

Please include times you were away at college or in the Armed Forces. But, do not include times you were away at boarding school for elementary, middle, or high school, or living in an institution or jail or group home. Also, please do not include temporary supervised arrangements such as summer camp.

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

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

**INTACT**

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

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

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

{ ASKED OF ALL

**PARMARR**

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

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

{ASKED IF R DID NOT LIVE WITHBOTH PARENTS WHILE GROWING UP

**LVSIT14F**

AG-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 female .....9

{ASKED IF R DID NOT LIVE WITH BOTH PARENTS WHILE GROWING UP  
**LVSIT14M**

AG-4. *Ask if necessary:*

[HELP AVAILABLE]

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

*ENTER male adult*

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

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

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

*If there is more than one woman R considers raised her, and they are equally important, probe for parent-figure during the teen years.*

- Biological mother.....1
- Adoptive mother.....2
- Step-mother.....3
- Father's girlfriend.....4
- Foster mother.....5
- Grandmother.....6
- Other female relative....7
- Female non-relative.....8
- No such person.....9
- Other .....10

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

{ASKED IF R HAD A MOTHER OR ANY MOTHER-FIGURE WHO RAISED HER  
**MOMDEGRE**

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

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

**MOMWORKD**

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

[HELP AVAILABLE]

- Full-time .....1
- 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 HER

**MOMFSTCH**

AG-9. How old was she 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**

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

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

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

**MANRASDU**

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

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

{ NOW ASKED OF ALL Rs

**FOSTEREV**

AG-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**

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

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

*ENTER number*

{ ASKED IF R EVER LIVED WITH A FOSTER PARENT

**DURFSTER**

AG-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

**SECTION B**

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

**BINTRO\_1**

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

**MENARCHE AND CURRENT PREGNANCY (BA)**

**MENARCHE**

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

[HELP AVAILABLE]

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

{ NOW ASKED FOR ALL Rs REGARDLESS OF MENARCHE

**PREGNOWQ**

BA-2. Are you pregnant now?

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

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

**MAYBPREG**

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

Probably pregnant ..... 1  
Probably not pregnant .. 5

{ NOW ASKED FOR ALL Rs REGARDLESS OF MENARCHE

**BINTRO\_2**

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

**NUMBER OF PREGNANCIES (BB)**

{ NOW ASKED FOR ALL Rs REGARDLESS OF MENARCHE

**NUMPREGS**

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

Number \_\_\_\_\_

{ ASKED IF CURRENTLY PREGNANT

{ R CAN ANSWER IN WEEKS OR MONTHS

**HOWPREG\_N**

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

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

**HOWPREG\_P**

BB-2. 2 of 2

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

Weeks....1  
Months...2

{ IF DK HOW MANY MONTHS OR WEEKS PREGNANT

**NOWPRGDK**

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

[HELP AVAILABLE]

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

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

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

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

**BINTRO\_3**

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

**PREGEND**

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

[HELP AVAILABLE]

ENTER all that apply.

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

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

{ASKED IF R RESPONDED DK OR REF TO PREGEND

**HOWENDDK**

BC-1b. I understand that you may not want to answer this question in detail. If you are willing to say, did this pregnancy result in a

baby or babies born alive, or did it end in some other way?

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

{ IF PREGNANCY ENDED IN ANY LIVE BIRTH

**NBRNALIV**

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

Number \_\_\_\_\_

{ IF MORE THAN 1 LIVEBORN BABY REPORTED FROM THIS PREGNANCY

**MULTBRTH**

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

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

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

{ IF THIS PREGNANCY DID NOT RESULT IN LIVEBIRTH

**DATPRGEN\_M, DATPRGEN\_Y**

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

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

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

**AGEATEND**

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

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

{ IF THIS PREGNANCY DID NOT RESULT IN LIVEBIRTH

**HPAGEEND**

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

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

{ ASKED FOR EACH COMPLETED PREGNANCY, REGARDLESS OF OUTCOME

**GESTASUN\_M, GESTASUN\_W**

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

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

{ IF GESTATIONAL LENGTH REPORTED, GO TO BD SERIES.

{ IF GESTATIONAL LENGTH = DK/RF, CONTINUE WITH DK FOLLOW-UP QUESTIONS.

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

**DK1GEST**

BC-6. Was it...

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

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

**DK2GEST**

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

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

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

**DK3GEST**

BC-8. Was it...

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

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

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

**BABYNAME**

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

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

{ IF MORE THAN 3 BABIES BORN ALIVE FROM THIS PREGNANCY

**BINTRO\_4**

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

{ ASKED FOR EACH LIVEBORN BABY FROM THIS PREGNANCY

**BABYSEX**

BD-2. ASK IF NECESSARY: (Is/Was) (BABY NAME) male or female?

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

{ ASKED FOR EACH LIVEBORN BABY FROM THIS PREGNANCY

{ INTERVIEWER ENTERS BOTH POUNDS & OUNCES

**BIRTHWGT\_LB, BIRTHWGT\_OZ**

BD-3. How much did (BABY NAME) weigh at birth?

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

{ ASKED FOR EACH LIVEBORN BABY FROM THIS PREGNANCY

{ IF BIRTHWEIGHT IS NOT KNOWN OR REFUSED

**LOBTHWGT**

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

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

{ IF ALL BABIES FROM THIS PREGNANCY HAVE BEEN DESCRIBED,  
 { CONTINUE WITH BD-5 BABYDOB.  
 { ELSE RETURN TO BD-1 BABYNAME FOR NEXT BABY FROM THIS PREGNANCY.

{ ASKED FOR THE DELIVERY

**BABYDOB\_M, BABYDOB\_Y**

BD-5. IF NUMBER OF BABIES BORN ALIVE IS NOT DK OR RF, ASK:  
In what month and year (was she/was he/were the [MULT]) born?

ELSE IF NUMBER OF BABIES BORN ALIVE = DK OR RF, ASK:  
 In what month and year did this pregnancy end?

[HELP AVAILABLE]

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

{ ASKED FOR ALL PREGNANCIES RESULTING IN LIVEBIRTH

**HPAGELB**

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

Age \_\_\_\_\_

{ IF DELIVERY OCCURRED EARLIER THAN January [YEAR OF INTERVIEW - 5], GO TO BG SERIES.  
 { IF DELIVERY OCCURRED IN January [YEAR OF INTERVIEW - 5] OR LATER, CONTINUE WITH BD-7 BIRTHPLC.

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

**BIRTHPLC**

BD-7. Where did you give birth? Was it in a hospital, in a birthing center, in your home, or some other place?

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

**PAYBIRTH**

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

[HELP AVAILABLE]

*ENTER all that apply.*

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

Some other way .....5

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

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

**CSECPRIM**

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

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

{ Asked only if this was first cesarean

**CSECMED**

BD-10. Please look at CARD 16b. Which of these medical reasons, if any,  
were there for this cesarean delivery?

♦ ENTER all that apply

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

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

**SP\_CSECMED**

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

TYPE: (Enter verbatim response)

**NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.**

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

**CSECPLAN**

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

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

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

**KNEWPREG**

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

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

{ IF BE-1 KNEWPREG = DK OR RF AND PREGNANCY LASTED LESS THAN 3 MONTHS,

{ GO TO BI SERIES.

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

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

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

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

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

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

{ ASKED FOR EACH RECENT PREGNANCY  
**PRIORSMK**

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

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

{ ASKED FOR EACH RECENT PREGNANCY  
**POSTSMKS**

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

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

{ ASKED IF SMOKED AT ALL AFTER LEARNING SHE WAS PREGNANT  
**NPOSTSMK**

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

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

{ ASKED FOR EACH RECENT PREGNANCY  
**GETPRENA**

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

pregnancy check-ups?

[HELP AVAILABLE]

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

{ IF WENT FOR PRENATAL CARE

**BGNPRENA**

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

[HELP AVAILABLE]

Number \_\_\_\_\_

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

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

**PNCTRIM**

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

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

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

**LPNCTRI**

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

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

{ IF PREGNANCY DID NOT END IN LIVE BIRTH, GO TO BI SERIES.  
{ ELSE CONTINUE WITH BG SERIES.

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

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

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

{ ASKED IF NOT ALREADY APPARENT THAT CHILD LIVES WITH R

**LIVEHERE**

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

ENTER "Yes" if child usually lives with R.

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

{ ASKED IF CHILD NOT LIVING WITH R

**ALIVENOW**

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

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

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

{ ASKED IF CHILD IS DECEASED

**WHENDIED\_M, WHENDIED\_Y**

BG-3. When did (BABY NAME) die?

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

{ ASKED IF CHILD IS ALIVE BUT NOT LIVING WITH R

**WHENLEFT\_M, WHENLEFT\_Y**

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

[HELP AVAILABLE]

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

{ ASKED IF CHILD IS ALIVE BUT NOT LIVING WITH R

**WHERE NOW**

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

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

{ IF CHILD IS LIVING WITH ADOPTIVE FAMILY, AND DID NOT LIVE AT LEAST 2 MONTHS

{ WITH R, GO TO BI SERIES.

{ ELSE IF CHILD IS LIVING WITH ADOPTIVE FAMILY, BUT DID LIVE AT LEAST 2

{ MONTHS WITH R, GO TO BH SERIES.

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

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

**LEGAGREE**

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

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

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

{ OTHER RELATIVES, LIVING ON OWN, OR LIVING IN SOME OTHER PLACE.

**PARENEND**

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

*ENTER "No" if R's parental rights have been terminated.*

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

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

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

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

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

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

Yes ..... 1  
No ..... 5 (GO TO BH-5a MDSOLID)

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

{ ASKED IF CHILD IS LESS THAN 1 YEAR OLD  
**FEDSOLID**

BH-2. Besides breastmilk, babies are sometimes given formula, baby food, or other liquid or solid foods. (Did you feed/Have you fed) [BABY NAME] something other than breast milk yet?

Yes .....1  
No .....5 (BH-5a MDSOLID)

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

**FRSTEATD\_N**

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

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

**FRSTEATD\_P**

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

♦(FRSTEATD\_N) (Month(s)/Week(s)/Day(s))

Months ...1  
Weeks ....2  
Days .....3

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

{ ASKED IF CHILD AGED 2 YEARS OR YOUNGER  
**QUITNURS**

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

Yes .....1  
No .....5 (GO TO BH-5a MDSOLID)

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

**AGEQTNUR\_N**

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

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

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

**AGEQTNUR\_P**

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

♦(AGEQTNUR\_N) (Month(s)/Week(s)/Day(s))

- Months ...1
- Weeks ....2
- Days .....3

{ ASKED IF CHILD IS BETWEEN 6 MONTHS & 5 YEARS AND LIVES WITH R

**MDSOLID**

BH-5a. Now I have a few more questions about [BABYFILL]. (When (he/she) was an infant,) (Did/did) your child's doctor or other health care provider talk with you about when to start feeding (him/her) solid foods?

- Yes ..... 1
- No ..... 5 (BH-5c MDNUTRIT)

{ ASKED IF BH=5A MDSOLID=1

**WHNSOLID**

BH-5b. At what age did your child's doctor or other health care provider recommend that you start feeding (him/her) solid foods? Was it...

- Before 4 months of age .....1
- 4 to 5 months of age .....2
- 6 months of age or older ....3

{ ASKED IF CHILD IS BETWEEN 6 MONTHS & 5 YEARS OLD AND LIVES WITH R

**MDNUTRIT**

BH-5c. Thinking still about [BABYFILL], which of the topics shown on Card 19a has (his/her) doctor or other health care provider discussed with you?

♦ ENTER all that apply

- Offering foods with many different tastes and textures .....1
- Not forcing child to finish food or bottles, even if not interested or didn't have much .....2
- Offering a variety of fruits and vegetables .....3
- Limiting foods and drinks with added sugar (such as candy, cookies, soda, juice) .....4
- Limiting eating meals in front of tv or other electronic devices .....5
- None of the above topics .....6

{ IF MORE BABIES TO DISCUSS FROM THIS PREGNANCY, RETURN TO BG SERIES.

{ If elements needed for CNFMPREG are missing and this is not a current pregnancy, then the text of CNFMPREG is adjusted accordingly. See CRQ for details.

**CNFMPREG**

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

IF PREGNANCY ENDED IN A LIVE BIRTH:

This pregnancy ended in the birth of (1 baby (named [BABY NAME])/ [BORNALIV] babies (named [BABY NAME])). This pregnancy began in (mo/yr corresponding to cmprgbeg), lasted (GESTASUN\_M) month(s) and (GESTASUN\_W) week(s) and ended in (mo/yr corresponding to cmprgbeg). Is this correct?

IF PREGNANCY DID NOT END IN A LIVE BIRTH:

This pregnancy did not end in a live birth. This pregnancy began in (mo/yr corresponding to cmprgbeg), lasted ((GESTASUN\_M) month(s) and (GESTASUN\_W) week(s) and ended in (mo/yr corresponding to cmprgbeg). Is this correct?

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

♦ After R has verified the pregnancy information, including the estimated conception date, the interviewer reads this calendar instruction:

Please record the month and year when this pregnancy began using a "P" in the appropriate box on your calendar's "Births & Other Pregnancies" row. You may wish to draw a line from the beginning to the ending month of this pregnancy. If pregnancy began before [mo/yr corresponding to 3 years before interview], please record this, including the date, in the box for "Before [mo/yr corresponding to 3 years before interview]".

{ CONTINUE WITH NEXT PREGNANCY, IF THERE IS ONE.  
{ IF NO MORE PREGNANCIES TO DISCUSS, GO TO BI SERIES.

**CONFIRMATION OF REPORTED PREGNANCIES (BI)**

{ AT CONCLUSION OF THIS SERIES, ALL PREGNANCY DATA SHOULD BE PASSED FORWARD IN **CHRONOLOGICAL ORDER** (based on pregnancy end dates) WITH KEY DATA ITEMS FOR EACH PREGNANCY CONFIRMED/CORRECTED BY RESPONDENT. ALSO, THERE SHOULD BE NO OVERLAPPING PREGNANCIES, based on pregnancy start and end dates.

**INTR\_ORD**

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

**CHKORDER**

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

**EXAMPLE:**

Your 1<sup>st</sup> pregnancy did not end in a live birth. This pregnancy began in March 2002, lasted 3 months and 2 weeks and ended in June 2002.  
Your 2<sup>nd</sup> pregnancy ended in the birth of 1 baby (named George).

**This pregnancy began in April 2004, lasted 9 month(s) and 1 week(s) and ended in December 2004.]**

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

{ TABLE APPEARS with as many rows as are needed for the reported pregnancies  
 { PREGNANCY START DATE (estimated) will be added to this table

PRGVERIF	Outcome	Numlvbrn	Multborn	Gestlen_m	Gestlen_w	Enddate_m	Enddate_y

**PRGVERIF[X]**

BI-3.

WHEN CURSOR IN FIRST ROW, DISPLAY:  
 First, let's correct the information about your pregnancies.

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

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

WHEN CURSOR IN LAST ROW, DISPLAY:  
 You have reached the end of the grid.

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

*If all pregnancies have been verified, ENTER [1].  
 If R reports an additional pregnancy, ENTER [5].*

ELSE, DISPLAY:

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

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

Information is correct.....1  
 Information is incorrect.....5  
 Pregnancy did not occur.....96

**OUTCOME[X]**

BI-4.

In which of the following ways did this pregnancy end?

Live birth .....1  
Non-live birth.....2

**NUMLVBRN[X]**

BI-4a. With this pregnancy, how many babies did you have that were born alive?  
Please include babies that may have died shortly after birth and babies that you placed for adoption.

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

**MULTBORN[X]**

BI-4b. IF BI-4a NUMLVBRN[X] = 2, ASK:  
Did you have twins?

ELSE IF BI-4a NUMLVBRN[X] = 3, ASK:  
Did you have triplets?

ELSE IF BI-4a NUMLVBRN[X] > 3, ASK:  
Did you have all of these babies with this [nth] pregnancy?

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

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

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

♦ *After R has reported the number of weeks, say:*  
Please make sure the month and year when this pregnancy began is correctly recorded on the lines below the calendar and marked with a "P" in the appropriate box on your calendar's "Births & Other Pregnancies" row.

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

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

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

[CALENDAR REFERENCE]

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

**FIXORDER**

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

**EXITORDR**

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

{ IF R IS YOUNGER THAN 18, SHE IS SKIPPED TO SECTION C.

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

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

**OTHERKID**

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

[HELP AVAILABLE]

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

{ ASKED IF R CARED FOR AN UNRELATED CHILD

**NOTHRKID**

BJ-2. How many children?

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

**OKDNAME**

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

Child's name/initials \_\_\_\_\_ **(NO NAMES OR INITIALS ARE PLACED ON THE FINAL DATA FILE.)**

**BINTRO\_5a**

BJ-0.

Now I need to get this information for [CHILD'S NAME].

{ BEGIN LOOP TO ASK ABOUT EACH CHILD REPORTED

{ ASKED FOR EACH NONBIOKID REPORTED IN BJ-3 OKDNAME

**SEX0THKD**

BJ-4. [ASK IF NECESSARY:] Is (CHILD'S NAME) male or female?

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

{ ASKED FOR EACH NONBIOKID REPORTED IN BJ-3 OKDNAME

**RELOTHKD**

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

[HELP AVAILABLE]

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

{ ASKED FOR EACH NONBIOKID REPORTED IN BJ-3 OKDNAME

**ADPTOTKD**

BJ-6. 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

{ IF R REPORTED ADOPTING THIS CHILD, GO TO BJ-8 STILHERE.  
 { ELSE IF R REPORTED BECOMING GUARDIAN TO THIS CHILD, ASK BJ-7a TRYADOPT.  
 { ELSE IF R SAID "NEITHER," GO TO BJ-7b TRYEITHR.

{ ASKED IF R BECAME LEGAL GUARDIAN TO THIS CHILD

**TRYADOPT**

BJ-7a. Are you in the process of trying to legally adopt [CHILD's NAME]?

[HELP AVAILABLE]

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

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

**TRYEITHR**

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

[HELP AVAILABLE]

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

{ ASKED FOR EACH NONBIOKID REPORTED IN BJ-3 OKDNAME

**STILHERE**

BJ-8. Is (CHILD's NAME) still living with you?

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

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

{ ASKED IF CHILD LIVES WITH R

**DATKDCAM\_M, DATKDCAM\_Y**

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

[HELP AVAILABLE]

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

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

{ ASKED IF CHILD LIVES WITH R AND IS NEITHER STEPCHILD NOR PARTNER'S CHILD

**OTHKDFOS**

BJ-10. 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?

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

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

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

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

BJ-11. In what month and year was (CHILD'S NAME) born?

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

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

BJ-12. Is (CHILD'S NAME) Hispanic or Latino, or of Spanish origin?

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

OTHKDRAC

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

[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.

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

{ ASKED IF MORE THAN 1 RACE REPORTED

KDBSTRAC

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

[HELP AVAILABLE]

{ Display only those categories reported in BJ-23 OTHKDRAC

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

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

[HELP AVAILABLE]

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

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

**OKDISABL**

BJ-16. Does (CHILD'S NAME) have a physical disability, an emotional disturbance, or mental retardation?

[HELP AVAILABLE]

*ENTER all that apply*

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

{ END OF LOOP ABOUT NONBIOLOGICAL CHILDREN:  
{ IF ANOTHER CHILD TO DISCUSS, RETURN TO BJ-4 SEX0THKD.  
{ ELSE, CONTINUE WITH BK SERIES.

**CURRENT PLANS TO ADOPT (BK)**

{ BK SERIES ASKED IF R IS 18 YEARS OR OLDER

**BINTRO\_6**

BK-0. IF R HAS REPORTED ADOPTING A CHILD, SAY:  
The next questions are about any plans you currently have to adopt another child.

ELSE IF R HAS REPORTED THAT SHE IS TRYING TO ADOPT, SAY:  
The next questions are about any plans you currently have to adopt a child that has not lived with you. When answering these questions, do not count any children you are currently in the process of adopting.

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

**SEEKADPT**

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

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

{ASKED IF R IS CURRENTLY SEEKING TO ADOPT A CHILD

**CONTAGEM**

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

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

{ASKED IF R HAS TAKEN STEPS TO ADOPT

**TRYLONG**

BK-3. (Again, not counting things you've done for any children you have adopted or are currently in the process of adopting,) how long have you been seeking to adopt (a/another) child? (Has it been...)

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

{ ASKED IF R IS CURRENTLY SEEKING TO ADOPT A CHILD

**KNOWADPT**

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

[HELP AVAILABLE]

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

**PREVIOUS PLANS TO ADOPT (BL)**

{ BL SERIES ASKED IF R IS 18 YEARS OR OLDER

{ IF R IS CURRENTLY SEEKING TO ADOPT, GO TO BL-6 HRDEMBRYO.

{ ASKED IF R IS NOT CURRENTLY SEEKING TO ADOPT

**EVWNTANO**

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

- Yes ..... 1
- No ..... 5 (GO TO BL-6 HRDEMBRYO)

{ ASKED IF R EVER CONSIDERED ADOPTING A CHILD

**EVCONTAG**

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

- Yes ..... 1
- No ..... 5 (GO TO BL-6 HRDEMBRYO)

{ ASKED IF R TOOK STEPS TO ADOPT

**TURNDOWN**

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

- Turned down .....1 (GO TO BL-6 HRDEMBRYO)
- Unable to find child ....2 (GO TO BL-6 HRDEMBRYO)
- Decided not to pursue ...3

{ ASKED IF R DECIDED NOT TO PURSUE ADOPTING A CHILD

**YQUITTRY**

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

[HELP AVAILABLE]

- Adoption process only .....1
- Own situation only .....2 (GO TO BL-6 HRDEMBRYO)
- Both .....3

{ ASKED IF "ADOPTION PROCESS" CITED AT ALL

**APROCESS**

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

*ENTER all that apply*

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

{ ASKED OF ALL R'S 18 OR OLDER

**HRDEMBRYO**

BL-6. Now I have one additional question about ways to become a parent. Have you ever heard of frozen embryo donation or frozen embryo adoption as a method of family building?

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

{ ASKED IF R HAS HEARD OF EMBRYO DONATION OR ADOPTION

**SRCEMBRYO**

BL-7. Please look at Card 89. From which of these sources did you hear of embryo adoption or donation?

*ENTER all that apply*

- Health professional or counselor .....1
- Relative or friend .....2
- Television, radio or a magazine .....3
- Internet .....4
- Other ... .....5

## SECTION C

### Marital and Relationship History

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

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

{ CA SERIES ASKED IF R HAS EVER BEEN MARRIED.

#### **C\_INTRO1**

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

#### **TIMESMAR**

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

[HELP AVAILABLE]

Number \_\_\_\_\_

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

#### **HUSBNAMEX**

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

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

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

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

#### **HSBVERIF**

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

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

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

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

#### **CHVERIFY**

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

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

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

**HUSBANDS (CB)**

{ CB SERIES IS A LOOP FOR EACH HUSBAND REPORTED

**C\_INTRO2**

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

{ ASKED FOR EACH HUSBAND

**WHMARHX\_M, WHMARHX\_Y**

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

[HELP AVAILABLE]

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

{ ASKED IF MO/YR OF MARRIAGE NOT REPORTED

**AGEMARHX**

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

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

**HXAGEMAR**

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

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

{ ASKED FOR EACH HUSBAND

**DOBHUSBX\_M, DOBHUSBX\_Y**

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

{ ASKED FOR EACH HUSBAND

**LVTOGHX**

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

[HELP AVAILABLE]

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

{ ASKED IF R COHABITED PREMARITALLY WITH THIS MAN

**STRTOGHX\_M, STRTOGHX\_Y**

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

[HELP AVAILABLE]

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

{ ASKED IF R COHABITED PREMARITALLY WITH THIS MAN

**ENGAGHX**

CB-7. At the time you began living together, were you and he engaged to be married or **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 married** .....1
- Not engaged but had definite plans to get married** ....3
- No, **neither engaged nor had definite plans** .....5

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

**HISPHX**

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

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

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

**RACEHX**

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

[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.*

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

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

**BSTRACHX**

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

[HELP AVAILABLE]

{ Display only those categories reported in CB-9 RACEHX

{ ASKED ONLY FOR 1<sup>ST</sup> OR CURRENT/SEPARATED HUSBANDS

**CHEDMARN**

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

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

{ ASKED FOR EACH HUSBAND

**MARBEFHX**

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

[HELP AVAILABLE]

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

{ ASKED FOR EACH HUSBAND

**KIDSHX**

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

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

{ ASKED IF HE HAD ANY CHILDREN

**NUMKDSHX**

CB-14. How many children did he have?

Number \_\_\_\_\_

{ ASKED IF HE HAD ANY CHILDREN

**KIDLIVHX**

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

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

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

**CHKID18A**

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

Yes .....1 (CB-17 WHRCHKDS)  
No .....5 (CB-17 WHRCHKDS)

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

**CHKID18B**

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

Number \_\_\_\_\_

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

**WHRCHKDS**

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

[HELP AVAILABLE]

*ENTER all that apply*

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

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

**SUPPORTCH**

CB-18. Does (CURRENT HUSBAND) regularly contribute to the financial

support of (this child/these children) aged 18 or under?

♦ If R volunteers that her husband has joint physical custody with the child(ren)'s mother, enter 6.

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

- Yes.....1
- No.....5
- If vol: Joint physical custody..6

{ ASKED IF R HAS EVER HAD A CHILD (HASBABES=YES) AND IT IS NOT READILY APPARENT FROM THE KEY DATES THAT SHE HAS HAD A CHILD WITH THIS HUSBAND

**BIOHUSBX**

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

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

**BIONUMHX**

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

Number \_\_\_\_\_

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

**MARENDHX**

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

[HELP AVAILABLE]

- Death of husband .....1 (CB-20 WNDIEHX)
- Divorce .....2 (CB-21 DIVDATHX)
- Annulment .....3 (CB-21 DIVDATHX)

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

{ ASKED IF MARRIAGE ENDED BY DEATH OF HUSBAND

**WNDIEHX\_M, WNDIEHX\_Y**

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

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

{ ASKED IF MARRIAGE ENDED IN DIVORCE OR ANNULMENT

**DIVDATHX\_M, DIVDATHX\_Y**

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

[HELP AVAILABLE]

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

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

**WNSTPHX\_M, WNSTPHX\_Y**

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

[HELP AVAILABLE]

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

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

**CURRENT COHABITING PARTNER (CC)**

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

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

**CPNAME**

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

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

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

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

**C\_INTRO3**

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

{ ASKED FOR ALL WHO ARE CURRENTLY COHABITING

**WNSTRTCP\_M, WNSTRTCP\_Y**

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

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

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

**CPHERAGE**

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

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

{ ASKED FOR ALL WHO ARE CURRENTLY COHABITING  
**CPHISAGE**

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

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

{ ASKED FOR ALL WHO ARE CURRENTLY COHABITING  
**WNCBPN\_M, WNCBPN\_Y**

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

{ ASKED FOR ALL WHO ARE CURRENTLY COHABITING  
**CPENGAG1**

CC-6. At the time you began living together, were you and he 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 married .....1  
Not engaged but had definite plans to get married ....3  
No, neither engaged nor had definite plans .....5

{ ASKED FOR ALL WHO ARE CURRENTLY COHABITING  
**WILLMARR**

CC-7. Please look at Card 58. Do you think that you and [CHPNAME] will marry each other?

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

Definitely yes .....1  
Probably yes .....2  
Probably no .....3  
Definitely no .....4

{ ASKED FOR ALL WHO ARE CURRENTLY COHABITING  
**CPHISP**

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

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

{ ASKED FOR ALL WHO ARE CURRENTLY COHABITING  
**CPRACE**

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

[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.

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

White .....5

{ ASKED IF MORE THAN 1 RACE WAS REPORTED

**CPBESTR**

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

[HELP AVAILABLE]

{ Display only those categories reported in CC-9 CPRACE

{ ASKED FOR ALL WHO ARE CURRENTLY COHABITING

**CPEDUC**

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

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

{ ASKED FOR ALL WHO ARE CURRENTLY COHABITING

**CPMARBEF**

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

[HELP AVAILABLE]

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

{ ASKED FOR ALL WHO ARE CURRENTLY COHABITING

**CPKIDS**

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

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

{ ASKED IF HE HAD ANY CHILDREN

**CPNUMKDS**

CC-14. How many children did he have?

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

{ ASKED IF HE HAD ANY CHILDREN

**CPKIDLIV**

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

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

{ ASKED IF ONLY 1 CHILD

**CPKID18A**

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

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

{ ASKED IF MORE THAN 1 CHILD

**CPKID18B**

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

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

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

{ ASKED IF ANY CHILDREN ARE AGED 18 OR UNDER

**WHRCPKDS**

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

[HELP AVAILABLE]

*ENTER all that apply*

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

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

**SUPPORTC**

CC-18. Does (CURR COHAB PARTNER) regularly contribute to the financial support of (this child/these children)?

♦ If R volunteers that her husband has joint physical custody with the child(ren)'s mother, enter 6.

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

Yes.....1  
No.....5  
If vol: Joint physical custody..6

{ ASKED IF R HAS EVER HAD A CHILD AND IS CURRENTLY COHABITING (HASBABES=YES AND MARSTAT=2)

**BIOCP**

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

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

{ ASKED IF THEY HAVE BIO CHILDREN TOGETHER

**BIONUMCP**

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

Number \_\_\_\_\_

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

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

**C\_INTRO4**

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

**LIVE0TH**

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

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

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

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

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

**HMOTHMEN**

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

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

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

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

**OTHMANX**

CD-3. IF ONLY IF 1 FORMER COHAB PARTNER, ASK:

Please tell me the first name or the initials of the other man you lived with so that I can refer to him during the interview.

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

{ OTHER VARIANTS BASED ON NUMBER OF FORMER COHAB PARTNERS

{ BEGIN LOOP FOR ASKING ABOUT EACH FORMER COHABITING PARTNER

{ ASKED FOR EACH FORMER COHAB PARTNER

**STRTOHX\_M, STRTOHX\_Y**

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

[HELP AVAILABLE]

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

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

**HERAGECX**

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

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

{ ASKED FOR EACH FORMER COHAB PARTNER

**HISAGECX**

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

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

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

**WNBRCX\_M, WNBRCX\_Y**

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

**ENGAG1CX**

CD-8. At the time you began living together, were you and he 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 married .....1
- Not engaged but had definite plans to get married ....3
- No, neither engaged nor had definite plans .....5

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

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

**HISPCX**

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

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

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

**RACECX**

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

[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.*

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

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

**BSTRACCX**

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

[HELP AVAILABLE]

{ Display only those categories reported in CD-10 RACECX

{ ASKED FOR EACH FORMER COHAB PARTNER

**MAREVCX**

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

[HELP AVAILABLE]

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

{ ASKED FOR EACH FORMER COHAB PARTNER

**CXKIDS**

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

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

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

**BIOFCPX**

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

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

**BIONUMCX**

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

Number \_\_\_\_\_

{ ASKED FOR EACH FORMER COHAB PARTNER

**STPTOGCX\_M, STPTOGCX\_Y**

CD-14. In what month and year did you and (FORMER COHAB PARTNER) stop living together for the last time?

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

{ IF ANY MORE FORMER COHAB PARTNERS TO DISCUSS, RETURN TO CD-4 STRT0THX.  
{ ELSE IF R IS NOT CURRENTLY MARRIED OR COHABITING, CONTINUE WITH CD-15 COHCHANCE. ELSE IF R IS CURRENTLY MARRIED OR COHABITING, GO TO CE SERIES.

{ ASKED IF R IS NOT CURRENTLY MARRIED OR COHABITING

**COHCHANCE**

CD-15. Please look at Card 58. Do you think that you will ever (again) live together with a man to whom you are not married?

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

Definitely yes .....1  
Probably yes .....2

Probably no .....3  
Definitely no .....4

{ ASKED IF R IS NOT CURRENTLY MARRIED

**MARRCHANCE**

CD-16. (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 she does not know, enter [Ctrl] + [D]*

Definitely yes .....1  
Probably yes .....2  
Probably no .....3  
Definitely no .....4 (SKIP CD-17 PMARCOH)

{ ASKED IF R SAYS THAT SHE MAY (RE)MARRY SOMEDAY

**PMARCOH**

CD-17. Again, you may have already told me this, but do you think that you will live together with your future husband before getting married?

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

Definitely yes .....1  
Probably yes .....2  
Probably no .....3  
Definitely no .....4

**EVER HAD INTERCOURSE (CE)**

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

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

**EVERSEX**

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

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

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

{ ASKED IF R HAS NEVER HAD SEX

**YNOSEX**

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

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

[HELP AVAILABLE]

Against religion or morals.....1

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

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

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

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

[HELP AVAILABLE]

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

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

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

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

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

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

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

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

{ ASKED IF DK/RF ON AGEFSTSX  
**SEX18**

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

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

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

{ ASKED IF SEX18 = "less than 18 years" or DK  
**SEX15**

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

- Less than 15 years.....1

15 years or older.....2

{ ASKED IF SEX18 = "18 years or older"

**SEX20**

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

Less than 20 years.....1

20 years or older.....2

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

**GRFSTSX**

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

[HELP AVAILABLE]

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

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

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

**SXMTONCE**

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

[HELP AVAILABLE]

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

**Sex Communication (CF)**

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

**TALKPAR**

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

*ENTER all that apply.*

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

**SEDNO**

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

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

{ ASKED IF R REPORTED HAVING SEX ED ON THIS TOPIC

**SEDNOLC**

CF-2a. Looking at card 23a, where did you receive that instruction about how to say no to sex?

♦ ENTER all that apply

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

{ ASKED IF R REPORTED HAVING SEX ED ON THIS TOPIC

**SEDNOG**

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

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

{ IF R HAS NEVER HAD SEX, GO TO CF-5 SEDBC.

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

{ GO TO CF-5 SEDBC.

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

they were at the same grade)

**SEDNOSX**

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

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

**SEDBC**

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

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

{ ASKED IF R REPORTED HAVING SEX ED ON THIS TOPIC

**SEDBCLC**

CF-5a. Looking at card 23a, where did you receive that instruction about methods of birth control?

♦ ENTER all that apply

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

{ ASKED IF R REPORTED HAVING SEX ED ON THIS TOPIC

**SEBCG**

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

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

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

{ ASKED ONLY IF NOT APPARENT WHICH CAME FIRST (this sex ed or R's 1<sup>st</sup> sex -- they were at the same grade)

**SEBSCX**

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

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

**SEDWHBC**

CF-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 where to get birth control?

Yes.....1  
No.....5 (CF-11 SEDCOND)

{ ASKED IF R REPORTED HAVING SEX ED ON THIS TOPIC

**SEDWHLC**

CF-8a. Looking at card 23a, where did you receive that instruction about where to get birth control?

♦ ENTER all that apply

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

**SEDWHBCG**

CF-9. What grade were you in when you first received instruction on where to get birth control?

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

{ IF R HAS NEVER HAD SEX, GO TO CF-11 SEDCOND.  
{ ELSE IF IT IS APPARENT WHICH CAME FIRST (this sex ed or R's 1<sup>st</sup> sex),  
{ GO TO CF-11 SEDCOND.

{ ASKED ONLY IF NOT APPARENT WHICH CAME FIRST (this sex ed or R's 1<sup>st</sup> sex -- they were at the same grade)

**SEDWHBCSX**

CF-10. Did you receive instruction about where to get birth control before or after the first time you had sex?

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

**SEDCOND**

CF-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 how to use a condom?

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

{ ASKED IF R REPORTED HAVING SEX ED ON THIS TOPIC

**SEDCONLC**

CF-11a. 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**

CF-12. 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 CF-14 SEDSTD.  
{ ELSE IF IT IS APPARENT WHICH CAME FIRST (this sex ed or R's 1<sup>st</sup> sex),  
{ GO TO CF-14 SEDSTD.

{ ASKED ONLY IF NOT APPARENT WHICH CAME FIRST (this sex ed or R's 1<sup>st</sup> sex -- they were at the same grade)

**SEDCONDSX**

CF-13. Did you receive instruction about how to use a condom before or after the first time you had sex?

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

**SEDSTD**

CF-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 sexually transmitted diseases?

- Yes.....1
- No.....5 (CF-17 SEDHIV)

{ ASKED IF R REPORTED HAVING SEX ED ON THIS TOPIC

**SEDSTDLC**

CF-14a. 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**

CF-15. 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 CF-17 SEDHIV  
 { ELSE IF IT IS APPARENT WHICH CAME FIRST (this sex ed or R's 1<sup>st</sup> sex),  
 { GO TO CF-17 SEDHIV.

{ ASKED ONLY IF NOT APPARENT WHICH CAME FIRST (this sex ed or R's 1<sup>st</sup> sex -- they were at the same grade)

**SEDSTDSX**

CF-16. Did you receive instruction about sexually transmitted diseases before or after the first time you had sex?

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

**SEDHIV**

CF-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 how to prevent HIV/AIDS?

Yes.....1  
No.....5 (CF-20 SEDABST)

{ ASKED IF R REPORTED HAVING SEX ED ON THIS TOPIC

**SEDHIVLC**

CF-17a. 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**

CF-18. What grade were you in when you first received instruction on how to prevent HIV/AIDS?

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

{ IF R HAS NEVER HAD SEX, GO TO CF-20 SEDABST.  
{ ELSE IF IT IS APPARENT WHICH CAME FIRST (this sex ed or R's 1<sup>st</sup> sex),  
{ GO TO CF-20 SEDABST.

{ ASKED ONLY IF NOT APPARENT WHICH CAME FIRST (this sex ed or R's 1<sup>st</sup> sex -- they were at the same grade)

**SEDSHIVX**

CF-19. Did you receive instruction about to prevent HIV/AIDS before or after the first time you had sex?

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

**SEDABST**

CF-20. (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 (IF R HAS HAD SEX GO TO CG-1 FRSTPRT. IF R HAS NOT HAD SEX GO TO SECTION D)

{ ASKED IF R REPORTED HAVING SEX ED ON THIS TOPIC

**SEDABLC**

CF-20a. Looking at card 23a, where did you receive that instruction about waiting until marriage to have sex?

♦ ENTER all that apply

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

{ ASKED IF R REPORTED HAVING SEX ED ON THIS TOPIC

**SEDABSTG**

CF-21. What grade were you in when you first received instruction about waiting until marriage to have sex?

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

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

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

{ GO TO CG-1 FRSTPRT.

{ ASKED ONLY IF NOT APPARENT WHICH CAME FIRST (this sex ed or R's 1<sup>st</sup> sex -- they were at the same grade)

**SEDABSSX**

CF-22. Did you receive instruction about waiting until marriage to have sex before or after the first time you had sex?

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

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

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

**FIRST INTERCOURSE PARTNER (CG)**

**FRSTPART**

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

[HELP AVAILABLE]

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

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

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

**SAMEMAN**

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

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

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

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

**WHOFSTPR**

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

{ ASKED ONLY IF R IS 18 YEARS OR OLDER

**FPAGE**

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

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

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

**FPRELAGE**

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

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

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

**FPRELYRS**

CG-4c. By how many years?

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

**KNOWFP**

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

[HELP AVAILABLE]

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

{ ASKED ONLY IF R IS NOT CURRENTLY MARRIED OR COHABITING  
**STILFPSX**

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

[HELP AVAILABLE]

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

{ASKED IF FIRST PARTNER IS NOT CURRENT AND IS NOT CURRENT HUSBAND OR  
 COHABITING PARTNER

**FPOTHREL**

CG-7a. Please look at Card 24. At the time you last had sexual intercourse  
 with him, how would you describe your relationship with him?

[HELP AVAILABLE]

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

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

**LSTSEAFP\_M, LSTSEAFP\_Y**

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

[HELP AVAILABLE]

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

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

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

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

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

Graduate or professional school .....6

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

CG-7c. Is (FIRST PARTNER) Hispanic or Latino, or of Spanish origin?

Yes.....1

No.....5

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

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

[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.*

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

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

**FPRACEB**

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

[HELP AVAILABLE]

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

CG-7f. Please look at Card 85. How would you describe your current relationship with (FIRST PARTNER)?

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

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

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

**C\_INTR06**

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

pregnancy.

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

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

{ ASKED IF 2 AGES WERE THE SAME OR IF R DID NOT KNOW THE AGE AT WHICH SHE HAD { FIRST SEXUAL INTERCOURSE OR THE AGE AT FIRST MENARCHE

**WHICH1ST**

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

[HELP AVAILABLE]

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

{ ASKED IF R HAS NEVER BEEN MARRIED, NEVER BEEN PREGNANT, AND NEVER COHABITED { OR IF AGE AND DATE OF FIRST SEX ARE UNKNOWN

**SEXAFMEN**

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

[HELP AVAILABLE]

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

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

**WNSEXAFM\_M, WNSEXAFM\_Y**

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

[HELP AVAILABLE]

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

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

**AGESXAFM**

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

[HELP AVAILABLE]

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

{ IF AGESXAFM = RF OR AGE IS REPORTED, GO TO CH SERIES.

{ ASKED IF AGESXAFM = DK OR RF

**AFMEN18**

CG-12. Were you less than 18 years old or were you 18 years or older?

Less than 18 years.....1

18 years or older.....2

{ IF AFMEN18 = RF, GO TO CH SERIES

{ ASKED IF AFMEN18 = DK OR "less than 18 years"

**AFMEN15**

CG-13. Were you less than 15 years old or were you 15 or older?

Less than 15 years.....1 (GO TO CH SERIES)

15 years or older.....2 (GO TO CH SERIES)

{ ASKED IF AFMEN18 = "18 years or older"

**AFMEN20**

CG-14. Were you less than 20 years old or were you 20 or older?

Less than 20 years.....1

20 years or older.....2

**NUMBERS OF SEXUAL PARTNERS (CH)**

**LIFEPRT**

CH-1. Counting all your male sexual partners, even those you had intercourse with only once, how many men have you had sexual intercourse with in your life?

[HELP AVAILABLE]

Number \_\_\_\_\_

{ IF NUMBER WAS REPORTED, GO TO CH-2 PTSB4MAR

{ ASKED IF LIFEPRT = DK OR RF

**LIFEPRT\_LO**

CH-1b. ENTER LOWER BOUND OF RANGE FOR NUMBER OF MALE PARTNERS IN LIFETIME.

Number \_\_\_\_\_

{ ASKED IF LIFEPRT = DK OR RF

**LIFEPRT\_HI**

CH-1c. ENTER UPPER BOUND OF RANGE FOR NUMBER OF MALE PARTNERS IN LIFETIME.

Number \_\_\_\_\_

{ ASKED IF R HAS EVER BEEN MARRIED

**PTSB4MAR**

CH-2. How many male sexual partners did you have before you got married in [DATE OF FIRST MARRIAGE]? Please count your [first/former] husband, if you had sex with him before the marriage.

[HELP AVAILABLE]

Number \_\_\_\_\_

{ ASKED IF PTSB4MAR = DK OR RF

**PTSB4MAR\_LO**

CH-2b. (ENTER LOWER BOUND OF RANGE FOR NUMBER OF MALE PARTNERS BEFORE MARRIAGE.)

Number \_\_\_\_\_

{ ASKED IF PTSB4MAR = DK OR RF

**PTSB4MAR\_HI**

CH-2c. (ENTER UPPER BOUND OF RANGE FOR NUMBER OF MALE PARTNERS BEFORE MARRIAGE.)

Number \_\_\_\_\_

**MON12PRT**

CH-3. During the last 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1)), how many men, if any, have you had sexual intercourse with? Please count every male sexual partner, even those you had sex with only once.

[HELP AVAILABLE]

Number \_\_\_\_\_

{ IF NUMBER WAS REPORTED, GO TO CH-3 PTSB4MAR

{ ASKED IF MON12PRT = DK OR RF

**MON12PRT\_LO**

CH-3b. (ENTER LOWER BOUND OF RANGE FOR NUMBER OF MALE PARTNERS IN LAST 12 MONTHS.)

Number \_\_\_\_\_

{ ASKED IF MON12PRT = DK OR RF

**MON12PRT\_HI**

CH-3c. (ENTER UPPER BOUND OF RANGE FOR NUMBER OF MALE PARTNERS IN LAST 12 MONTHS.)

Number \_\_\_\_\_

**SEXUAL PARTNERS IN LAST 12 MONTHS (UP TO 3) AND LAST PARTNER (CI)**

{ IF R HAS ONLY HAD ONE PARTNER AND IT WAS  
{ HER FIRST SEXUAL PARTNER EVER, AND SHE MARRIED OR COHABITED WITH THIS  
{ MAN, GO TO SECTION D.  
{ (ALL INFORMATION FOR THIS ONE PARTNER HAS ALREADY BEEN OBTAINED)

{ ELSE IF R HAS HAD ONLY ONE PARTNER AND SHE NEVER MARRIED OR COHABITED  
{ WITH HIM,  
{ OR IF R HAS HAD MORE THAN ONE PARTNER EVER,  
{ PROCEED THROUGH CI SERIES AS APPLICABLE.  
{ (WILL COLLECT ADDITIONAL DETAIL IF FIRST PARTNER IS STILL "CURRENT" --  
specifically education, race, and Hispanic origin)

{ ASKED IF R HAD ONLY 1 PARTNER IN LAST 12 MONTHS AND R IS CURRENTLY  
{ MARRIED OR COHABITING

**WHOSNC1Y**

CI-1. You mentioned that you have had one sexual partner since (INTERVIEW MONTH, INTERVIEW YEAR - 1)). Is that (CURRENT H/P)?

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

{ ASKED IF R HAD MORE THAN 3 PARTNERS IN LAST 12 MONTHS

**P3INTRO**

CI-2. In order to save time during the interview, I'll only ask you about your 3 most recent partners in the past 12 months. Let's start with your most recent partner.

{ ASKED IF R EVER HAD SEX AND PARTNER IS NOT SOMEONE ALREADY DISCUSSED

**PXNAME**

CI-3. Please tell me the name or initials of the male with whom you (had sex most recently/ had sex before (PREVIOUSLY NAMED PARTNER)).

ENTER Name \_\_\_\_\_

{ ASKED IF FIRST SEX WAS WITHIN PAST 12 MONTHS

**MATCHFP**

CI-4. Is (PARTNER'S NAME) the man you told us was your first partner ever?

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

{ ASKED IF R HAS EVER COHABITED OR BEEN MARRIED

**MATCHHP**

CI-5. Is (PARTNER'S NAME) any of the following husbands or partners we've already talked about?

*[Screen displays names or initials of all reported husbands and partners, along with start & end dates of marriage/cohabitation.]  
(If he is in the list, R identifies him based on initials or name)*

{ ASKED IF R EVER HAD SEX AND PARTNER IS NOT SOMEONE ALREADY DISCUSSED

**P1YLSEX\_M, P1YLSEX\_Y**

CI-6. In what month and year did you last have sexual intercourse with (PARTNER'S NAME)?

[HELP AVAILABLE]

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

{ IF PARTNER BEING DESCRIBED IS R'S CURRENT H/P OR

{ IF CI-1 WHOSNC1Y = YES, GO TO CI-10 P1YLSEX.

{ ASKED IF R IS NOT MARRIED TO, SEPARATED FROM, OR COHABITING WITH THIS

{ PARTNER. ALSO NOT ASKED IF THIS PARTNER WAS 1ST PARTNER

**P1YCURRP**

CI-7. Do you consider (PARTNER'S NAME) to be a current sexual partner?

[HELP AVAILABLE]

Yes .....1

No .....5

{ ASKED IF R IS NOT A CURRENT PARTNER. ALSO NOT ASKED IF THIS PARTNER WAS 1ST PARTNER

**P1YOTHREL**

CI-7a. Please look at Card 24. At the time you last had sexual intercourse with (PARTNER'S NAME), how would you describe your relationship with him?

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

{ ASKED IF R IS NOT MARRIED TO, SEPARATED FROM, OR COHABITING WITH THIS PARTNER. ALSO NOT ASKED IF THIS PARTNER WAS 1ST PARTNER

**P1YRAGE**

CI-9. Thinking now of (PARTNER'S NAME), how old were you when you first had sexual intercourse with him?

[HELP AVAILABLE]

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

{ ASKED IF R IS NOT MARRIED TO, SEPARATED FROM, OR COHABITING WITH THIS PARTNER. ALSO NOT ASKED IF THIS PARTNER WAS 1ST PARTNER  
{ ASKED ONLY IF R IS 18 YEARS OR OLDER

**P1YHSAGE**

CI-10. And how old was he when you first had sexual intercourse with him?

[HELP AVAILABLE]

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

{ ASKED IF R IS NOT MARRIED TO, SEPARATED FROM, OR COHABITING WITH THIS PARTNER. ALSO NOT ASKED IF THIS PARTNER WAS 1ST PARTNER

**P1YRF**

CI-11. Please look at Card 24. At the time you first had sexual intercourse with (PARTNER'S NAME), how would you describe your relationship with him?

[HELP AVAILABLE]

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

{ ASKED IF R IS NOT MARRIED TO, SEPARATED FROM, OR COHABITING WITH THIS PARTNER. ALSO NOT ASKED IF THIS PARTNER WAS 1ST PARTNER

**P1YFSEX\_M, P1YFSEX\_Y**

CI-12. In what month and year did you have sexual intercourse with him

for the first time?

ENTER 96 if R only had sex once with this partner

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

{ ASKED IF THIS IS A CURRENT SEXUAL PARTNER, BUT NOT R's CURRENT H/P  
{ NOR FIRST PARTNER

**P1YEDUC**

CI-13. Please look at Card 11. What is the highest level of education he has completed?

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

{ ASKED IF THIS IS A CURRENT SEXUAL PARTNER, BUT NOT R's CURRENT H/P  
{ NOR FIRST PARTNER

**P1YHISP**

CI-14. Is (PARTNER'S NAME) Hispanic or Latino, or of Spanish origin?

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

{ ASKED IF THIS IS A CURRENT SEXUAL PARTNER, BUT NOT R's CURRENT H/P  
{ NOR FIRST PARTNER

**P1YRACE**

CI-15. Which of the groups on Card 2 describes (PARTNER'S NAME)'s racial background? Please select one or more groups.

[HELP AVAILABLE]

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

{ ASKED IF THIS IS A CURRENT SEXUAL PARTNER, BUT NOT R's CURRENT H/P  
{ NOR FIRST PARTNER, AND R REPORTED MORE THAN ONE RACE

**P1YRACEB**

CI-16. Which of these groups, that is (RESPONSES FROM P1YRACEX), would you say best describes his racial background?

[HELP AVAILABLE]

{ Display only those categories reported in CI-15 P1YRACEX

{ ASKED IF THIS IS A CURRENT SEXUAL PARTNER, BUT NOT R's CURRENT H/P OR R's  
{ FIRST PARTNER, AND RELATIONSHIP HAS LASTED LONGER THAN 1 MONTH

**P1YRN**

CI-17. Please look at Card 85. How would you describe your current relationship with (PARTNER'S NAME)?

Engaged to him .....1  
Going with him or going steady .....2  
Going out with him once in a while .....3  
Just friends .....4  
Had just met him .....5  
Something else .....6

{ IF ANY OTHER RECENT PARTNER TO DESCRIBE (MAXIMUM OF 3),  
{ RETURN TO CI-5 P1YRAGE.  
{ OTHERWISE GO TO SECTION D.

**SECTION D**

**Sterilizing Operations and Impaired Fecundity**

**STERILIZATION OPERATIONS (DA)**

**INTRO\_D1**

INTRO-D1. The next questions are about your physical ability to have (a/another) baby.

**EVERTUBS**

DA-1. Have you ever had both of your tubes tied, cut, or removed? This procedure is often called a tubal ligation or tubal sterilization.

[HELP AVAILABLE]

- YES.....1
- IF VOL: Operation failed .....3
- IF VOL: Had Essure® procedure.....4
- NO.....5
- IF VOL: Operation already reversed ..6

**ESSURE**

DA-1b. If DA-1 EVERTUBS= 3 or 5 or DK or RF, THEN ASK:  
Have you ever had a tubal sterilization procedure called "Essure®"?  
This is not generally considered an operation, but makes it impossible for you to have a baby.

[HELP AVAILABLE]

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

{ ASKED IF R IS NOT CURRENTLY PREGNANT

**EVERHYST**

DA-2. Have you ever had a hysterectomy, that is, surgery to remove your uterus?

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

{ ASKED IF R IS NOT CURRENTLY PREGNANT

**EVEROVRS**

DA-3. Have you ever had both of your ovaries removed?

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

{ ASKED FOR ALL

**EVEROTHR**

DA-4. Have you ever had any other operation that makes it impossible for you to have (a/another) baby?

[HELP AVAILABLE]

- Yes .....1

No .....5 (GO TO DA-8 ANYOPSMN)

{ ASKED IF EVEROTHR = YES

**WHTOOPRS**

DA-5. What operation did you have that makes it impossible for you to have (a/another) baby? If you do not know its name, please describe the operation.

[HELP AVAILABLE]

*RECORD answer verbatim*

{ INTERVIEWER CODES IF EVEROTHR = YES AND R VOLUNTEERS ANY OF THESE

**WHTOOPRC**

DA-5a. INTERVIEWER: CODE If any of the following mentioned:  
OPERATION AFFECTS ONLY ONE TUBE...1  
OPERATION AFFECTS ONLY ONE OVARY..2  
SOME OTHER OPERATION.....3  
OTHER STERILIZING OPERATION.....4

{ IF "SOME OTHER OPERATION" GO TO DA-7 DFNLSTRL.  
{ ELSE IF "OTHER STERILIZING OPERATION" GO TO DA-8 ANYOPSMN.

{ ASKED IF R MENTIONS THAT ONLY 1 TUBE OR OVARY WAS AFFECTED

**ONOTFUNC**

DA-6. Many women who have only one (tube tied/ovary removed) can still have babies because they are not completely sterile. As far as you know, are you completely sterile from this operation, that is, does it make it impossible for you to have a baby in the future?

Yes .....1 (DA-8 ANYOPSMN)  
No .....5 (DA-8 ANYOPSMN)

{ ASKED IF WHTOOPRC = 3 (SOME OTHER OPERATION)

**DFNLSTRL**

DA-7. As far as you know, are you completely sterile from this operation, that is, does it make it impossible for you to have a baby in the future?

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

{ IF R IS NOT CURRENTLY MARRIED OR COHABITING, GO TO DB SERIES.

{ ASKED IF R IS CURRENTLY MARRIED OR COHABITING

**ANYOPSMN**

DA-8. Has (HUSBAND/PARTNER) ever had a vasectomy or any other operation that would make it impossible for him to father a baby in the future?

[HELP AVAILABLE]

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

**WHATOPSM**

DA-9. What type of operation did (HUSBAND/PARTNER) have?

Vasectomy .....1 (DB SERIES)  
Other operation .....2  
IF VOL: Operation failed .....5 (DB SERIES)

IF VOL: Operation already reversed .....6 (DB SERIES)

{ ASKED IF "OTHER OPERATION" MENTIONED IN WHATOPSM

**DFNLSTRM**

DA-10. As far as you know, is he completely sterile from this operation, that is, does it make it impossible for him to father a baby in the future?

Yes.....1

No.....5

**OPERATION BY OPERATION SERIES (DB)**

{ LOOP FOR FEMALE OPERATIONS GOES FROM DB-1 DATFEMOP THROUGH DB-6 MINCDNNR.

{ ASK DB SERIES FOR EACH FEMALE OPERATION REPORTED (could be up to 4)

{ ASK DB SERIES FOR SINGLE MALE OPERATION (vasectomy or "other")

{ ASKED FOR EACH FEMALE STERILIZING OPERATION REPORTED

**DATFEMOP\_M, DATFEMOP\_Y**

DB-1. When did you have your [OPERATION]?

[HELP AVAILABLE]

♦ After R has given the year, say: Please record this operation in the box for this month and year on the "Birth Control Methods" row of your calendar. You might use "TS" or some other abbreviation that you will recognize later. If this happened before January [YEAR OF INTERVIEW - 3], please record it in the box for "before January [YEAR OF INTERVIEW - 3]".

{ ASKED FOR EACH FEMALE OPERATION OCCURRING WITHIN LAST 5 YEARS

**PLCFEMOP**

DB-2. Looking at Card 25, please tell me where this operation was performed.

- Private doctor's office.....1
- HMO facility .....2
- Community health clinic, community clinic,  
public health clinic .....3
- Family planning or Planned Parenthood clinic .....4
- Employer or company clinic .....5
- School or school-based clinic .....6
- Hospital outpatient clinic .....7
- Hospital emergency room .....8
- Hospital regular room .....9
- Urgent care center, urgi-care, or walk-in facility ..10
- In-store health clinic (like CVS, Target, or Walmart).11
- Some other place .....20

{ ASKED FOR EACH FEMALE OPERATION OCCURRING WITHIN LAST 5 YEARS

**PAYRSTER**

DB-2b. Looking at Card 16, please tell me all of the ways in which the bill for this operation was paid.

[HELP AVAILABLE]

ENTER all that apply

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

{ ASKED FOR EACH FEMALE OPERATION OCCURRING WITHIN LAST 5 YEARS

**RHADALL**

DB-3a. At the time you had your (OPERATION) in (mo/yr), had you, yourself, had all the children you wanted?

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

{ ASKED FOR EACH FEMALE OPERATION OCCURRING WITHIN LAST 5 YEARS

**HHADALL**

DB-3b. And what about your (husband/partner/husband or partner) (at the time)? At the time you had your (OPERATION) in (mo/yr), had he had all the children he wanted?

- Yes .....1
- No .....5
- IF VOL: R was not in a relationship with a man at the time she had this operation ....6

{ ASKED FOR EACH FEMALE OPERATION OCCURRING WITHIN LAST 5 YEARS

**FMEDREAS**

DB-4. Please look at Card 26. Did you have any of these medical reasons for having your (OPERATION)?

*ENTER all that apply*

- Medical problems with your female organs.....1
- Pregnancy would be dangerous to your health.....2
- You would probably lose a pregnancy.....3
- You would probably have an unhealthy child.....4
- Some other medical reason .....5
- No medical reason for operation .....6

{ ASKED FOR EACH FEMALE OPERATION OCCURRING WITHIN LAST 5 YEARS

**BCREAS**

DB-5a. IF R DID NOT VOLUNTEER (IN HHADALL) THAT SHE WAS NOT IN A RELATIONSHIP WITH A MAN AT THE TIME OF THE OPERATION, ASK: At the time you had your (OPERATION), had you or your (husband/partner/husband or partner) been having problems with your method or methods of birth control?

ELSE IF R DID VOLUNTEER (IN HHADALL) THAT SHE WAS NOT IN A RELATIONSHIP WITH A MAN AT THE TIME OF THE OPERATION, ASK: At the time you had your (OPERATION), had you been having problems with your method or methods of birth control?

- Yes .....1
- No .....5 (DB-6 MINCDNNR)
- No, not using any method at the time ....6 (DB-6 MINCDNNR)

{ ASKED IF R REPORTED PROBLEMS WITH BIRTH CONTROL

**BCWHYF**

DB-5b. Was there a health or medical problem with the method of birth

control you or your partner was using, or did you not like the method for some other reason?

[HELP AVAILABLE]

- Health or medical problem .....1
- Some other reason .....2
- Both .....3

{ IF R REPORTED ONLY 1 REASON FOR THIS OPERATION, GO TO NEXT OPERATION.  
 { IF NO MORE OPERATIONS TO DESCRIBE, GO TO DB-6b OPERSAME.

{ ASKED IF R REPORTED MORE THAN 1 REASON FOR THIS OPERATION  
**MINCDNNR**

DB-6. You mentioned that the reasons for your [OPERATION] were that... [ONLY DISPLAY REASONS THAT R REPORTED ABOVE]. Which one of these was the main reason that you had your [OPERATION]?

*ENTER 3 if any medical reasons reported as her main reason.  
 ENTER 5 if R reports that her main reason was something other than a reason she reported previously.*

- You had all the children you wanted .....1
- Your husband or partner had all the children he wanted .2
- Medical reasons .....3
- Problems with other methods of birth control .....4
- Some other reason not mentioned above .....5

{ RETURN TO DB-1 DATFEMOP TO ASK ABOUT NEXT OPERATION.  
 { IF NO MORE OPERATIONS TO DESCRIBE, GO TO DB-6b OPERSAME.

{ ASKED IF 2 OR MORE OPERATIONS OCCURRED IN SAME MO/YR  
**OPERSAME**

DB-6b. Did you have the (OPERATIONS OCCURRING IN SAME MO/YR) in the same operation in (mo/yr), or were these separate operations?

- Same operation .....1
- Separate operations .....5

{ IF NO MALE OPERATION REPORTED, GO TO DC SERIES.

{ ASKED FOR MALE OPERATION  
**DATEOPMN\_M, DATEOPMN\_Y**

DB-7. When did [HUSBAND/PARTNER] have his [OPERATION]?

♦ *After R has given the year, say: Please record this operation in the box for this month and year on the "Birth Control Methods" row of your calendar. You might use "V" or some other abbreviation that you will recognize later. If this happened before January [YEAR OF INTERVIEW - 3], please record it in the box for "before January [YEAR OF INTERVIEW - 3]"*

{ IF OPERATION OCCURRED MORE THAN 5 YEARS AGO, GO TO DC SERIES.  
 { IF OPERATION OCCURRED AFTER MO/YR WHEN R MARRIED HER CURRENT HUSBAND, AND  
 { OCCURRED WITHIN THE LAST 5 YEARS, GO TO DB-9 PLACOPMN.

{ IF OPERATION OCCURRED BEFORE MARRIAGE DATE OR R IS COHABITING WITH THIS  
 { MAN, AND OPERATION OCCURRED WITHIN THE LAST 5 YEARS  
**WITHIMOP**

DB-8. You may have already told me this, but did he have his [OPERATION] before you were in a relationship with him?

[HELP AVAILABLE]

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

{ Ask if WITHIMOP=1 and date of male operation was dk/rf

**VASJAN4YR**

DB-8b. Did he have his [OPERMALE] since [MO/YR FOR JANUARY 4 YEARS BEFORE INTERVIEW]?

Yes ..... 1  
No ..... 5 (DC series)

{ ASKED FOR MALE OPERATIONS OCCURRING WITHIN THE LAST 5 YEARS AND OCCURRING  
{ DURING THEIR RELATIONSHIP

**PLACOPMN**

DB-9. Looking at Card 25, please tell me where this operation was performed.

Private doctor's office.....1  
HMO facility .....2  
Community health clinic, community clinic,  
public health clinic .....3  
Family planning or Planned Parenthood clinic .....4  
Employer or company clinic .....5  
School or school-based clinic .....6  
Hospital outpatient clinic .....7  
Hospital emergency room .....8  
Hospital regular room .....9  
Urgent care center, urgi-care, or walk-in facility ..10  
In-store health clinic (like CVS, Target, or Walmart).11  
Some other place .....20

{ ASKED FOR MALE OPERATIONS OCCURRING WITHIN THE LAST 5 YEARS AND OCCURRING  
{ DURING THEIR RELATIONSHIP

**PAYMSTER**

DB-10. Looking at Card 16, please tell me all of the ways in which the bill for [HUSBAND/PARTNER]'s operation was paid.

[HELP AVAILABLE]

*ENTER all that apply*

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

{ ASKED FOR MALE OPERATIONS OCCURRING WITHIN THE LAST 5 YEARS AND OCCURRING  
{ DURING THEIR RELATIONSHIP

**RHADALLM**

DB-11a. At the time [HUSBAND/PARTNER] had his [OPERATION] in (MO/YR), had you, yourself, had all the children you wanted?

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

{ ASKED FOR MALE OPERATIONS OCCURRING WITHIN THE LAST 5 YEARS AND OCCURRING DURING THEIR RELATIONSHIP

**HHADALLM**

DB-11b. And what about him? At the time he had his [OPERATION], had he had all the children he wanted?

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

{ ASKED FOR MALE OPERATIONS OCCURRING WITHIN THE LAST 5 YEARS AND OCCURRING DURING THEIR RELATIONSHIP

**MEDREAS**

DB-12. Please look at Card 27. Did he have any of these medical reasons for having his (OPERATION)?

[HELP AVAILABLE]

*ENTER all that apply*

- Pregnancy would be dangerous to your health.....1
- You would probably lose a pregnancy .....2
- You would probably have an unhealthy child.....3
- He had health problem that required the operation.....4
- Some other medical reason .....5
- No medical reason for operation .....6

6, DK, OR RF CANNOT BE ENTERED WITH CODES 1-5

{ ASKED FOR MALE OPERATIONS OCCURRING WITHIN THE LAST 5 YEARS AND OCCURRING DURING THEIR RELATIONSHIP

**BCREASM**

DB-13a. At the time he had his [OPERATION], had you or [HUSBAND/PARTNER] been having problems with your method or methods of birth control?

- Yes .....1
- No .....5
- No, not using any method at the time ....6

{ ASKED IF BIRTH CONTROL PROBLEMS REPORTED

**BCWHYM**

DB-13b. Was there a health or medical problem with the method of birth control you or he was using, or did you not like the method for some other reason?

[HELP AVAILABLE]

- Health or medical problem .....1
- Some other reason .....2
- Both .....3

{ IF ONLY 1 REASON REPORTED FOR THE MALE OPERATION, GO TO DC SERIES.

{ ASKED IF MORE THAN 1 REASON REPORTED FOR THE MALE OPERATION

**MINCDNMN**

DB-14. You mentioned that the reasons that [HUSBAND/PARTNER] had [OPERATION] were that... [ONLY DISPLAY THOSE REASONS THAT R REPORTED FOR HUSBAND/PARTNER ABOVE]. Which one of these was the

main reason that he had [OPERATION]?

ENTER 3 if any medical reasons reported as main reason.

ENTER 5 if R reports that his main reason was something other than a reason she reported previously.

- You had all the children you wanted .....1
- Your husband or partner had all the children he wanted .2
- Medical reasons .....3
- Problems with other methods of birth control .....4
- Some other reason not mentioned above .....5

**REVERSAL OF TUBAL LIGATION OR VASECTOMY (DC)**

{ IF TUBAL LIGATION NOT REPORTED, GO TO DC-3 REVSVASX.

{ ASKED IF TUBAL LIGATION OR ESSURE PROCEDURE WAS REPORTED

**REVSTUBL**

DC-1. IF NO REVERSAL OPERATION PREVIOUSLY REPORTED, ASK:

Have you ever had surgery to reverse your tubal sterilization?

ELSE IF REVERSAL OPERATION WAS ALREADY REPORTED, ASK:

Earlier you mentioned that you had your tubal sterilization reversed. Is this correct?

[HELP AVAILABLE]

Yes .....1

No .....5 (GO TO DC-3 REVSVASX)

{ ASKED IF R HAD REVERSAL OF TUBAL STERILIZATION

**DATRVSTB\_M, DATRVSTB\_Y**

DC-2. In what month and year did you have your tubal sterilization reversed?

[HELP AVAILABLE]

*If R cannot recall month and year, REFER her to the life history calendar.*

♦ *After R has given the year, say: Please record this operation in the box for this month and year on the "Birth Control Methods" row of your calendar. You might use "REV" or some other abbreviation that you will recognize later. If this happened before January [YEAR OF INTERVIEW - 3], please record it in the box for "before January [YEAR OF INTERVIEW - 3]".*

{ IF R DID NOT REPORT A VASECTOMY FOR HER CURRENT H/P, GO TO DC-5 RWANTRVT.

{ ASKED IF R REPORTED THAT HER CURRENT H/P HAD A VASECTOMY

**REVSVASX**

DC-3. IF NO VASECTOMY REVERSAL WAS PREVIOUSLY REPORTED, ASK:

Has [HUSBAND/PARTNER] ever had surgery to reverse his vasectomy?

ELSE IF VASECTOMY REVERSAL WAS PREVIOUSLY REPORTED, ASK:

Earlier you mentioned that [HUSBAND/PARTNER] has had his vasectomy reversed. Is this correct?

[HELP AVAILABLE]

- Yes .....1
- No .....5 (GO TO DC-5 RWANTRVT)

{ ASKED IF R REPORTED THAT HER CURRENT H/P HAD A VASECTOMY REVERSAL  
**DATRVVEX\_M, DATRVVEX\_Y**

DC-4. In what month and year did [HUSBAND/PARTNER] have the reversal?

[HELP AVAILABLE]

*If R cannot recall month and year, REFER her to the life history calendar.*

♦ *After R has given the year, say:* Please record this operation in the box for this month and year on the "Birth Control Methods" row of your calendar. You might use "REV" or some other abbreviation that you will recognize later. If this happened before January [YEAR OF INTERVIEW - 3], please record it in the box for "before January [YEAR OF INTERVIEW - 3]".

{ IF R HAD ANY OPERATION BESIDES TUBAL STERILIZATION OR HER CURRENT H/P HAD  
 { AN OPERATION OTHER THAN VASECTOMY, GO TO DE SERIES.  
 { THE REMAINING ITEMS IN THE DC SERIES ARE ASKED IF R'S (OR COUPLE'S) ONLY  
 { STERILIZATION OPERATIONS ARE A TUBAL OR A VASECTOMY.

{ ASKED IF R REPORTED AN UNREVERSED TUBAL  
**RWANTRVT**

DC-5. As things look to you now, if your tubal sterilization could be reversed safely, would you want to have it reversed? Would you say definitely yes, probably yes, probably no, or definitely no?

- Definitely yes .....1
- Probably yes .....2
- Probably no .....3
- Definitely no .....4

{ ASKED IF R IS CURRENTLY MARRIED OR COHABITING  
**MANWANTT**

DC-6. Would [HUSBAND/PARTNER] like you to have your tubal sterilization reversed? Would you say definitely yes, probably yes, probably no, or definitely no?

- Definitely yes.....1
- Probably yes.....2
- Probably no.. .....3
- Definitely no.....4

{ IF NO VASECTOMY REPORTED, GO TO DD SERIES.

{ ASKED IF R REPORTED AN UNREVERSED VASECTOMY FOR HER CURRENT H/P  
**RWANTREV**

DC-7. As things look to you now, if [HUSBAND/PARTNER]'s vasectomy could be reversed safely, would you want to have it reversed? Would you say definitely yes, probably yes, probably no, or definitely no?

- Definitely yes .....1
- Probably yes .....2
- Probably no .....3

Definitely no .....4

**MANWANTR**

DC-8. Would [HUSBAND/PARTNER] like to have his vasectomy reversed? Would you say definitely yes, probably yes, probably no, or definitely no?

Definitely yes .....1  
Probably yes .....2  
Probably no .....3  
Definitely no .....4

**NON-SURGICAL STERILITY (DE)**

{ IF R IS SURGICALLY STERILE, GO TO SECTION E.  
{ ELSE IF R IS CURRENTLY PREGNANT, GO TO DF-1 CANHAVER.  
{ ASKED IF R IS NEITHER SURGICALLY STERILE NOR PREGNANT.

**POSIBLPG**

DE-1. Now I have a few more questions about your physical ability to have (a/another) baby at some time in the future.

Some women are not physically able to have children. As far as you know, is it physically possible for you, yourself, to have (a/another) baby?

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

{ IF PHYSICALLY POSSIBLE, GO TO DE-3 POSIBLMN.

{ ASKED IF NOT PHYSICALLY POSSIBLE

**REASIMPR**

DE-2. Please look at Show Card 29a. What is the main reason it is impossible for you to have a baby in the future?

[HELP AVAILABLE]

♦ *If the R volunteers any reason related to her husband or partner, probe for any female-related reasons. If none exist, ENTER CODE 30*

Impossible due to problems with ovulation .....1  
Impossible due to problems with uterus, cervix,  
or fallopian tubes .....2  
Impossible due to other illnesses or treatment  
for other illnesses such as cancer .....3  
Impossible due to menopause .....4  
Impossible for other reasons (specify) .....20  
R volunteers it is not impossible for her .....30  
[If code 30 is reported, interviewer returns to reassign DE-1 POSIBLPG=1 and skips to DE-3 POSIBLMN]

{ ASKED IF R REPORTED "IMPOSSIBLE FOR OTHER REASONS" FOR DE-2 REASIMPR

**REASIMPR\_SP**

DE-2b. (What is the other reason it is impossible?)  
RECORD ANSWER VERBATIM:

[HELP AVAILABLE]

**NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.**

{ ASKED IF R HAS A CURRENT H/P AND HE IS NOT SURGICALLY STERILE.

**POSIBLMN**

DE-3. What about [HUSBAND/PARTNER]? As far as you know, is it physically possible for him to father a baby in the future?

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

{ASKED IF PHYSICALLY IMPOSSIBLE FOR HIM

**REASIMPP**

DE-4. Please look at Show Card 29b. What is the main reason it is impossible for [HUSBAND/PARTNER] to father a baby in the future?

[HELP AVAILABLE]

- Impossible due to problems with sperm or semen .....1
- Impossible due to testicular problems or varicocele .....2
- Impossible due to other illnesses or treatment for other illnesses .....3
- Impossible for other reasons (specify) .....4

{ ASKED IF R REPORTED SOME OTHER REASON FOR DE-4 REASIMPP

**REASIMPP\_SP**

DE-4b. (What is the other reason it is impossible?)  
RECORD ANSWER VERBATIM:

[HELP AVAILABLE]

**NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.**

{ IF PHYSICALLY IMPOSSIBLE FOR R TO HAVE A BABY, GO TO DF-3 CANHAVEM.

**PREGNANCY DIFFICULTY SERIES (DF)**

{ ASKED IF PHYSICALLY POSSIBLE FOR R TO HAVE A BABY

**CANHAVER**

DF-1. Some women are physically able to have (a/another) baby, but have difficulty getting pregnant or carrying the baby to term. As far as you know, would you, yourself, have any difficulty getting pregnant (again) or carrying (a/another) baby (after this pregnancy/to term)?

[HELP AVAILABLE]

- Yes .....1
- No .....5 (GO TO DF-3 CANHAVEM)

{ ASKED IF R HAS DIFFICULTY

**READIFF**

DF-2. Please look at Card 28. What is the reason that it would be difficult for you to have (a/another) baby?

[HELP AVAILABLE]

*ENTER all that apply*

- You have difficulty getting pregnant.....1
- You have difficulty carrying baby to term.....2

Pregnancy is dangerous to your health.....3  
You are likely to have an unhealthy baby .....4  
Or some other reason .....5

{ ASKED IF R HAS A CURRENT H/P WHO IS PHYSICALLY ABLE TO FATHER A CHILD

**CANHAVEM**

DF-3. As far as you know, does [HUSBAND/PARTNER] have any difficulty fathering a baby?

[HELP AVAILABLE]

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

{ ASKED IF PHYSICALLY POSSIBLE FOR R TO HAVE A BABY

**PREGNONO**

DF-4. At any time has a medical doctor ever advised you never to become pregnant (again)?

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

{ ASKED IF PREGNONO = YES

**REASNONO**

DF-5. Please look at Card 29 and tell me why the doctor advised you not to become pregnant?

*ENTER all that apply*

Dangerous for you .....1  
Dangerous for your baby .....2  
Some other reason .....3

{ Asked if R has ever had a period, is not currently pregnant, and still has her uterus and ovaries

**LASTPER**

DF-6. How long ago did your last period start? Was it...

Within the past 4 weeks .....1  
Longer ago than 4 weeks, but less than 3 months ...2  
Longer ago than 3 months, but less than 6 months ...3  
Longer ago than 6 months, but less than 1 year ....4  
Longer ago than 1year .....5  
IF VOLUNTEERED: Before last birth or pregnancy ...95

{ Asked if R is 18 or older, has ever had a period, is not currently pregnant, has not been pregnant in past year, and is not surgically sterile

**TRYPREG12**

DF-7. At any point within the past 12 months, that is since (INTERVIEW MONTH, INTERVIEW YEAR - 1)?, were you trying to get pregnant?

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

**SECTION E**

**Contraceptive History and Pregnancy Wantedness**

**CONTRACEPTIVE METHODS EVER USED (EA)**

**INTR-EA1**

EA-0. Card 30 lists methods that some people use to prevent pregnancy or to prevent sexually transmitted disease. As I read a method from the list, please tell me if you have ever used it for any reason. Just give me a "yes" or "no" answer. Please answer yes even if you have only used the method once.

**PILL**

EA-1. Have you ever used birth control pills?

[HELP AVAILABLE]

*If R volunteers she never used a method, probe to make sure R has read the entire card and is sure of her answer.*

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

{IF R HAS NEVER HAD SEX GO TO DEPOPROV EA-4

{ ASKED IF R HAS EVER HAD SEX

**CONDOM**

EA-2. Have you ever had sex with a partner who used a condom?

[HELP AVAILABLE]

*If R volunteers she never used a (another) method, probe to make sure R has read the entire card and is sure of her answer.*

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

{ ASKED IF R HAS EVER HAD SEX

**VASECTMY**

EA-3. Have you ever had sex with a partner who had a vasectomy?

[HELP AVAILABLE]

*If R volunteers she never used a (another) method, probe to make sure R has read the entire card and is sure of her answer.*

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

**DEPOPROV**

EA-4. (Have you ever used) Depo-Provera™, an injectable (or shot) given once every three months?

[HELP AVAILABLE]

*If R volunteers she never used a (another) method, probe to make sure R*

has read the entire card and is sure of her answer.

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

{ IF R HAS NEVER HAD SEX, GO TO PATCH EA-9

{ ASKED IF R HAS EVER HAD SEX

**WIDRAWAL**

EA-6. Have you ever had sex with a partner who used withdrawal or "pulling out"?

[HELP AVAILABLE]

*If R volunteers she never used a (another) method, probe to make sure R has read the entire card and is sure of her answer.*

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

{ ASKED IF R HAS EVER HAD SEX

**RHYTHM**

EA-7a. Have you ever used the calendar rhythm method to prevent pregnancy? With these methods, a woman counts the days in her menstrual cycle to identify which days she can get pregnant, or "unsafe" days.

[HELP AVAILABLE]

*If R volunteers she never used a (another) method, probe to make sure R has read the entire card and is sure of her answer.*

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

**SDAYCBDS**

EA-7b. (Have you ever used) the "Standard Days Method" or "Cycle Beads" to prevent pregnancy? These methods identify days 8 to 19 of the cycle as days a woman can get pregnant, or "unsafe" days.

[HELP AVAILABLE]

*If R volunteers she never used a (another) method, probe to make sure R has read the entire card and is sure of her answer.*

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

{ ASKED IF R HAS EVER HAD SEX

**TEMPSAFE**

EA-8. (Have you ever used) safe period by temperature or cervical mucus test to prevent pregnancy? Some names for this method are the Two Day Method, the Billings Ovulation Method and the Symptothermal Method.

[HELP AVAILABLE]

*If R volunteers she never used a (another) method, probe to make sure R has read the entire card and is sure of her answer.*

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

**PATCH**

EA-9. (Have you ever used) The contraceptive patch(or Ortho-Evra™ or Xulane™)?

[HELP AVAILABLE]

*If R volunteers she never used a (another) method, probe to make sure R has read the entire card and is sure of her answer.*

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

**RING**

EA-10. (Have you ever used) The vaginal contraceptive ring (or “NuvaRing™”)?

[HELP AVAILABLE]

*If R volunteers she never used a (another) method, probe to make sure R has read the entire card and is sure of her answer.*

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

{ IF R HAS NEVER HAD SEX, GO TO OTHRMETH EA-14  
{ ASKED IF R HAS EVER HAD SEX

**MORNPILL**

EA-11. (Have you ever used) Emergency contraception? Some examples of names for this are: “Plan B™”, “Preven™”, “Ella™”, “Next Choice™” or “Morning After” pills.?

[HELP AVAILABLE]

*The following are additional brands or names for emergency contraception, that should count as a “yes” if mentioned by the respondent:*

*“Take Action”, “My Way”*

*Read if necessary:* This is a series of regular birth control pills taken within 72 hours, or within 5 days, after unprotected sex to help a woman avoid pregnancy.

*If R volunteers she never used a (another) method, probe to make sure R has read the entire card and is sure of her answer.*

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

{IF R HAS NEVER USED EMERGENCY CONTRACEPTION GO TO EA-14 OTHRMETH

{ ASKED IF R HAS EVER USED EMERGENCY CONTRACEPTION

**ECTIMESX**

EA-12. How many different times have you used emergency contraception?

Number \_\_\_\_\_

{ ASKED IF R HAS EVER USED EMERGENCY CONTRACEPTION

**ECREASON**

EA-13. Did you use emergency contraception because you were worried your birth control method would not work, you didn't use birth control that time, or for some other reason?

ENTER all that apply

- You were worried your birth control method would not work.....1
- You didn't use birth control that time.....2
- Some other reason.....3

{ ASKED IF R HAS EVER USED EMERGENCY CONTRACEPTION

**ECRX**

EA-13aa. (The last time you used it,) Did you get the emergency contraception with or without a prescription?

- With a prescription.....1
- Without a prescription.....2

{ ASKED IF R HAS EVER USED EMERGENCY CONTRACEPTION

**ECWHERE**

EA-13a. Please look at Card 36. (The last time you used it,) where did you get the (prescription for) emergency contraception?

- Private doctor's office.....1
- HMO facility.....2
- Community health clinic, Community clinic, Public health clinic....3
- Family planning or Planned Parenthood Clinic.....4
- Employer or company clinic.....5
- School or school-based clinic.....6
- Hospital outpatient clinic.....7
- Hospital emergency room.....8
- Hospital regular room.....9
- Urgent care center, urgi-care or walk-in facility.....10
- Friend.....11
- Partner or spouse.....12
- Drug store.....13
- Mail order/Internet.....14
- In-store health clinic (like CVS, Target, or Walmart).....15
- Some other place.....20

{ ASKED IF R HAS EVER USED EMERGENCY CONTRACEPTION

**ECWHEN**

EA-13b. (The last time you used it, was it / Was that) within the last 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1)?

- Yes (Within the last 12 months).....1
- No (Over 12 months ago).....2

**OTHRMETH**

EA-14. On the right side of Card 30 is a list of some other methods of birth control. Which, if any, of the methods listed on that card have you ever used? Please tell me the method even if you have only used it once.

[HELP AVAILABLE]

ENTER all that apply

Hormonal implants (Norplant™ or Implanon™, or Nexplanon™).....	9
Diaphragm.....	12
Female condom, vaginal pouch.....	13
Foam.....	14
Jelly or cream.....	15
Cervical cap.....	16
Suppository, insert.....	17
Today™ sponge.....	18
IUD.....	19
Lunelle™ .....	24
Other method.....	21
No other methods ever used.....	95

{ASKED IF R USED AN "OTHER" METHOD OF CONTRACEPTION

**SP\_OTHRMETH**

EA-15. (On the right side of Card 30 is a list of some other methods of birth control. Which, if any, of the methods listed on that card have you ever used? Please tell me the method even if you have only used it once.)

Specify "other" birth control method(s)

**NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.**

{ASKED IF R EVER USED THE IUD

**EVIUDTYP**

EA-15a. Please look at card 30a. Which type or types of IUD have you ever used: a copper-bearing IUD such as Copper-T™ or ParaGard™, a Levonorgestrel or hormonal IUD, such as Mirena™, Skyla™, Liletta™, or Kyleena™, or another type?

If R says "3 year IUD" or "5 year IUD", enter [2]  
If R says "10 year IUD", enter [1]

Copper-bearing (such as Copper-T™ or ParaGard™).....	1
Hormonal IUD (such as Mirena™, Skyla™, Liletta™, or Kyleena™).....	2
Other.....	3

{IF R HAS NEVER USED A METHOD, GO TO EC SERIES

{ ASKED IF R HAS EVER USED A METHOD

**METHDISS**

EA-16. Some people try a method and then don't use it again, or stop using it, because they are not satisfied with the method. Did you ever stop using a method because you were not satisfied with it in some way?

Do not count stopping a method for reasons other than dissatisfaction, for example, stopped to get pregnant or because not having intercourse

Yes.....1

No.....5

{ASKED IF R EVER STOPPED USING A METHOD DUE TO DISSATISFACTION

**METHSTOP**

EA-17. Please look at Card 31. What method or methods did you stop because you were not satisfied?

*ENTER all that apply*

- Birth control pills.....3
- Condom.....4
- Partner's vasectomy.....5
- Female sterilizing operation, such as tubal Sterilization.....6
- Withdrawal, pulling out.....7
- Depo-Provera™, injectables (shots).....8
- Hormonal implant (Norplant™ ,Implanon™, or Nexplanon™).....9
- Calendar rhythm, Standard Days, or Cycle Beads method .....10
- Safe period by temperature or cervical mucus test (Two Day, Billings Ovulation, or Sympto-thermal method).....11
- Diaphragm.....12
- Female condom, vaginal pouch.....13
- Foam.....14
- Jelly or cream.....15
- Cervical cap.....16
- Suppository, insert.....17
- Today™ sponge.....18
- IUD.....19
- Other method.....21
- Lunelle™ injectable (monthly shot).....24
- Contraceptive patch (Ortho-Evra™ or Xulane™).....25
- Vaginal contraceptive ring (Nuva Ring™).....26

{ ASKED IF R EVER STOPPED USING BIRTH CONTROL PILLS DUE TO DISSATISFACTION WITH THIS METHOD

**WHENPILL**

EA-17a. Now, think about the last 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1). During that time, did you stop using the pill because you were not satisfied with it?

- Yes (stopped within the last 12 months).....1
- No (stopped over 12 months ago).....2

{ ASKED IF R EVER STOPPED USING BIRTH CONTROL PILLS DUE TO DISSATISFACTION

**REASPILL**

EA-18. Looking at Card 32, What was the reason or reasons you were not satisfied with the Pill?

*ENTER all that apply*

- Too expensive.....1
- Insurance did not cover it.....2
- Too difficult to use -(specify).....3
- Too messy.....4

Your partner did not like it.....5  
 You had side effects *-(specify)*.....6  
 You were worried you might have side effects.....7  
 You worried the method would not work.....8  
 The method failed, you became pregnant.....9  
 The method did not protect against disease.....10  
 Because of other health problems, a doctor  
 told you that you should not use the method again....11  
 The method decreased your sexual pleasure.....12  
 Too difficult to obtain the method.....13  
 Did not like the changes to your menstrual cycle.....14  
 Other - *(specify)*.....15

{ ASKED IF R HAD "OTHER REASON" FOR DISCONTINUING PILL DUE TO DISSATISFACTION  
**SP\_REASPILL**

EA-18b. Besides those reasons listed on Card 32, could you tell me what those other reasons were why you were not satisfied with the pill?

**NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.**

{ ASKED IF REASON FOR DISCONTINUING PILL WAS "TOO DIFFICULT TO USE"  
**SP\_DIFFPILL**

EA-18c. Could you say a bit more about why it was too difficult to use?

**NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.**

{ ASKED IF REASON FOR DISCONTINUING PILL WAS "SIDE EFFECTS"  
**SP\_SIDEPIII**

EA-18d. What were those side effects?

**NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.**

{ ASKED IF R EVER STOPPED USING THE CONDOM DUE TO DISSATISFACTION WITH THIS  
 METHOD  
**WHENCOND**

EA-18e. Now, think about the last 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1). During that time, did you stop using the condom because you were not satisfied with it?

Yes (stopped within the last 12 months).....1  
 No (stopped over 12 months ago).....2

{ ASKED IF R EVER STOPPED USING THE CONDOM DUE TO DISSATISFACTION  
**REASCOND**

EA-19. Looking at Card 32, What was the reason or reasons you were not satisfied with the condom?

*ENTER all that apply.*

Too expensive.....1  
 Insurance did not cover it.....2  
 Too difficult to use *-(specify)*.....3  
 Too messy.....4  
 Your partner did not like it.....5  
 You had side effects *-(specify)*.....6  
 You were worried you might have side effects.....7  
 You worried the method would not work.....8  
 The method failed, you became pregnant.....9

The method did not protect against disease.....10  
 Because of other health problems, a doctor  
 told you that you should not use the method again....11  
 The method decreased your sexual pleasure.....12  
 Too difficult to obtain the method.....13  
 Did not like the changes to your menstrual cycle.....14  
 Other - (*specify*).....15

{ ASKED IF R HAD "OTHER REASON" FOR DISCONTINUING CONDOM DUE TO DISSATISFACTION

**SP\_REASCOND**

EA-19b. Besides those reasons listed on Card 32, could you tell me what those other reasons were why you were not satisfied with the condom?

**NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.**

{ ASKED IF REASON FOR DISCONTINUING CONDOM WAS "TOO DIFFICULT TO USE"

**SP\_DIFFCOND**

EA-19c. Could you say a bit more about why it was too difficult to use?

**NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.**

{ ASKED IF REASON FOR DISCONTINUING CONDOM WAS "SIDE EFFECTS"

**SP\_SIDECOND**

EA-19d. What were those side effects?

**NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.**

{ ASKED IF R STOPPED USING IUD WITHIN PAST 12 MONTHS DUE TO DISSATISFACTION WITH THIS METHOD

**WHENIUD**

EA-20e. Now, think about the last 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1). During that time, did you stop using the IUD because you were not satisfied with it?

Yes (stopped within the last 12 months).....1  
 No (stopped over 12 months ago).....2

{ ASKED IF R EVER STOPPED USING IUD DUE TO DISSATISFACTION

**TYPEIUD**

EA-21. Please look at Card 30a. Which type or types of IUD did you stop using because you were not satisfied: a copper-bearing IUD such as Copper-T™ or ParaGard™, a Levonorgestrel or hormonal IUD, such as Mirena™ Skyla™, Liletta™, or Kyleena™, or another type?

□□□□□□ If R says "3 year IUD" or "5 year IUD", enter 2

□□□□□□ If R says "10 year IUD", enter 1

*ENTER all that apply.*

Copper-bearing (such as Copper-T™ or ParaGard™).....1  
 Hormonal IUD (such as Mirena™ Skyla™, Liletta™, or Kyleena™).....2  
 Other .....3

{ ASKED IF R EVER STOPPED USING IUD DUE TO DISSATISFACTION

**REASIUD**

EA-21a. Looking at Card 32, What was the reason or reasons you were not

satisfied with the IUD?

ENTER all that apply.

- Too expensive.....1
- Insurance did not cover it.....2
- Too difficult to use -(specify).....3
- Too messy.....4
- Your partner did not like it.....5
- You had side effects -(specify).....6
- You were worried you might have side effects.....7
- You worried the method would not work.....8
- The method failed, you became pregnant.....9
- The method did not protect against disease.....10
- Because of other health problems, a doctor told you that you should not use the method again....11
- The method decreased your sexual pleasure.....12
- Too difficult to obtain the method.....13
- Did not like the changes to your menstrual cycle.....14
- Other - (specify).....15

{ ASKED IF R HAD "OTHER REASON" FOR DISCONTINUING THE IUD DUE TO DISSATISFACTION

**SP\_REASIUD**

EA-21b. Besides those reasons listed on Card 32, could you tell me what those other reasons were why you were not satisfied with the IUD?

**NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.**

{ ASKED IF REASON FOR DISCONTINUING THE IUD WAS "TOO DIFFICULT TO USE"

**SP\_DIFFIUD**

EA-21c. Could you say a bit more about why it was too difficult to use?

**NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.**

{ ASKED IF REASON FOR DISCONTINUING THE IUD WAS "SIDE EFFECTS"

**SP\_SIDEIUD**

EA-21d. What were those side effects?

**NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.**

{ ASKED IF R EVER USED an IMPLANT OR IUD

**LARC10**

EA-22a. Now think about the past 10 years, that is, since TENYRS\_FILL. Have you used an implant or IUD during that time?

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

{ ASKED IF R USED AN IMPLANT OR IUD IN THE PAST 10 YEARS

**LARCREM**

EA-22b. (You may have already told me about this, but / Many women who have used an implant or IUD get it removed at some point.) In the past 10 years,) that is, since [YEAR OF INTERVIEW - 10], did you ever want to get an implant or IUD removed (for any reason)?

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

{ ASKED IF R EVER WANTED TO GET AN IMPLANT OR IUD REMOVED

**REMOVWHY**

EA-22c. Please look at show card 32a. Please tell me the reason or reasons you wanted to get an implant or IUD removed.

*ENTER all that apply*

- I wanted to get pregnant.....1
- I didn't like the side-effects.....2
- The method caused complications (for example, moved inside your body.....3
- It was expired and I needed a new one.....4
- Other.....5

{ ASKED IF R EVER WANTED TO GET AN IMPLANT OR IUD REMOVED

**REMOVDIF**

EA-22d. In the past 10 years, that is, since [YEAR OF INTERVIEW - 10], did you ever have difficulty getting an implant or IUD removed?

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

{ ASKED IF R EVER HAD DIFFICULTY GETTING AN IMPLANT OR IUD REMOVED

**REMVDFY**

EA-22e. Please look at show card 32b. Please tell me the reason or reasons you had difficulty getting an implant or IUD removed.

*ENTER all that apply*

- Provider discouraged me from getting implant or IUD removed.....1
- Provider didn't know how to remove implant or IUD.....2
- Insurance didn't cover removal of implant or IUD.....3
- Complications because of the method (for example: moved, became lodged).....4
- I still have my implant or IUD because I can't get it removed....5
- Other.....6

{IF R HAS NEVER USED A CONTRACEPTIVE METHOD, BUT HAS HAD SEX, GO TO EC SERIES.  
{IF R HAS NEVER USED A CONTRACEPTIVE METHOD AND HAS NEVER HAD SEX, GO TO SECTION F

**FIRST METHOD SERIES (EB)**

**INTR-EB1**

EB-0. Now I need to ask a few questions about the very first time in your life that you used a birth control method for any reason.

**FIRSMETH**

EB-1. What was the first birth control method you ever used for any reason? If you used more than one method, please tell me about each one. Please refer to Card 33.

[HELP AVAILABLE]

*ENTER all that apply*

*If R spontaneously mentions she was sterile (aside from sterilizing*

operation listed among categories), ENTER 22.

If R spontaneously mentions her partner was sterile (aside from vasectomy listed in categories), ENTER 23.

Birth control pills.....3  
 Condom.....4  
 Partner's vasectomy.....5  
 Female sterilizing operation, such as tubal sterilization and hysterectomy.....6  
 Withdrawal, pulling out.....7  
 Depo-Provera™, injectables.....8  
 Hormonal implants (Norplant™, Implanon™, or Nexplanon™).....9  
 Rhythm or safe period by calendar.....10  
 Safe period by temperature or cervical mucus test, natural family planning11  
 Diaphragm.....12  
 Female condom, vaginal pouch.....13  
 Foam.....14  
 Jelly or cream.....15  
 Cervical cap.....16  
 Suppository, insert.....17  
 Today™ sponge.....18  
 IUD.....19  
 Emergency contraception.....20  
 Other method .....21  
 Respondent was sterile.....22  
 Respondent's partner was sterile.....23  
 Lunelle™ injectable (monthly shot).....24  
 Contraceptive patch (Ortho-Evra™ or Xulane™).....25  
 Vaginal contraceptive ring.....26

{IF R HAS NEVER HAD SEX, GO TO EB-3 WNFSTUSE\_MO

{ASKED IF R's FIRST METHOD WAS NOT A CONTINUOUS METHOD

**FIRSTIME1**

EB-2. Please look at Card 34. Thinking again of the very first time you ever used a method of birth control, when was it in relation to your first intercourse?

The first time you had intercourse.....2  
 Less than a month after your first intercourse.....3  
 One to three months after first intercourse.....4  
 Four to twelve months after first intercourse.....5  
 More than twelve months after first intercourse.....6

{ASKED IF R's FIRST METHOD WAS A CONTINUOUS METHOD

**FIRSTIME2**

EB-2. Please look at Card 35. Thinking again of the very first time you ever used a method of birth control, when was it in relation to your first intercourse?

- Before your first intercourse.....1
- The first time you had intercourse .....2
- Less than a month after your first intercourse.....3
- One to three months after first intercourse.....4
- Four to twelve months after first intercourse.....5
- More than twelve months after first intercourse.....6

{ ASKED IF FIRST METHOD USE WAS NOT AT FIRST SEX  
**WNFSTUSE\_M/WNFSTUSE\_Y**

EB-3. Now, please look at your calendar, and tell me in what month and year you first used a method (for any reason).

Display if R HAS EVER HAD SEX:  
*If respondent needs help, remind her of the date of her first intercourse which was in [DATE].*

♦ *After R has given the year, say: Please write this on your calendar on the "Birth Control Methods" row, in the box for this month and year. You can use an abbreviation for the method, or anything that you will recognize later. If this date is before January [YEAR OF INTERVIEW - 3], write the date and method in the "Before January [YEAR OF INTERVIEW - 3]" box.*

{ ASKED IF FIRST METHOD USE WAS NOT AT FIRST SEX  
**AGEFSTUS**

EB-4. How old were you the first time you used a method for any reason?

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

{ ASKED IF AGE IS 15-24 AND FIRST METHOD USED WAS A DRUG OR DEVICE  
**PLACGOTF**

EB-5. Please look at Card 36. Where did you get the (prescription for the) [FIRST METHOD USED]?

- Private doctor's office.....1
- HMO facility.....2
- Community health clinic, Community clinic, Public health clinic....3
- Family planning or Planned Parenthood Clinic.....4
- Employer or company clinic.....5
- School or school-based clinic.....6
- Hospital outpatient clinic.....7
- Hospital emergency room.....8
- Hospital regular room.....9
- Urgent care center, urgi-care or walk-in facility.....10
- Friend.....11
- Partner or spouse.....12
- Drug store.....13
- Mail order/Internet.....14
- In-store health clinic (like CVS, Target, or Walmart).....15
- Some other place.....20

{IF FIRST METHOD USE WAS AT OR AFTER FIRST INTERCOURSE, GO TO EC SERIES

{ASKED IF RESPONDENT EVER HAD SEX AND FIRST METHOD USE WAS BEFORE FIRST INTERCOURSE

**USEFRSTS**

EB-6. Did you use any birth control method the first time you had intercourse?  
Yes.....1 (GO TO MTHFRSTS EB-8)  
No.....5

{ASKED IF FIRST METHOD USE WAS BEFORE FIRST INTERCOURSE AND A METHOD WAS ALSO USED AT FIRST INTERCOURSE

**MTHFRSTS**

EB-8. Which method did you use the first time you had intercourse? The methods are listed on Card 33. If you used more than one method at the same time, please tell me about that.

[HELP AVAILABLE]

*ENTER all that apply*

*If R spontaneously mentions she was sterile (aside from sterilizing operation listed in categories), ENTER 22.*

*If R spontaneously mentions her partner was sterile (aside from vasectomy listed in categories), ENTER 23.*

- Birth control pills.....3
- Condom.....4
- Partner's vasectomy.....5
- Female sterilizing operation, such as tubal sterilization and hysterectomy.....6
- Withdrawal, pulling out.....7
- Depo-Provera™, injectables.....8
- Hormonal implant (Norplant™ , Implanon™, or Nexplanon™ ).....9
- Calendar rhythm, Standard Days, or Cycle Beads method .....10
- Safe period by temperature or cervical mucus test (Two Day, Billings Ovulation, or Sympto-thermal method).....11
- Diaphragm.....12
- Female condom, vaginal pouch.....13
- Foam.....14
- Jelly or cream.....15
- Cervical cap.....16
- Suppository, insert.....17
- Today™ sponge.....18
- IUD.....19
- Emergency contraception.....20
- Other method.....21
- Respondent was sterile.....22
- Respondent's partner was sterile.....23
- Lunelle™ injectable (monthly shot).....24
- Contraceptive patch (Ortho-Evra™ or Xulane™) .....25
- Vaginal contraceptive ring.....26

**PERIODS OF NON INTERCOURSE (EC)**

{IF R NEVER HAD SEX, GO TO ED SERIES

{IF R's FIRST SEX WAS THE MONTH OF INTERVIEW, ASSIGN "YES" TO INTERCOURSE IN CURRENT MONTH, AND GO TO ED SERIES

**INTR-EC1**

EC-1. Many women have times when they are not having intercourse at all, for example, because of pregnancy, separation, not dating anyone, illness, or other reasons. I'd like to know the months since (the first time you had intercourse, which was in [DATE OF FIRST SEX]/ January [YEAR OF INTERVIEW - 3]) that you did not have intercourse at all for the entire month. First, let's make sure you have other information on your calendar.

{INFORMATION ABOUT PREGNANCIES, IF ANY, APPEARS ON SCREEN THAT RESPONDENT HAS PROVIDED IN PRIOR SECTIONS, AS AN AID FOR ENTERING THE CURRENT INFORMATION

**INTR-EC2**

EC-2. (Many women have times when they are not having intercourse at all, for example, because of pregnancy, separation, not dating anyone, illness, or other reasons. I'd like to know the months since (the first time you had intercourse, which was in [DATE OF FIRST SEX]/ January [YEAR OF INTERVIEW - 3]) that you did not have intercourse at all for the entire month. First, let's make sure you have other information on your calendar.)

{INFORMATION ABOUT DATES OF SEXUAL PARTNERS IF ANY, APPEARS ON SCREEN THAT RESPONDENT HAS PROVIDED IN PRIOR SECTIONS, AS AN AID FOR ENTERING THE CURRENT INFORMATION

**INTR-EC3**

EC-3. Since ([DATE OF FIRST SEX]/ January [YEAR OF INTERVIEW - 3]), have there been any times when you were not having intercourse at all for one month or more?

*Remember,  
'Yes' means the respondent had at least one month of no intercourse, and  
'No' means R had intercourse every month.  
Yes.....1  
No.....5*

{IF R HAD INTERCOURSE EVERY MONTH, GO TO ED SERIES

**INTR-EC4**

EC-4. Start with the current month, [MONTH OF INTERVIEW], and think about each month one at a time, going back to (January [YEAR OF INTERVIEW]/[DATE OF FIRST SEX]). On the row labeled "Intercourse", please mark an "x" in the box for each month during which you had intercourse at least once. So the boxes in this row that are blank will be the ones during which you did not have intercourse at all for the whole month.

{IF R's DATE OF FIRST SEX WAS ON OR AFTER January [INTERVIEW YEAR], GO TO INTR-EC7

**INTR-EC5**

EC-5. Now think about last year, [YEAR OF INTERVIEW- 1]. Start with December, and think about each month one at a time, going back to (January [YEAR OF INTERVIEW - 1])/[DATE OF FIRST SEX]). Please mark an "x" in the box for each month during which you had

intercourse at least once.

{IF R's DATE OF FIRST SEX WAS ON OR AFTER January [YEAR OF INTERVIEW - 1], GO TO INTR-EC7

**INTR-EC6**

EC-6. Finally, start with December [YEAR OF INTERVIEW - 2], and think about each month one at a time, going back to January [YEAR OF INTERVIEW - 3]/[DATE OF FIRST SEX]). Please mark an "x" in the box for each month during which you had intercourse at least once.

**INTR-EC7**

EC-7. Now I need to enter those months into the computer. Would you prefer that I look at your calendar, or would you rather tell me the months?

*If Respondent is reading the months:*

Please tell me the months that you had intercourse, starting with [January [YEAR OF INTERVIEW - 3]/DATE OF FIRST SEX].

*MAKE SURE you know whether she is telling you the months she did NOT have intercourse or the months she DID have intercourse.*

{ ASKED ONCE FOR EACH MONTH DURING [[January [YEAR OF INTERVIEW - 3]/DATE OF FIRST SEX] THROUGH CMINTVW.

**MONSX**

EC-8. ♦ *Did the Respondent mark an X in this month or mention intercourse occurred during:*

[MONTH AND YEAR]

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

**CONTRACEPTIVE METHOD HISTORY (ED)**

{IF R HAS NEVER USED A CONTRACEPTIVE METHOD, GO TO EG SERIES

**INTR-ED1**

ED-1. Before we begin this next section on your birth control use, I need to make sure all of the information we need is on your calendar.

{INFORMATION ABOUT PREGNANCIES, IF ANY, APPEARS ON SCREEN THAT RESPONDENT HAS PROVIDED IN PRIOR SECTIONS, AS AN AID FOR ENTERING THE CURRENT INFORMATION

**INTR-ED2**

ED-2. (Before we begin this next section on your birth control use, I need to make sure all of the information we need is on your calendar.)

{MONTHS OF NONINTERCOURSE, IF ANY, APPEAR ON SCREEN THAT RESPONDENT HAS PROVIDED IN PRIOR SERIES, AS AN AID FOR ENTERING THE CURRENT INFORMATION

**INTR-ED3**

ED-3. (Before we begin this next section on your birth control use, I

need to make sure all of the information we need is on your calendar.)

{INFORMATION ON STERILIZING OPERATIONS, IF ANY, APPEAR ON SCREEN THAT RESPONDENT HAS PROVIDED IN PRIOR SECTION, AS AN AID FOR ENTERING THE CURRENT INFORMATION

*Once R has entered all information and/or verified that it is correct, continue.*

{ ASKED IF DATE OF R'S HYSTERECTOMY IS PRIOR TO STARTING MONTH OF METHOD CALENDAR, ELSE GO TO ED-4b

**INTR-ED4a**

ED-4a. The next questions are about birth control methods you may have used between (START DATE OF METHOD CALENDAR) and (DATE OF INTERVIEW). Remember that this also refers to methods men use, such as condoms, vasectomy, and withdrawal.

As we discussed earlier, you had a hysterectomy in (DATE OF HYSTERECTOMY). Since (START DATE OF METHOD CALENDAR), have you used any other birth control methods for any reasons, such as preventing disease?

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

{ ASKED IF R WITH HYSTERECTOMY USED OTHER BIRTH CONTROL METHODS SINCE { START MONTH OF CALENDAR OR { IF R DID NOT HAVE A HYSTERECTOMY PRIOR TO START DATE OF CALENDAR

**INTR-ED4b**

ED-4b. I need to find out which birth control methods you used each month between (DATE OF FIRST METHOD USE) and January [YEAR OF INTERVIEW - 3]. I'll ask you about each method you've ever used, one at a time.

There will also be a chance to report methods you used during this time, that you may not have reported earlier, if any.

This can include any of the methods shown on Card 37, including those that men use such as withdrawal, condoms, and vasectomy.

If you used more than one method in the same month, it's important for me to record both or all of them.

*Mark method history start and end dates on calendar for R.*

{IF R HAS HAD A STERILIZING OPERATION AND NOT REVERSED DURING METHOD CALENDAR MONTHS IN QUESTION

Even though you mentioned your sterilizing operation earlier, we are interested in any methods you might have used for any reason, during this time period.

*{ Note: the below is script, not questions, but they are here to show the process by which interviewers and Rs will provide the information for the method calendar.*

{ BEGIN SCRIPT for method calendar

{ ASKED IF R HAS EVER USED THE PILL

**PILLMC**

Earlier you mentioned you had used the birth control pill. If you have used it at any time since (START DATE OF METHOD CALENDAR), write a "P" in the box for each month that you used it at least once, going back to (START DATE OF METHOD CALENDAR), on the "Birth Control Methods" row.

*If R used the pill since (START DATE OF METHOD CALENDAR), help her record pill use on the calendar.*

{ ASKED IF R HAS EVER USED THE CONDOM

**CONDMC**

Earlier you mentioned you had sex with a partner who used the condom. If you have had sex with a partner who used the condom at any time since (START DATE OF METHOD CALENDAR), write a "C" in the box for each month that you used it at least once, going back to (START DATE OF METHOD CALENDAR), on the "Birth Control Methods" row.

*If R used the condom since (START DATE OF METHOD CALENDAR), help her record condom use on the calendar.*

{ ASKED IF R HAS EVER USED VASECTOMY

**VASECTMC**

Earlier you mentioned you had had sex with a partner who had a vasectomy. If you have had sex with a partner with a vasectomy at any time since (START DATE OF METHOD CALENDAR), write a "V" in the box for each month that you used this method at least once, going back to (START DATE OF METHOD CALENDAR), on the "Birth Control Methods" row.

*If R used vasectomy since (START DATE OF METHOD CALENDAR), help her record it on the calendar.*

{ ASKED IF R HAS EVER USED DEPO-PROVERA™

**DEPOMC**

Earlier you mentioned you had used Depo-provera™. If you have gotten a shot of Depo-Provera™ at any time since (START DATE OF METHOD CALENDAR), write a "DP" in the box for each month that you got a shot, and the [2] months following that, going back to (START DATE OF METHOD CALENDAR), on the "Birth Control Methods" row.

*If R got a Depo shot since (START DATE OF METHOD CALENDAR), help her record shot and 2 months after, on the calendar.*

{ ASKED IF R HAS EVER USED WITHDRAWAL

**WITHDRMC**

Earlier you mentioned you had had sex with a partner who used withdrawal. If you have had sex with a partner who used withdrawal at any time since (START DATE OF METHOD CALENDAR), write a "WD" in the box for each month that you used this method at least once, going back to (START DATE OF METHOD CALENDAR), on the "Birth Control Methods" row.

*If R used withdrawal since (START DATE OF METHOD CALENDAR), help her record it on the calendar.*

{ ASKED IF R HAS EVER USED RHYTHM METHOD  
**RHYTHMMC**

Earlier you mentioned you had used rhythm or safe period by calendar. If you have used this method at any time since (START DATE OF METHOD CALENDAR), write a "RH" in the box for each month that you used it, going back to (START DATE OF METHOD CALENDAR), on the "Birth Control Methods" row.

*If R used the rhythm method since (START DATE OF METHOD CALENDAR), help her record rhythm method on the calendar.*

{ ASKED IF R HAS EVER USED THE STANDARD DAYS METHOD OR CYCLE BEADS  
**SDAYCBMC**

Earlier you mentioned you had used the Standard Days Method or Cycle Beads. If you have used this method to prevent pregnancy at any time since (cmstrtmc), write a "SD" or "CB" in the box for each month that you used it, going back to (cmstrtmc), on the "Birth Control Methods" row.

*If R used the standard days method or Cycle Beads since (START DATE OF METHOD CALENDAR), help her record the standard days method or Cycle Beads on the calendar.*

{ ASKED IF R HAS EVER USED SAFE PERIOD BY TEMPERATURE OR CERVICAL MUCUS TEST  
**TEMPMC**

Earlier you mentioned you had used safe period by temperature or cervical mucus test. If you have used it to prevent pregnancy at any time since (START DATE OF METHOD CALENDAR), write a "TMP" in the box for each month that you used it at least once, going back to (START DATE OF METHOD CALENDAR), on the "Birth Control Methods" row.

*If R used safe period by temperature or cervical mucus test since (START DATE OF METHOD CALENDAR), help her record it on the calendar.*

{ ASKED IF R HAS EVER USED THE PATCH  
**PATCHMC**

Earlier you mentioned you had used the patch. If you have used it at any time since (START DATE OF METHOD CALENDAR), write a "PA" in the box for each month that you used it at least once, going back to (START DATE OF METHOD CALENDAR), on the "Birth Control Methods" row.

*If R used the patch since (START DATE OF METHOD CALENDAR), help her record patch on the calendar.*

{ ASKED IF R HAS EVER USED THE CONTRACEPTIVE RING  
**RINGMC**

Earlier you mentioned you had used the contraceptive ring. If you have used it at any time since (START DATE OF METHOD CALENDAR), write a "RI" in the box for each month that you used it at least once, going back to (START DATE OF METHOD CALENDAR), on the "Birth Control Methods" row.

*If R used the ring since (START DATE OF METHOD CALENDAR), help her record ring on the calendar.*

{ ASKED IF R HAS EVER USED EMERGENCY CONTRACEPTION

**ECMC**

Earlier you mentioned you had used emergency contraception. If you have used it at any time since (START DATE OF METHOD CALENDAR), write a "EC" in the box for each month that you used this method at least once, going back to (START DATE OF METHOD CALENDAR), on the "Birth Control Methods" row.

*If R used emergency contraception since (START DATE OF METHOD CALENDAR), help her record it on the calendar.*

{ ASKED IF R HAS EVER USED NORPLANT™ / IMPLANON™ / NEXPLANON™

**IMPLMC**

Earlier you mentioned you had used implants (Norplant™, Implanon™, or Nexplanon™).

If you have used it at any time since (START DATE OF METHOD CALENDAR), write a "IM" in the box for each month that you used it at least once, going back to (START DATE OF METHOD CALENDAR), on the "Birth Control Methods" row.

*If R used implants since (START DATE OF METHOD CALENDAR), help her record it on the calendar.*

{ ASKED IF R HAS EVER USED THE DIAPHRAGM

**DIAPHRMC**

Earlier you mentioned you had used the diaphragm. If you have used it at any time since (START DATE OF METHOD CALENDAR), write a "DI" in the box for each month that you used it at least once, going back to (START DATE OF METHOD CALENDAR), on the "Birth Control Methods" row.

*If R used the diaphragm since (START DATE OF METHOD CALENDAR), help her record it on the calendar.*

{ ASKED IF R HAS EVER USED THE FEMALE CONDOM

**FCONDMC**

Earlier you mentioned you had used the female condom. If you have used it at any time since (START DATE OF METHOD CALENDAR), write a "FC" in the box for each month that you used it at least once, going back to (START DATE OF METHOD CALENDAR), on the "Birth Control Methods" row.

*If R used the female condom since (START DATE OF METHOD CALENDAR), help her record it on the calendar.*

{ ASKED IF R HAS EVER USED FOAM

**FOAMMC**

Earlier you mentioned you had used contraceptive foam. If you have used it at any time since (START DATE OF METHOD CALENDAR), write a "FO" in the box for each month that you used it at least once, going back to (START DATE OF METHOD CALENDAR), on the "Birth Control Methods" row.

*If R used foam since (START DATE OF METHOD CALENDAR), help her record it on the calendar.*

{ ASKED IF R HAS EVER USED JELLY/CREAM

**JELLYMC**

Earlier you mentioned you had used contraceptive jelly or cream. If you have used it at any time since (START DATE OF METHOD CALENDAR), write a "FO" in the box for each month that you used it at least once, going back to (START DATE OF METHOD CALENDAR), on the "Birth Control Methods" row.

*If R used jelly/cream since (START DATE OF METHOD CALENDAR), help her record it on the calendar.*

{ ASKED IF R HAS EVER USED THE CERVICAL CAP  
**CERVCMC**

Earlier you mentioned you had used the cervical cap. If you have used it at any time since (START DATE OF METHOD CALENDAR), write a "CAP" in the box for each month that you used it at least once, going back to (START DATE OF METHOD CALENDAR), on the "Birth Control Methods" row.

*If R used cervical cap since (START DATE OF METHOD CALENDAR), help her record it on the calendar.*

{ ASKED IF R HAS EVER USED THE SUPPOSITORY  
**SUPPMC**

Earlier you mentioned you had used the contraceptive suppository. If you have used it at any time since (START DATE OF METHOD CALENDAR), write a "SU" in the box for each month that you used it at least once, going back to (START DATE OF METHOD CALENDAR), on the "Birth Control Methods" row.

*If R used suppository since (START DATE OF METHOD CALENDAR), help her record it on the calendar.*

{ ASKED IF R HAS EVER USED THE SPONGE  
**SPONGEMC**

Earlier you mentioned you had used the sponge. If you have used it at any time since (START DATE OF METHOD CALENDAR), write a "SP" in the box for each month that you used it at least once, going back to (START DATE OF METHOD CALENDAR), on the "Birth Control Methods" row.

*If R used the sponge since (START DATE OF METHOD CALENDAR), help her record it on the calendar.*

{ ASKED IF R HAS EVER USED THE IUD  
**IUDMC**

Earlier you mentioned you had used the IUD. If you have used it at any time since (START DATE OF METHOD CALENDAR), write a "I" in the box for each month that you used this method, going back to (START DATE OF METHOD CALENDAR), on the "Birth Control Methods" row.

*If R used the IUD since (START DATE OF METHOD CALENDAR), help her record it on the calendar.*

**OTHMC**

Now, looking at Card 37, write any other methods you have used since (START DATE OF METHOD CALENDAR), on the calendar, even if you did not mention earlier that you had used it.

If R used any other method(s) since (START DATE OF METHOD CALENDAR), help her record it/them on the calendar.

{ END SCRIPT for method calendar

**INTR-ED5**

ED-5. When R has recorded all methods on the calendar, SAY:

Now I need to enter the methods in the computer. It is important that we get these methods correct. If you notice that I have entered something incorrectly, please let me know.

Have R read methods to you if possible. Verify methods with R as you enter them.

{ DISPLAYED ONCE FOR EACH MONTH DURING [[January [YEAR OF INTERVIEW - 3]/START OF METHOD CALENDAR] THROUGH CMINTVW.

**METHHIST**

ED-6. What method(s) did the respondent use during:

[MONTH AND YEAR]

- ♦ If R spontaneously mentions she was sterile, for reasons other than an operation, and no method was used in the month, enter [22]
- ♦ If R spontaneously mentions her partner was sterile, for reasons other than vasectomy, and no method was used in the month, enter [23]

No method used.....1  
 Same as previous month.....2  
 Birth control pills.....3  
 Condom.....4  
 Partner's vasectomy.....5  
 Female sterilizing operation, such as tubal sterilization and hysterectomy.....6  
 Withdrawal, pulling out.....7  
 Depo-Provera™, injectables.....8  
 Hormonal implants (Norplant™, Implanon™, or Nexplanon™).....9  
 Calendar rhythm, Standard Days, or Cycle Beads method.....10  
 Safe period by temperature or cervical mucus Test (Two Day, Billings Ovulation, or Sympto-thermal Method).....11  
 Diaphragm.....12  
 Female condom, vaginal pouch.....13  
 Foam.....14  
 Jelly or cream.....15  
 Cervical cap.....16  
 Suppository, insert.....17  
 Today™ sponge.....18  
 IUD.....19  
 Emergency contraception.....20  
 Other method.....21  
 Respondent sterile.....22  
 Respondent's partner sterile.....23  
 Contraceptive patch (Ortho-Evra™ or Xulane™). .25

Vaginal contraceptive ring.....26  
Same method used thru end of year.....55

{ ASKED IF CODE 55 IS USED IN A CALENDAR MONTH FOR SAME METHOD THROUGH END OF YEAR

**SAMEAllYear**

ED-8. I'm about to enter that you used [METHOD1, METHOD2, METHOD[x]] every month from [THIS MONTH] through [DECEMBER OF THAT YEAR or INTERVIEW if this is the interview year]. Is that correct?

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

[ED-9a MC1MONS1 through ED-9d MC1MONS3 are asked for the first month of method calendar only, and only if a method(s) is reported in that month. For 2<sup>nd</sup> and subsequent months of the method calendar, the next question is either ED-10 SIMSEQ or they proceed to the next month of the method calendar.]

{ ASKED IF R REPORTED 1 METHOD IN THE FIRST MONTH OF THE METHOD CALENDAR, January [YEAR OF INTERVIEW - 3])

**MC1MONS1**

ED-9a.I have entered that in January [INTVW YEAR-3] you used [METHOD]. For how many months altogether had you been using [METHOD] without a break, before January [INTVW YEAR-3]?. If it is easier to recall, you can tell me the month and year you started.

\_\_\_\_\_ number of months (go to next month of the method history calendar)

- ENTER [995] if R offers the month and year she began using [METHOD]

{ ASKED IF R REPORTED MORE THAN 1 METHOD IN THE FIRST MONTH OF THE METHOD CALENDAR, January [YEAR OF INTERVIEW - 3])

**MC1SIMSQ**

ED-9b.I have entered that in January [INTVW YEAR-3] you used [METHOD1 and METHOD2] / [METHOD1, METHOD2, METHOD[x]]. Did you use (them / any of them) at different times during the month or did you use them (all) at the same time?

[HELP AVAILABLE]

Same time.....1  
Different times.....2 (GO TO ED-9d MC1MONS3)

{ ASKED IF R USED FIRST METH CAL METHODS AT THE SAME TIME

**MC1MONS2**

ED-9c.

For how many months altogether had you been using [METHOD1, METHOD2,...] together, without a break, before January [YEAR OF INTERVIEW - 3]? If it is easier to recall, you can tell me the month and year you started.

\_\_\_\_\_ number of months (go to next month of the method history calendar)

- ENTER [995] if R offers the month and year she began using [METHODS]

{ ASKED IF R USED FIRST METH CAL METHODS AT DIFFERENT TIMES:

**MC1MONS3**

ED-9d.

IF ONE OF THE METHODS IS HORMONAL OR LONG-ACTING:

For how many months altogether had you been using the [THE HORMONAL/LONG-ACTING METHOD]? If it is easier to recall, you can tell me the month and year you started.

IF ONE OR MORE METHODS ARE HORMONAL OR LONG-ACTING:

Think about the one you started using most recently. For how many months had you been using it, without a break, before January [YEAR OF INTERVIEW - 3]? If it is easier to recall, you can tell me the month and year you started.

ELSE IF ALL METHODS ARE BARRIER OR OTHER NONHORMONAL/SHORT-TERM/LESS EFFECTIVE:

For how many months altogether had you been using a combination of [METHOD1, METHOD2, ...], without a break, before January [YEAR OF INTERVIEW - 3]? If it is easier to recall, you can tell me the month and year you started.

\_\_\_\_\_ number of months  
(go to next month of the method history calendar)

- ENTER [995] if R offers the month and year she began using [METHOD(S)]

{ ASKED IF R REPORTED 1 OR MORE METHODS IN THE FIRST MONTH OF THE METHOD CALENDAR, January [YEAR OF INTERVIEW - 3], AND CHOSE TO REPORT THE DATE SHE BEGAN USING OF THAT METHOD/THOSE METHODS RATHER THAN NUMBER OF MONTHS USING)  
**DATBEGIN\_M/DATBEGIN\_Y**

ED-9m/y.

{IF ONLY ONE METHOD REPORTED IN 1ST MONTH OF MC, ASK:

I have entered that in January [INTVW YEAR-3], you used [METHOD]. In what month and year did you start using [METHHIST\_FILL] without a break, before January [YEAR OF INTERVIEW - 3]?

{IF MORE THAN ONE METHOD REPORTED IN THE 1<sup>ST</sup> MONTH OF MC, AND R USED ANY AT THE SAME TIME, ASK:

((Think about the one you started using most recently.) In what month and year did you start using (it / a combination of (METHOD[S]) / (METHOD[S] together,) without a break, before January [YEAR OF INTERVIEW - 3]?

[HELP AVAILABLE]

{ ASKED IF R USED TWO OR MORE METHODS IN ONE MONTH OF CALENDAR FOR MONTHS AFTER THE FIRST (January [INTVW YEAR-3])

**SIMSEQ**

ED-10. Did you use (those / any of those) methods at different times during the month, or did you use them (all) at the same time?

[HELP AVAILABLE]

Same time.....1  
Different times.....2

{IF THERE ARE MONTHS REMAINING IN THE METHOD CALENDAR TO RECORD, GO BACK TO ED-6 METHHIST.

{IF R HAS NEVER HAD SEX:

AND CURRENT METHOD IS PILL, GO TO EJ SERIES  
AND CURRENT METHOD IS NOT PILL, GO TO SECTION F

**METHOD USE AT LAST (AND FIRST) SEX WITH UP TO 3 PARTNERS IN THE PAST 12 MONTHS (EF)**

{IF R HAS NOT HAD NO SEXUAL PARTNERS IN THE PAST 12 MONTHS, GO TO EG SERIES

{ ASKED IF R HAD 1 OR MORE SEXUAL PARTNERS IN THE PAST 12 MONTHS

**INTRBC12**

EF\_0. Now I have some questions about your use of birth control with your [(NUMBER OF PARTNERS IN PAST YEAR) sexual partners]/[sexual partner(s)] within the past year, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1). It will be helpful to look at your calendar for any information on sexual partners, months you did not have intercourse, and birth control methods you used. (In order to save time during the interview, I'll only ask you about your 3 most recent partners in the past 12 months. Let's start with [PARTNER].)

{ASKED FOR UP TO 3 PARTNERS IN THE PAST 12 MONTHS UNLESS ALREADY KNOWN (FROM FIRST METHOD USE SERIES)

**USELSTP**

EF-1. Looking at Card 33, the (last) time you had intercourse with [PARTNER] in [DATE], did you or he use any method?

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

{ASKED IF NO METHOD USED AT LAST INTERCOURSE WITH PARTNER AND M/Y OF LAST SEX IS NOT EQUAL TO M/Y OF INTERVIEW

**WYNOLSTP**

EF-1b. Is the reason you did not use a method of birth control because you, yourself, wanted to become pregnant?

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

{ASKED IF NO METHOD USED AT LAST INTERCOURSE WITH PARTNER

**HPLSTP**

EF-1c. And your partner, did he want you to become pregnant?

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

{ASKED IF USED A METHOD AT LAST INTERCOURSE WITH PARTNER

**LSTMTHP**

EF-2. Which method or methods on Card 33 did you or he use?

- Birth control pills.....3
- Condom.....4
- Partner's vasectomy.....5
- Female sterilizing operation, such as tubal sterilization or hysterectomy.....6
- Withdrawal, pulling out.....7
- Depo-Provera™, injectables.....8
- Hormonal implants (Norplant™, Implanon™, or Nexplanon™).....9
- Calendar rhythm. Standard Days, or Cycle Beads

method.....10  
 Safe period by temperature or cervical mucus  
 test (Two Day, Billings Ovulation, or  
 Sympto-thermal Method) .....11  
 Diaphragm.....12  
 Female condom, vaginal pouch.....13  
 Foam.....14  
 Jelly or cream.....15  
 Cervical cap.....16  
 Suppository, insert.....17  
 Today™ sponge.....18  
 IUD.....19  
 Emergency contraception.....20  
 Other method.....21  
 Respondent was sterile.....22  
 Respondent's partner was sterile.....23  
 Lunelle™ injectable (monthly shot).....24  
 Contraceptive patch (Ortho-Evra™ or Xulane™)  
 .....25  
 Vaginal contraceptive ring.....26

{ASKED IF R REPORTED IUD, COIL, LOOP AT LAST INTERCOURSE WITH PARTNER

**LPIUDTYP**

EF-2b. Please look at Card 30a. Which type of IUD did you use? Was it a copper-bearing IUD such as Copper-T™ or ParaGard™, a Levonorgestrel or hormonal IUD, such as Mirena™, Skyla™, Liletta™, or Kyleena™, or another type?

*If R says "3 year IUD" or "5 year IUD", enter [2]  
 If R says "10 year IUD", enter [1]*

Copper-bearing (such as Copper-T™ or ParaGard™).....1  
 Hormonal IUD (such as Mirena™, or Skyla™, Liletta™,  
 or Kyleena™).....2  
 Other.....3

{ASKED FOR EACH PARTNER IN THE PAST 12 MONTHS UNLESS ALREADY KNOWN (FROM FIRST METHOD USE SERIES) OR UNLESS ONLY HAD SEX WITH HIM ONCE

**USEFSTP**

EF-3. Looking at Card 33, the first time you had intercourse with [PARTNER] in [DATE], did you or he use any method?

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

{ASKED IF USED A METHOD AT FIRST INTERCOURSE WITH PARTNER

**FSTMTHP**

EF-4. Which method or methods on Card 33 did you or he use?

Birth control pills.....3  
 Condom.....4  
 Partner's vasectomy.....5  
 Female sterilizing operation, such as tubal  
 sterilization or hysterectomy.....6  
 Withdrawal, pulling out.....7  
 Depo-Provera™, injectables.....8  
 Hormonal implants (Norplant™, Implanon™, or  
 Nexplanon™).....9  
 Calendar rhythm, Standard Days, or Cycle Beads

method).....10  
 Safe period by temperature or cervical mucus  
 test (Two Day, Billings Ovulation, or  
 Sympto-thermal Method).....11  
 Diaphragm.....12  
 Female condom, vaginal pouch.....13  
 Foam.....14  
 Jelly or cream.....15  
 Cervical cap.....16  
 Suppository, insert.....17  
 Today™ sponge.....18  
 IUD.....19  
 Emergency contraception.....20  
 Other method.....21  
 Respondent was sterile.....22  
 Respondent's partner was sterile.....23  
 Lunelle™ injectable (monthly shot).....24  
 Contraceptive patch (Ortho-Evra™ or  
 Xulane™).....25  
 Vaginal contraceptive ring.....26

{GO TO BEGINNING OF LOOP (EF-1 USELSTFP) FOR NEXT PARTNER IF ANY

{IF R HAS HAD NO PREGNANCIES GO TO SECTION EH

**CONDITIONS SURROUNDING R's PREGNANCIES: WANTEDNESS; PARTNER(S); MOTIVATION; REASONS (EG)**

{REPEAT INTR\_EG1 THROUGH WHYNOUSE EG-24 FOR EACH PREGNANCY

**INTR-EG1**

INTR\_EG1. Now let's talk about the period of time from (your first intercourse/[BABY NAME]'s birth in [DATE]/your nth pregnancy which ended in [DATE]) until you became pregnant (this time/with your (Nth+1) pregnancy (which ended in [DATE])).

{ASKED IF PREGNANCY BEGAN BEFORE January [YEAR OF INTERVIEW - 3] AND WE DON'T ALREADY KNOW THIS FROM DATE OF FIRST METHOD USE

**EVUSEINT**

EG-1. Did you ever use any method of birth control between (your first intercourse/[BABY NAME]'s birth in [DATE]/your [Nth] pregnancy which ended in [DATE]) and (DATE OF Nth pregnancy)/[BABY NAME]'s birth)? Remember to include methods men use--that is condoms, vasectomy, and withdrawal--in your answer.

- Yes..... 1
- No..... 5 (GO TO EG-5 RESNOUSE)

{ASKED IF R WAS USING A METHOD IN MONTH PREGNANCY BEGAN BUT DID NOT USE ONE IN THE MONTH AFTER PREGNANCY BEGAN OR IF R WAS USING A METHOD IN MONTH PREGNANCY BEGAN AND IN THE MONTH AFTER PREGNANCY BEGAN AND THEY WERE DIFFERENT METHODS

**STOPDUSE**

EG-2. Before you became pregnant (this time/with your (NTH) pregnancy which ended in (DATE)), had you stopped using all methods of birth control?

- Yes.....1
- No.....5 (GO TO EG-4 WHATMETH)

{ASKED IF STOPPED USING METHOD(S) IN MONTH PREGNANCY BEGAN

**WHYSTOPD**

EG-3. Was the reason you stopped using all methods of birth control because you yourself wanted to become pregnant?

- Yes.....1 (GO TO EG-10 TIMINGOK)
- No.....5 (GO TO INTR-EG2)

{ASKED IF R WAS USING A METHOD IN MONTH PREGNANCY BEGAN AND MONTH AFTER PREGNANCY BEGAN AND THEY WERE THE SAME METHOD

**WHATMETH**

EG-4. You may have already told me, but looking at Card 38, what methods were you using at the time you became pregnant (with your (NTH) pregnancy which ended in (DATE)/this time)?

*If R spontaneously mentions "thought I was sterile" or "thought partner was sterile", ascertain whether any above methods were used. If not, code "none" (1)*

[HELP AVAILABLE]

- No method used.....1
- Office use only.....2
- Birth control pills.....3
- Condom.....4
- Partner's vasectomy.....5
- Female sterilizing operation, such as tubal sterilization.....6
- Withdrawal, pulling out.....7
- Depo-Provera™, injectables (shots)..... 8
- Hormonal implants (Norplant™, Implanon™, or Nexplanon™).....9
- Calendar rhythm, Standard Days, or Cycle Beads method .....10
- Safe period by temperature or cervical mucus Test (Two Day, Billings Ovulation, or Sympto-thermal Method).....11
- Diaphragm.....12
- Female condom, vaginal pouch.....13
- Foam.....14
- Jelly or cream.....15
- Cervical cap.....16
- Suppository, insert.....17
- Today™ sponge.....18
- IUD.....19
- Emergency contraception (or Plan B™, Preven™, or Next Choice™).....20
- Other method.....21
- Lunelle™ injectable (monthly shot).....24
- Contraceptive patch (Ortho-Evra™ or Xulane™) 25
- Vaginal contraceptive ring (Nuva Ring™).....26

**RESNOUSE**

EG-5.

Before you became pregnant (with your (NTH) pregnancy which ended in (DATE)/this time), was the reason you did not use any birth control methods because you, yourself, wanted to become pregnant?

(IF USED A METHOD BETWEEN FIRST SEX/LAST PREGNANCY AND THIS ONE)

You told me you had stopped using a birth control method before you became pregnant (with your (NTH) pregnancy which ended in (DATE)/this time). Was the reason you had stopped using any methods because you yourself wanted to become pregnant?

(IF DID NOT USE A METHOD BETWEEN FIRST SEX/LAST PREGNANCY AND THIS ONE) You did not use any method of birth control from (your first intercourse/[BABY NAME's] birth in [DATE]/your [Nth] pregnancy which ended in [DATE]) until you became pregnant (with your (NTH) pregnancy which ended in (DATE)/this time). Was the reason you were not using any methods because you yourself wanted to become pregnant?

[HELP AVAILABLE]

Yes..... 1 (GO TO EG-10 TIMINGOK)  
No..... 5

{READ ONLY THE FIRST TIME THROUGH THIS LOOP, IN OTHER WORDS, FOR THE FIRST PREGNANCY ONLY

**INTR-EG2**

INTR\_EG2. The next few questions are important. They are about how you felt right before you became pregnant (with your pregnancy which ended in (DATE)/this time).

{ ASKED IF R RESPONDED "NO" TO WHETHER NOT USING/STOPPED CONTRACEPTION  
{ BECAUSE WANTED A PREGNANCY

**WANTBOLD**

EG-6. Right before you became pregnant (with your (NTH) pregnancy which ended in (DATE)/this time), did you yourself want to have a(nother) baby at any time in the future?

[HELP AVAILABLE]

Yes.....1 (GO TO TIMINGOK EG-10)  
No.....5 (GO TO CNFRMNO EG-8)  
Not sure, don't know.....6

{ ASKED IF R RESPONDED NOT SURE, DON'T KNOW TO WHETHER WANTED BABY AT ANY TIME IN FUTURE

**PROBBABE**

EG-7. It is sometimes difficult to recall these things but, right before (this/that) pregnancy began, would you say you probably wanted a(nother) baby at some time in the future or probably not?

Probably yes..... 1 (GO TO TIMINGOK EG-10)  
Probably not..... 5  
Didn't care..... 6 (GO TO TIMINGOK EG-10)

(IF R IS AGE 20 OR OLDER, GO TO INTROWTH)

{ ASKED IF R IS UNDER 20 AND RESPONDED NO TO WHETHER WANTED BABY AT ANY TIME IN FUTURE

**CNFRMNO**

EG-8. So right before you became pregnant (this time/that time), you thought you did not want to have (any children/a Nth child) at any time in the future, is that correct?

Correct.....1 (GO TO INTROWTH)  
Incorrect.....5

{ ASKED IF R RESPONDED "INCORRECT" TO VERIFICATION OF NOT WANTING A(NOTHER) CHILD AT ANY TIME IN FUTURE

**INCORTXT**

EGINCO\_1. I must have gotten something wrong. Let me ask this question again.

**WANTBLD2**

EG-9. Right before you became pregnant (with your (Nth) pregnancy (which ended in (DATE)/this time), did you yourself want to have a(nother) baby at any time in the future?

- Yes.....1
- No.....5 (GO TO INTROWTH)
- Not sure, don't know.....6 (GO TO INTROWTH)
- Didn't care.....7 (GO TO INTROWTH)

{ASKED IF R WANTED TO HAVE A(NOTHER) BABY IN THE FUTURE

**TIMINGOK**

EG-10. So would you say you became pregnant too soon, at about the right time, or later than you wanted?

[HELP AVAILABLE]

- Too soon..... 1
- Right time.....2
- Later.....3
- Didn't care.....4

{ASKED IF BECAME PREGNANT TOO SOON

{R CAN ANSWER IN MONTHS OR YEARS

**TOOSOONQ/TOOSOONQYM**

EG-11. How much sooner than you wanted did you become pregnant?

Number and (Month/years) \_\_\_\_\_

{ASKED IF BECAME PREGNANT LATER THAN WANTED

{R CAN ANSWER IN MONTHS OR YEARS

**LATERNUM/LATERMY**

EG-11. How much later than you wanted did you become pregnant?

Number and (Month/years) \_\_\_\_\_

**INTROWTH**

INTROWTH\_1. Sometimes how people feel about having a baby in general can be different from how they feel about having a baby with a certain partner.

{ASKED IF R BECAME PREGNANT AT THE RIGHT TIME OR LATER THAN SHE WANTED

**WTHPART1**

EG-12a. Right before (the/this/that) pregnancy, did you want to have a(nother) baby with that partner?

- Definitely yes.....1
- Probably yes.....2
- Probably no.....3
- Definitely no.....4

{GO TO FEELINPG EG-13

{ASKED IF PREGNANCY CAME TOO SOON OR WHEN R WANTED NO FUTURE BIRTHS

**WTHPART2**

EG-12b. Right before (the/this/that) pregnancy, did you think you might ever want to have a(nother) baby with that partner?

- Definitely yes.....1
- Probably yes.....2
- Probably no.....3
- Definitely no.....4

{IF PREGNANCY ENDED BEFORE January [YEAR OF INTERVIEW - 3], GO TO HPWNOLD EG-16

**FEELINPG**

EG-13. Please look at the scale on Card 39. On this scale, a zero means that you were very unhappy to be pregnant and a ten means that you were very happy to be pregnant. Tell me which number on the card best describes how you felt when you found out you were pregnant.

Number \_\_\_\_\_

**HPWNOLD**

EG-16. Right before you became pregnant (this time/that (Nth) time,) did the father want you to have a(nother) baby at any time in the future?

[HELP AVAILABLE]

- Yes.....1
- No.....5
- Not sure, don't know.....6

{ASKED IF R REPORTED "YES" TO ABOVE QUESTION

**TIMOKHP**

EG-17. So would you say you became pregnant sooner than he wanted, at about the right time, or later than he wanted?

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

{ ASKED IF R IS NOT CURRENTLY MARRIED, OR MARRIED MORE THAN ONCE, OR TIMES MARRIED UNKNOWN, OR CENTURY MONTH MARRIED GREATER THAN CENTURY MONTH PREGNANCY ENDED, OR CENTURY MONTH MARRIED UNKNOWN, OR CENTURY MONTH PREGNANCY ENDED UNKNOWN

**COHPBEG**

EG-18a. Were you living with the father of (the pregnancy/this pregnancy/your (Nth) pregnancy which ended in (DATE)) at the beginning of the pregnancy?

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

{ASKED IF PREGNANCY IS NOT CURRENT

**COHPEND**

EG-18b. (When (BABY NAME) was born,) Were you either married to or living with (the/his/her) father of when the pregnancy ended?

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

{IF R HAD A LIVE BIRTH AND WAS LIVING WITH THE BABY'S FATHER AT THE TIME OF BIRTH, GO TO EG-21 TRYSCALE

**TELLFATH**

EG-19. Did you tell the father of (the pregnancy/that (Nth) pregnancy/your current pregnancy) that you (were/are) pregnant?

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

{IF R IS CURRENTLY PREGNANT, GO TO TRYSCALE EG-21

**WHENTELL**

EG-20. When did you tell him that you were pregnant during the pregnancy or after the baby was born/after the pregnancy ended?

(IF NON-LIVE BIRTH)

During the pregnancy.....1  
After the pregnancy ended.....2

(IF LIVE BIRTH)

During the pregnancy.....1  
After the baby was born.....2

{IF PREGNANCY ENDED BEFORE January [YEAR OF INTERVIEW - 3], GO TO EH SERIES

**TRYSCALE**

EG-21. Look at the scale on Card 40, where a 0 means trying hard not to get pregnant, and a 10 means trying hard to get pregnant. If you had to rate how much you were trying to get pregnant or avoid pregnancy right before you got pregnant (this time/that time), how would you rate yourself?

Number \_\_\_\_\_

**WANTSCAL**

EG-22. Look at the scale on Card 41, where a 0 means you wanted to avoid a pregnancy and a 10 means you wanted to get pregnant. If you had to rate how much you wanted or didn't want a pregnancy right before you got pregnant (this time/that time), how would you rate yourself?

Number \_\_\_\_\_

{IF PREGNANCY OCCURRED AT THE RIGHT TIME OR LATER THAN R WANTED, OR R DIDN'T CARE ABOUT TIMING:

GO BACK TO EGINTR\_1 IF THERE ARE MORE PREGNANCIES TO DISCUSS, OTHERWISE GO TO EH SERIES

{ASK IF R USED A METHOD IN MONTH PREGNANCY BEGAN AND PREGNANCY OCCURRED TOO SOON OR AT A TIME WHEN R WANTED NO FUTURE BIRTHS

**WHYPRG**

EG-23. (IF PREGNANCY OCCURRED TOO SOON)  
Please look at Card 42. Earlier you told me your pregnancy

occurred too soon. Which of the following statements applies to you right before you became pregnant (this time/that time (that is, with the pregnancy that ended in DATE)? Your birth control method failed, or you did not use your birth control method properly?

(IF PREGNANCY OCCURRED WHEN R WANTED NO FUTURE BIRTHS)  
Please look at Card 42. Earlier you told me that your pregnancy occurred at a time when you wanted no future pregnancies. Which of the following statements applies to you right before you became pregnant (this time/that time (that is, with the pregnancy that ended in DATE)? Your birth control method failed, or you did not use your birth control method properly?

*ENTER all that apply*  
*If Respondent volunteers she wasn't using a method, ENTER 3*

- Your birth control method failed.....1
- You did not use your birth control method properly.....2
- Respondent wasn't using a method.....3

{GO TO EH SERIES

{ASKED IF R DID NOT USE A METHOD IN MONTH PREGNANCY BEGAN AND PREGNANCY OCCURRED TOO SOON OR AT A TIME WHEN R WANTED NO FUTURE BIRTHS

**WHYNOUSE**

EG-24.

(IF PREGNANCY OCCURRED TOO SOON)  
Please look at Card 43. Earlier you told me your pregnancy occurred too soon. Which of the following statements applies to you right before you became pregnant (this time/that time (that is, with the pregnancy that ended in DATE)? You did not use birth control because...

(IF PREGNANCY OCCURRED WHEN R WANTED NO FUTURE BIRTHS)  
Please look at Card 43. Earlier you told me that your pregnancy occurred at a time when you wanted no future pregnancies. Which of the following statements applies to you right before you became pregnant (this time/that time (that is, with the pregnancy that ended in DATE)? You did not use birth control because...

[HELP AVAILABLE]

*ENTER all that apply*

*If Respondent volunteers sex was forced, code 1.*

*If Respondent volunteers she was using a method, ENTER 7*

*If Respondent had difficulties with a method that she DID use at the beginning of this pregnancy, ENTER 7. Example: "condom broke".*

*For examples of "not taking or using your method consistently" and other guidance, see the Help Screen.*

- You did not expect to have sex.....1
- You did not think you could get pregnant.....2
- You didn't really mind if you got pregnant.....3

You were worried about the side effects of birth control...4  
 Your male partner did not want you to use a birth  
 control method.....5  
 Your male partner himself did not want to use a birth  
 control method.....6  
 (If volunteered:) Respondent was using a method.....7  
 You could not get a method.....8  
 You were not taking, or using, your method consistently....9

{ IF R REPORTED SHE DID NOT THINK SHE COULD GET PREGNANT

**WHYNOPG**

EG-24aa. Could you say a bit more about why you did not think you could get pregnant?

**NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.**

{IF R REPORTED MORE THAN ONE REASON IN WHYNOUSE

**MAINOUSE**

EG-24a. Which one of these is the main reason that you did not use birth control?

[all response categories that respondent mentioned are displayed again]

{GO TO BEGINNING OF LOOP (INTR-EG1) FOR NEXT PREGNANCY IF ANY

**OPEN INTERVAL QUESTIONS (EH)**

{IF R IS CURRENTLY PREGNANT SKIP THIS SERIES AND GO TO EJ SERIES  
 {IF R DID NOT HAVE SEX IN CURRENT MONTH, OR IS SURGICALLY OR NONSURGICALLY  
 STERILE (NOT AT RISK OF PREGNANCY) SKIP THIS SERIES AND GO TO EJ SERIES

**INTR-EH1**

INTR\_EH1. Now, I have a few more questions about birth control.

{ASKED IF R USED NO METHODS IN THE CURRENT MONTH

**WYNOTUSE**

EH-1. You may have already answered a similar question, but is the reason you are not using a method of birth control now because you, yourself, want to become pregnant as soon as possible?

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

**HPPREGQ**

EH-2. And your partner, does he want you to become pregnant as soon as possible?

Yes.....1  
 No.....5  
 (if volunteered) no current partner...6

{ASKED IF R IS TRYING TO BECOME PREGNANT  
 {R CAN SUPPLY EITHER MONTHS OR YEARS

**DURTRY**

EH-2a/b. How long have you been trying to become pregnant?

Months/Years \_\_\_\_\_

If R has been trying for less than a month ENTER 0  
If R says she is / they are not trying, ENTER 95

{ASKED IF R DOES NOT WANT TO BECOME PREGNANT, AND SAID NO OR DON'T KNOW TO WHETHER HER PARTNER WANTS A PREGNANCY.

**WHYNOUSING**

EH-2c. Please look at Card 43. Which of the following statements applies to you right now? You are not using birth control because...

[HELP AVAILABLE]

ENTER all that apply

If Respondent volunteers she is using a method, ENTER 7

If Respondent had difficulties with a method that she DID use in the month of the interview, ENTER 7. Example: "condom broke".

For examples of "not taking or using your method consistently" and other guidance, see the Help Screen.

- You do not expect to have sex.....1
- You do not think you can get pregnant....2
- You don't really mind if you get pregnant.3
- You are worried about the side effects of birth control.....4
- Your male partner does not want you to use a birth control method.....5
- Your male partner himself does not want to use a birth control method.....6
- (If volunteered:)Respondent is using a method.....7
- You could not get a method.....8
- You are not taking, or using, your method consistently.....9

{ASKED IF R REPORTED SHE DID NOT THINK SHE COULD GET PREGNANT IN WHYNOUSING  
**WHYNOTPG**

EH-2cc. Could you say a bit more about why you do not think you can get pregnant?

**NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.**

{ASKED IF R REPORTED MORE THAN ONE REASON IN WHYNOUSING  
**MAINNOUSE**

EH-2d. Which one of these is the main reason that you are not using birth control?

[all response categories that respondent mentioned are displayed again]

**PILL FOR HEALTH REASONS (EJ)**

{ASKED IF R USED THE PILL IN CURRENT MONTH OR IN PRIOR MONTH

**YUSEPILL**

EJ-1. Now I have a question about your recent pill use. Please look at Card 43b and tell me the reason or reasons for your recent pill use.

*ENTER all that apply*

- Birth control.....1
- Cramps, or pain during menstrual periods...2
- Treatment for acne.....3
- Treatment for endometriosis.....4
- Other reasons.....5
- To regulate your menstrual periods.....6
- To reduce menstrual bleeding.....7
- Treatment for hot flashes or other  
peri-menopausal symptoms.....8

{ASKED IF R USED THE IUD IN CURRENT MONTH OR IN PRIOR MONTH

**IUDTYPE**

EJ-3. Now I'd like to ask about your recent IUD use. You mentioned that you used the IUD within the past 2 months. Please look at Card 30a. Which type are you using / did you use?

Was/is it a copper-bearing IUD such as Copper-T™ or ParaGard™, or was/is it a Levonorgestrel or hormonal IUD, such as Mirena™, Skyla™, Liletta™, or Kyleena™, or was/is it another type?

□□□□If R says "5 year IUD", enter 2

□□□□If R says "10 year IUD", enter 1

- Copper-bearing (such as Copper-T™ or ParaGard™)... 1
- Hormonal IUD (such as Mirena™, Skyla™, Liletta™,  
or Kyleena™).....2
- Other .....3

{ASKED IF R USED THE HORMONAL IUD IN CURRENT MONTH OR IN PRIOR MONTH

**YUSEIUD**

EJ-3a. Now, please look at Card 43b and tell me the reason or reasons for your recent IUD use.

*ENTER all that apply*

- Birth control.....1
- Cramps, or pain during menstrual periods...2
- Treatment for acne.....3
- Treatment for endometriosis.....4
- Other reasons.....5
- To regulate your menstrual periods.....6
- To reduce menstrual bleeding.....7
- Treatment for hot flashes or other  
peri-menopausal symptoms.....8

**RECENT HORMONAL METHOD USE: SOURCE, INSURANCE, PAYMENT(EK)**

{ASKED IF R USED PILL, DEPO, PATCH, RING, IUD, OR IMPLANT IN CURRENT MONTH OR IN PRIOR MONTH

(if >1 used in those 2 months, ask only about most effective one. Hierarchy =

1. implant, 2. IUD, 3. depo, 4. pill, 5. patch, 6. ring.)

**CURBCPLC**

EK-1. Please look at Card 25. Where did you get the [RECENT HORMONAL METHOD from MC] you used recently?

- Private doctor's office.....1
- HMO facility.....2
- Community health clinic, Community clinic, Public health clinic....3
- Family planning or Planned Parenthood Clinic.....4
- Employer or company clinic.....5
- School or school-based clinic.....6
- Hospital outpatient clinic.....7
- Hospital emergency room.....8
- Hospital regular room.....9
- Urgent care center, urgi-care or walk-in facility.....10
- In-store health clinic (like CVS, Target, or Walmart).....11
- Some other place.....20

{ASKED IF R USED PILL IN CURRENT OR PREVIOUS MONTH  
(and if more than one method from list above was used, if pill was most effective one)

**NUMPILLS**

EK-2. How many months' supply of birth control pills did you get the last time you got some?

Number \_\_\_\_\_

**CURBCPAY**

EK-3. Please look at Card 16a and tell me all the ways in which you paid for your [RECENT HORMONAL METHOD from MC] the last time you got this method.

[HELP AVAILABLE]

- Insurance.....1
- Co-payment.....2
- Out-of-pocket payment.....3
- Medicaid.....4
- No payment required.....5
- Some other way.....6

{ASK IF R DID NOT REPORT USING INSURANCE OR MEDICAID

**CURBCINS**

EK-4. The last time you got this method, did you have any kind of health insurance or Medicaid?

[HELP AVAILABLE]

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

{ASK IF R HAD INSURANCE OR MEDICAID BUT DID NOT REPORT USING IT TO PAY FOR METHOD

**NOUSEINS**

EK-5. Please look at Card 43c. Why did you not use your insurance to pay for your method supplies?

- Insurance doesn't cover my method supplies.....1
- I had not yet met my insurance deductible.....2
- I did not want to use insurance because

- someone might find out about it.....3
- I did not need to use insurance because
- the method supplies were free.....4
- Some other reason.....5

{ASK IF R REPORTED CO-PAYMENT OR OUT-OF-POCKET PAYMENT

**CURBCAMT**

EK-6. Please look at Card 43d. How much did you pay for your co-payment or out-of-pocket payment when you received the method?

- Under \$10.....1
- \$10-\$25.....2
- \$26-\$50.....3
- \$51-\$100.....4
- over \$100.....5

{ASKED IF R USED ANY METHOD IN CURRENT OR PREVIOUS MONTH

**NOCOST1**

EK-7. If you did not have to worry about cost and could use any type of contraceptive method available, would you want to use a different method?

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

{ASKED IF R USED NO METHODS IN CURRENT OR PREVIOUS MONTH

**NOCOST2**

EK-8. If you did not have to worry about cost and could use any type of contraceptive method available, would you want to use a method?

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

**CONDOM CONSISTENCY: PAST 4 WEEKS & PAST 12 MONTHS (EL)**

{ ASKED IF R HAD SEXUAL INTERCOURSE IN THE PAST 12 MONTHS

**PST4WKSX**

EL-1. Now please think about the last four weeks. How many times have you had sexual intercourse with a male in the last four weeks?

*If R says "not at all" or "none", ENTER 0*

Number \_\_\_\_\_

{ ASKED IF R EVER USED THE CONDOM AND HAD SEXUAL INTERCOURSE ONLY ONCE IN THE PAST 4 WKS

{ IF R NEVER USED THE CONDOM OR ANSWERED DK/RF, SKIP TO EL-5

**PSWKCOND1**

EL-2. Did you use a condom?

- Yes.....1 (GO TO EL-3a CONDBRFL)
- No.....5 (GO TO EL-3c MISSPILL)

{ ASKED IF R EVER USED THE CONDOM AND HAD SEXUAL INTERCOURSE MORE THAN ONCE IN THE PAST 4 WKS

**PSWKCOND2**

EL-3. How many of those times did you use a condom?

If R says "every time", enter number that was reported in PST4WKSX  
If R says "not at all" or "never", enter 0

Number \_\_\_\_\_

{ ASKED IF R USED THE CONDOM ONCE IN THE PAST 4 WKS

**COND1BRK**

EL-3a. That time you used the condom in the past 4 weeks, did it break or completely fall off during intercourse or withdrawal?

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

{ ASKED IF R USED THE CONDOM ONCE IN THE PAST 4 WKS

**COND1OFF**

EL-3b. Was the condom used for only part of the time during intercourse? That is, was it put on after you started having sex, or taken off during sex but before ejaculation?

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

{ ASKED IF R USED THE CONDOM IN THE PAST 4 WKS MORE THAN ONCE

**CONDBRFL**

EL-3c. Of those (number from EL-3) times that you used a condom, how many times did the condom break or completely fall off during intercourse or withdrawal?

Number \_\_\_\_\_

{ ASKED IF R USED THE CONDOM IN THE PAST 4 WKS MORE THAN ONCE

**CONDOFF**

EL-3d. Of those (number from EL-3) times that you used a condom, how many times was the condom put on after you started having sex, or taken off during sex but before ejaculation?

Number \_\_\_\_\_

{ ASKED IF R USED THE PILL IN THE MONTH OF INTERVIEW OR MONTH BEFORE INTERVIEW

**MISSPILL**

EL-3e. Still thinking about the past 4 weeks, how many pills that you were supposed to take did you miss? Would you say you never missed a pill, missed only one pill, or missed two or more pills?

[HELP AVAILABLE]

Never missed.....1  
Missed only one .....2  
Missed two or more .....3  
Did not use pill over past 4 weeks...4

{ ASKED IF R EVER USED THE CONDOM AND HAD SEXUAL INTERCOURSE IN THE PAST

{ 12 MONTHS

**P12MOCON**

EL-4. Please look at the Card 48. Thinking back over the past 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1), would you say you used a condom with your partner for sexual intercourse every time, most of the time, about half of the time, some of the time, or none of the time?

- Every time.....1
- Most of the time.....2
- About half of the time.....3
- Some of the time.....4
- None of the time.....5

{ ASKED IF R EVER USED A METHOD AND HAD SEXUAL INTERCOURSE IN THE PAST  
{ 12 MONTHS AND RESPONDED ANYTHING BUT "EVERY TIME" TO CONDOM FREQUENCY

**PXNOFREQ**

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

- Every time.....1
- Most of the time.....2
- About half of the time.....3
- Some of the time.....4
- None of the time.....5

**SECTION F**

**Family Planning and Medical Services**

**INTRSVC**

FA-0. We have already asked you a few questions about sterilizing operations. The questions in this section are about your medical visits for these and other types of birth control, pregnancy, and health care services for women.

**Birth Control and Medical Services in Past 12 Months (FA)**

**INTRO\_FA**

FA-1. You may have already told me this, but in the past 12 months, that is since [INTERVIEW MONTH, INTERVIEW YEAR - 1] have you received any of the following birth control services shown on card 49 from a doctor or other medical care provider?

{ SHOW CARD 49 IS DISPLAYED FOR FA-1b through FA-1h

**BTHCON12**

FA-1b. (In the past 12 months, have you received) A method of birth control or a prescription for a method?

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

**MEDTST12**

FA-1c. (In the past 12 months, have you received) A check-up or medical test related to using a birth control method?

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

**BCCNS12**

FA-1d. (In the past 12 months, have you received) Counseling or information about birth control?

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

**STEROP12**

FA-1e. (In the past 12 months, have you received) a sterilizing operation?

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

**STCNS12**

FA-1f. (In the past 12 months, have you received) Counseling or information about getting sterilized?

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

{ ASKED OF ALL RESPONDENTS

**EMCON12**

FA-1g. (In the past 12 months, have you received) Emergency contraception, also known as "Plan B" or the "Morning-after pill," or a prescription for it?

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

**ECCNS12**

FA-1h. (In the past 12 months, have you received) Counseling or information about Emergency contraception, also known as "Plan B" or the "Morning-after pill?"

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

**BARRIER**

FA-3h. You reported that you did not receive any of these services in the past 12 months. Please look at card 69c. Which of the reasons shown on this card explain why you did not receive any of these services?

*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 R said "something else" on ID-9 BARRIER

**BARRIER\_SP**

FA-3hsp. 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.**

{ IF R REPORTED NOT RECEIVING ANY SERVICES IN PAST 12 MONTHS, BUT REPORTED  
{ EARLIER SHE USED A DRUG OR DEVICE METHOD IN THE PAST 12 MONTHS

**FOLLOW12**

FA-2. {IF R REPORTED ONE METHOD IN SECTION E'S METHOD HISTORY  
In the last 12 months, that is, since [INTERVIEW MONTH, INTERVIEW YEAR - 1] have you visited a doctor or medical care provider about the following method which you used in that period: [METHOD REPORTED IN SECTION E].

{IF R REPORTED TWO OR MORE METHODS IN SECTION E'S METHOD HISTORY  
Earlier you mentioned you have used [METHOD(S) FROM SECTION E] in the past 12 months. Did you receive any of these at a visit to a doctor or medical care provider within the past 12 months?

Yes.....1  
No.....5  
Didn't use the medical method(s) in 12 months after all....6

**INTR\_MED**

FA-3. We're also interested in where women go to get other kinds of reproductive health care. Please look at Card 50.

In the past 12 months, that is, since [INTERVIEW MONTH, INTERVIEW YEAR - 1], have you received any of the following medical services from a doctor or other medical care provider:

{ SHOW CARD 50 IS DISPLAYED FOR FA-3a through FA-3g

{IF R EVER HAD SEX

**PRGTST12**

FA-3a. (You may have already told me, but/In the past 12 months have you received) A pregnancy test?

Yes.....1

No.....5

{IF R EVER HAD SEX

**ABORT12**

FA-3b. (In the past 12 months have you received) An abortion?

Yes.....1

No.....5

**PAP12**

FA-3c. (In the past 12 months have you received) A Pap test - where a doctor or nurse put an instrument in the vagina and took a sample to check for abnormal cells that could turn into cervical cancer?

Yes.....1

No.....5

**PELVIC12**

FA-3d. (In the past 12 months have you received) A pelvic exam -where a doctor or nurse puts one hand in the vagina and the other on the abdomen?

Yes.....1

No.....5

{ IF R HAD A PREGNANCY ENDING WITHIN THE LAST 12 MONTHS

**PRENAT12**

FA-3e You may have told me this already, but in the past 12 months, have your received prenatal care?

Yes.....1

No.....5

{ IF R'S MOST RECENT LIVE BIRTH WAS WITHIN THE LAST 12 MONTHS

**PARTUM12**

FA-3f. (In the past 12 months have you received) Post-pregnancy care?

Yes.....1

No.....5

**STDSVC12**

FA-3g. In the past 12 months, have you been tested for a sexually transmitted disease?

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

{ IF R HAD NO BIRTH CONTROL OR MEDICAL SERVICES IN THE PAST 12 MONTHS,  
{ GO TO FB SERIES.

{ IF MORE THAN 1 SERVICE RECEIVED IN THE PAST 12 MONTHS)

**NUMBCVIS**

FA-4. You said that in the past 12 months you received the following services:  
(DISPLAY ABBREVIATED LIST OF SERVICES REPORTED IN BTHCON12 THROUGH  
ECCNS12 AND PRGTST12 THROUGH STDSVC12). Did you receive those services  
during a single visit, or in more than one visit?

Single visit.....1  
More than one visit....5

{ ASKED FOR EACH SERVICE RECEIVED IF HAD MORE THAN ONE VISIT IN PAST 12 MONTHS

**BC12PLCX**

FA-5. Please look at Card 25. During the past 12 months, that is since  
[INTERVIEW MONTH, INTERVIEW YEAR - 1], where did you receive (DISPLAY  
(Nth) SERVICE(S) REPORTED IN BTHCON12 THROUGH ECCNS12 AND PRGTST12  
THROUGH STDSVC12)?

- Private doctor's office.....1
- HMO facility,.....2
- Community health clinic, community clinic, public health clinic.3
- Family Planning or Planned Parenthood.....4
- Employer or company clinic .....5
- School or School-based clinic.....6
- Hospital outpatient clinic.....7
- Hospital emergency room.....8
- Hospital regular room.....9
- Urgent care center, urgi-care or walk-in facility.....10
- In-store health clinic (like CVS, Target, or Walmart).....11
- Some other place.....20

{ASKED IF R RECEIVED a service in IN LAST 12 MONTHS

**TALKPROV**

FA-5a. During your visit in the past 12 months when you received one of  
these services, did a doctor or medical provider talk to you about  
any of the following?

ENTER all that apply

- Birth control methods (including IUD and implants).....1
- Condoms for STD prevention.....2
- HPV vaccine .....3
- None of the above.....4

{ IF R RECEIVED AN STD TEST IN LAST 12 MONTHS

**WHYPSTD**

FA-5e. Please look at Card 25b. 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 RECEIVE AN STD TEST IN LAST 12 MONTHS

**WHYNOSTD**

FA-5e1. In the past 12 months you did not receive a test for a sexually transmitted disease. Please look at show card 25c. 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 tested .....4
- Cost or lack of insurance.....5
- Other.....6

{ IF R RECEIVED BIRTH CONTROL COUNSELING IN LAST 12 MONTHS

**BCCLARC**

FA-5f. (During your visit in the past 12 months) when you received counseling or information about birth control, did a doctor or medical provider talk with you about a contraceptive implant or an IUD?

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

{ ASKED FOR EACH SERVICE RECEIVED IN LAST 12 MONTHS

**BC12PAYX**

FA-6. Looking at Card 16a, please tell me all of the ways in which the bill for [Nth SERVICE IN PAST 12 MONTHS REPORTED IN BTHCON12 THROUGH ECCNS12 AND PRGTST12 THROUGH STDSVC12] was paid.

[HELP AVAILABLE]

*ENTER all that apply*

- Insurance.....1
- Co-payment.....2
- out-of-pocket payment.....3
- Medicaid.....4
- No payment required.....5
- Some other way.....6

{ FA-8 STATE\_NAME THROUGH FA-9 REGCAR12 ASKED FOR EACH SERVICE RECEIVED IN THE LAST 12 MONTHS AT A CLINIC

**NOTE: NO ADDRESS INFORMATION OR CLINIC NAMES ARE INCLUDED ON THE PUBLIC USE DATA FILES.**

**STATE\_NAME**

FA-8. What is the name and address of the clinic where you received (DISPLAY (ALL SERVICES) REPORTED IN BTHCON12 THROUGH ECCNS12 AND

PRGTST12 THROUGH STDSVC12 THAT WERE RECEIVED AT A CLINIC)?

**CLINIC12**

FA-8a. What is the name and address of the place where you received (DISPLAY ALL SERVICES REPORTED)

[HELP AVAILABLE]

**CONFIRM**

FA-8g. I found a clinic (by that name/in that city) at (LIST CLINIC SELECTED). Is this correct?

- Yes.....1
- No.....5
- Clinic not in database.....6

{ IF CLINIC NOT FOUND IN DATABASE

**ADCLIN12**

FA-8f. Interviewer: record name and address of clinic you were unable to find in database.

\_\_\_\_\_  
\_\_\_\_\_

{ IF CLINIC MENTIONED IN FA-8a CLINIC12 IS DIFFERENT FROM CLINICS MENTIONED BEFORE

**REGCAR12**

FA-9. Is this clinic your regular place for medical care, or do you usually go somewhere else for medical care?

- Regular place.....1
- Regular place, but go to more than 1 place regularly...2
- Usually go somewhere else.....3
- No usual place.....4

**Clinic Series (FC)**

{ IF R IS 25 OR OLDER, GO TO **FD-1 INTRPAP**.  
 { IF R RECEIVED ANY SERVICES (PAST 12 MONTHS) AT A CLINIC, GO TO  
 { **FD-1 INTRPAP**.

{IF UNDER 25 AND DID NOT RECEIVE ANY SERVICES AT A CLINIC

**EVERFPC**

FC-1. Since your first menstrual period (when you were (AGE AT MENARCHE)), have you ever visited a clinic for any kind of medical or birth control service?

[HELP AVAILABLE]

- Yes.....1
- No.....2 (GO TO **FD-1 INTRPAP**)

**KNMDHLP**

FC-2. What kind of medical help did you receive at the clinic?

- A method of birth control (or prescription).....1
- Birth control counseling.....2
- Emergency contraception.....3
- Counseling about emergency contraception.....4

A check-up or test for birth control.....	5
Pregnancy test.....	6
An abortion.....	7
A pap smear or pelvic exam.....	8
Post-natal care.....	9
STD or HIV testing/treatment/counseling.....	10
Other.....	20

**Pap Test Series (FD)**

{ ASKED OF ALL RESPONDENTS

**INTRPAP**

FD-1. Now we have some additional questions about medical tests you may have received.

{ Asked only if R did not have a Pap in the past 12 mos

**LASTPAP**

FD-2. Do you think your last Pap test was...?

A year ago or less .....	1
More than 1 year ago but not more than 2 years .....	2
More than 2 years ago but not more than 3 years .....	3
More than 3 years ago but not more than 5 years .....	4
Over 5 years ago .....	5
Never had Pap test .....	6

{ Asked if R ever had Pap test

**MREASPAP**

FD-3. What was the MAIN reason you had your most recent Pap test? Was it part of a routine exam, because of a medical problem you were having, or some other reason?

Part of a routine exam.....	1
Because of a medical problem.....	2
Other reason.....	3

{ Asked if R ever had Pap test

**AGEFPAP**

FD-4. At what age did you have your first Pap test?

\_\_\_\_\_ age in years

{ Asked if R does not know age of first Pap test

**AGEFPAP2**

FD-4a. Were you younger than 18, 18-21, 22-29, or older than 30 at your first Pap test?

Younger than 18.....	1
18-21.....	2
22-29.....	3
30 or older.....	4

**ABNPAP3**

FD-5. Have you had a Pap test in the LAST 3 YEARS where the results were NOT normal?

- Yes.....1
- No.....2
- No Pap test in past 3 years.....3

**INTPAP**

FD-6. Please look at show card 51a. How often do you think you will need to have a Pap test for regular cancer screening?

- Every year.....1
- Every 2 years.....2
- Every 3 years.....3
- Every 4 years.....4
- 5 years or more .....5

**Pelvic Exam Series (FE)**

{ IF HAD A PELVIC EXAM IN LAST 12 MONTHS BUT NEVER A PAP TEST THEN GO TO FE-2  
 { LASTPEL  
 { ELSE IF HAD BOTH PAP AND PELVIC then go to FE-1 PELWPAP.  
 { ELSE IF DON'T KNOW OR REFUSED WHETHER PELVIC EXAM IN LAST 12 MONTHS THEN GO { TO FE-2 LASTPEL

{ Asked if R had a pelvic exam in the past 12 months and ever had Pap test  
**PELWPAP**

FE-1. You reported you had a pelvic exam in the past 12 months. Was the pelvic exam done at the same visit as your Pap test?

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

{ Asked if R did not have a pelvic exam and Pap test at the same time or if never had a pap test

**LASTPEL**

FE-2. Do you think your last pelvic exam was...?

- A year ago or less .....1
- More than 1 year ago but not more than 2 years .....2
- More than 2 years ago but not more than 3 years .....3
- More than 3 years ago but not more than 5 years .....4
- Over 5 years ago .....5
- Never had pelvic exam.....6

{ Asked if R ever had a pelvic exam

**MREASPEL**

FE-3. What was the MAIN reason you had your most recent pelvic exam -was it part of a routine exam, because of a medical problem, or some other reason?

- Part of a routine exam.....1
- Because of a medical problem.....2
- Other reason.....3

{ Asked if R ever had a pelvic exam

**AGEFPEL**

FE-4. At what age did you have your first pelvic exam?  
\_\_\_\_\_ age in years

{ Asked if R does not know age of first pelvic exam

**AGEPEL2**

FE-4a. Were you younger than 18, 18-21, 22-29, or older than 30 at your first pelvic exam?

- Younger than 18.....1
- 18-21.....2
- 22-29.....3
- 30 or older.....4

**INTPEL**

FE-5. Please look at show card 51a. How often do you think you will need to have a pelvic exam?

- Every year.....1
- Every 2 years.....2
- Every 3 years.....3
- Every 4 years.....4
- 5 years or more .....5

**Human Papilloma Virus (HPV) Testing Series (FF)**

{ASKED OF ALL

**INTRHPV**

FF-1. The next questions are about Human Papilloma Virus (HPV) tests.

**EVHPVTST**

FF-2. Have you ever had an HPV test -where a doctor or nurse put an instrument in the vagina and took a sample to test for the HPV virus?

- Yes.....1
- No.....5 (FF-6

**INTHPV)**

{ Asked if R ever had an HPV test and a **pap in the past 12 months**

**HPVWPAP**

FF-3. You reported you had a Pap test in the past 12 months. Was the HPV test done at the same time as your Pap test?

- Yes.....1 (go to FF-4 MREASHPV)
- No.....5

**LASTHPV**

FF-3c. When was your last HPV test?

- A year ago or less .....1
- More than 1 year ago but not more than 2 years .....2
- More than 2 years ago but not more than 3 years .....3
- More than 3 years ago but not more than 5 years .....4
- Over 5 years ago .....5

{ Asked if R ever had an HPV test

**MREASHPV**

FF-4. What was the MAIN reason you had your most recent HPV test -was it part of a routine exam, because of a medical problem, or some other reason?

- Part of a routine exam.....1
- Because of a problem.....2
- Other reason.....3

{ Asked if R ever had an HPV test

**AGEHPV**

FF-5. At what age did you have your first HPV test?

\_\_\_\_\_ age in years

{ Asked if R does not know age of first HPV test

**AGEHPV2**

FF-5a. Were you younger than 18, 18-21, 22-29, or older than 30 at your first HPV test?

- Younger than 18.....1
- 18-21.....2
- 22-29.....3
- 30 or older.....4

{if R has not had a hysterectomy

**INTHPV**

FF-6. Please look at show card 51a. How often do you think you will need to have an HPV test?

- Every year.....1
- Every 2 years.....2
- Every 3 years.....3
- Every 4 years.....4
- 5 years or more .....5

**FG Series: Additional questions regarding reproductive health**

{ Asked of ALL

**INTRFG**

FG-1. The next questions are 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.

{ Asked of ALL

**ASKSMOKE**

FG-2. 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

{ Asked of ALL

**ASKPREG**

FG-3. In the past 12 months, has a doctor or other medical care provider asked you whether you wanted to get pregnant or have a baby?

Yes.....1

No.....5

{ Asked of ALL

**ASKFOLIC**

FG-4. In the past 12 months, has a doctor or other medical care provider advised you to take a vitamin with folic acid?

Yes.....1

No.....5

{Asked of all

**TALKDM**

FG-5. In the past 12 months, has a doctor or other medical care provider talked with you about using a condom at the same time as a female method of contraception?

Yes.....1

No.....5

**FH Series: Most recent experience with provider**

{Ask FH SERIES IF RECEIVED ONE OF THESE SERVICES IN THE PAST 12 MONTHS:

**FA-1b**

BTHCON12=1(yes) [method of birth control or prescription] or

FA-1d BCCNS12=1 (yes) [counseling about birth control] or

FA-1c MEDTST12=1(yes) [checkup for birth control] or

FA-1e STEROP12=1(yes) [sterilization operation] or

FA-1f STCNS12=1 (yes) [counseling re sterilization operation] or

FA-1g EMCON12=1 (yes) [emergency contraception or prescription] or

FA-1h ECCNS12=1 (yes) [counseling regarding emergency contraception]

{Asked if received a method of birth control or counseling about a method

**INTROFH**

FH-0. Earlier you mentioned that in the past 12 months you received a method of birth control or prescription for a method from a health care provider. I am now going to ask about your most recent experience with this provider. Please look at Card 51b and rate your experience with this provider on a scale of 1 to 5 (with 1 meaning "poor" and 5 meaning "excellent") with respect to the following qualities:

{Asked if received a method of birth control or counseling about a method

**PROVRESP**

FH-1. How did this provider rate on respecting you as a person?

Poor.....1

Fair.....2

Good.....3

Very good.....4

Excellent.....5

{Asked if received a method of birth control or counseling about a method

**PROVSAYBC**

FH-2. Looking at Card 51b, how did this provider rate with respect to letting you say what mattered most to you about your birth control method?

Poor.....1

Fair.....2

Good.....3

Very good.....4

Excellent.....5

{Asked if received a method of birth control or counseling about a method  
**PROVPREBC**

FH-3. How did this provider rate on taking your preferences about birth control seriously?

Poor.....1  
Fair.....2  
Good.....3  
Very good.....4  
Excellent.....5

{Asked if received a method of birth control or counseling about a method  
**PROVINFOBC**

FH-4. How did this provider rate on giving you enough information to make the best decision about your birth control method?

Poor.....1  
Fair.....2  
Good.....3  
Very good.....4  
Excellent.....5

**SECTION G**

**Birth Desires and Intentions**

**Birth Desires Series(GA)**

**GAINTR01**

GA-0. Now, I would like to know your feelings about having (a/nother) baby, whether or not you are able to, or plan to have one.

**RWANT**

GA-1. (Looking to the future, do/If it were possible would) you, yourself, want to have (a/nother) baby at some time (after this pregnancy is over/in the future)?

[HELP AVAILABLE]

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

{ IF R SAID DON'T KNOW FOR WANTING TO HAVE A/NOTHER BABY

**PROBWANT**

GA-1a. (Do you think you probably want or probably do not want/If it were possible do you think you would probably want or would probably not want) to have (a/nother) baby at some time (after this pregnancy is over/in the future)?

Probably want .....1  
Probably do not want .....5

{ IF R IS CURRENTLY MARRIED OR COHABITING

**PWANT**

GA-2. (If it were possible, would/Looking to the future, does/Does) (HUSBAND/PARTNER) want to have (a/nother) baby at some time (after this pregnancy is over/in the future)? Would you say...

[HELP AVAILABLE]

- Definitely yes.....1
- Probably yes.....2
- Probably no.....3
- Definitely no.....4

**Joint Birth Intentions (Married/Cohabiting) (GB)**

{ SECTION GB IS ASKED IF R IS CURRENTLY MARRIED OR COHABITING AND BOTH PARTNERS ARE PHYSICALLY ABLE TO HAVE CHILDREN }

**GBINTR01**

GB-0. Sometimes what people want and what they intend are different because they are not able to do what they want. The next questions are about your and [husband/partner]'s intentions for (a/nother) baby in the future.

**JINTEND**

GB-1. Do you and (HUSBAND/PARTNER) intend to have (a/nother) baby at some time in the future (after this pregnancy is over)?

IF NECESSARY SAY: "Intend" refers to what R and her husband are actually going to try to do. Do not count intended adoptions or stepchildren.

- Yes.....1
- No.....5
- [IF R RESPONDS "DON'T KNOW", GO TO GB-4 JEXPECTL
- IF R RESPONDS "REFUSED", GO TO SECTION H]

**JSUREINT**

GB-2. Of course, sometimes things do not work out exactly as we intend them to, or something makes us change our minds. In your case, how sure are you that you and (HUSBAND/PARTNER) will (not) have (a/nother) baby (after this pregnancy is over)? Would you say...

- Very sure.....1
- Somewhat sure.....2
- Not at all sure.....3

{IF INTEND NO BABIES (GB-1 JINTEND=NO), GO TO SECTION H.

**JINTENDN**

GB-3. (Not counting your current pregnancy,) How many (more) babies do you and (HUSBAND/PARTNER) intend to have?

IF NECESSARY SAY: "Intend" refers to what R and her husband are actually going to try to do. Do not count intended adoptions or stepchildren.

Number of babies \_\_\_\_\_

{ IF DON'T KNOW HOW MANY (MORE) BABIES INTENDED  
**JEXPECTL**

GB-4. Many people aren't sure, but still have some idea about the future. As you expect things to work out for you and (HUSBAND/PARTNER), what is the largest number of (additional) babies you and he expect to have (after this pregnancy is over)?

Number of babies \_\_\_\_\_ (IF 0, GO TO SECTION H)

{ ASKED IF NUMBER OF (ADDITIONAL) BABIES EXPECTED IS > ZERO

**JEXPECTS**

GB-5. What is the smallest number of (additional) babies you and he expect to have (after this pregnancy is over)?

Number of babies \_\_\_\_\_

**JINTNEXT**

GB-6. When do you and [HUSBAND/PARTNER] expect your first/next child to be born?

- Within the next 2 years .....1
- 2 - 5 years from now .....2
- More than 5 years from now .....3

**Individual Intentions Series (GC)**

{SECTION GC IS ASKED IF R IS NOT MARRIED OR COHABITING AND PHYSICALLY ABLE TO HAVE CHILDREN AND WANTS A/NOTHER BABY}

**GCINTRO1**

GC-0. Sometimes what people want and what they intend are different because they are not able to do what they want. The next questions are about your intentions for (a/nother) baby in the future.

**INTEND**

GC-1. Looking to the future, do you intend to have (a/nother) baby at some time (after this pregnancy is over)?

If necessary, say: "Intend" refers to what the R is actually going to try to do. Do not count intended adoptions or stepchildren.

- Yes.....1
- No.....5
- [IF R RESPONDS "DON'T KNOW", GO TO GC-4 EXPECTL
- IF R RESPONDS "REFUSED", GO TO SECTION H]

**SUREINT**

GC-2. Of course, sometimes things do not work out exactly as we intend them to, or something makes us change our minds. In your case, how sure are you that you will (not) have (a/nother) baby (after this pregnancy is over)? Would you say ...

- Very sure.....1
- Somewhat sure.....2
- Not at all sure.....3

{IF INTEND NO BABIES (GC-1 INTEND=NO), GO TO SECTION H

**INTENDN**

GC-3. (Not counting your current pregnancy,) How many (more) babies do you intend to have?

IF NECESSARY, SAY "Intend" refers to what the R is actually going to try to do. Do not count intended adoptions or stepchildren.

Number of babies \_\_\_\_\_

{ ASKED IF R DOESN'T KNOW IF SHE INTENDS TO HAVE A/NOTHER BABY OR DOESN'T KNOW THE NUMBER SHE INTENDS TO HAVE

**EXPECTL**

GC-4. Many people aren't sure, but still have some idea about the future. As you expect things to work out for you, what is the largest number of (additional) babies you, yourself, expect to have (after this pregnancy is over)?

Number of babies \_\_\_\_\_ (IF 0, GO TO SECTION H)

{ ASKED IF NUMBER OF (ADDITIONAL) BABIES EXPECTED IS > ZERO

**EXPECTS**

GC-5. What is the smallest number of (additional) babies you, yourself, expect to have (after this pregnancy is over)?

Number of babies \_\_\_\_\_

**INTNEXT**

GC-6. When do you expect your first/next child to be born?

- Within the next 2 years .....1
- 2 - 5 years from now .....2
- More than 5 years from now .....3

**SECTION H**

**Infertility Services and Reproductive Health**

{ IF R HAS NOT HAD SEX WITH A MALE AND SHE IS UNDER 18, GO TO HB-5 INTRO\_H3.

{ SAID FOR ALL WHO HAVE HAD SEX WITH A MALE OR WHO ARE 18 YEARS OR OLDER  
**INTRO\_H1**

HA-0. The next questions are about any infertility services you may have ever received. This includes medical help to become pregnant or to prevent miscarriage. I will ask you about each type of help separately.

**EVER RECEIVED MEDICAL HELP TO GET PREGNANT (HA)**

**HLPPRG**

HA-1. IF R HAS EVER BEEN MARRIED AND HAS ONLY 1 MALE SEXUAL PARTNER IN LIFETIME, ASK:  
(Have/Did) you or your husband ever been to a doctor or other medical care provider to talk about ways to help you become pregnant?

ELSE IF R HAS NEVER BEEN MARRIED AND HAS NEVER HAD A MALE SEXUAL PARTNER, ASK:  
Have you ever been to a doctor or other medical care provider to talk about ways to help you become pregnant?

ELSE ASK:  
(During any of your relationships,) have you or your (husband or) partner at the time ever been to a doctor or other medical care provider to talk about ways to help you become pregnant?

[HELP AVAILABLE]

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

{ IF R HAS HAD ONLY 1 MALE SEXUAL PARTNER IN LIFETIME, GO TO HA-5 TYPALLPG.

{ ASKED IF R HAS HAD MORE THAN 1 SEXUAL PARTNER IN LIFETIME

**HOWMANYR**

HA-2. In how many of your relationships did you seek medical help in order to become pregnant?

One.....1

More than one...5

{ IF R IS NOT CURRENTLY MARRIED, COHABITING, OR SEPARATED, GO TO HA-5 TYPALLPG

{ ASKED IF R IS MARRIED, COHABITING, OR SEPARATED, AND HOWMANYR = 1

**SEEKWH01**

HA-3. IF R IS MARRIED OR SEPARATED, ASK:

Was that with your current husband or another partner?

Current husband.....1

Another partner.....5

ELSE IF R IS COHABITING, ASK:

Was that with your current partner or another partner?

Current partner.....1

Another partner.....5

{ IF HA-3 SEEKWH01 WAS ASKED, GO TO HA-5 TYPALLPG.

{ ASKED IF R IS MARRIED, COHABITING, OR SEPARATED, AND HOWMANYR NE 1

**SEEKWH02**

HA-4. Have you sought help with your current (husband/partner)?

Yes .....1

No .....5

{ ASKED IF R REPORTED SEEKING ANY MEDICAL HELP TO GET PREGNANT

**TYPALLPG**

HA-5. IF R HAS ONLY HAD 1 LIFETIME PARTNER OR IF R ONLY SOUGHT MEDICAL HELP IN ONE RELATIONSHIP, ASK:

Which of the services shown on Card 52 (have/did) you or your (husband/partner/previous partner (had/have) to help you become pregnant?

ELSE IF R SOUGHT MEDICAL HELP IN MORE THAN ONE RELATIONSHIP, ASK: Think about all of the medical help you or your partners have ever received to help you become pregnant. Which of the services shown on Card 54 have you or they had (to help you become pregnant)?

[HELP AVAILABLE]

*ENTER all that apply*

Advice .....1

Infertility testing .....2

Drugs to improve your ovulation .....3

Surgery to correct blocked tubes ....4

Artificial insemination .....5

Other types of medical help .....6

{ ASKED IF INFERTILITY TESTING MENTIONED

**WHOTEST**

HA-5a. Who was it that had infertility testing? Was it you, him, or both of you?

You .....1

Him .....3

Both of you .....5

{ ASKED IF OVULATION DRUGS MENTIONED

**OVUL12M**

HA-5a2. You mentioned you have used drugs to improve your ovulation. Have you used any such drugs within the last 12 months, that is since (INTERVIEW MONTH, INTERVIEW YEAR - 1)?

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

{ ASKED IF ARTIFICIAL INSEMINATION MENTIONED

**WHARTIN**

HA-5b. Were you inseminated with sperm from your husband or partner only, from some other donor only, or from both?

- Husband or partner.....1
- Donor.....3
- Both husband or partner and donor.....5

{ ASKED IF ARTIFICIAL INSEMINATION MENTIONED

**INSEM12M**

HA-5b2. Did you have this last insemination within the past 12 months, that is since (INTERVIEW MONTH, INTERVIEW YEAR - 1)?

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

{ ASKED IF "OTHER TYPES OF MEDICAL HELP" MENTIONED

**OTMEDHEP**

HA-5c. Which of these other types of medical help listed on Card 53 did either of you receive for becoming pregnant?

[HELP AVAILABLE]

*ENTER all that apply*

- Surgery or drug treatment for endometriosis .....1
- In vitro fertilization (IVF) .....2
- Surgery or drug treatment for uterine fibroids ..3
- Some other female pelvic surgery .....4
- Other medical help .....5

{ ASKED IF R REPORTED "other medical help" ON HA-5c OTMEDHEP

**SP\_OTMEDHEP**

HA-5sp. What was this other type of medical help to help you become pregnant?

**NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.**

{ ASKED IF R REPORTED SEEKING ANY MEDICAL HELP TO GET PREGNANT

**INSCOVPG**

HA-6. Did either of you have private health insurance to cover any of the costs of medical help for becoming pregnant?

[HELP AVAILABLE]

- Yes ..... 1

No ..... 5

{ ASKED IF R REPORTED SEEKING ANY MEDICAL HELP TO GET PREGNANT  
**FSTHLPPG\_M, FSTHLPPG\_Y**

HA-7. Please look at the calendar to help you remember when you (or your (husband/partner)) made your first visit to seek medical help for becoming pregnant. In what month and year was that?

[HELP AVAILABLE]

{ ASKED IF R REPORTED SEEKING ANY MEDICAL HELP TO GET PREGNANT  
{ R can answer in months or years

**TRYLONG2, UNIT\_TRYLONG**

HA-8. When you first went for medical help (in mo/yr from HA-7), how many months or years had you (and your (husband/partner)) been trying to become pregnant?

Number of months/years \_\_\_\_\_

{ ASKED IF R REPORTED SEEKING ANY MEDICAL HELP TO GET PREGNANT AND IS NOT CURRENTLY PREGNANT

**HLPPGNOW**

HA-9. Are you currently pursuing medical help to become pregnant?

[HELP AVAILABLE]

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

**RCNTPGH\_M, RCNTPGH\_Y**

HA-10. Again, please look at your calendar to help you remember. In what month and year was your (most recent/last) visit for help to become pregnant?

[HELP AVAILABLE]

{ IF NEITHER DATE (1<sup>st</sup> or most recent/last visit) IS WITHIN LAST 12 MONTHS,  
{ GO TO HB SERIES.

{ IF EITHER DATE (1<sup>st</sup> or most recent/last visit) IS WITHIN LAST 12 MONTHS  
**NUMVSTPG**

HA-11. During the last 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1), how many visits have you (or your (husband/partner)) made to a doctor or other medical care provider to help you get pregnant?

Number of visits \_\_\_\_\_

**EVER RECEIVED MEDICAL HELP TO PREVENT MISCARRIAGE (HB)**

{ ASKED FOR ALL  
**INTRO\_H2**

HB-0. Now there are a few questions about medical help you may have received to prevent miscarriage or pregnancy loss.

**HLPMC**

HB-1. (Not counting routine check-ups, prenatal care, or advice about a pregnancy,) have you ever been to a doctor or other medical care provider to talk about ways to help you prevent miscarriage or pregnancy loss?

[HELP AVAILABLE]

Yes ..... 1  
No ..... 5 (GO TO HB-4 INFRTPRB)

{ ASKED IF R REPORTED MISCARRIAGE SERVICES  
**TYPALLMC**

HB-2. Which of the services shown on Card 54 have you ever received to help you prevent miscarriage or pregnancy loss?

[HELP AVAILABLE]

*ENTER all that apply.*

Instructions to take complete bed rest .....1  
Instructions to limit your physical activity .....2  
Testing to diagnose problems related to  
miscarriage .....3  
Drugs to prevent miscarriage, such as  
progesterone suppositories .....4  
Stitches in your cervix, also known as the  
"purse-string" procedure .....5  
Other types of medical help ..... 6

{ ASKED IF R REPORTED "other types of medical help" on HB-2 TYPALLMC  
**SP\_TYPALLMC**

HB-2sp. What was this other type of medical help for preventing miscarriage?

**NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.**

{ ASKED IF R REPORTED MISCARRIAGE SERVICES  
**MISCNUM**

HB-3. When you first went for medical help for preventing miscarriage, how many pregnancies had you lost, if any?

*INCLUDE any spontaneous pregnancy losses -- miscarriages, ectopic pregnancies, stillbirths.*

Number \_\_\_\_\_

{ IF R REPORTED NEITHER INFERTILITY NOR MISCARRIAGE SERVICES, GO TO INTRO-H3.

{ ASKED IF R REPORTED MEDICAL HELP TO GET PREGNANT OR TO PREVENT MISCARRIAGE  
**INFRTPRB**

HB-4. Looking at Card 55, when you went for medical help to (become pregnant/ prevent miscarriage/ to become pregnant and prevent miscarriage(or pregnancy loss)), were you ever told that you or your husband or partner had any of the following infertility problems shown on the card?

[HELP AVAILABLE]

*ENTER all that apply*

- Problems with ovulation .....1
- Blocked tubes .....2
- Other tube or pelvic problems .....3
- Endometriosis .....4
- Semen or sperm problems .....5
- Any other infertility problems .....6
- None of these problems.....7

{ ASKED FOR ALL

**INTRO\_H3**

HB-5. The (remaining) questions in this section will ask about a variety of things that can affect a woman's health and her ability to have children.

**VAGINAL DOUCHING (HC)**

**DUCHFREQ**

HC-1. Some women douche after intercourse or at other times, while other women do not. Looking at Card 56, during the past 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1), how often, if at all, did you douche?

[HELP AVAILABLE]

- Never.....1
- Once a month or less.....2
- 2-3 times a month .....3
- Once a week .....4
- 2-3 times a week .....5
- 4-6 times a week .....6
- Or every day.....7

**PID AND OTHER HEALTH PROBLEMS RELATED TO CHILDBEARING (HD)**

{ ASKED FOR ALL

**PID**

HD-1. Have you ever been treated for an infection in your fallopian tubes, womb, or ovaries, also called a pelvic infection, pelvic inflammatory disease, or P.I.D.?

[HELP AVAILABLE]

*If don't know, PROBE: "This is a female infection that sometimes causes abdominal pain or lower stomach cramps."*

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

{ IF PID = NO OR RF, GO TO HD-5 DIABETES.

{ ASKED IF PID = YES OR DK

**PIDSYMPT**

HD-2. Were you having any symptoms, such as pain or vaginal discharge or bleeding, that caused you to go for treatment?

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

{ IF HD-1 PID = DK, GO TO HD-5 DIABETES

{ ASKED ONLY IF PID = YES

**PIDTX**

HD-3. How many different times have you been treated for a pelvic infection or P.I.D.?

[HELP AVAILABLE]

Number \_\_\_\_\_

{ ASKED ONLY IF PID = YES

**LSTPIDTX\_M, LSTPIDTX\_Y**

HD-4. In what month and year did you last receive treatment for a pelvic infection or P.I.D.?

{ ASKED FOR ALL

**DIABETES**

HD-5. Has a doctor or other medical care provider ever told you that you had diabetes or "sugar"?

[HELP AVAILABLE]

♦ For any mention of gestational diabetes or diabetes during pregnancy enter [1].

Yes .....1  
If vol: Borderline or Pre-Diabetes...3  
No .....5

{ ASKED IF R WAS EVER PREGNANT AND REPORTED DIABETES (codes 1 or 3 on DIABETES)

**GESTDIAB**

HD-6. Were you ever told you had diabetes when you were not pregnant?

[HELP AVAILABLE]

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

{ ASKED FOR ALL

**UF**

HD-8. (You may have already told me this, but) has a doctor or other medical care provider ever told you that you had fibroid tumors or myomas in your uterus?

[HELP AVAILABLE]

Yes .....1  
No .....5 (HD-9 ENDO)

{ ASKED IF R REPORTED FIBROIDS

**UFSONO**

HD-8a. Was your diagnosis of uterine fibroids confirmed by ultrasound?

Yes .....1

No .....5

{ ASKED IF R REPORTED FIBROIDS

**UFCURR**

HD-8b. Do you have uterine fibroids currently?

Yes .....1

No .....5

{ ASKED IF R REPORTED FIBROIDS

**UFDIAGNOS**

HD-8c. How many years ago were you first diagnosed with uterine fibroids? Was it...

Less than one year ago .....1

1-4 years ago .....2

5-9 years ago .....3

10 years ago or longer .....4

{ ASKED IF R REPORTED FIBROIDS

**UFLIMIT**

HD-8d. Have you ever had to miss work or school or been unable to perform daily activities due to pain or heavy periods from your uterine fibroids?

Yes .....1

No .....5

Screen displays only the numbered response categories.

Text in parentheses only appears on the show card.

{ ASKED IF R REPORTED FIBROIDS

**UFTREAT**

HD-8e. Looking at Card 56a, what treatments have you ever received for your uterine fibroids?

[HELP AVAILABLE]

♦ ENTER all that apply

Non-narcotic medicines to treat pain .....1  
(such as Tylenol, ibuprofen, naproxen)

Narcotic medicines to treat pain .....2  
(such as Percocet, Vicodin, Lortab, codeine, oxycodone, oxycontin, fentanyl)

Hormonal medicines .....3  
(such birth control pills, Depo-Provera, danazol, Lupron, Synarel, Zoladex)

Progesterone releasing IUD or implant .....4  
(such as Mirena, Skyla, Liletta, Implanon, Nexplanon)

Hysterectomy .....5  
Other surgery ..... 6  
(such as abdominal, laparoscopic or hysteroscopic myomectomy, endometrial ablation)

Other nonsurgical treatment .....7  
(such as uterine artery embolization, MRI-guided focused ultrasound surgery)

Complementary or alternative medicines or treatments .....8  
(such as herbs, botanicals, dietary supplements, acupuncture, chiropractic or osteopathic)

manipulation, meditation, relaxation techniques, homeopathy, naturopathy, Ayurvedic or traditional Chinese medicine)

Never had any the above treatments for fibroids .....9

{ ASKED FOR ALL

**ENDO**

HD-9. (You may have already told me this, but) has a doctor or other medical care provider ever told you that you had endometriosis?

[HELP AVAILABLE]

Yes .....1  
No .....5 (HD-10 OVUPROB)

{ ASKED IF R REPORTED ENDOMETRIOSIS

**ENDOCURR**

HD-9a. Do you have endometriosis currently?

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

{ ASKED IF R REPORTED ENDOMETRIOSIS

**ENDODIAG**

HD-9b. How many years ago were you first diagnosed with endometriosis? Was it...

Less than one year ago .....1  
1-4 years ago .....2  
5-9 years ago .....3  
10 years ago or longer .....4

{ ASKED IF R REPORTED ENDOMETRIOSIS

**ENDOLIM**

HD-9c. Have you ever had to miss work or school or been unable to perform daily activities due to pain from your endometriosis?

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

Screen displays only the numbered response categories. Text in parentheses only appears on the show card.

{ ASKED IF R REPORTED ENDOMETRIOSIS

**ENDOTREAT**

HD-9d. Looking at Card 56b, what treatments have you ever received for your endometriosis?

[HELP AVAILABLE]

♦ ENTER all that apply

Non-narcotic medicines to treat pain .....1  
(such as Tylenol, ibuprofen, naproxen)  
Narcotic medicines to treat pain .....2  
(such as Percocet, Vicodin, Lortab, codeine, oxycodone, oxycontin, fentanyl)  
Hormonal medicines .....3  
(such birth control pills, Depo-Provera, danazol, Lupron, Synarel, Zoladex)

Progesterone releasing IUD or implant .....4  
 (such as Mirena, Skyla, Liletta, Implanon, Nexplanon)  
 Hysterectomy .....5  
 Other surgery ..... 6  
 (such as laparoscopy)  
 Other nonsurgical treatment .....7  
 (such as antidepressants, Neurontin, Lyrica, physical  
 therapy, nerve stimulation)  
 Complementary or alternative medicines or treatments .....8  
 (such as herbs, botanicals, dietary  
 supplements, acupuncture, chiropractic or osteopathic  
 manipulation, meditation, relaxation techniques,  
 homeopathy, naturopathy, Ayurvedic or traditional Chinese  
 medicine)  
 Never had any the above treatments for endometriosis .....9

{ ASKED FOR ALL

**OVUPROB**

HD-10. (You may have already told me this, but) has a doctor or other  
 medical care provider ever told you that you had problems with  
 ovulation or menstruation?

[HELP AVAILABLE]

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

{ ASKED FOR ALL

**PCOS**

HD-10b. (You may have already told me this, but) has a doctor or other  
 medical care provider ever told you that you had Polycystic  
 Ovarian Syndrome, also known as PCOS?

[HELP AVAILABLE]

Yes .....1  
 No .....5 (HD-11 DEAF)

{ ASKED IF R REPORTED PCOS

**PCOSSYMP**

HD-10c. Was your PCOS diagnosis based on any of the following tests or  
 symptoms shown on Card 56c?

[HELP AVAILABLE]

♦ *ENTER all that apply*

Irregular menstrual periods .....1  
 Pelvic ultrasound .....2  
 Acne .....3  
 Body hirsutism (excessive hair growth) .....4  
 Blood tests (including measurements of hormones  
 such as FSH/LH, Testosterone,  
 Thyroid stimulating hormone/TSH,  
 or Prolactin) .....5  
 Other tests or symptoms .....6  
 None of these tests or symptoms .....7

{ ASKED FOR ALL

**DEAF**

HD-11. The following questions are about other health problems or impairments you have.

Do you have serious difficulty hearing?

Yes .....1

No .....5

{ ASKED FOR ALL

**BLIND**

HD-12. Do you have serious difficulty seeing, even when wearing glasses?

*Contact lenses should be considered in the same way as glasses.*

Yes .....1

No .....5

{ ASKED FOR ALL

**DIFDECIDE**

HD-13. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?

Yes .....1

No .....5

{ ASKED FOR ALL

**DIFWALK**

HD-14. Do you have serious difficulty walking or climbing stairs?

Yes .....1

No .....5

{ ASKED FOR ALL

**DIFDRESS**

HD-15. Do you have difficulty dressing or bathing?

Yes .....1

No .....5

{ ASKED FOR ALL

**DIFOUT**

HD-16. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

Yes .....1

No .....5

{ Asked for all

**EVRCANCER**

HD-17. 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?

Yes .....1

No .....5 (GO TO HD-18 MAMMOG)

{ Asked if R has ever had cancer

**AGECANCER**

HD-17a. At what age were you first told that you had cancer? (If you have more than one cancer, please tell me about your first cancer)

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

{ Asked if R has ever had cancer

**CANCTYPE**

HD-17b. What type of cancer was it? If you had cancer more than once, please say what your first cancer was.

- Bladder cancer.....01
- Blood .....02
- Bone cancer.....03
- Brain cancer or tumor, spinal cord cancer, or other cancer of the central nervous system .....04
- Breast cancer .....05
- Cervical cancer (cancer of the cervix) .....06
- Colon cancer .....07
- Esophageal (Esophagus) cancer.....08
- Endometrial cancer (cancer of the uterus) ..... 09
- Gallbladder Cancer..... 10
- Head and neck cancer.....11
- Heart cancer .....12
- Laryngeal (Larynx/Windpipe)cancer.. 13
- Leukemia .....14
- Liver cancer .....15
- Lung cancer .....16
- Lymphoma including Hodgkins disease/ Lymphoma and non-Hodgkins lymphomas .....17
- Melanoma .....18
- Neuroblastoma .....19
- Oral (mouth/tongue/lip) cancer .....20
- Ovarian (ovary) cancer.....21
- Pancreatic (pancreas) cancer.....22
- Pharyngeal (throat/pharynx) cancer. 23
- BLANK ..... 24
- Rectal (rectum) cancer .....25
- Renal (kidney) cancer .....26
- Skin cancer (non-melanoma) .....27
- Skin cancer (DK what kind) .....28
- Soft Tissue (muscle or fat)sarcoma..29
- Stomach cancer .....30
- BLANK .....31
- Thyroid cancer .....32
- Other .....33

[IF NO CODE 6 or 33 REPORTED ON CANCTYPE, GO TO HD-18 MAMMOG]

{Ask if CANCTYPE = 33 (other):

**SP\_CANCTYPE**

HD-17sp. INTERVIEWER: Record verbatim what R reports for her type of cancer.

**NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.**

{Ask if CANCTYPE = 6 (cervical cancer):

**PRECANCER**

HD-17c.

There are different types of diagnoses when you talk about cervical cancer. I'm going to describe 3 different scenarios, and you tell me which one you had. The first one is an abnormal Pap test result, which may be suspicious for cancer but no real cancer is found. The second one is called pre-cancer (sometimes called cervical intraepithelial lesion or CIN). And the third one is actual cervical cancer. Do you know which one you had?

Abnormal Pap test result, suspicious for cancer, but no real cancer found .....	1	
.....		
Pre-cancer (cervical intraepithelial lesion or CIN)....		2
Cervical cancer .....		3

{ ASKED FOR ALL

**MAMMOG**

HD-18.

A mammogram is an x-ray taken only of the breast by a machine that presses against the breast. Have you ever had a mammogram?

Yes .....	1
No .....	5 (GO TO HD-18C CLINEXAM)

{ Asked if R ever had a mammogram

**AGEMAMM1**

HD-18a.

How old were you when you had your first mammogram?

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

{ Asked if ever had a mammogram

**REASMAMM1**

HD-18b.

What was the main reason you had this first mammogram? Was it...

Part of a routine exam .....	1
Because of a problem or lump .....	2
Because of family or personal history of cancer .....	3
Other reason .....	4

{ ASKED FOR ALL

**CLINEXAM**

HD-18c.

A clinical breast exam is when a doctor or other health care professional uses his or her hands to feel for lumps or other changes in your breasts. Have you ever had a clinical breast exam?

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

{ ASKED FOR ALL

**FAMHYST**

HD-19. Thinking of your blood relatives, alive or deceased, has your mother, sister, aunt or grandmother been diagnosed with breast cancer on either side of the family?

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

{ ASKED FOR ALL  
**MOMRISK70**

HD-20. The next few questions ask about your opinions on factors related to breast cancer risk. Do you think that having a mother who was diagnosed with breast cancer at the age of 70 increases a woman's chances of getting breast cancer a lot, a little, or not at all or do you have no opinion?

A lot .....1  
A little .....2  
Not at all ....3  
No opinion ....4

{ ASKED FOR ALL  
**MOMRISK40**

HD-20a. Do you think that having a mother who was diagnosed with breast cancer at the age of 40 increases a woman's chances of getting breast cancer a lot, a little, or not at all or do you have no opinion?

A lot .....1  
A little .....2  
Not at all ....3  
No opinion ....4

For Year 5, deleting an item on perceived cancer risk due to birth control pill use

{ ASKED FOR ALL  
**ALCORISK**

HD-22. Do you think that drinking more than 1 alcoholic beverages a day increases a woman's chances of getting breast cancer a lot, a little, or not at all or do you have no opinion?

A lot .....1  
A little .....2  
Not at all ....3  
No opinion ....4

**BFEDRISK**

HD-22a. Do you think that breastfeeding DECREASES a woman's chances of getting breast cancer a lot, a little, or not at all or do you have no opinion?

A lot .....1  
A little .....2  
Not at all ....3  
No opinion ....4

**HIV TESTING AND AIDS KNOWLEDGE/COUNSELING (HE)**

**INTRO\_H4**

HE-0. Now I would like to ask you about testing for HIV, the virus that causes AIDS.

{ ASKED FOR ALL

**DONBLOOD**

HE-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**

HE-2. (Not counting tests you may have had as part of donating blood or blood products,) have you ever been tested for HIV?

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

{ If HIVTEST = DK or RF, GO TO HE-6 TALKDOCT.

{ If HIVTEST = 1, GO TO HE-3 WHENHIV\_M/\_Y

{ Asked if R never had an HIV test (HIVTEST=5)

**NOHIVTST**

HE-2b. IF HE-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 HIV .....3
- You were afraid to find out if you were HIV positive (that you had HIV) .....4
- You don't like needles .....5
- Some other reason .....20

{ Asked if R reported 'some other reason' on HE-2b NOHIVTST

**SP\_NOHIVTST**

HE-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 REPORTED ANY HIV TESTING APART FROM BLOOD DONATION

**WHENHIV\_M, WHENHIV\_Y**

HE-3. (Not including tests you may have had 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  
{ Asked if R does not report specific month and year and year is within last 2 years

**HIVTSTYR**

HE-3b. Did you have this last HIV test since [INTERVIEW MONTH, INTERVIEW YEAR-1]?

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

{ ASKED IF R REPORTED ANY HIV TESTING APART FROM BLOOD DONATION

**HIVRESULT**

HE-3d. After your last test for HIV, did you find out your test result?

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

[IF HIVRESULT= YES, DK, or RF, GO TO HE-4 PLCHIV]

{Asked if never received test result (HIVRESULT=5)

**WHYNOGET**

HE-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 reason .....20

{Asked if some other reason for not receiving test result

**SP\_WHYNOGET**

HE3e\_sp. 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**

HE-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 facility .....2
- Community health clinic, community clinic, public health clinic .....3
- Family planning or Planned Parenthood clinic .....4
- Employer or company clinic .....5
- School or school-based clinic (including college or university) .....6
- Hospital outpatient clinic .....7
- Hospital emergency room .....8
- Hospital regular room .....9
- Urgent care center, urgi-care, or walk-in facility ..10
- Your worksite .....11
- Your home .....12
- Military induction or military service site .....13

Sexually transmitted disease (STD) clinic.....14  
Laboratory or blood bank .....15  
Some other place -- specify.....20

{ ASKED IF R REPORTED SOME OTHER PLACE FOR HE-4 PLCHIV)

**SP\_PLCHIV**

HE-4sp. Where was this other place that you had your last HIV test?

**NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.**

**NOTE: NO ADDRESS INFORMATION OR CLINIC NAMES ARE INCLUDED ON THE PUBLIC USE DATA FILES.**

{ ASKED IF R RECEIVED AN HIV TEST IN THE LAST 12 MONTHS AT A CLINIC SITE

**STATE\_NAME\_H\_1**

HE-4a. What is the name and address of the place where you received your last HIV test?

What state is the place in?

[HELP AVAILABLE]

**CLINICHIV\_H\_1**

HE-4b. (What is the name and address of the place where you received your last HIV test?)

[HELP AVAILABLE]

**CityName\_H\_1**

HE-4c

**ClinicName\_H\_1**

HE-4d

**ClinicCode\_H\_1**

HE-4e

**ClinicFund\_H\_1**

HE-4f

**ClinicType\_H\_1**

HE-4g

**Confirm**

HE-4h. I have found a clinic (by that name/in that city) at (LIST CLINIC SELECTED):

Is this correct?

Yes.....1

No.....5

Clinic not in database.....6

{ASKED IF CLINIC NOT IDENTIFIED IN THE DATABASE

**ADCLINHIV** \_H\_1

HE-4i. (What is the name and address of the place where you received your last HIV test?)

◆ *INTERVIEWER: ENTER name and address of clinic you were unable to*

find in database

{ Asked if R reported their last HIV test was done at their home (PLCHIV=12)

**RHHIVT1**

HE-4j.

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 (HE-5 HIVTST)

{ Asked if R reported their last HIV test was a rapid home HIV test

**RHHIVT2**

HE-4k.

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 site .....

.....1

I didn't want other people to know I am getting tested ...2

I wanted to get tested together with someone, before

we had sex .....3

I wanted to get tested by myself, before having sex .....4

I wanted to get tested by myself, after having sex .....5

A sex partner asked me to take a rapid home HIV test .....6

Other reason .....20

{ ASKED IF R REPORTED ANY HIV TESTING APART FROM BLOOD DONATION

**HIVTST**

HE-5. Please look at Card 73a. I am going to show you a list of reasons why some people have been tested for HIV, the virus that causes AIDS.

(Not including 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 job .....4

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 tested .....6

You were pregnant and it was part of prenatal care .....7

You might have been exposed through sex or drug use .....8

You might have been exposed in some other way .....9

Some other reason - *specify* .....20

{ ASKED IF R REPORTED SOME OTHER REASON FOR HE-5 HIVTST

**SP\_HIVTST**

HE-5sp.

What was the main reason for your last HIV test?

**NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.**

{ASKED FOR ALL

**PREPHIV** There are medications available for people who do not have HIV to  
HE-5c. keep them from getting HIV. Have you heard of these medicines?

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

{ ASKED FOR ALL Rs

**TALKDOCT**

HE-6. Has a doctor or other medical care provider ever talked with you about  
HIV, the virus that causes AIDS?

Yes .....1  
No .....5 (HE-8 RETROVIR)

{ Asked if TALKDOCT=YES

**AIDSTALK**

HE-7. Looking at Card 74, what topics related to HIV or AIDS were covered in  
the discussion you had with the doctor or other medical care provider?

*ENTER all that apply*

How HIV/AIDS is transmitted .....1  
Other sexually transmitted diseases like  
gonorrhea, herpes, or Hepatitis C .....2  
The correct use of condoms .....3  
Needle cleaning/using clean needles .....4  
Dangers of needle sharing .....5  
Abstinence from sex (not having sex) .....6  
Reducing your number of sexual partners.....7  
Condom use to prevent HIV or STD transmission....8  
"Safe sex" practices (abstinence,  
condom use, etc).....9  
Getting tested and knowing your HIV status .....10  
Medicines to prevent getting HIV (pre-exposure  
prophylaxis, also known as PrEP.....11  
Other .....20

{ ASKED IF R RESPONDED "OTHER" TO HE-7 AIDSTALK

**SP\_AIDSTALK**

HE-7sp. What was the other topic covered in your discussion with the  
doctor or medical care provider about HIV or AIDS?

**NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.**

{ ASKED FOR ALL

**RETROVIR**

HE-8. Please tell me if you think the following statement is definitely true,  
probably true, probably false, or definitely false, or if you don't know  
whether it is true or false.

"There is a treatment available for pregnant women who are  
infected with the HIV virus to prevent passing the virus to their  
baby."

Definitely true .....1  
Probably true .....2  
Probably false .....3

Definitely false .....4  
Don't know if true or false ...5

{ IF R HAS NEVER BEEN PREGNANT OR HER LAST PREGNANCY ENDED MORE THAN 12  
{ MONTHS AGO, GO TO HF-1 EVERVACC.

{ ASKED IF R'S LAST COMPLETED PREGNANCY WAS WITHIN LAST 12 MONTHS

**PREGHIV**

HE-9.

The last time you were pregnant (before you became pregnant this time),  
were you tested for the HIV virus when you visited the doctor for  
prenatal care?

Yes .....1  
No .....5  
Never went for prenatal care ...6

**HUMAN PAPILLOMA VIRUS (HPV) Series (HF)**

{ Asked if R was younger than age 25 at time of screener

**EVERVACC**

HF-1. HPV is a common sexually transmitted virus that can cause genital warts  
and cervical and other types of cancer in men and women. Vaccines to  
prevent some HPV infections are available for men and women 9-26 years  
of age and are sometimes called the HPV shot, Cervarix or Gardasil.

Have you received the cervical cancer vaccine, also known as the HPV  
shot, Cervarix, or Gardasil?

♦ If R volunteers that she has had any of the 3 shots or doses that  
comprise HPV vaccination, enter [1].

Yes .....1  
No .....5 (HF-3 VACCPROB)

{ Asked if R had the HPV vaccine

**HPVSHOT1**

HF-2. How old were you when you received your first HPV vaccine shot?

\_\_\_\_\_ years

{ Asked if AGEFSTX = HPVSHOT1 (age of first sex same as age of first  
receiving HPV vaccine

**HPVSEX1**

HE-2b. Earlier you reported having your first sexual intercourse at this  
same age. Which occurred first - your first sexual intercourse or  
your first HPV vaccine shot?

First intercourse .....1  
First HPV vaccine shot .....5

{ Asked if R has not had the HPV vaccine (EVERVACC=5)

**VACCPROB**

HF-3. How likely is it that you will receive the HPV shot in the next 12  
months?

Very likely .....1

Somewhat likely .....2  
Not too likely .....3  
Not likely at all .....4

**Blood Pressure Screening Series (HG)**

{ Asked for all Rs

**BLDPRESS**

HG-1. 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 (GO TO HG-4 NUTRINFO)

{ Asked if BLDPRESS=yes

**HIGHBP**

HG-2. 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  
IF VOL: Not told results.....6

{ Asked if R was told her blood pressure was high (HIGHBP=1)

**BPMEDS**

HG-3. Are you currently taking any medicine prescribed by a doctor for your high blood pressure?

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

{ ASKED IF R LIVES WITH AT LEAST A CHILD 5 YEARS OLD OR YOUNGER

**NUTRINFO**

HG-4. The next question is about which source(s) you used to obtain nutritional information for the child or children aged 5 or younger who live with you. Now thinking about the past 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1), which of the sources shown on Card 74a did you use for information or advice about nutrition for this child or children?

ENTER all that apply

Friends .....1  
Family (such as spouse, mother, mother-in-law, sister) .....2  
Child's doctor or other health care provider .....3  
Child's daycare provider, nanny, or teacher .....4  
Websites, blogs, or social media .....5  
None of the above sources .....6

**SECTION I**

**Insurance; Residence and Place of Birth; Religion;  
Past and Current Work (R and Current H/P); Child Care; Attitudes**

{ ASKED FOR ALL  
**INTRO\_I1**

IA-0. The next questions are about your experiences with health care providers, health insurance, and health problems.

♦ ENTER [1] to continue

**Access to Health Care (IA)**

**USUALCAR**

IA-0a. Is there a place that you usually go to when you are sick or need advice about health?

- Yes .....1
- No .....5 (GO TO IA-1 CURRCOV)

{ ASKED IF R HAS A USUAL PLACE FOR HEALTH CARE

**USLPLACE**

IA-0b. 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 clinic .....2
- Family planning or Planned Parenthood clinic .....3
- Employer or company clinic .....4
- School or school-based clinic .....5
- Hospital outpatient clinic .....6
- Hospital emergency room .....7
- Hospital regular room .....8
- Urgent care center, urgi-care, or walk-in facility ....9
- Sexually transmitted disease (STD) clinic.....10
- In-store health clinic (like CVS, Target, or Walmart)..11
- Some other place .....20

{ ASKED IF R REPORTED A USUAL SOURCE OF CARE IN USUALCAR

**USL12MOS**

IA-0c. Have you gone to this place in the last 12 months, that is, since [INTERVIEW MONTH, INTERVIEW YEAR - 1]?

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

**CURRCOV**

IA-1. Are you currently covered by any kind of health insurance or some other kind of health care plan?

[HELP AVAILABLE]

- Yes .....1
- No .....5 (GO TO IA-6 COVER12)

{ASKED IF R IS COVERED BY HEALTH INSURANCE (**CURRCOV** = 1)

**COVERHOW**

IA-2.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-3. Are you covered on your parents' private health insurance plan?

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

{ ASKED IF R IS CURRENTLY COVERED BY HEALTH INSURANCE

**INS\_EXCH**

IA-4. (Was/Were any of) your health insurance plan(s) obtained through Healthcare.gov or the [DISPLAY STATE MARKETPLACE NAME]?

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

{ ASKED IF R CURRENTLY HAS HEALTH INSURANCE

**INS\_PREM**

IA-5. 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)?

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

{ ASKED FOR ALL

**COVER12**

IA-6. 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]

- Yes .....1
- No .....5 (GO TO IB-1 SAMEADD)

{ ASKED IF R HAD NO HEALTH INSURANCE AT SOME TIME IN THE PAST YEAR

**NUMNOCOV**

IA-7. In how many of the past 12 months were you without coverage?

Number of months \_\_\_\_\_

**Residence and Place of Birth (IB)**

{ ASKED FOR ALL

**SAMEADD**

IB-1. Now I have some questions about where you live.

Were you living at this same address on April 1, 2010?

Yes.....1 (GO TO IB-8 BRNOUT)

No.....5

{ ASKED IF NOT LIVING AT THIS ADDRESS ON APRIL 1, 2010

**CNTRY10**

IB-2. Were you living in the United States on April 1, 2010?

[HELP AVAILABLE]

Yes.....1

No.....5 (GO TO IB-8 BRNOUT)

**ASTATE**

IB-5. 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**

IB-8. Were you born outside of the United States?

[HELP AVAILABLE]

Yes .....1

No .....5 (GO TO IC-1 RELRSD)

{ASKED IF R WAS BORN OUTSIDE THE U.S.

**STRUS\_M/STRUS\_Y**

IB-9. In what month and year did you come to the United States to stay?

[HELP AVAILABLE]

**Religion (IC)**

{ ASKED FOR ALL

**RELRSD**

IC-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
Other .....	11

{ ASKED IF R'S RELIGION RAISED WAS "OTHER" (IC-1 RELRSD = 11)

**RELRS1**

IC-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
7 <sup>th</sup> Day Adventist.....	17
United Pentecostal Church.....	18
Pentecostal Assemblies.....	19
Jehovah's Witness.....	20
Christian, another denomination not listed.....	21
Christian, no specific denomination.....	22
Unitarian-	
Universalist.....	23
Greek Orthodox.....	24
Other Orthodox .....	25
Muslim.....	26
Buddhist.....	27
Hindu.....	28
Other (specify).....	29

{ ASKED IF R IS UNDER AGE 25

**ATTND14**

IC-4. Please look at Card 79. When you were 14, about how often did you usually attend religious services?

[HELP AVAILABLE]

More than once a week.....	1
Once a week.....	2
2-3 times a month.....	3
Once a month (about 12 times a year).....	4
3-11 times a year.....	5
Once or twice a year.....	6
Never.....	7

{ ASKED FOR ALL

**RELNOW**

IC-5. Please look at Card 77. What religion are you now, if any?

*If R says Protestant, ASK: What is the complete name of the denomination? If necessary, ENTER [11].*

*ENTER [1] if R was raised "atheist" or "agnostic".*

- None.....1
- Catholic.....2
- Jewish.....3
- Southern Baptist.....4
- Baptist.....5
- Methodist or African Methodist.....6
- Lutheran.....7
- Presbyterian.....8
- Episcopal or Anglican.....9
- Church of Jesus Christ of Latter Day Saints (LDS/Mormon).10
- Other .....11

{ ASKED IF R'S RELIGION IS "OTHER" (IC-5 RELNOW = 11)

**RELNOW1**

IC-6. Please look at Card 78. What religion are you now?

- Assemblies of God.....12
- Church of Nazarene.....13
- The Church of God.....14
- The Church of God (Cleveland, TN).....15
- The Church of God in Christ.....16
- 7<sup>th</sup> Day Adventist.....17
- United Pentecostal Church.....18
- Pentecostal Assemblies.....19
- Jehovah's Witness.....20
- Christian, another denomination not listed.....21
- Christian, no specific denomination.....22
- Unitarian-Universalist.....23
- Greek Orthodox.....24
- Other Orthodox .....25
- Muslim.....26
- Buddhist.....27
- Hindu.....28
- Other (specify).....29

{ IF R'S RELIGION IS JEWISH, MUSLIM, BUDDHIST, HINDU, DON'T KNOW, OR REFUSED,  
 { GO TO IC-9 RELDLIFE  
 { ELSE IF R'S RELIGION IS NONE, GO TO IC-10 ATTNDNOW  
 { ELSE ASK IC-8 FUNDAM

**FUNDAM**

IC-8. Please look at Card 80. Which of these do you consider yourself to be, if any?

*ENTER all that apply.*

- A born again Christian.....1
- A charismatic.....2

- An evangelical.....3
- A fundamentalist .....4
- None of the above.....5

[Response category 5 cannot be entered in combination with any other response.]

{ ASKED IF R REPORTED A RELIGION

**RELDLIFE**

IC-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**

IC-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 a month.....3
- Once a month (about 12 times a year).....4
- 3-11 times a year.....5
- Once or twice a year.....6
- Never.....7

**Work and Military Service(ID)**

{ ASKED IF R WAS 18 OR OLDER AT TIME OF HH SCREENER

**MILSVC**

ID-1. Have you ever been on active duty in the Armed Forces for a period of 6 months or more?

- Yes.....1
- No.....5 (ID-4 WRK12MOS)

{ ASKED IF R WAS EVER ON ACTIVE DUTY IN THE ARMED FORCES

**BEGMIL\_M/BEGMIL\_Y**

ID-2. In what month and year did that period of active duty begin?

**ENDMIL\_M/ENDMIL\_Y**

ID-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.*

{ ASKED FOR ALL

**WRK12MOS**

ID-4. Now I'd like to ask about your work experience in the last 12 months. By work, I mean any job for pay that was regularly scheduled, that you were expected to perform. Please include full-time, part-time, and temporary or summer jobs.

In the last 12 months, that is since [INTERVIEW MONTH, INTERVIEW YEAR - 1], for how many months did you have any job for pay?

[HELP AVAILABLE]

♦ Active duty military is considered full-time employment/work

Number of months \_\_\_\_\_ (IF ZERO, DK, RF, GO TO IE-1 DOLASTWK)

{ ASKED IF R WORKED 1-12 MONTHS IN THE LAST 12 MONTHS

**FPT12MOS**

ID-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 (IE)**

{ ASKED FOR ALL

**DOLASTWK**

IE-1. Please look at Card 81. Last week, what were you doing? Were you working, keeping house, going to school, or something else?

[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 family .....6
- 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 IE-3 RNUMJOB.

{ ASKED IF R DIDN'T WORK IN THE LAST 12 MONTHS

{ AND WASN'T WORKING LAST WEEK

**RPAYJOB**

IE-2. Did you ever work at a job or business for pay on a regular basis?

- Yes.....1
- No.....5 (GO TO IF SERIES)
- (IF DON'T KNOW OR REFUSED, GO TO IF SERIES)

{ ASKED IF R IS CURRENTLY EMPLOYED, OR WORKED IN THE LAST 12 MONTHS, OR EVER WORKED

**RNUMJOB**

IE-3. How many jobs did you work (last week/during the last week you worked)?

Number of jobs \_\_\_\_\_

**RFTPTX**

IE-4. (Please think about the last week you worked on your (primary) job. Did/At your primary job, do/Do) you work part-time or full-time, or some of each? By full-time I mean 35 or more hours a week.

Full time.....1  
Part time.....2  
Some of each.....3

**Spouse/Partner's Current/Last Job Series (IF)**

{ IF R IS NOT CURRENTLY MARRIED OR COHABITING, GO TO IH SERIES

{ ASKED IF R IS CURRENTLY MARRIED OR COHABITING

**SPLSTWK**

IF-1. Please look at Card 82. Last week, what was (HUSBAND/PARTNER) doing? Was he working, keeping house, going to school, or something else?

[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 family .....6  
Going to school..... 7  
On permanent disability..... 8  
Something else .....9

{ IF HUSBAND/PARTNER EMPLOYED/WORKING LAST WEEK (IF-1 SPLSTWK = 1, 2, OR 3),  
{ GO TO IF-3 SPNUMJOB

{ ASKED IF HUSBAND/PARTNER NOT EMPLOYED/WORKING LAST WEEK

**SPPAYJOB**

IF-2. Did he ever work at a job or business for pay on a regular basis?

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

{ ASKED IF R'S HUSBAND/PARTNER WAS WORKING LAST WEEK OR HE EVER WORKED FOR PAY  
**SPNUMJOB**

IF-3. How many jobs did he work (last week/ during the last week he worked)?

Number of jobs \_\_\_\_\_

**SPFTPTX**

IF-4. (Please think about the last week he worked on his (primary) job. Did/At his primary job, does/Does) he work part time or full time, or some of each? By full time I mean 35 or more hours a week.

Full-time.....1  
Part time.....2  
Some of each.....3

**Attitudes towards Sex, Contraception, Marriage, Gender, and Parenthood (IH/II)**

{ ASKED FOR ALL

**IHINTRO1**

IH-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**

IH-1.Sexual relations between two adults of the same sex are all right.

Strongly agree .....1  
Agree .....2  
Disagree .....3  
Strongly disagree .....4  
IF R INSISTS: Neither agree nor disagree .....5

**CHSUPPOR**

IH-2.It is okay for a young, unmarried woman to have and raise a child.

Strongly agree.....1  
Agree .....2  
Disagree .....3  
Strongly disagree.....4  
IF R INSISTS: Neither agree nor disagree .....5

{ ASKED IF NEITHER R NOR HER HUSBAND/PARTNER, IF CURRENTLY MARRIED OR  
{ COHABITING, IS STERILE AND SHE IS NOT CURRENTLY PREGNANT

**REACTSLF**

IH-3. If you got pregnant now how would you feel? Would you be very upset, a little upset, a little pleased, or very pleased?

Very upset .....1  
A little upset .....2  
A little pleased .....3  
Very pleased .....4  
IF R INSISTS: She wouldn't care..5

{ ASKED OF ALL

**CHBOTHER**

IH-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 deal .....1  
Some .....2  
A little .....3  
Not at all .....4

{ QUESTION ONLY INTENDED FOR INTERVIEWER.

**ACASILANG**

IH-5. *Interviewer: Should ACASI be conducted in English or Spanish?*

English.....1  
Spanish.....2

## SECTION J

### Audio CASI

{ READ BY INTERVIEWER FROM THE SCREEN.

#### **INTRO\_J1**

INTRO-J1. For this last part of the interview, I'll turn the computer over to you so that you can enter your answers yourself. We have these headphones so that you can listen to the questions in privacy, and you can also read the questions on the computer screen. I will not be able to hear the questions or see the answers you type into the computer. After I explain a few of the keys that you'll be using, I'll help you with the first few practice questions, just to get you started. Then I'll leave you on your own to answer the rest of the questions in privacy.

When you are done with this section, a screen will come up that will tell you how to lock away your responses so that no one can see how you answered the questions. Then you can return the computer to me.

#### **INTRO\_J1b**

INTRO-J1b. INTERVIEWER: Explain the following things to R:

Connect the headphones to the laptop.  
Give the computer to Respondent.  
Show Respondent where to find number keys, Enter, Backspace, F11, F12, and Hyphen keys.

Show Respondent the Aid Card.

Explain 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 Respondent completes Audio CASI, but Respondent should feel free to interrupt with questions.

The next screen is for the Respondent.

### **A-CASI PRACTICE QUESTIONS (JA)**

{ MACHINE AUDIO BEGINS HERE.

#### **INTRO\_J2**

INTRO-J2. These questions are just for practice. The interviewer is going to help you do this.

Press the [BACKSPACE] key to erase an answer you want to change or when the computer asks you to correct an answer.

Please press the large [Enter] key on the right side of the keyboard to see the first question.

### **PRACYEAR**

JA-1. In what year were you born?

Please enter the 4-digit year you were born and press the [Enter] key.

Year \_\_\_\_\_

**PRACMNTH**

JA-2. In what month in [PRACYEAR] were you born?

Please enter the number for the month.

- January .....1
- February .....2
- March .....3
- April .....4
- May .....5
- June .....6
- July .....7
- August .....8
- September .....9
- October .....10
- November .....11
- December .....12

**PRACCNFM**

JA-3. The computer has recorded that you were born in [PRACMNTH, PRACYEAR]. Is this correct?

- Yes .....1 (JA-3a INTROJ3a)
- No .....5 (RETURN TO CORRECT INFORMATION AS NEEDED)

**INTROJ3a**

JA-3a. Thank you. Now we will go over a few keystrokes which will help you complete the survey.

Please press [Enter] to continue

**INTROJ3ab**

JA-3ab. If you want to replay the audio, press the [F11] key. It is located near the top right side of the keyboard.

Please press [Enter] to continue.

**INTROJ3b**

JA-3b. If you want to hide the question, press the [F12] key. To make the question reappear, simply press [F12] again. The [F12] key is located near the [F11] key on the top right side of the keyboard.

Please press [Enter] to continue

**INTROJ3c**

JA-3c. If you do not know the answer to a question, press the [CTRL] and [D] keys at the same time.

The [CTRL] key is at the bottom left of the keyboard. It is labeled "Ctrl".

Please press [Enter] to continue

**INTROJ3d**

JA-3d. If you do not wish to answer a particular question, press the [CTRL] and [R] keys at the same time.

Please press [Enter] to continue

**INTROJ3e**

JA-3e. If you have any questions about how to use the computer, please ask your interviewer now. Otherwise, please press the [Enter] key to continue on your own.

**INTRO\_J4**

INTRO-J4. These first questions are about your general health.

Please press [Enter] to continue

**GENHEALT**

JA-4. In general, how is your health? Would you say it is...

- Excellent .....1
- Very good .....2
- Good .....3
- Fair .....4
- Poor .....5

{ ASKED IF R NOT CURRENTLY PREGNANT

**RHEIGHT\_FT**

JA-5. How tall are you?

First, please select the number of feet, then press [Enter].

- 3 feet .....3
- 4 feet .....4
- 5 feet .....5
- 6 feet .....6
- 7 feet .....7

{ IF RHEIGHT = DK OR RF, GO TO JA-6 RWEIGHT.

**RHEIGHT\_IN**

JA-5. Now please select the number of inches and then press [Enter].

- 0 inches .....0
- 1 inch .....1
- 2 inches .....2
- 3 inches .....3
- 4 inches .....4
- 5 inches .....5
- 6 inches .....6
- 7 inches .....7
- 8 inches .....8
- 9 inches .....9
- 10 inches .....10
- 11 inches .....11

{ ASKED IF R NOT CURRENTLY PREGNANT

**RWEIGHT**

JA-6. How much do you weigh?

Please answer in pounds and then press [Enter].

Pounds \_\_\_\_\_

{ Asked for all Rs

**DRWEIGH**

JA-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**

JA-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 she was overweight or obese (TELLWGHT=3 OR 4)

**WGHTSCRN**

JA-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

**ENGSPEAK**

JA-7. The next question is about your ability to speak English. How well do you speak English?

- Very well .....1
- Well .....2
- Not well .....3
- Not at all .....4

**PREGNANCY REPORTING (JB)**

**INTRO\_J5**

INTRO-J5. Sometimes women are reluctant to tell an interviewer about some of their pregnancies, especially those pregnancies that ended in abortion or with babies they no longer live with. In the next set of questions, please give a complete count of all your pregnancies, even if you did not mention them all to the interviewer.

Please press [Enter] to continue.

**CASIBIRTH**

JB-1. Between January (year of interview -5) and December (year of interview -1), how many pregnancies did you have that resulted in live birth,

that is, a baby born alive?

*Having twins or triplets should be counted as 1 pregnancy.*

Number \_\_\_\_\_

**CASILOSS**

JB-2. Between January (year of interview -5) and December (year of interview -1), how many pregnancies did you have that ended in miscarriage, stillbirth, or ectopic pregnancy?

Number \_\_\_\_\_

**CASIABOR**

JB-3. Between January (year of interview -5) and December (year of interview -1), how many pregnancies did you have that ended in abortion?

Number \_\_\_\_\_

**CASIADOP**

JB-4. Have you ever placed a child you gave birth to for adoption?

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

**Suspension/Expulsion; Homelessness; Substance Use (JC)**

{ Asked only if R is 15-24 years old

**EVSUSPEN**

JC-0a. The next couple of questions are about your school experience. Have you ever been suspended or expelled from school?

Yes .....1  
No .....5 (GO TO JC-1 SMK100)

{ Asked only if R is 15-24 years old

**GRADSUSP**

JC-0b. What grade were you in when you were suspended or expelled from school? If you were suspended or expelled more than once, please enter the grade you were in the most recent time.

Grade \_\_\_\_\_

{ Asked for all Rs

**NOBEDYR**

JC-0c. 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?

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

{ Asked for all Rs

**STAYREL**

JC-0d

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?

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

{ Asked for all Rs

**SMK100**

JC-1. These next questions are about your use of cigarettes, alcohol, and other substances.

In your entire life, have you smoked at least 100 cigarettes?

*100 cigarettes is about 5 packs.*

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

{ ASKED IF SMOKED AT LEAST 100 CIGARETTES IN LIFETIME

**AGESMK**

JC-2. How old were you when you first started smoking fairly regularly?

Please enter your age in years.  
If you never smoked regularly, enter 0.

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

{ ASKED IF SMOKED AT LEAST 100 CIGARETTES IN LIFETIME

**SMOKE12**

JC-3. During the last 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1), how many cigarettes did you smoke a day, on average?

- None.....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**

JC-3a. 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

{ASKED FOR ALL

**DRINK12**

JC-4. 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?

- Never .....1 (GO TO JC-6 POT12)
- Once or twice during the year .....2
- Several times during the year .....3
- About once a month .....4
- About once a week .....5
- About once a day .....6

{ Asked if R reported any drinking in the past 12 months

**UNIT30D**

JC-4a\_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 week .....1  
Days per month .....5

{ Asked if R answered UNIT30D with 1, 5, or DK

**DRINK30D**

JC-4a\_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**

JC-4b.

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**

JC-4c.

Considering all types of alcoholic beverages, how many times during the past 30 days did you have 4 or more drinks on an occasion?

\_\_\_ Number of times

{ Asked if R reported any drinking in the past 30 days.

**DRNKMOST**

JC-4d.

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 AMOUNT OF DRINKING IN LAST YEAR OR SAID DK

**BINGE12**

JC-5. During the last 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1), how often did you have 4 or more drinks within a couple of hours?

Never .....1  
Once or twice during the year .....2

- Several times during the year .....3
- About once a month .....4
- About once a week .....5
- About once a day .....6

**POT12**

JC-6. During the last 12 months, how often have you smoked marijuana?

- Never .....1
- Once or twice during the year .....2
- Several times during the year .....3
- About once a month .....4
- About once a week .....5
- About once a day or more.....6

**COC12**

JC-7. During the last 12 months, how often have you used cocaine?

- Never .....1
- Once or twice during the year .....2
- Several times during the year .....3
- About once a month or more.....4

**CRACK12**

JC-8. During the last 12 months, how often have you used crack?

- Never .....1
- Once or twice during the year .....2
- Several times during the year .....3
- About once a month or more.....4

**CRYSTMTH**

JC-8a. During the last 12 months, how often have you used Crystal or meth, also known as tina, crank, or ice?

- Never .....1
- Once or twice during the year .....2
- Several times during the year .....3
- About once a month or more .....4

**INJECT12**

JC-9. During the last 12 months, how often have you shot up or injected drugs other than those prescribed to you? By shooting up, we mean anytime you might have used drugs with a needle, by mainlining, skin-popping, or muscling.

- Never .....1
- Once or twice during the year .....2
- Several times during the year .....3
- About once a month or more.....4

**Sex with Males (JD)**

**INTRO\_J7**

JD\_0. The next questions are about sexual experiences you may have had with a male.

Please press [Enter] to continue.

**INTRO\_J8**

JD\_0. Here are some things you may have done with a male. If you have ever done this at least one time with a male, answer yes. If you have never done this, answer no.

Please press [Enter] to continue.

{ ASKED IF R HAS NEVER MARRIED, NEVER COHABITED, NEVER BEEN PREGNANT (BASED ON CAPI OR ACASI)

**VAGSEX**

JD-1. Has a male ever put his penis in your vagina (also known as vaginal intercourse)?

- Yes .....1
- No .....5 (JD-6 GETORALM)

{ Asked only if VAGSEX=1

**AGEVAGR**

JD-2. The first time this occurred, how old were you?

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

{ Asked if R is younger than 18 years

**AGEVAGM**

JD-3. IF R < 18 YEARS AND JD-1 VAGSEX WAS NOT ASKED (VAGSEX = SYSMIS), ASK: This first question is about your first vaginal intercourse with a male partner. The first time this occurred, how old was he?

ELSE IF R < 18 YEARS AND JD-1 VAGSEX WAS ASKED (VAGSEX NE SYSMIS), ASK: The first time this occurred, how old was he?

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

{ ASKED FOR ALL WHO REPORTED EVER HAVING VAGINAL INTERCOURSE

**CONDVAG**

JD-4. IF R IS 18 OR OLDER AND JD-1 VAGSEX WAS NOT ASKED (VAGSEX = SYSMIS), ASK: This first question is about your last vaginal intercourse with a male partner. Was a condom used the last time you had vaginal intercourse with a male?

ELSE ASK: Was a condom used the last time you had vaginal intercourse with a male?

- Yes .....1
- No .....5 (JD-6 GETORALM)

**WHYCONDL**

JD-5. The last time you had vaginal intercourse with a male, did you use the condom to...

- To prevent pregnancy, .....1
- To prevent diseases like gonorrhea, chlamydia, syphilis, herpes or AIDS, .....2
- For both reasons, .....3
- Or for some other reason .....4

{ASKED FOR ALL

**GETORALM**

JD-6. The next few questions are about oral sex. By oral sex, we mean stimulating the genitals with the mouth. Has a male ever performed oral sex on you?

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

{ASKED FOR ALL

**GIVORALM**

JD-7. Have you ever performed oral sex on a male? That is, have you ever stimulated his penis with your mouth?

- Yes .....1
- No .....5 (JD-9 ANALSEX)

{ASKED FOR ALL

**CONDFELL**

JD-8. Was a condom used the last time you performed oral sex on a male?

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

{ASKED IF R IS 15-24 AND HAS EVER HAD ORAL SEX AND VAGINAL INTERCOURSE

**TIMING**

JD-8b. Thinking back to when you had oral sex with a male for the first time, was it before, after, or on the same occasion as your first vaginal intercourse with a male?

- Before first vaginal intercourse .....1
- After first vaginal intercourse .....3
- Same occasion.....5

{ASKED FOR ALL

**ANALSEX**

JD-9. Has a male ever put his penis in your rectum or butt (also known as anal sex)?

- Yes .....1
- No .....5 (JD-11 CONDSEXL)

{ASKED IF R EVER HAD ANAL SEX

**CONDANAL**

JD-10. Was a condom used the last time you had anal sex with a male?

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

{ ASKED IF R REPORTED MORE THAN 1 FORM OF MALE-GENITAL-INVOLVING SEX, AND SHE { REPORTED CONDOM USE AT LAST SEX FOR ANY SPECIFIC TYPE

**CONDSEXL**

JD-11. The very last time you had any type of sex -- that is, vaginal intercourse or anal sex or oral sex -- with a male partner, was a condom used?

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

{ IF R IS 18 OR OLDER, CONTINUE WITH JE SERIES.

{ ELSE IF R IS YOUNGER THAN 18, GO TO JF SERIES.

**Non Voluntary Intercourse: Male - Female (JE)**

{ JE SERIES ONLY ASKED FOR R's AGED 18 YEARS OR OLDER

{ IF R DID NOT REPORT HAVING VAGINAL SEX (IN AUDIO CASI), GO TO JE-5 EVRFORCD

{ ASKED IF R REPORTED EVER HAVING VAGINAL SEX

**WANTSEX1**

JE-1. Think back to the very first time you had vaginal intercourse with a male. Which would you say comes closest to describing how much you wanted that first vaginal intercourse to happen?

- I really didn't want it to happen at the time .....1
- I had mixed feelings -- part of me wanted it to happen at the time and part of me didn't .....2
- I really wanted it to happen at the time .....3

**VOLSEX1**

JE-2. Would you say then that this first vaginal intercourse was voluntary or not voluntary, that is, did you choose to have sex of your own free will or not?

- Voluntary.....1
- Not voluntary.....5

**HOWOLD**

JE-3. How old were you when this first vaginal intercourse happened?

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

{IF R's FIRST VAGINAL SEX WAS WANTED AND VOLUNTARY, GO TO JF-5 EVRFORCD

{ ASKED ONLY IF R REPORTED HER 1<sup>st</sup> VAGINAL SEX AS "Not voluntary"  
{ OR DIDN'T WANT IT TO HAPPEN OR HAD MIXED FEELINGS (WANTSEX1 = 1 or 2)

**INTRO-J9**

INTRO-J9. Were any of these kinds of force used?

Please press [Enter] to continue.

{ JE-4a THROUGH JE-4g ASKED ONLY IF R REPORTED HER 1<sup>st</sup> VAGINAL SEX AS "Not voluntary" OR DIDN'T WANT IT TO HAPPEN OR HAD MIXED FEELINGS (WANTSEX1 = 1 or 2)

**GIVNDRUG**

JE-4a. Were you given alcohol or drugs?

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

**HEBIGOLD**

JE-4b. Did you do what he said because he was bigger than you or a grown-up, and you were young?

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

**ENDRELAT**

JE-4c. Were you told that the relationship would end if you didn't have sex?

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

**WORDPRES**

JE-4d. Were you pressured into it by his words or actions, but without threats of harm?

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

**THRTPHYS**

JE-4e. Were you threatened with physical hurt or injury?

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

**PHYSHURT**

JE-4f. Were you physically hurt or injured?

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

**HELDDOWN**

JE-4g. Were you physically held down?

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

**EVRFORCD**

JE-5. (Besides the time you already reported/At any time in your life,) have you ever been forced by a male to have vaginal intercourse against your will?

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

**AGEFORC1**

JE-6. (After the time you already reported, when you were age (JE-3 HOWOLD),) how old were you the (very first time/next time) you were forced by a male to have vaginal intercourse against your will?

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

{ IF R's 1<sup>ST</sup> VAGINAL SEX WAS "not voluntary" GO TO JF SERIES.  
{ REMAINDER OF JE SERIES ASKED ONLY IF R's 1<sup>ST</sup> VAGINAL SEX WAS VOLUNTARY BUT  
{ SHE REPORTED HAVING EVER BEEN FORCED AT ANOTHER TIME BY A MALE TO HAVE  
{ VAGINAL SEX OR R'S 1<sup>ST</sup> VAGINAL SEX WAS REALLY NOT WANTED AT THE TIME OR  
{ R HAD MIXED FEELINGS AT THE TIME (WANTSEX1=1 OR 2)

JE-0. Were any of these kinds of force used?

Please press [Enter] to continue.

**GIVNDRG2**

JE-7a. Were you given alcohol or drugs?

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

**HEBIGOL2**

JE-7b. Did you do what he said because he was bigger than you or a grown-up, and you were young?

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

**ENDRELA2**

JE-7c. Were you told that the relationship would end if you didn't have sex?

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

**WRDPRES2**

JE-7d. Were you pressured into it by his words or actions, but without threats of harm?

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

**THRTPHY2**

JE-7e. Were you threatened with physical hurt or injury?

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

**PHYSHRT2**

JE-7f. Were you physically hurt or injured?

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

**HELDDWN2**

JE-7g. Were you physically held down?

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

**STD/HIV Risk Behaviors (JF)**

{ IF R DID NOT REPORT (IN A-CASI) ANY VAGINAL, ORAL, OR ANAL SEX WITH A MALE,  
{ GO TO JG SERIES.

**INTROJ11**

JF\_0. This next section is also about your male sex partners. This time, think about any male with whom you have had vaginal intercourse, oral sex, or anal sex -- any of these.

Please press [Enter] to continue.

**PARTSLIF**

JF-1. Thinking about your entire life, how many male sex partners have you had? Please count every partner, even those you had sex with only once.

Number \_\_\_\_\_

**PARTS12M**

JF-2. Thinking about the last 12 months, how many male sex partners have you had in the 12 months since (INTERVIEW MONTH)? Please count every partner, even those you had sex with only once in those 12 months.

Number \_\_\_\_\_

{NEWYEAR AND NEWLIFE ASKED IF R REPORTS MORE MALE PARTNERS IN LAST 12 MONTHS THAN IN LIFETIME

**NEWYEAR**

JF-2YR. Earlier you reported having more male partners in the last 12 months than you have had in your life. One or both of these numbers appear to be entered incorrectly, so those questions will be asked again. Your previous answers are displayed below:

\_\_\_ *male partners in last 12 months*

\_\_\_ *male partners in lifetime*

**NEWLIFE**

JF-2LF. How many male partners did you have in your lifetime?

\_\_\_ male partners in lifetime

{ Asked if R has ever had vaginal intercourse

**VAGNUM12**

JF-2YRa. Your number of male partners in the last 12 months is displayed below. Thinking of your male partners in the last 12 months, with how many of them did you have vaginal intercourse?

DISPLAY: \_\_\_ male partners in last 12 months

{ Asked if R has ever had oral sex with a male

**ORALNUM12**

JF-2YRb. (Your number of male partners in the last 12 months is displayed below.) Thinking of your male partners in the last 12 months, with how many of them did you have oral sex, either giving or receiving?

DISPLAY: \_\_\_ male partners in last 12 months

{ Asked if R has ever had anal sex with a male

**ANALNUM12**

JF-2YRc. (Your number of male partners in the last 12 months is displayed below.) Thinking of your male partners in the last 12 months, with how many of them did you have anal sex?

DISPLAY: \_\_\_ male partners in last 12 months

{ IF R IS UNDER AGE 18 AND HAS 1 OR MORE CURRENT SEXUAL PARTNER, CONTINUE.

{ ELSE IF R REPORTED 0 MALE PARTNERS IN LAST 12 MONTHS, GO TO JG SERIES.  
{ ELSE GO TO JF-3 BISEXPRT.

**INTROJ12**

INTROJ12. You indicated in the interview that you have (NUMBER) current sexual partner(s). Here is an additional question about (him/those partners/some of those partners).

Please press [Enter] to continue.

{ SCREEN WILL DISPLAY UP TO 3 CURRENT SEXUAL PARTNERS FOR R's UNDER 18 YEARS.  
{ R WILL BE LOOPED FROM CURRPAGE THROUGH HOWMUCH as applicable.

**CURRPAGE**

JF-2a. Earlier you reported that you last had sexual intercourse with the (blank/first/second/third) person shown on the screen in (mo/yr). How old was he at that time?

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

{ IF AGE REPORTED OR RF, GO TO NEXT PARTNER IF THERE IS ONE.  
{ ELSE GO TO JF-3 BISEXPRT.

{ ASKED IF CURRPAGE = DK

**RELAGE**

JF-2b. Is he older than you, younger than you or the same age?

- Older .....1
- Younger .....2
- Same age .....3

{ IF R SAID "same age" GO TO NEXT PARTNER IF THERE IS ONE.  
{ IF NO MORE PARTNERS TO LOOP THROUGH, GO TO JF-3 BISEXPRT.

{ ASKED IF RELAGE = older or younger

**HOWMUCH**

JF-2c. By how many years?

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

{ IF ANY MORE CURRENT PARTNERS, RETURN TO CURRPAGE.

{ IF R REPORTED 0 MALE PARTNERS IN LAST 12 MONTHS, GO TO JG SERIES.

{ REMAINDER OF JF SERIES ASKED IF R REPORTED ANY MALE PARTNERS IN LAST 12 MONTHS OR SAID DK

**BISEXPRT**

JF-3. (Now please think about all of your male sexual partners in the last 12 months, that is since (INTERVIEW MONTH, INTERVIEW YEAR - 1).) Have any of your male partners in the last 12 months ever had sex with other males?

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

**NONMONOG**

JF-4. In the last 12 months, did you have sex with any males who were also having sex with other people at around the same time?

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

{ASKED IF R HAD SEX WITH MALE(S) WHO HAD SEX WITH OTHER PEOPLE DURING THE PAST 12 MONTHS (NONMONOG=1), AND R HAD MORE THAN 1 MALE PARTNER IN PAST 12 MONTHS {RS WITH ONLY 1 MALE PARTNER IN PAST 12 MONTHS GO STRAIGHT TO JF-5B

**NNONMONOG1**

**JF-5a.** To the best of your knowledge, how many of your male sexual partners in the last 12 months were having sex with other people around the same time?

- 1 partner .....1
- 2 or more partners.....2

**NNONMONOG2**

JF-5b. (Thinking of your 1 male partner in the last 12 months), how many other partners do you think this partner had around the same time as he was having sex with you?

- 1 other partner besides you .....1
- 2 other partners besides you .....2
- 3 or more other partners besides you .....3

{ASKED IF NONMONOG=1 AND R HAD AT LEAST 2 MALE PARTNERS WHO HAD SEX WITH OTHER PEOPLE DURING THE PAST 12 MONTHS

**NNONMONOG3**

JF-5c. Thinking of your most recent male partner who had other sexual partners, how many other partners do you think he had around the same time as he was having sex with you?

- 1 other partner besides you .....1
- 2 other partners besides you .....2
- 3 or more other partners besides you .....3

**MALSHT12**

JF-6. 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?

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

**PROSTFRQ**

JF-7. In the last 12 months, has a male given you money or drugs to have sex with him?

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

**JOHNFREQ**

JF-8. In the last 12 months, have you given a male money or drugs to have sex with you?

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

**HIVMAL12**

JF-9. In the last 12 months, have you had sex with a male who you knew was infected with the AIDS virus?

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

**Sex with Females (JG)**

{ ASKED FOR ALL

**GIVORALF**

JG-1a. The next questions ask about sexual experiences you may have had with another female. Have you ever performed oral sex on another female?

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

**GETORALF**

JG-1b. Has another female ever performed oral sex on you?

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

{ ASKED IF R HAS NOT ALREADY REPORTED ORAL SEX WITH A FEMALE

**FEMSEX**

JG-1c. Have you ever had any sexual experience of any kind with another female?

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

{ ASKED IF R HAS HAD ANY SEXUAL EXPERIENCE WITH A FEMALE PARTNER. IF R HAS NOT HAD ANY SEXUAL EXPERIENCE WITH A FEMALE PARTNER, GO TO JH SERIES.

**FEMPARTS**

JG-2. Thinking about your entire life, how many female sex partners have you had?

Number \_\_\_\_\_

**FEMPRT12**

JG-3. Thinking about the last 12 months, how many female sex partners have you had in the 12 months since (INTERVIEW MONTH)? Please count every partner, even those you had sex with only once in those 12 months.

Number \_\_\_\_\_

**SAMESEX1**

JG-4. Thinking back to the first time you ever had oral sex or another kind of sexual experience with a female partner, how old were you?

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

{ Asked for all Rs who have ever had any sexual experience with a female partner

**FSAMEREL**

JG-4a. Please look at Card 24. At the time you first had any sexual experience with a female partner, how would you describe your

relationship with her?

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

**Sexual Attraction, Orientation, & Experience with STDs (JH)**

{ ASKED ONLY IF R REPORTED HAVING SEX WITH BOTH MALES & FEMALES

**MFLASTP**

JH-1. The very last time you had any type of sex -- that is vaginal intercourse or anal sex or oral sex -- was that last sexual partner male or female?

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

{ASKED FOR ALL

**DATEAPP**

JH-1a. 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.

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

{ ASKED FOR ALL

**ATTRACT**

JH-2. People are different in their sexual attraction to other people. Which best describes your feelings? Are you...

- Only attracted to males .....1
- Mostly attracted to males .....2
- Equally attracted to males and females .....3
- Mostly attracted to females .....4
- Only attracted to females .....5
- Not sure .....6

{ ASKED FOR ALL - USED IN RANDOM HALF SAMPLE OF NSFG RESPONDENTS

**ORIENT\_A**

JH-3a. Do you think of yourself as ...

- Heterosexual or straight, .....1
- Homosexual, gay, or lesbian,.....2
- Or bisexual .....3

{ ASKED FOR ALL - USED IN RANDOM HALF SAMPLE OF NSFG RESPONDENTS

**ORIENT\_B**

JH-3b. Which of the following best represents how you think of yourself?

- Lesbian or gay .....1
- Straight, that is, not lesbian or gay.....2

Bisexual .....3  
Something else .....4

**INTROJ13**

INTROJ13. The next questions are about your sexual and reproductive health.

Please press [Enter] to continue.

{ Asked for all Rs aged 15-25

**CONFCONC**

JH-3a. Would you ever not go for sexual or reproductive health care because your parents might find out?

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

{ Asked for all Rs aged 15-17

**TIMALON**

JH-3b. 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.*

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

{ Asked for all Rs

**RISKCHEK1**

JH-3c. 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?

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

{ Asked for all Rs

**RISKCHEK2**

JH-3d. In the last 12 months, has a doctor or other medical care provider asked you about your number of sexual partners?

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

{ Asked for all Rs

**RISKCHEK3**

JH-3e. In the last 12 months, has a doctor or other medical care provider asked you about your use of condoms?

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

{ Asked for all Rs

**RISKCHEK4**

JH-3f. 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?

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

{ ASKED FOR ALL  
**CHLAMTST**

JH-4. In the last 12 months, that is, since [INTERVIEW MONTH, INTERVIEW YEAR - 1], have you been tested for Chlamydia?

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

{ ASKED FOR ALL  
**STDOTHR12**

JH-4b. In the last 12 months, have you been tested for any other sexually transmitted disease like gonorrhea, herpes, or syphilis?

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

{ ASKED FOR ALL  
**STDTRT12**

JH-5. In the last 12 months, have you been treated or received medication from a doctor or other medical care provider for a sexually transmitted disease like gonorrhea, chlamydia, herpes, or syphilis?

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

{ ASKED FOR ALL  
**GON**

JH-6. In the last 12 months, have you been told by a doctor or other medical care provider that you had gonorrhea?

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

{ ASKED FOR ALL  
**CHLAM**

JH-7. In the last 12 months, have you been told by a doctor or other medical care provider that you had chlamydia?

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

{ ASKED FOR ALL  
**HERPES**

JH-8. At any time in your life, have you ever been told by a doctor or other medical care provider that you had genital herpes?

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

{ ASKED FOR ALL  
**GENWARTS**

JH-9. At any time in your life, have you ever been told by a doctor or other medical care provider that you had genital warts or human papillomavirus also called HPV?

Yes .....1

No .....5

{asked of all respondents

**ABNHPV**

JH-9a. At any time in the last 5 years, have you had an HPV test where the results were not normal?

Yes .....1

No .....5

{ ASKED FOR ALL

**SYPHILIS**

JH-10. At any time in your life, have you ever been told by a doctor or other medical care provider that you had syphilis?

Yes .....1

No .....5

{ASKED IF R REPORTED NEVER INJECTING DRUGS OTHER THAN THOSE PRESCRIBED IN THE PAST 12 MONTHS (JC-9 INJECT12=1) OR DK/RF

**EVRINJECT**

JH-11. At any time in your life, have you ever shot up or injected drugs other than those prescribed for you?

Yes.....1

No.....5 (JI Series)

{ASKED IF R REPORTED EVER INJECTING DRUGS OTHER THAN THOSE PRESCRIBED IN PAST 12 MONTHS (JC-9 INJECT12=2,3,4)

**EVRSHARE**

JH-12. At any time in your life, have you ever shot up or injected drugs with a needle that someone else had used before you?

Yes .....1

No .....5

**Individual Earnings and Family Income and Public Assistance (JI)**

{ ASKED FOR ALL

**INTROJ14**

INTROJ14. Income is important in analyzing the information we collect. For example, this information helps us to learn whether persons in each income group get the health services they need.

Please press [Enter] to continue.

{IF R HAS NEVER WORKED GO TO JI-1 INTROJ15

{ ASKED IF R EVER WORKED

**EARNTYPE**

JI-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**  
**JI-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 TO JI-0b EARN

**EARNDK1**

**JI-0c.** Was it \$20,000 or more per year?

- Yes.....1
- No.....5 (GO TO JI-1 INTROJ15)

{ASKED IF R ANSWERED "YES" TO JI-0c EARNDK1  
**EARNDK2**

JI-0d. Was it \$50,000 or more per year?

Yes.....1  
No.....5 (GO TO JI-1 INTROJ15)

{ASKED IF R ANSWERED "YES" TO JI-0d EARNDK2  
**EARNDK3**

JI-0e. Was it \$75,000 or more per year?

Yes.....1  
No.....5 (GO TO JI-1 INTROJ15)

{ASKED IF R ANSWERED "YES" TO JI-0e EARNDK3  
**EARNDK4**

JI-0f. Was it \$100,000 or more per year?

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

{ READ IF HOUSEHOLD INCLUDES MORE THAN JUST RESPONDENT  
**INTROJ15**

JI-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 of interview - 1). When answering these questions, please remember that "combined family income" means your income plus your husband's income, income from any of your family members that live here, and income from any of your husband's family members that live here, before taxes.

{THERE ARE OTHER WORDING VARIANTS, DETERMINED BY HOUSEHOLD SIZE & COMPOSITION

Please press [Enter] to continue.

**SOURCES**

**JI-1a. 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 income, please include any income you received from any of those sources last year. 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 from any of those sources last year. When you have read through the list please press the [Enter] key to continue.

**TOINCWMY**

JI-2. Remember, this item is important and your answers will be kept confidential. Will it be easier for you to report (your/the) total (LASTYEAR\_FILL) income per week, per month, or per year?

Week.....1  
Month.....2

Year.....3

**TOTINC**  
JI-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 JI-3 TOTINC IS REPORTED, GO TO JI-4 PUBASST.

{ ASKED IF INCOME = DK OR RF

**FMINCDK1**

JI-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 JI-3d FMINCDK4)

( ASKED IF INCOME WAS LESS THAN \$50,000

**FMINCDK2**

JI-3b. Was it less than \$35,000?

- Yes .....1
- No .....5 (GO TO JI-4 PUBASST)

{ ASKED IF INCOME WAS LESS THAN \$35,000

**FMINCDK3**

JI-3c. Was it less than (poverty threshold for a family the size of the respondent's)?

- Yes .....1 (GO TO JI-4 PUBASST)
- No .....5 (GO TO JI-4 PUBASST)

( ASKED IF INCOME WAS MORE THAN \$50,000

**FMINCDK4**

JI-3d Was it \$75,000 or more last year?

- Yes .....1
- No .....5 (GO TO JI-4 PUBASST)

( ASKED IF INCOME WAS MORE THAN \$75,000

**FMINCDK5**

JI-3e. Was it \$100,000 or more last year?

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

{ ASKED FOR ALL

**PUBASST**

JI-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.*

- Yes .....1
- No .....5 (GO TO JI-6 FOODSTMP)

{ ASKED IF ANY GOVT PAYMENTS WERE REPORTED

**PUBASTYP**

JI-5. From what type of program did you or any members of your family living here receive the CASH cash assistance? Was it a welfare or welfare-to-work program such as (DISPLAY STATE PROGRAM NAME(S)), General Assistance, Emergency Assistance, or some other program?

Please enter all that apply.

To enter multiple answers, enter the number of the first answer, press the space bar, enter the number of the next answer, and so forth. The space bar is the long key at the bottom of the keyboard, in the middle. Press [Enter] once you're finished entering all your answers.

- (STATE PROGRAM NAME(S))/welfare/AFDC.....1
- General Assistance.....2
- Emergency Assistance/short-term cash assistance.....3
- Some other program.....4

{ ASKED FOR ALL

**FOODSTMP**

JI-6. 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 of interview - 1), did you or any members of your family living here receive food stamps or SNAP benefits?

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

{ ASKED FOR ALL

**WIC**

JI-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?

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

{ ASKED FOR ALL

**HLPTRANS**

JI-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**

JI-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**

JI-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**

JI-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**

JI-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**

JI-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.