NATIONAL SURVEY OF FAMILY GROWTH, YEAR 1 (2022) MALE QUESTIONNAIRE in CAPILITE FORMAT

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SECTION A Demographic Characteristics; Household Roster; Childhood Background; Marital/Cohabiting Status

CONF_SC

AA-0a.

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[NOTE: FOR EVERY ITEM IN THE QUESTIONNAIRE, RESPONDENTS CAN REFUSE TO ANSWER OR CAN ANSWER AS "DON'T KNOW." Unless otherwise specified, all DK/RF responses are routed the same as a "no" response.]

INTRO_1

AA-0b.

Now we can begin. First are some basic questions about your background.

Age and Date of birth (AA)

AGE A

AA-1. How old are you?

ENTER age at last birthday in years _____

| ΒI | DT | ш | n | Λ | v |
|----|----|---|---|---|-----|
| DΤ | ĸт | п | u | н | VT. |

| AA-2. What is your date of bir | rtn? |
|--------------------------------|------|
|--------------------------------|------|

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 month and year only.)

{ 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./ In order to proceed with this interview, your age or date of birth is needed. All information collected in this survey will remain confidential and be used only for statistical tabulations.) Would you please give me your age or date of birth?

Yes1 (RETURN TO AA-1 AGE_A)
NO5 (GO TO TERMINATION SCRIPT AB-1 TERMAGE)

[IF R IS WITHIN NSFG AGE RANGE, GO TO AC SERIES]

TERMAGE

AB-1. IF AGE NOT GIVEN, SAY:
That's all the questions for you. Thank you for your time.

TERM

AB-2. IF AGE OUTSIDE NSFG RANGE, SAY:

In this survey only men who are between the ages of 15 and 49 are being interviewed. Therefore, there are no more questions for you. Thank you for your time.

[INTERVIEW IS TERMINATED HERE FOR ANY RESPONDENT OUTSIDE AGE RANGE OR WHO HAS UNKNOWN AGE]

{ ONLINE INTERVIEW INSTRUCTIONS ONLY FOR ONLINE RESPONDENTS ${f CAWIINS}$

AB-3. During this interview you can use the next button to move to the next question. You can use the back button to return to a previous question if you need to make a correction. If you do not want to answer a question you can skip answering by pressing the next button to move to the next question. Sometimes during the interview if an answer to a question is inconsistent with an answer previous answer a pop-up box will give you the option of correcting it.

Hispanic origin and race (AC)

 $\{ \mbox{ ASKED OF ALL RESPONDENTS } \mbox{ HISP } \mbox{ }$

AC-1. Next are some questions about your ethnic background and your race. (You may have already reported this,) Are you Hispanic or Latino, or of Spanish origin?

| FILE | _ | | | | |
|-------|-----|-----------------|-----|-------------|---|
| 1 H H | ט ו | AVA | | ΔRI | - |
| 1111 | டா | \neg v \neg | ·∸⊢ | ΔDL | |

| v | es | | | | | | | | | | | | | 1 | |
|---|----|---|---|--|--|--|---|---|---|---|--|--|--|---|--|
| 1 | 5 | - | - | | | | - | - | - | - | | | | | |

$\{$ INTRO USED FOR FTF RESPONDENTS ONLY

INTROCARD

AC-1a. For many questions on this survey, I'll ask you to look at numbered cards that list answer choices. After you've read the choices on the card, you can tell me your answer or, if you prefer, you can just tell me the number next to the answer you choose.

{ ASKED IF HISP=1

HISPGRP

- AC-2. (Please look at Card 1.) Are you Puerto Rican; Cuban; Mexican, Mexican American or Chicano; Central or South American; or another Hispanic, Latino, or Spanish origin? One or more categories may be selected.
 - ◆ SELECT ALL THAT APPLY.

{ ASKED OF ALL RESPONDENTS

RRACE

AC-3. (Please look at Card 2.) What is your race? One or more races may be selected.

[HELP AVAILABLE]

◆ SELECT ALL THAT APPLY.

 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 R REPORTED MULTIPLE RACES

RACEBEST

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

[HELP AVAILABLE]

[DISPLAY ONLY THOSE GROUPS MENTIONED IN AC-3 RRACE]

Household Roster and Marital/Cohabiting Status (AD)

{ASKED OF ALL RESPONDENTS ADINTRO

AD-00. Next are some questions about the people in this household. (We will/These questions) review the information that was provided earlier during the screening interview for each household member and ask about your relationship to each person. If any information is incorrect, (please let me know so I can correct it/please correct it). (Let's start with your information first/Your information in shown first).

{ THE ROSTER QUESTIONS FOR EACH HOUSEHOLD MEMBER ARE ASKED TOGETHER ON ONE SCREEN PER PERSON. INFORMATION IS PRE-FILLED (EXCEPT FOR AD-5 RELAR[X]) WITH INFORMATION ON EACH HOUSEHOLD MEMBER MENTIONED IN THE SCREENER.

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

{ ASKED OF ALL RESPONDENTS Verify[X]

AD-0. 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 any information is incorrect, (please let me know what should be corrected/ please correct what should be changed.)

{IF THE RESPONDENT HAS GOTTEN TO AN EMPTY ROW (END OF THE ROSTER) Is there anyone else who usually lives here?

[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 | 0R | INITIALS | ARE | PLACED | ON | THE |
|------|----|----------|--|-----|--------|-----|-----------------|------------|---------------|----|-----|
| | | | | INA | L DATA | FIL | _E) | | | | |

UsualRes[X]

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

| Yes | | Ų, | | | | | | | 1 |
|------|--|----|---|---|--|--|---|--|---|
| No . | | | N | Ţ | | | 1 | | 5 |

Sex[X]

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

| Male | | | | | | | | | 1 |
|-------|---|--|--|--|--|--|--|--|---|
| Femal | e | | | | | | | | 2 |

Age[X]

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

(If necessary, ask): How old was (Name[X]) on their last birthday?
Age _____

Relar[X]

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

[HELP AVAILABLE]

(IF HOUSEHOLD MEMBER IS MALE, DISPLAY:)

| | Husband/spouse1Male unmarried partner2 |
|-------------|--|
| | 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 |
| | Brother |
| (IF HOUSEHO | OLD MEMBER IS FEMALE, DISPLAY:) |
| | Wife/spouse1 Female unmarried partner2 |
| | Biological daughter |
| | Partner's daughter |
| | Partner's daughter8 Granddaughter9 |

| Roommate (female) | | 21 |
|--------------------|----------|----|
| Tenant or boarder | (female) | 22 |
| Other female nonre | elative | 23 |

{ ASKED OF ALL RESPONDENTS

ENDROSTER

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

{ ASKED OF ALL RESPONDENTS

MARSTAT

AD-7b.

IF ANY RELAR[X]=1 and SEX[X]=2, THEN ASK:

Earlier you indicated your wife is living in this household, please confirm your current marital or cohabiting status.

ELSE IF ANY RELAR[X]=1 and SEX[X]=1, THEN ASK:

Earlier you indicated your husband is living in this household, please confirm your current marital or cohabiting status.

ELSE IF ANY RELAR[X]=2 and SEX[X]=2, THEN ASK:

Earlier you indicated your female unmarried partner is living in this household, please confirm your current marital or cohabiting status.

ELSE IF ANY RELAR[X]=2 and SEX[X]=1, THEN ASK:

Earlier you indicated your male unmarried partner is living in this household, please confirm your current marital or cohabiting status.

ELSE ASK:

Are you now married, living with a partner together as an unmarried couple, or neither?

| Married | | | | | | | | 1 |
|-------------|---|--------|------------|----|----|-----------|---------|---|
| Living with | a | partne | r together | as | an | unmarried | couple. | 2 |
| Neither | | | | | | | | 3 |

{ ASKED IF RESPONDENT IS NOT CURRENTLY MARRIED LMARSTAT

AD-7c.

If AD-7b MARSTAT=2 and any ANY RELAR[X]=2 and SEX[X]=1, ASK: For some parts of this interview, the questions about marriage and other sexual relationships are limited to those with opposite-sex partners. You will still be asked questions that may apply to you about your current cohabitation, children you have had, 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. The next question about marital status is limited to opposite-sex spouses or partners. What is your legal marital status? That is, are you widowed, divorced, separated, or have you never been married to a person of the opposite sex?

ELSE, ASK:

The next question about marital status is limited to opposite-sex spouses or partners. What is your legal marital status? That is, are you widowed, divorced, separated, or have you never been married to a person of the opposite sex?

[HELP AVAILABLE]

| OMB No. 0920-031 |
|--|
| Widowed |
| { ASKED IF THERE IS A SPOUSE/PARTNER AND CHILD/REN IN HOUSEHOLD RELINT |
| AD-8. The next question is about your (spouse's/cohabiting partner's) relationship to the children who live here. |
| { ASKED IF THERE IS A SPOUSE/PARTNER AND CHILD/REN IN HOUSEHOLD |
| RELSPCH[x] AD-9. (Please look at Card 4.) What is your [SPOUSE/PARTNER'S NAME]'s relationship to [CHILD'S NAME]? |
| (IF SPOUSE OR PARTNER IS FEMALE, DISPLAY) |
| Biological mother |
| (IF SPOUSE OR PARTNER IS MALE, DISPLAY) |
| Biological father |
| Regular school and GED (AE) |
| { ASKED OF ALL RESPONDENTS |
| AE-1. (Please look at Card 5.) What is the highest level of school you have completed or the highest degree you have received? |
| [HELP AVAILABLE] |
| No formal schooling |
| { ASKED IF HIGH SCHOOL GRADUATE OR HIGHER EDUCATION ATTAINED |

EARNHS_M

AE-2m. In what month and year did you get your high school diploma?

□ ENTER MM/YYYY

 \square PROBE for season if DK month.

5. May 1. January 9. September 13. Jan-Mar 6. June 10. October 14. Apr-Jun February 3. March 7. July 11. November 15. Jul-Sep 8. August 12. December 16. Oct-Dec 4. April

96. Did not get high school diploma

{ ASKED IF R HAS A HIGH SCHOOL DIPLOMA

EARNHS Y

AE-2y. (In what month and year did you get your high school diploma?)

□ ENTER [EARNHS_M]/YYYY

{ ASKED IF R IS AGES 15-24 AND AE-1 ATTAIN LESS THAN HS DIPLOMA OR GED MYSCHOL_M/MYCHOL_Y

AE_3. In what month and year did you last attend regular school?

 $\ \square$ Do not include vocational training or GED classes as regular school.

[HELP AVAILABLE]

{ ASKED IF BACHELOR'S DEGREE OR HIGHER ATTAINMENT EARNBA_M/EARNBA_Y

AE-4. In what month and year did you get your Bachelor's degree?

Childhood background (AF)

{ ASKED OF ALL RESPONDENTS

AFINTRO

AF-0. Next are a few questions about your parents or parent figures.

[IF R IS YOUNGER THAN 18 AND NO PARENT OR PARENT FIGURE IN THE HOUSEHOLD, HE SKIPS TO AG-1 INTACT]

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

AF-0a.

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

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

[HELP AVAILABLE]

{ ASKED IF AGE 18 OR OLDER, OR CURRENTLY LIVING WITH BOTH BIO OR ADOPTIVE PARENTS, OR ARE CURRENTLY LIVING ON OWN

INTACT

AF-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?

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

{ ASKED OF ALL RESPONDENTS

PARMARR

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

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

$\{ \mbox{ ASKED IF R DID NOT LIVE WITH BOTH PARENTS WHILE GROWING UPLYSIT14F}$

AF-3. Now, think about when you were 14 years old. (Looking at Card 6,) What female parent or parent figure were you living with at age 14?

[HELP AVAILABLE]

□□SELECT "No female parent present" if two male parents

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

AF-4. (Ask if necessary:) (Now tell me who/Who) was the male parent or parent figure you were living with when you were 14 years old.

[HELP AVAILABLE]

□□□SELECT "No male parent present" if two female parents

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

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

| | are equally important, please select parent figure during teen years. |
|--------|--|
| | Biological mother1 Adoptive mother2 Step-mother3 Father's girlfriend4 Foster mother5 Grandmother6 Other female relative7 Female nonrelative8 No such person9 Other10 |
| { ASKE | ED IF R HAD A MOTHER OR ANY MOTHER FIGURE |
| - | (Please look at Card 7.) What is the highest level of education (she/your mother) completed? |
| | Less than high school |
| { ASKE | ED IF R HAD A MOTHER OR ANY MOTHER-FIGURE WHO RAISED HIM |
| | 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 |
| { ASKE | ED IF R HAD A MOTHER OR ANY MOTHER-FIGURE WHO RAISED HIM |
| AF-8. | How old was she when she had her first child who was born alive? |
| | Under 18 years |

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

AF-9. Who, if anyone, do you think of as the man who mostly raised you when you were growing up?

□□If there is more than one man you consider raised you, and they are equally important, select the person who mostly raised you during your teen years.

| | Biological father 1 Adoptive father 2 Step-father 3 Mother's boyfriend 4 Foster father 5 Grandfather 6 Other male relative 7 Male nonrelative 8 No such person 9 Other 10 |
|---------------------|---|
| { ASKED OF FOSTEREV | ALL RESPONDENTS |
| AF-10. | The next question is about foster care. 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. |
| | SELECT [YES] if someone from the state or from family services arranged for you to live there, it is considered foster care. |
| | Yes1 No5 |
| { ASKED IF MNYFSTER | R EVER LIVED IN FOSTER CARE |
| AF-11. | In how many different foster care settings or locations have you lived? |
| | 1 setting or location |
| _ | R EVER LIVED IN FOSTER CARE |
| DURFSTER AF-12. | (Please look at Card 8.) Approximately how much time overall did you spend in foster care during your life? |
| | Less than six months |
| - | R EVER LIVED IN FOSTER CARE |
| AGEFSTER AF-13. | The last time you exited the foster care system, how old were you? If adopted, give the age you were adopted. |
| | Under 6 years |

а

Marriage and Cohabitation (AG)

| { ASKED IF R NOT CURRENTLY MARRIED TO OR COHABITING WITH A MAN AGINTRO |
|---|
| AG-1. Next are some more questions about marriage and cohabitation. |
| { ASKED IF EVER MARRIED TO A PERSON OF THE OPPOSITE-SEX |
| AG-2. (Including your present marriage,) how many times have you been married? |
| [HELP AVAILABLE] |
| Number of times |
| { ASKED IF EVER MARRIED (TIMESMAR GE 1) EVCOHAB1 |
| AG-3. Not including the (woman/women) you married, have you ever lived togethe with any <u>other</u> female sexual partner? By living together, I mean having sexual relationship while sharing the same usual residence. |
| □□ DO NOT COUNT 'DATING' OR 'SLEEPING OVER' AS LIVING TOGETHER. |
| Yes1 No5 |
| { ASKED IF EVER MARRIED AND EVER COHABITED WITH ANY OTHER WOMEN |
| AG-4. Not including the woman you married, how many <u>other</u> female sexual partners have you lived together with in your life? (Please include the woman you live with now.) |
| [HELP AVAILABLE] |
| Number of times |
| { ASKED IF NEVER MARRIED AND NOT CURRENTLY COHABITING WITH A WOMAN EVCOHAB2 |
| AG-5. Have you ever lived together with a female sexual partner? By living together, I mean having a sexual relationship while sharing the same usual residence. |
| Yes1 No5 |
| { ASKED IF NEVER MARRIED AND EVER COHABITED |
| AG-6. (Including the woman you live with now,) how many female sexual partners have you lived with in your life? |
| [HELP AVAILABLE] |
| |

Marriage and Cohabitation with Women (for Rs Currently in Same-sex Marriage or Cohabitation) (AH)

[IF R IS NOT MARRIED TO OR COHABITING WITH A MAN, HE SKIPS TO SECTION B]

{ ASKED IF R IS CURRENTLY MARRIED TO A MAN

MARSTATB

AH-1. For some parts of this interview, the questions about marriage and other sexual relationships are limited to those with opposite-sex partners. You will still be asked questions that may apply to you about your current marriage or cohabitation, children you have fathered or raised, and health services you have received. In later parts of the interview, some questions will ask about sexual experience with same-sex spouses or partners.

The next question about marital status is limited to opposite-sex spouses or partners. What is your current legal marital status regarding opposite-sex spouses? That is, are you widowed, divorced, separated, or have you never been married to a person of the opposite sex?

| Widowed | 3 |
|----------------------|-------|
| Divorced or annulled | 4 |
| Separated | 5 |
| Never been married | 6 |

{ ASKED IF R INDICATED PREVIOUS MARRIAGE TO A WOMAN (AH-1 MARSTATB=3, 4, 5) TIMESMARB

AH-2. How many times have you been married to a woman?

| Number | ٥f | timas | |
|--------------|----|---|--|
| \mathbf{M} | () | 1 1111111111111111111111111111111111111 | |

{ ASKED IF R IS CURRENTLY MARRIED TO OR COHABITING WITH A MAN EVCOHABB

AH-3. Have you ever lived together with a female sexual partner? Living together means having a sexual relationship while sharing the same usual residence. Do not count 'dating' or 'sleeping over' as living together.

| Yes | | | | | | | 1 |
|-----|--|---|--|--|--|--|---|
| Nο | | 4 | | | | | _ |

{ ASKED IF EVER COHABITED WITH A WOMAN (AH-3 EVCOHABB=1) NUMCOHB

AH-4. How many female sexual partners have you lived together with in your life?

| Number o | of partn | ers | |
|----------|----------|-----|--|
|----------|----------|-----|--|

SECTION B

Ever Sex with a Female, Sex Communication and Education, Vasectomy and Physical Ability to Father Children, Number of Female Sexual Partners, Enumeration and Relationship with Up To 3 Recent (Or Last) Female Sexual Partner(s)

Ever Had Sex with a Female; Sex Communication (BA)

{ ASKED IF R NEVER MARRIED, NEVER COHABITED WITH A WOMAN EVERSEX

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

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

<u>nnDo not</u> count oral sex or other forms of sexual activity that do not involve vaginal penetration.

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

{ ASKED IF R NEVER MARRIED, NEVER COHABITED WITH A FEMALE BUT HAD SEX WITH A FEMALE

SXMTONCE

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

[HELP AVAILABLE]

Yes1 No5

{ ASKED IF R NEVER MARRIED AND NEVER COHABITED AND SAID HE NEVER HAD SEX WITH A FEMALE

YNOSEX

BA-3. As you know, some people have had sexual intercourse by your age and others have not.

(Please look at Card 16 which lists some reasons that people give for not having sexual intercourse.) What would you say is the <u>most</u> important reason why <u>you have not had</u> sexual intercourse up to now?

[REST OF BA SERIES IS ONLY ASKED OF 15-24 YEAR OLDS]
[IF R IS OLDER THAN 24 YEARS, HE SKIPS TO BB-1 EVEROPER]

{ Asked if R is 15-24 years old

TALKPAR

BA-4. The next question is about how you learned about sex and birth control. (Before you were 18 years old,) which, if any, of these topics did you ever talk with a parent or guardian about?

(Please look at Card 17.)

□ SELECT ALL THAT APPLY.

| How to say no to sex1 |
|--------------------------------|
| Methods of birth control2 |
| Where to get birth control3 |
| Sexually transmitted diseases4 |
| How to prevent HIV/AIDS5 |
| How to use a condom6 |
| Waiting until marriage to have |
| sex7 |
| None of the above95 |

SEDNO

BA-5. Next are some questions 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?

{ ASKED IF SEDNO=1

SEDNOLC

BA-5a.

(Please look at Card 18.) Where did you receive that instruction about how to say no to sex?

◆ SELECT ALL THAT APPLY

| School | |
|--------------------|---|
| Church | 2 |
| A community center | |
| Some other place | 4 |

{ ASKED IF SEDNO=1

SEDNOG

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

[IF R HAS NEVER HAD SEX, HE SKIPS TO BA-8 SEDBC]

{ ASKED IF SEDNO=1 AND R HAS EVER HAD SEX

| c | ᆮ | n | N | n | SX | • |
|---|---|---|---|---|----|---|
| | | | | | | |

| | ou receive instruction about how to say no to sex before or after irst time you had sex? |
|--------------------|--|
| | Before1 After2 |
| | R is 15-24 years old |
| instr | ore you were 18, did you ever have/Have you ever had) any formal ruction at school, church, a community center or some other place methods of birth control? |
| | Yes1 No5 |
| { ASKED IF SEDBCLC | SEDBC=1 |
| BA-8a. | (Please look at Card 18.) Where did you receive that instruction about <u>methods of birth control</u> ? |
| | ◆ SELECT ALL THAT APPLY |
| | School |
| { ASKED IF SEDBCG | SEDBC=1 |
| | grade were you in when you first received instruction on methods of control? |
| | 1st grade. 1 2nd grade. 2 3rd grade. 3 4th grade. 4 5th grade. 5 6th grade. 6 7th grade. 7 8th 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 N | NEVER HAD SEX, HE SKIPS TO BA-11 SEDWHBC] |
| { ASKED IF SEDBCSX | SEDBC=1 AND R HAS EVER HAD SEX |
| BA-10. | Did you receive instruction about methods of birth control before or after the first time you had sex? |
| | Before1 After2 |

| { Asked if SEDWHBC | R is 15-24 years old |
|---------------------------|--|
| BA-11. | (Before you were 18, did you ever have/ Have you ever had) any formal instruction at school, church, a community center or some other place about where to get birth control? |
| | Yes1 No5 |
| { ASKED IF | SEWHBC=1 |
| SEDWHLC BA-11a. | (Please look at Card 18.) Where did you receive that instruction about where to get birth control? |
| | • SELECT ALL THAT APPLY |
| | School |
| { ASKED IF | SEWHBC=1 |
| SEDWHBCG BA-12. | 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 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, HE SKIPS TO BA-14 SEDCOND] |
| | SEWHBC=1 AND R HAS EVER HAD SEX |
| SEDWBCSX BA-13. | Did you receive instruction about where to get birth control before or after the first time you had sex? |
| | Before1 After2 |
| - | R is 15-24 years old |
| SEDCOND BA-14. | (Before you were 18, did you ever have/Have you ever had) any formal instruction at school, church, a community center or some |

other place about <u>how to use a condom</u>?

| | Yes1 No5 |
|---------------------|--|
| { ASKED IF SEDCONLC | SEDCOND=1 |
| BA-14a. | (Please look at Card 18.) Where did you receive that instruction about how to use a condom? |
| | ◆ SELECT ALL THAT APPLY |
| | School |
| { ASKED IF SEDCONDG | SEDCOND=1 |
| BA-15. | What grade were you in when you first received instruction on how to use a condom? |
| | 1st grade 1 2nd grade 2 3rd grade 3 4th grade 4 5th grade 5 6th grade 6 7th grade 7 8th grade 8 9th grade 9 10th grade 10 11th grade 11 12th grade 12 1st year of college 13 2nd year of college 14 3rd year of college 15 4th year of college 16 Not in school when received instruction 96 |
| [IF R HAS N | NEVER HAD SEX, HE SKIPS TO BA-17 SEDSTD] |
| { ASKED IF SEDCONSX | SEDCOND=1 AND R HAS EVER HAD SEX |
| BA-16. | Did you receive instruction about how to use a condom before or after the first time you had sex? |
| | Before1 After2 |
| { Asked if SEDSTD | R is 15-24 years old |
| BA-17. | (Before you were 18, did you ever have/Have you ever had) any formal instruction at school, church, a community center or some other place about <u>sexually transmitted diseases</u> ? |
| | Yes1 No5 |
| { ASKED IF SEDSTDLC | SEDSTD=1 |

BA-17a. (Please look at Card 18.) Where did you receive that instruction about sexually transmitted diseases? ◆ SELECT ALL THAT APPLY Church2 Some other place4 { ASKED IF SEDSTD=1 SEDSTDG BA-18. What grade were you in when you first received instruction on sexually transmitted diseases? 1st grade......1 2nd grade.....2 3rd grade......3 4th grade.....4 5th grade.....5 6th grade......6 7th grade......7 8th grade.....8 9th grade.....9 10th grade......10 11th grade......11 12th grade......12 1st year of college......13 2nd year of college.....14 Not in school when received instruction.....96 [IF R HAS NEVER HAD SEX, HE SKIPS TO BA-20 SEDHIV] { ASKED IF SEDSTD=1 AND R HAS EVER HAD SEX **SEDSTDSX** BA-19. Did you receive instruction about sexually transmitted diseases before or after the first time you had sex? Before......1 After......2 { Asked if R is 15-24 years old **SEDHIV** BA-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 how to prevent HIV/AIDS?B Yes.....1 No.....5 { ASKED IF SEDHIV=1 **SEDHIVLC** BA-20a. (Please look at Card 18.) Where did you receive that instruction

◆ SELECT ALL THAT APPLY

about how to prevent HIV/AIDS?

| | Church |
|---|--|
| { ASKED IF | SEDHIV=1 |
| SEDHIVG BA-21. | 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 .9 10th 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 N | EVER HAD SEX, HE SKIPS TO BA-23 SEDABST] |
| { ASKED IF S | SEDHIV=1 AND R HAS EVER HAD SEX |
| BA-22. | Did you receive instruction about how to prevent HIV/AIDS before or after the first time you had sex? |
| | Before1 After2 |
| SEDABST BA-23.(Before instructions in the contraction of the contracti | R is 15-24 years old re you were 18, did you ever have/Have you ever had) any formal uction at school, church, a community center or some other place waiting until marriage to have sex? |
| | Yes1 No5 |
| { ASKED IF | SEDABST=1 |
| SEDABLC BA-23a. | (Please look at Card 18.) Where did you receive that instruction about <u>waiting until marriage to have sex</u> ? |
| | • SELECT ALL THAT APPLY |
| | School |

| { ASKED IF SEC | JABS1=1 |
|--|---|
| | nat grade were you in when you first received instruction about aiting until marriage to have sex? |
| 2r 3r 4t 5t 6t 7t 8t 9t 10 11 12 1s 2r 3r 4t | st grade 1 nd grade 2 rd grade 3 th grade 4 th grade 5 th grade 6 th grade 8 th grade 9 oth grade 10 th grade 11 2th grade 12 st year of college 13 nd year of college 14 rd year of college 15 th year of college 16 ot in school when received instruction 96 |
| [IF R HAS NEVE | ER HAD SEX, HE SKIPS TO BB-1 EVEROPER] |
| SEDABSSX BA-25.Did you | DABST=1 AND R HAS EVER HAD SEX receive instruction about waiting until marriage to have sex or after the first time you had sex? |
| | efore1 Fter2 |
| Vasectomy/othe | er sterilizing operations; Ability to reproduce (BB) |
| { ASKED OF ALL EVEROPER | |
| BB-1. Have you | u ever had a vasectomy or any other operation that makes it ble for you to father a child? |
| [HELP AVAILABL | .E] |
| | SELECT [YES] if you had a vasectomy for any reason. SELECT [YES] if you had a vasectomy <u>and</u> had a vasectomy reversal SELECT [NO] if you had a vasectomy <u>and</u> it failed. |
| | es1 D5 (FLOW CHECK B-5) |
| { ASKED IF EVE | EROPER=1 |
| TYPEOPER BB-2. What typ operation | pe of operation did you have? Was it a vasectomy or some other on? |
| 0 t Va | asectomy |

| { ASKED IF TYPEOPER=1 OR 2 VASEC_Y |
|--|
| BB-4. In what year did you have your (vasectomy/sterilizing operation)? |
| ENTER YEAR |
| { ASKED IF VASECTOMY WAS IN LAST FIVE YEARS PLCSTROP |
| BB-5. (Please look at Card 82.) Where your vasectomy was done? |
| Private doctor's office |
| { ASKED IF R HAD VASECTOMY, REGARDLESS OF RECENCY |
| RVRSVAS BB-6. (Have you ever had surgery to reverse your vasectomy?/You said that you had surgery to reverse your vasectomy, is that right?) |
| [HELP AVAILABLE] |
| Yes1 No5 (BC SERIES) |
| { ASKED IF R HAD HIS VASECTOMY REVERSED VASREV_Y BB-7. In what year did you have the reversal? |
| ENTER YEAR |
| { ASKED IF R DID NOT HAVE STERILIZING OPERATION OR HAD A VASECTOMY THAT FAILED OR HAD AN OPERATION FOR WHICH HE ANSWERED NO, DK, OR RF ON WHETHER IT WAS FULLY STERILIZING FATHPOSS BB-8. Some men are not physically or medically able to father children. As far as you know, is it physically possible for you, yourself to biologically father a child in the future? |
| [HELP AVAILABLE] |
| Yes1 No5 |
| { ASKED IF R DID NOT HAVE STERILIZING OPERATION AND IT IS PHYSICALLY POSSIBLE (OR DK/RF) FOR HIM TO FATHER CHILD FATHDIFF |
| BB-9. Some men are physically able to father a child, but would have <u>difficulty</u> doing so. As far as you know, would you have any difficulty fathering a child? |
| [HELP AVAILABLE] |
| Yes1 No5 |

[IF R NEVER HAD SEX WITH A FEMALE, HE GOES TO SECTION C]

{ ASKED IF R EVER MARRIED, EVER COHABITED WITH A FEMALE, OR EVER HAD SEX WITH A FEMALE, EXCEPT THOSE WHO ONLY HAD SEX ONCE IN THEIR LIFE LIFERT

BC-6. The next questions are about sexual relationships with females. How many different females have you <u>ever</u> had sexual intercourse with <u>in your life</u>? This includes <u>any</u> female you had intercourse with, even if it was only once or if you did not know her well.

[HELP AVAILABLE]

ENTER number of partners in lifetime

{ ASKED IF R ANSWERED DK/RF TO BC-6 LIFEPRT LIFEPRT CAT

BC-6b. (Please look at Card 83.) What comes closest to the number of females with whom you have had sexual intercourse with in your life?

| 1-4 females1 |
|---------------------|
| 5-9 females |
| 10-19 females |
| 20-49 females4 |
| 50 females or more5 |

{ ASKED IF R HAD ONLY ONE FEMALE SEXUAL PARTNER IN LIFE SXMON12

BC-7. (The next questions are about sexual relationships with females. You said that you had sexual intercourse with a female once in your life. Was that in the last 12 months,/ Have you had sexual intercourse with this female in the last 12 months,) that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1)?

[HELP AVAILABLE]

$\{ \mbox{ ASKED IF R HAD MORE THAN ONE FEMALE SEXUAL PARTNER IN LIFE $\mbox{MON12PRT} \]$

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

[HELP AVAILABLE]

 None
 ...

 One
 ...

 Two
 ...

 Three
 ...

 Four
 ...

 Five
 ...

 Six
 ...

 Seven or more
 ...

{ ASKED IF R ANSWERED DK/RF TO BC-8 MON12PRT MON12PRT_CAT

BC-8a. (Please look at Card 83b.) What comes closest to the number of females with whom you had sexual intercourse in the last 12 months?

| | OMB No. 0920-0314 |
|----------------------------|---|
| | 0 females 1-4 females 2 5-9 females 3 10-19 females 4 20 females or more 5 |
| { ASKED IF LIFE | R HAD FEMALE SEX PARTNER IN LAST 12 MONTHS AND ONLY HAD SEX ONCE IN |
| P12MOCONO BC-8b. | Did you use a condom that time? |
| | Yes1 No5 |
| | R HAD AT LEAST ONE FEMALE SEX PARTNER IN THE LAST 12 MONTHS AND EX MORE THAN ONCE OR LIFETIME OR RECENT SEXUAL EXPERIENCE WAS NOT ED |
| BC-8c. | (Please look at card 52.) Thinking back over the past 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1), would you sa you used a condom with your partner or partners for sexual intercourse every time, most of the time, about half of the time, some of the time, or none of the time? |
| | Every time1 |

Most of the time.....2 About half of the time......3 Some of the time.....4 None of the time.....5

{ ASKED IF R HAD AT LEAST ONE FEMALE SEX PARTNER IN THE LAST 12 MONTHS { OR LIFETIME OR RECENT SEXUAL EXPERIENCE WAS NOT ASCERTAINED **SEXFREQ**

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

[HELP AVAILABLE]

ENTER number of times

{ ASKED IF R HAD SEX WITH A FEMALE AT LEAST ONCE IN THE LAST 4 WEEKS CONFREO

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

ENTER number of times

Enumeration of Recent Female Sex Partner(s) or Last Partner Ever (BD)

{ ASKED OF ALL WHO HAD SEX, EVEN IF MORE THAN 12 MONTHS AGO P1NAME

BD-1. So that she can be referred to in the interview, what is the first name or initials of the female with whom you (most recently) had sexual intercourse?

Name/initials_____ (NO NAMES OR INITIALS ARE PLACED ON THE

FINAL DATA FILE.)

| | Name/initials (NO NAMES OR INITIALS ARE PLACED ON THE |
|---------------------------|---|
| | low think of the last female with whom you had sexual intercourse <u>before</u> <u>LAST PARTNER'S NAME)</u> . What is her first name or initials? |
| [IF R H | NAD 0 OR 1 PARTNER IN LAST 12 MONTHS, HE SKIPS TO SECTION C] |
| T | T_Y Please think of the last time that you had sexual intercourse with her./ hat time that you had sexual intercourse with her,) in what month and rear was that? |
| Ť | T_M Please think of the last time that you had sexual intercourse with her./That time that you had sexual intercourse with her,) in what month and rear was that? |
| | Yes1 No5 |
| ט-ט. 1 | .s she the wollan you tive with how? |
| PARTNER P1COHAB | IF R WAS NEVER MARRIED TO THIS PARTNER AND HE EVER LIVED WITH THIS AND HE IS CURRENTLY COHABITING SIT S she the woman you live with now? |
| (AOVES | No5 |
| П | Yes1 |
| | aving a sexual relationship while sharing the same usual address. <u>Do not</u> count "dating" or "sleeping over" as living together. |
| | oid you ever live together with (PARTNER'S NAME)? Living together means |
| - | IF R WAS NEVER MARRIED TO THIS PARTNER BUT HE HAS EVER COHABITED |
| | Yes1 No5 |
| P1CURRS | |
| l Vakeu | O IF R IS CURRENTLY SEPARATED |
| | Yes1 No5 |
| P1CURRW BD-3. I | IFE s she your current wife? |
| |) IF R CURRENTLY MARRIED |
| | Yes1 No5 |
| BD-2. W | dere you ever married to (PARTNER'S NAME)? |
| { ASKED P1RLTN1 |) IF R WAS EVER MARRIED |
| | |

| DOD! THE | FINAL DATA FILE.) | | | | | |
|---------------------------------------|---|--|--|--|--|--|
| P2RLTN1 BD-10. | Were you ever married to (PARTNER'S NAME)? | | | | | |
| | Yes1 No5 | | | | | |
| { ASKED IF I PARTNER P2CURRWIFE | R IS CURRENTLY MARRIED AND CURRENT WIFE WAS NOT HIS MOST RECENT | | | | | |
| BD-11. | Is she your current wife? | | | | | |
| | Yes1 No5 | | | | | |
| { ASKED IF I P2CURRSEP | R CURRENTLY SEPARATED AND THAT WIFE WAS NOT HIS MOST RECENT PARTNER | | | | | |
| BD-12. | Is she the woman you are separated from now? | | | | | |
| | Yes1 No5 | | | | | |
| { ASKED IF I P2RLTN2 | R WAS NEVER MARRIED TO THIS PARTNER BUT HE HAS EVER COHABITED | | | | | |
| BD-13. | Did you ever live together with (PARTNER'S NAME)? Living together means having a sexual relationship while sharing the same usual address. | | | | | |
| | $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $ | | | | | |
| | Yes1 No5 | | | | | |
| • | R WAS NEVER MARRIED TO THIS PARTNER AND HE EVER LIVED WITH THIS HE IS CURRENTLY COHABITING AND THIS COHABITING PARTNER WAS NOT HIS PARTNER | | | | | |
| BD-14. | Is she the woman you live with now? | | | | | |
| | Yes1 No5 | | | | | |
| P2SXLAST_M BD-15. | (Please think of the last time that you had sexual intercourse with her./ That time that you had sexual intercourse with her,) in what month and year was that? | | | | | |
| P2SXLAST Y | | | | | | |

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

[IF R HAD 2 PARTNERS IN THE LAST 12 MONTHS, HE SKIPS TO SECTION C]

P3NAME

BD-17. Think of the last female with whom you had sexual intercourse <u>before (2^{ND} TO LAST PARTNER'S NAME)</u>. What is her first name or initials?

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| Name/initials | (NO NAMES OR INITIALS | - | DI ACE | | |
|----------------|-----------------------|-----|--------|------|--|
| Name/ Inflicts | FINAL DATA FILE.) | AIL | ILAGE | D OI | |

| | FINAL DATA FILE.) |
|-----------------------------|--|
| P3RLTN1 BD-18. | Were you ever married to (PARTNER'S NAME)? |
| | Yes1 No5 |
| RECENT PART | R IS CURRENTLY MARRIED AND CURRENT WIFE WAS NOT ONE OF HIS TWO MOST NERS IN PAST YEAR |
| P3CURRWIFE BD-19. | Is she your current wife? |
| | Yes1 No5 |
| RECENT PART | R IS CURRENTLY SEPARATED AND THAT WIFE WAS NOT ONE OF HIS TWO MOST NERS IN PAST YEAR |
| P3CURRSEP BD-20. | Is she the woman you are separated from now? |
| | Yes1 No5 |
| { ASKED IF P3RLTN2 | R WAS NEVER MARRIED TO THIS PARTNER BUT HE HAS EVER COHABITED |
| BD-21. | Did you ever live together with (PARTNER'S NAME)? Living together means having a sexual relationship while sharing the same usual address. |
| | □ <u>Do not</u> count "dating" or "sleeping over" as living together. |
| | Yes1 No5 |
| PARTNER AND OF HIS TWO | R WAS NEVER MARRIED TO THIS PARTNER AND HE EVER LIVED WITH THIS HE IS CURRENTLY COHABITING AND THIS COHABITING PARTNER WAS NOT ONE MOST RECENT PARTNERS IN PAST YEAR |
| P3COHABIT BD-22. | Is she the woman you live with now ? |

Yes1

P3SXLAST_M

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

P3SXLAST_Y

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

{ ASKED IF R HAD 2 OR 3 PARTNERS BOTH IN LIFETIME AND IN LAST 12 MONTHS FIRST

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

intercourse?

| Yes, | (PARTNER | 1 | NAME) | . 1 |
|------|----------|---|-------|---------|
| Yes, | (PARTNER | 2 | NAME) | . 2 |
| Yes, | (PARTNER | 3 | NAME) | .3 |
| No | | | | . 4 |

{ ASKED IF R HAD 2 OR 3 PARTNERS BOTH IN LIFETIME AND IN THE LAST 12 MONTHS, AND NONE OF THEM WAS FIRST PARTNER EVER(FIRST=NO) FIRST2

BD-26.

So that (I can refer to her/she can be referred to) in the interview, please (tell me/enter) the first name or initials of the first female with whom you ever had sexual intercourse.

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

SECTION C Current Spouse or Cohabiting Partner

[SECTION C NOW ASKS ABOUT THE CURRENT SPOUSE OR COHABITING PARTNER, REGARDLESS OF SEX, FOR ALL QUESTIONS UNTIL THE CC SERIES.]

Key Dates in Current Marriage or Cohabitation (CA)

CAINTRO

CA-1. Next are some questions about your relationship with your (spouse/current spouse/partner,) (that is, the person you are currently living with.)

[IF R IS CURRENTLY COHABITING, HE SKIPS TO CA-5 STRTWFCP]

MARRDATE_M/MARRDATE_Y

CA-2m/y. In what month and year were you and (CSPNAME) married?

[HELP AVAILABLE]

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

CA-3. How old were you when you and (CSPNAME) got married?

Age in years _____

 $\{ \ \, \text{ASKED IF R IS CURRENTLY MARRIED} \ \, \}$

LIVTOGSP

CA-4. Some couples live together without being married. Living together here means having a sexual relationship while sharing the same usual address. Did you and your spouse live together before you got married?

[HELP AVAILABLE]

Yes1 No5 (CB SERIES)

{ ASKED IF R LIVTOGSP=1 OR IF R IS CURRENTLY COHABITING STRTSPCP_M/STRTWFCP_Y

CA-5m/y. In what month and year did you and (CSPNAME) first start living together?

[HELP AVAILABLE]

{ ASKED IF START DATE OF COHABITATION WITH CURRENT SPOUSE/PARTNER = DK/RF OR MONTH WAS DK/RF/SEASON

HISAGEC

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

ENTER age in years _____

CA-7.

How would you describe your relationship when you and (she/he) began living together?

| [IF R IS CURRENTLY MARRIED, HE SKIPS TO CB-2 CSPAGE.] { ASKED IF R IS CURRENTLY COHABITING MILLMARR CA-8. (Please look at Card 15.) | Engaged to be married |
|---|---|
| WILLMARR CA-8. (Please look at Card 15.) Do you think that you and (CSPNAME) will marry each other? Definitely yes | [IF R IS CURRENTLY MARRIED, HE SKIPS TO CB-2 CSPAGE.] |
| CA-8. (Please look at Card 15.) Do you think that you and (CSPNAME) will marry each other? Definitely yes | |
| Probably yes | CA-8. (Please look at Card 15.) |
| { ASKED IF CURRENTLY MARRIED OR COHABITING CSPAGE CB-1. How old is (SPOUSE/PARTNER) now? Age in years CSPHISP CB-2. IS (SPOUSE/PARTNER) Hispanic or Latino, or of Spanish origin? Yes1 No5 CSPRACE CB-3. (Please look at Card 2b.) which of these groups describes (SPOUSE/PARTNER)'s racial background? Please select one or more groups. [HELP AVAILABLE] * SELECT ALL THAT APPLY. American Indian or Alaska Native | Probably yes2 Probably no3 |
| CSPAGE CB-1. How old is (SPOUSE/PARTNER) now? Age in years CSPHISP CB-2. Is (SPOUSE/PARTNER) Hispanic or Latino, or of Spanish origin? Yes1 No5 CSPRACE CB-3. (Please look at Card 2b.) Which of these groups describes (SPOUSE/PARTNER)'s racial background? Please select one or more groups. [HELP AVAILABLE] * SELECT ALL THAT APPLY. American Indian or Alaska Native | Characteristics of Spouse/Partner (CB) |
| CB-1. How old is (SPOUSE/PARTNER) now? Age in years CSPHISP CB-2. Is (SPOUSE/PARTNER) Hispanic or Latino, or of Spanish origin? Yes1 No5 CSPRACE CB-3. (Please look at Card 2b.) Which of these groups describes (SPOUSE/PARTNER)'s racial background? Please select one or more groups. [HELP AVAILABLE] * SELECT ALL THAT APPLY. American Indian or Alaska Native | |
| CSPHISP CB-2. Is (SPOUSE/PARTNER) Hispanic or Latino, or of Spanish origin? Yes1 No5 CSPRACE CB-3. (Please look at Card 2b.) Which of these groups describes (SPOUSE/PARTNER)'s racial background? Please select one or more groups. [HELP AVAILABLE] * SELECT ALL THAT APPLY. American Indian or Alaska Native | |
| CB-2. Is (SPOUSE/PARTNER) Hispanic or Latino, or of Spanish origin? Yes1 No5 CSPRACE CB-3. (Please look at Card 2b.) Which of these groups describes (SPOUSE/PARTNER)'s racial background? Please select one or more groups. [HELP AVAILABLE] * SELECT ALL THAT APPLY. American Indian or Alaska Native | Age in years |
| CSPRACE CB-3. (Please look at Card 2b.) Which of these groups describes (SPOUSE/PARTNER)'s racial background? Please select one or more groups. [HELP AVAILABLE] * SELECT ALL THAT APPLY. American Indian or Alaska Native | |
| CB-3. (Please look at Card 2b.) Which of these groups describes (SPOUSE/PARTNER)'s racial background? Please select one or more groups. [HELP AVAILABLE] * SELECT ALL THAT APPLY. American Indian or Alaska Native | |
| * SELECT ALL THAT APPLY. American Indian or Alaska Native | CB-3. (Please look at Card 2b.) Which of these groups describes (SPOUSE/PARTNER)'s racial background? |
| American Indian or Alaska Native | [HELP AVAILABLE] |
| Asian | • SELECT ALL THAT APPLY. |
| CB-4. (Please look at Card 14.) What is the highest level of education (SPOUSE/PARTNER) has completed? Less than high school | Asian |
| What is the highest level of education (SPOUSE/PARTNER) has completed? Less than high school | |
| High school graduate or GED | |
| | High school graduate or GED |
| | |

Yes1 No5

CSPMARBF

CB-6. (At the time you and he/she were married, had / Has) (SPOUSE/PARTNER) been married before?

[HELP AVAILABLE]

Yes1 No5

[IF R IS MARRIED TO OR COHABITING WITH A WOMAN, HE SKIPS TO CC SERIES]

{ Asked if R is married to or cohabiting with a man ${\bf SSKIDTOG}$

CB-7.

You may have already answered this, but do you and (SPOUSE/PARTNER) have any children together? This means you and he are their biological or legal parent.

Yes1 No5 (END OF SECTION CB)

{ Asked if SSKIDTOG=1

NSSKIDTOG

CB-8. How many children do you have together?

• ENTER number of children

{ Asked if SSKIDTOG=1

SSKIDTOG18

CB-9. How many of those children are under age 18?

ENTER number of children

[IF R HAS NEVER HAD SEXUAL INTERCOURSE WITH A FEMALE, HE SKIPS TO SECTION F. [ELSE IF R IS MARRIED TO OR COHABITING WITH A MALE (BUT HAS HAD SEX WITH A FEMALE), HE SKIPS TO SECTION D]

[THE REMAINDER OF SECTION C IS LIMITED TO MEN CURRENTLY MARRIED TO OR COHABITING WITH A WOMAN]

First Sex with Current Wife/Partner (CC)

{ Asked if R is currently married to or cohabiting with a woman CWPSX1WN_M/CWPSX1WN_Y

CC-1m/y. Next are some questions about the beginning of your relationship with your (WIFE/PARTNER).

Think back to the very first time that you had sexual intercourse with her. In what month and year was that?

{ ONLY ASKED IF DK/RF DATE OF FIRST SEX CWPSX1AG

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

ENTER age in years

| { ONLY ASKED IF THIS WOMAN IS FIRST SEX PARTNER EVER CWPSX1RL |
|---|
| CC-3. (Please look at Card 84.) At the time you <u>first</u> had sexual intercourse with (WIFE/PARTNER), how would you describe your relationship with her? |
| Married to her |
| { Asked if R is currently married to or cohabiting with a woman CWPFUSE |
| CC-4. That first time that you had sexual intercourse with (WIFE/PARTNER), did you or she use any methods to prevent pregnancy or sexually transmitted disease? Please (look at Card 85 for/click the ? to see) some examples of methods, before answering "yes" or "no." |
| [HELP AVAILABLE] |
| Yes1 No5 (CD SERIES) |
| { Asked if CWPFUSE=1 CWPFMET CC-5. (Please look at Card 86.) that first time, what methods did you and she use to prevent pregnancy or sexually transmitted disease? |
| • SELECT ALL THAT APPLY. |
| Condom or rubber |
| Sterilization and Impaired Fecundity (CD) |
| { ASKED IF THEY DID NOT USE FEMALE STERILIZATION AT FIRST SEX CWPOPSTR |
| CD-1. As far as you know, has your (WIFE/PARTNER) ever had a tubal sterilization or other operation that made it impossible for her to have a baby? |
| Yes1 No5 (CE SERIES) |

| NSFG OMB Attachment J2 OMB No. 0920-0314 |
|---|
| { ASKED IF R'S CWP HAD TUBAL STERILIZATION OR OTHER STERILIZING OPERATION CWPREVST CD-2. (Earlier you said you and your (WIFE/PARTNER) has had a tubal sterilization or other sterilization.) As far as you know, has your |
| (wife/partner) ever had surgery to reverse her tubal sterilization? |
| [HELP AVAILABLE] |
| Yes |
| { ASKED IF CWP DID NOT HAVE STERILIZING OPERATION |
| CWPPOSS CD-3. Some women are not physically able to have children. As far as you know is it physically possible for (WIFE/PARTNER) to have a baby? |
| [HELP AVAILABLE] |
| Yes1 No5 |
| { ASKED IF CWP IS NOT SURGICALLY STERILE AND CWPPOSS=YES, DK, OR RF CWPDIFF |
| CD-4. Some women are physically able to have another baby, but have <u>difficulty</u> getting pregnant or carrying the baby to term. As far as you know, woul (WIFE/PARTNER) have any difficulty getting pregnant or carrying a baby? |
| [HELP AVAILABLE] |
| Yes1 No5 |
| Most Recent Sex with Current Wife/Partner (CE) |
| { ASKED TE CURRENTLY MARRIED OR COHABITING BUT CWP WAS NOT THE RECENT |

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

CWPLSXWN_M

CE-1m. Think back to the most recent time that you had sexual intercourse with your (WIFE/PARTNER). In what month and year was that?

CWPLSXWN_Y

CE-1y. Think back to the most recent time that you had sexual intercourse with your (WIFE/PARTNER). In what month and year was that?

CWPLUSE1

CE-2. That last time that you had sexual intercourse with your (wife/partner), did you, yourself use any methods to prevent pregnancy or sexually transmitted disease? Please (look at Card 87 for/click the ? to see) for some examples of methods for males, before answering "yes" or "no."

```
Yes ......1
No ......5 (CE-4 CWPLUSE2)
```

{ ASKED IF HE USED A METHOD AT LAST SEX (CWPLUSE1=1) CWPLMET1

| NSFG | | OMB Attachment J2 OMB No. 0920-0314 |
|-------|--|--|
| CE-3. | (Please look at Card 88.) That last time, what methods | |
| [HELP | AVAILABLE] | |
| | • SELECT ALL THAT APPLY. | |
| | Condom or rubber | 2 |

CWPLUSE2

CE-4. That last time that you had sexual intercourse with your (wife/partner), did <u>she</u> use any methods to prevent pregnancy or sexually transmitted disease? Please (look at Card 89 for/click the ? to see) some examples of methods for females, before answering "yes" or "no."

Something else10

[HELP AVAILABLE]

• Do not probe a DK response

Yes1 No5

{ ASKED IF CE-4 CWPLUSE2 IS DON'T KNOW

DKCWPLUSE

CE-4b. Is it that you don't recall right now, or that you never knew?

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

{ ASKED IF SHE USED A METHOD AT LAST SEX CWPLMET2

CE-5. (Please look at Card 90.) That last time, what methods did $\underline{\text{she}}$ use?

[HELP AVAILABLE]

SELECT all that apply.

| Pill4 |
|--|
| Tubal sterilization or other female sterilization5 |
| Injection (Depo-Provera or Lunelle)6 |
| Hormonal implant (Norplant, Implanon, or Nexplanon)7 |
| Rhythm or safe period or natural family planning8 |
| Contraceptive Patch (Ortho-Evra or Xulane) 9 |
| Vaginal contraceptive ring (NuvaRing)10 |
| IUD11 |
| Something else |

Methods Used in the Past 12 Months (CF)

[IF LAST SEX WITH CWP WAS BEFORE THE LAST 12 MONTHS, HE SKIPS TO CG SERIES]

{ ASKED IF R HAD SEX WITH CWP IN LAST 12 MONTHS ${f CFINTRO}$

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

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

{ ASKED IF CAN'T TELL IF THEY USED A METHOD IN LAST 12 MONTHS ${\bf CWPRECBC}$

CF-1. During the last 12 months, did you or your (wife/partner) use <u>any</u> methods to prevent pregnancy or sexually transmitted disease when you had intercourse together? Please answer yes if you used a method even once. Please (look at Card 85 for some/click ? to see) some examples of methods, before answering "yes" or "no."

[HELP AVAILABLE]

| Yes | | | | | . 1 | | | |
|-----|--|--|--|--|-----|-----|---------|--|
| No | | | | | . 5 | (CG | SERIES) | |

{ Asked if CWPRECBC=1

CWPALLBC

CF-2. (Please look at Card 86.) Including any methods you may have already reported and methods you may have used only once, during the last 12 months, which of these methods did you and she use to prevent pregnancy or sexually transmitted diseases?

[HELP AVAILABLE]

• SELECT all that apply.

| Condom or rubber |
|--|
| Vasectomy or male sterilization |
| Pill4 |
| Tubal sterilization or other female |
| sterilization5 |
| Injection (Depo-Provera or Lunelle)6 |
| Hormonal implant (Norplant, Implanon, or Nexplanon)7 |
| Rhythm or safe period or natural family planning8 |
| Contraceptive Patch (Ortho-Evra or Xulane) 9 |
| Vaginal contraceptive ring (NuvaRing)10 |
| IUD |
| Something else12 |

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

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

[DISPLAY ONLY THOSE METHODS MENTIONED IN CF-2 CWPALLBC]

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

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

| Percentage | (IF | 100%, | GO | ΤO | CG | SERIES |) |
|------------|-----|-------|----|----|----|--------|---|
|------------|-----|-------|----|----|----|--------|---|

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

CF-5. (Please look at Card 52.) During the last 12 months, that is since (CMLSTYR_FILL), how often did you or she use <u>any</u> method when you had sex

CWPCPSNN/CWPCPSNMY

CG-5a.

together? [HELP AVAILABLE] Every time1 Most of the time....2 Some of the time.....4 None of the time.....5 Current Pregnancy (CG) { ASKED IF CWP NOT STERILE AND R HAD SEX WITH HER IN LAST 12 MONTHS **CWPPRGNW** CG-1. Is your (WIFE/PARTNER) pregnant with your child now? Yes1 (CG-4 CWPCPWNT) No5 { ASKED IF CWPPRGNW NE 1 **CWPTRYPG** CG-2. Are you and your (WIFE/PARTNER) currently trying to get pregnant? Yes1 { ASKED IF R'S CWP NOT PREGNANT NOW AND THEY'VE BEEN TRYING TO GET PREGNANT **CWPTRYLG** CG-3. How long have you and she been trying to get pregnant? Number of months ___ (GO TO SECTION D) { ASKED IF R'S CWP IS PREGNANT NOW CWPCPWNT CG-4. (Please look at Card 15.) Right before (WIFE/PARTNER) became pregnant, did you, yourself, want to have a child at some time in the future? • If you already have children, please answer if you, yourself, wanted to have another child at some time in the future. Definitely yes1 Probably yes2 Probably no3 (CG-6 CWPCPHPY) Definitely no4 (CG-6 CWPCPHPY) { ASKED IF R'S CWP IS PREGNANT NOW AND R DEFINITELY OR PROBABLY WANTED CHILD **CWPCPSON** CG-5. Would you say that the pregnancy came sooner than you wanted, at about the right time, or later than you wanted? Too soon1 Right time2 Later3 Didn't care4 { ASKED IF THE PREGNANCY CAME TOO SOON { R CAN ANSWER IN MONTHS OR YEARS

How much sooner than you wanted did the pregnancy occur?

Number and (Months/Years)_____

 $\{ \mbox{ ASKED IF R's CWP IS PREGNANT NOW } \mbox{ CWPCPHPY }$

CG-6. (Please look at Card 91.) On this scale, a <u>zero</u> means that you were very <u>unhappy</u> about this pregnancy, and a <u>ten</u> means that you were very <u>happy</u> about this pregnancy. Which number the best describes how <u>you</u> felt when you found out that your (wife/partner) was pregnant this time.

Number from 0 to 10



SECTION D Recent (Or Last) Female Sexual Partner(s)

[This section loops through up to 3 of R's recent female partners in last 12 months or his last female partner ever (if had none in last 12 months).]

Key Dates for Former Wives & Cohabiting Partners (DA)

{ Asked if one of 3 most recent female partners in last year or last female partner ever ${\bf DINTRO}~{\bf 1}$

DA-0. Next are some questions about [PARTNER'S NAME].

[IF R WAS NEVER MARRIED TO THIS WOMAN, HE SKIPS TO DA-4 STRTLIVE]

{ ASKED IF R WAS EVER MARRIED TO THIS PARTNER MARDATEN_M/MARDATEN_Y

DA-1m/y. In what month and year were you and she married?

[HELP AVAILABLE]

{ ASKED IF MARRIAGE DATE = DK/RF OR SEASON

AGEMARR

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

ENTER age in years _____

 $\{ \text{ ASKED IF R WAS EVER MARRIED TO THIS PARTNER } \mathbf{AGEWIF D}$

DA-2a. How old was (PARTNER'S NAME) when you got married?

ENTER age in years _____

{ ASKED IF R WAS EVER MARRIED TO THIS PARTNER LIVTOGN

DA-3. Some couples live together without being married. Living together here means having a sexual relationship while sharing the same usual address. Did you and (PARTNER'S NAME) live together before you got married?

[HELP AVAILABLE]

Yes1
No5 (DA-7 MARREND)

{ ASKED IF R EVER COHABITED WITH THIS PARTNER (LIVTOGN=1 OR BLANK) STRTLIVE_M/STRTLIVE_Y

DA-4m/y. In what month and year did you and she first start living together?

[HELP AVAILABLE]

{ ASKED IF COHABITATION START DATE = DK/RF OR SEASON **AGELIV**

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

ENTER age in years

{ ASKED IF R EVER COHABITED WITH THIS PARTNER BUT DID NOT MARRY HER

STRTLVHAG

DA-5a. How old was (PARTNER'S NAME) when you and she first started living together?

ENTER age in years

{ ASKED IF R EVER COHABITED WITH THIS PARTNER

ENGAGTHN

DA-6. How would you describe your relationship when you and she began living together?

Engaged to be married1

Not engaged but had definite plans to get married3

Neither engaged nor had definite plans5

{ ASKED IF R WAS EVER MARRIED TO THIS PARTNER MARREND

DA-7. (You may have reported this already, but) How did your marriage end?

[IF R'S MARRIAGE ENDED IN SEPARATION OR R DOES NOT KNOW HOW IT ENDED, HE SKIPS TO DA-9 STOPLIVE.]

{ ASKED IF MARRIAGE ENDED IN DEATH, DIVORCE, OR ANNULMENT ENDMARR_M/ENDMARR_Y

DA-8m/y. In what month and year did ((PARTNER'S NAME) die/your divorce become final/your annulment take place)?

[HELP AVAILABLE]

{ ASKED IF [R IS CURRENTLY SEPARATED FROM THIS WIFE] OR [MARRIAGE ENDED IN DIVORCE OR ANNULMENT] OR [R COHABITED WITH THIS PARTNER]
STOPLIVE_M/STOPLIVE_Y

DA-9m/y. In what month and year did you and (PARTNER'S NAME) last stop living together?

[HELP AVAILABLE]

[IF R HAD NO FEMALE PARTNERS IN THE PAST 12 MONTHS HE SKIPS TO DB-2 PXMARRY]

Female Partner is Current; Likelihood of Marrying Current Female Partner (DB)

{ ASKED IF THIS PARTNER WAS ONE OF UP TO 3 PARTNERS REPORTED IN PAST 12 MONTHS (OR HIS LAST PARTNER EVER) EXCEPT IF SHE WAS A WIFE WHO DIED PXCURR

DB-1. (Next are some more questions about (PARTNER'S NAME).) Do you consider (PARTNER'S NAME) to be a current sexual partner?

[HELP AVAILABLE]

Yes1 No5 (DC series)

{ ASKED IF R WAS NEVER MARRIED TO THIS PARTNER AND PXCURR=1 PXMARRY

| DB-2. (Please look at Card 15.) Do you think that you and (PARTNER'S NAME) will marry each other? | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| Definitely yes | | | | | | | | | | |
| Last Sex with Recent Partner (DC) | | | | | | | | | | |
| [IF PARTNER IS A WIFE WHO DIED, GO TO DC-10 PXHISP] | | | | | | | | | | |
| { ASKED IF THIS PARTNER WAS ONE OF UP TO 3 PARTNERS REPORTED IN PAST 12 MON (OR HIS LAST PARTNER EVER) EXCEPT IF SHE WAS A WIFE WHO DIED PXLRUSE | | | | | | | | | | |
| DC-1. That (last) time that you had sexual intercourse with (PARTNER'S NAME), did <u>you</u> , <u>yourself</u> , use any methods to prevent pregnancy or sexually transmitted disease? Please (look at Card 87 for/click <u>? to see</u>) some examples of methods for males, before answering "yes" or "no". | | | | | | | | | | |
| [HELP AVAILABLE] | | | | | | | | | | |
| Yes1 No5 (DC-3 PXLPUSE) | | | | | | | | | | |
| { ASKED IF R USED METHOD AT LAST SEX WITH THIS PARTNER | | | | | | | | | | |
| DC-2. (Please look at Card 88.) That (last) time, what methods did you, yourself, use to prevent pregnancy or sexually transmitted disease? | | | | | | | | | | |
| [HELP AVAILABLE] | | | | | | | | | | |
| • SELECT ALL THAT APPLY | | | | | | | | | | |
| Condom or rubber | | | | | | | | | | |
| { ASKED IF THIS PARTNER WAS ONE OF UP TO 3 PARTNERS REPORTED IN PAST 12 MONTHS (OR HIS LAST PARTNER EVER) EXCEPT IF SHE WAS A WIFE WHO DIED | | | | | | | | | | |
| DC-3. That (last) time that you had sexual intercourse with (PXNAME_FILL), did she use any methods to prevent pregnancy or sexually transmitted disease? Please (look at Card 89 for/click ? to see) some examples of methods for females, before answering "yes" or "no". | | | | | | | | | | |
| [HELP AVAILABLE] Yes1 No5 | | | | | | | | | | |
| { ASKED IF PXLPUSE= DK | | | | | | | | | | |
| DC-3b. Is it that you don't recall right now, or that you never knew? | | | | | | | | | | |
| Don't recall1 Never knew2 | | | | | | | | | | |
| { ASKED TE SHE USED A METHOD AT LAST SEX | | | | | | | | | | |

PXLPMETH

DC-4. (Please look at Card 90.) That (last) time, what methods did she use to prevent pregnancy or sexually transmitted disease?

[HELP AVAILABLE]

| | • SELECT ALL THAT APPLY. |
|--------------|---|
| | Pill4Tubal sterilization or other female sterilization.5Injection (Depo-Provera or Lunelle).6Hormonal implant (Norplant, Implanon, or Nexplanon).7Rhythm or safe period or natural family planning.8Contraceptive Patch (Ortho-Evra or Xulane).9Vaginal contraceptive ring (NuvaRing).10IUD.11Something else.12 |
| | R NEVER MARRIED TO OR COHABITED WITH THIS PARTNER AND R HAD MORE RINER IN LIFE |
| | you had (did you have) sexual intercourse with (PARTNER'S NAME) more once? |
| [HELP AVAILA | ABLE] |
| | Yes1 No5 |
| | R IS 18 OR OLDER OR (R IS <18 AND PARTNER NOT CURRENT) OR (R IS <18 EW IS ONLINE) |
| | ld was (PARTNER'S NAME) when you (last) had sex with her? |
| | ENTER age in years |
| { ASKED IF F | |
| DC-7. Is she | e older than you, younger than you, or about the same age? |
| | Older1 Younger2 About the same age3 |
| PXRELYRS | PXRELAGE= YOUNGER OR OLDER w many years? |
| | 1-2 years |

{ ASKED IF R WAS NOT MARRIED TO AND WAS NOT LIVING WITH THIS PARTNER AT LAST/ONLY SEX

PXFRLTN1

DC-9. (Please look at Card 84.) At the time you (last) had sexual intercourse with (PARTNER'S NAME), how would you describe your relationship with her?

Married to her1

| | UND NO. 0920-0314 |
|----------------------------------|---|
| | Engaged to her, and living together |
| { ASKED IF deceased) PXHISP | PARTNER IS CURRENT, MOST RECENT, OR A FORMER WIFE/COHAB (even if |
| DC-10. | Is/was (PARTNER'S NAME) Hispanic or Latino, or of Spanish origin? |
| | Yes1 No5 |
| { ASKED IF deceased) | PARTNER IS CURRENT, MOST RECENT, OR A FORMER WIFE/COHAB (even if |
| PXRACE DC-11. | (Please look at Card 2b.) Which of these groups describes (PARTNER's NAME)'s racial background? Please select one or more groups. |
| [HELP AVAIL | ABLE] |
| | • SELECT ALL THAT APPLY. |
| | American Indian or Alaska Native |
| Other Chara (DD) | cteristics of Current or Most Recent Partner or Former Wife/Cohab |
| { ASKED IF | THIS PARTNER IS CURRENT OR THE MOST RECENT (even if deceased) |
| | se look at Card 14.) What is the highest level of education she completed? |
| | Less than high school |
| { ASKED IF OR THE MOST PXMARBF | EVER MARRIED TO OR COHABITED WITH THIS PARTNER OR IF SHE IS CURRENT RECENT |

DD-2. Has (PARTNER'S NAME) ever been married? (At the time you and (PARTNER'S

NAME)) were married/started living together), had she been married before?

[HELP AVAILABLE]

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

[IF THE PARTNER BEING DESCRIBED IS A DECEASED WIFE, EVEN IF SHE IS THE MOST RECENT PARTNER, SKIP TO THE END OF SECTION D]

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

PXABLECH

DD-3. Some women are not physically able to have children. As far as you know, is it physically possible for (PARTNER'S NAME) to have a baby?

[HELP AVAILABLE]

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

First Sex with Recent Partner (DE)

{ ASKED IF R HAD SEX WITH THIS PARTNER MORE THAN ONCE PXSXFRST_M/PXSXFRST_Y

DE-1. Next are some questions about the very first time that you had sexual intercourse with (PARTNER'S NAME).

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

{ ASKED IF DATE OF FIRST SEX DK OR RF PXAGFRST

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

| Age | in | years_ | |
|-----|----|--------|--|
| | | | |

{ ASKED IF R HAD SEX WITH THIS PARTNER MORE THAN ONCE ${\bf PXFRLTN2}$

DE-3. (Please look at Card 84.) At the time you <u>first</u> had sexual intercourse with (PXNAME_FILL), how would you describe your relationship with her?

| Married to her |
|---|
| Engaged to her, and living together2 |
| Engaged to her, but not living together3 |
| Living together in a sexual relationship, but not engaged4 |
| In a steady relationship, but not living together or engaged .5 |
| Going out with her once in a while6 |
| Just friends7 |
| Had just met her8 |
| Something else9 |

{ ASKED IF R HAD SEX WITH THIS PARTNER MORE THAN ONCE PXFUSE

DE-4. That first time that you had sexual intercourse with (PARTNER'S NAME), did you or she use any methods to prevent pregnancy or sexually transmitted disease? Please (look at Card 85 for/click? to see) some examples of methods, before answering "yes" or "no".

| [HELP | AVAIL | .ABL | _E] |
|-------|-------|------|-----|
| | | | |

| Yes | | | | | | | .1 | | |
|------|------|--|--|--|--|--|-----|-----|---------|
| No . | | | | | | | . 5 | (DF | SERIES) |

{ ASKED IF USED METHOD AT $\mathbf{1}^{ST}$ SEX WITH THIS PARTNER (PXFUSE=1) **PXFMETH**

DE-5. (Please look at Card 85.) That first time, what methods did you and she use to prevent pregnancy or sexually transmitted disease?

[HELP AVAILABLE]

◆ SELECT ALL THAT APPLY.

| Condom or rubber1 |
|--|
| Withdrawal or pulling out2 |
| Vasectomy or male sterilization |
| Pill4 |
| Tubal sterilization or other female sterilization5 |
| Injection (Depo-Provera or Lunelle)6 |
| Hormonal implant (Norplant, Implanon, or Nexplanon)7 |
| Rhythm or safe period or natural family planning8 |
| Contraceptive Patch (Ortho-Evra or Xulane)9 |
| Vaginal contraceptive ring (NuvaRing)10 |
| IUD11 |
| Something else12 |

[IF R DID NOT HAVE SEX WITH THIS PARTNER IN LAST 12 MONTHS, SKIP TO DH SERIES]

Methods Used in Past 12 Months (DF)

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

DGINTRO

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

If you were not involved with her for the <u>whole</u> 12 months, please think of only that time that you were involved with her during the past 12 months.

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

PXANYUSE

DF-1. During the past 12 months, did you or she use <u>any</u> methods to prevent pregnancy or sexually transmitted disease when you had intercourse together? Please answer yes if you used a method even once. Please (look at Card 85 for/click? to see) some examples of methods, before answering "yes" or "no".

[HELP AVAILABLE]

| Yes | | | | | | | | . 1 | L | | |
|-----|------|--|--|--|--|--|--|-----|---|-----|---------|
| No | | | | | | | | . 5 | 5 | (DG | SERIES) |

{ ASKED IF USED ANY METHOD IN LAST 12 MONTHS WITH THIS PARTNER (PXANYUSE=1) PXMETHOD

DF-2. (Please look at Card 86.) Including any methods you may have already

reported using and methods you may have used only once, during the past 12 months, which of these methods did you and she use to prevent pregnancy or sexually transmitted disease?

| • | SELECT | ALL | THAT | APPLY. |
|---|--------|-----|------|--------|
|---|--------|-----|------|--------|

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

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

[DISPLAY ONLY METHODS REPORTED IN DF-2 PXMETHOD]

 $\{$ ASKED OF ALL WHO USED ANY METHOD IN 12 MONTHS EVEN IF CONDOM NOT LISTED ${f PXCONFRQ}$

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

Percent from 0 to 100_____ (IF 100%, GO TO DG SERIES)

{ ASKED IF USED ANY METHOD IN LAST 12 MOS, EXCEPT 100% CONDOM USERS PXNOFREO

DF-5.

(Please look at Card 52.) During the last 12 months, that is since (CMLSTYR_FILL), how often did you or she use <u>any</u> method to prevent pregnancy or disease when you had sex together?

| Every time1 |
|------------------------|
| Most of the time2 |
| About half of the time |
| Some of the time4 |
| None of the time 5 |

Current Pregnancy (DG)

[IF PARTNER IS STERILE, GO TO END OF DG SERIES]_

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

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

| Yes | 1 (DG-4 PXRWANT) |
|-----|------------------|
| No | 5 |

PXTRYING

| DG-2. Are you and (PARTNER'S NAME) currently trying to get pregnant? |
|--|
| Yes1 No5 (END OF DG SERIES) |
| PTRYLONG DG-3. How long have you and she been trying to get pregnant? |
| Number of months (END OF DG SERIES) |
| { Asked if this partner is currently pregnant with R's child PXRWANT |
| DG-4. (Please look at Card 15.) Right before (PARTNER'S NAME) became pregnant, did you, yourself, want to have a child at some time in the future? |
| If you already have children, please answer if you, yourself, wanted to have another child at some time in the future. |
| Definitely yes |
| { IF R DEFINITELY OR PROBABLY WANTED A CHILD PXRSOON |
| DG-5. Would you say that the pregnancy came sooner than you wanted, at about the right time, or later than you wanted? |
| Too soon |
| { ASKED IF THE PREGNANCY CAME TOO SOON { R CAN ANSWER IN MONTHS OR YEARS PXRSOONN/ PXRSOONMY DG-5a. How much sooner than you wanted did the pregnancy occur? |
| Number and (Months/years) |
| PXCPFEEL DG-6. (Please look at Card 91.) On this scale, a <u>zero</u> means that you were very <u>unhappy</u> about this pregnancy, and a <u>ten</u> means that you were very <u>happy</u> about this pregnancy. Which number on the card best describes how <u>you</u> felt when you found out that (PARTNER'S NAME) was pregnant this time. |

[RETURN TO BEGINNING OF SECTION D TO DISCUSS NEXT PARTNER. ELSE, IF NO MORE PARTNERS TO DISCUSS GO TO SECTION E]

Number from 0 to 10

SECTION E

First Former Wife; First Former Cohabiting Partner; First Female Sexual Partner

Note:

Section E previously asked about up to 4 former wives. We now ask only about his first former wife, as applicable. Also, the series about R's first female sexual partner used to be in Section D, and is now at the end of Section E.

[IF R'S 1^{ST} WIFE OR 1^{ST} COHAB IS HIS CURRENT WIFE/PARTNER ASKED ABOUT IN C, OR IF SHE WAS COVERED IN D AS ONE OF HIS 3 MOST RECENT PARTNERS IN LAST 12 MONTHS, THEN HE SKIPS TO EC SERIES.]

Enumeration of former wives and first female cohabiting partner (EA)

{ INTRO USED IF R HAS AT LEAST ONE FORMER WIFE AND/OR ONE FORMER COHAB EAINTRO1

EA-0. [EAINTRO1 HAS VARIANTS BASED ON THE NUMBER OF FORMER WIVES OR FORMER COHABITING PARTNERS R HAS HAD. REGARDLESS, R IS ASKED ONLY ABOUT HIS $1^{\rm st}$ FORMER WIFE AND $1^{\rm st}$ FORMER COHABITING PARTNER.]

For example:

"You've said that you have been married to 2 women and have lived with 3 other women. In this section are a few more questions about your first former wife and the first of the other women you lived with."

{ ASKED IF R HAS AT LEAST ONE FORMER WIFE OR IS SEPARATED FROM HIS $\mathbf{1}^{\text{ST}}$ WIFE FWNAME

EA-1. You may have already reported this, but please tell me the first name or initials of your (1^{ST} FORMER WIFE).

| Γ | 1 FNTFR | name | or | initials | |
|---|---------|------|----|----------|--|
| | | | | | |

{ ASKED IF R WAS MARRIED TO AT LEAST ONE OF HIS 3 MOST RECENT PARTNERS REPORTED IN SECTION B OR WE DON'T KNOW HIS RELATIONSHIP TO AT LEAST ONE OF THE RECENT PARTNERS

FWVERIFY

EA-2. This question checks whether you have already talked about (1st FORMER WIFE) in an earlier part of the survey. You talked about (your recent / some of your recent) sexual partners, that is, women you had sex with in the past 12 months.

Is (1 $^{\rm st}$ FORMER WIFE) one of your recent sexual partners in the last 12 months who was already discussed?

| res | | | | | | | • | 1 |
|-----|--|--|--|--|--|--|---|---|
| No | | | | | | | | 5 |

 $\{ \mbox{ ASKED IF R HAS AT LEAST ONE FORMER COHABITING PARTNER } \mbox{ FCNAME }$

EA-3. You may have already reported this, but what is the first name or initials of the (first of the other women / other woman / first of the women / woman) you lived with.

| $_{ m lue}$ ENTER name or initials. $_$ |
|--|
|--|

 \square Do <u>NOT</u> count a woman if you were ever married to her.

{ ASKED IF R HAS AT LEAST ONE FORMER COHABITING PARTNER AND COHABITED WITH ANY

| | ST RECENT PARTNERS IN THE LAST 12 MONTHS REPORTED IN SECTION |
|--|--|
| FCVERIFY EA-4. | This question checks whether you have already talked about (1st FORMER COHABITING PARTNER). You about (your recent / some of your recent) sexual partners, that is, women you had sex with in the past 12 months. Is (1st FORMER COHABITING PARTNER) one of your recent sexual partners who was already discussed? |
| | Yes1 No5 |
| | 1 st FORMER WIFE OR 1 st COHABITING PARTNER TO DISCUSS HERE IN SECTION UES; OTHERWISE HE SKIPS TO EC SERIES.] |
| <u>Key Dates a</u> <u>Partner (EB</u> | nd Characteristics for First Former Wife & First Female Cohabiting |
| EBINTRO | |
| EB-1. The n | ext questions are about your relationship with (1st FORMER WIFE/1st R CP). |
| FW1MARBEG_M | this is 1 st former wife / FW1MARBEG_Y In what month and year were you and she married? |
| [HELP AVAIL | ABLE] |
| | |
| | MARRIAGE DATE = DK/RF OR SEASON |
| FW1MARAGE EB-3. How o | ld were you when you and (1 st FORMER WIFE) got married? |
| | □ ENTER age in years |
| { Asked if LIVTOGN | this is 1 st former wife |
| means | couples live together without being married. Living together here having a sexual relationship while sharing the same usual address. ou and (1 ST FORMER WIFE) live together before you got married? |
| [HELP AVAIL | ABLE] |
| | Yes1 No5 (EB-8 MARREND) |
| { Asked if STRTLIVE_M/SEB-5m/y. | LIVTOGN=1 or if this is 1 st former cohabiting partner STRTLIVE_Y In what month and year did you and she first start living together? |
| [HELP AVAIL | |
| | |
| { ASKED IF AGELIV | COHABITATION START DATE = DK/RF OR SEASON |
| EB-6. | How old were you when you and (1 $^{\rm ST}$ FORMER WIFE) first started living together? |
| | |

☐ ENTER age in years _____

{ Asked if LIVTOGN=1 or if this is $\mathbf{1}^{\text{st}}$ former cohabiting partner

ENGAGTHN

| EB-7. How wo toget | ould you describe your relationship when you and she began living her? |
|---|---|
| | Engaged to be married |
| [IF THIS IS | R's 1 st FORMER COHABITING PARTNER, R SKIPS TO EB-10 STOPLIVE.] |
| MARREND | this is 1 st former wife |
| EB-8. How di | id your marriage end? |
| | Death of wife1 Divorce2 Annulment3 Separation4 |
| annulment | this is 1 st former wife and marriage ended in death, divorce, or |
| FW1MAREND_M EB-9m/y. | /FW1MAREND_Y In what month and year did (your wife die/your divorce become final/your annulment take place)? |
| [HELP AVAILA | ABLE] |
| | |
| • | together? |
| [HELP AVAILA | ABLE] |
| { ASKED FOR FWPHISP | R's 1st FORMER WIFE OR 1st FORMER COHABITING PARTNER |
| EB-11. | (Was/Is) (WIFE/PARTNER) Hispanic or Latino, or of Spanish origin? |
| | Yes1 No5 |
| { ASKED FOR FWPRACE EB-12. | R's 1st FORMER WIFE OR 1st FORMER COHABITING PARTNER |
| | (Please look at Card 2b.) Which of the groups describes (WIFE/PARTNER)'s racial background? Please select one or more groups. |
| [HELP AVAILA | ABLE] |
| | □ SELECT ALL THAT APPLY. |
| | American Indian or Alaska Native |

OMB Attachment J2 OMB No. 0920-0314

{ ASKED FOR R's 1st FORMER WIFE OR 1st FORMER COHABITING PARTNER $\mathbf{FWPEDUC}$

EB-13. (Please look at Card 14.)

What is the highest level of education [WIFE/PARTNER] had completed when you began living together?

$\{ \mbox{ ASKED FOR R's 1st FORMER WIFE OR 1st FORMER COHABITING PARTNER FWPMARBF} \$

EB-14. At the time you and she (started living together/were married), had she ever been married (before)?

[HELP AVAILABLE]

Yes1
No5

[RETURN TO START OF EB SERIES IF R HAS BOTH A 1^{st} FORMER WIFE AND A 1^{st} FORMER COHABITING PARTNER.]

First Sex Ever with a Female Partner (EC)

[IF FIRST PARTNER ALREADY DISCUSSED IN SECTION C OR D, GO TO SECTION F]

{ ASKED IF VERY FIRST SEX PARTNER WAS NOT CWP OR A RECENT PARTNER $\mathbf{FPFIRST_M}$

EC-1m/y. The next section is about your first sexual experience with a female.

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

[HELP AVAILABLE]

FPFIRST Y

EC-1y.

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

[HELP AVAILABLE]

{ ASKED IF DID NOT REPORT A DATE

FPAGE

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

ENTER age in years (IF REPORTED, GO TO EC-4 FPNAME)

{ ASKED IF FPAGE=DK

RFSXAGEGP

EC-3. Were you younger than 15, 15-17, 18-20, or older than 20 years of age?

FPUSE

| | | Younger than 151 15-172 18-203 Older than 204 |
|--------|--------|--|
| { ASKE | | VERY FIRST SEX PARTNER WAS NOT CWP OR A RECENT PARTNER |
| EC-4. | Pleas | e (tell me/enter) the first name or initials of your first sexual er so (that I can refer to her/she can be referenced) during the view. |
| | | ENTER name or initials (NO NAMES OR INITIALS ARE PLACED ON THE FINAL DATA FILE) |
| { ASKE | | VERY FIRST SEX PARTNER WAS NOT CWP OR A RECENT PARTNER |
| EC-5. | How o | ld was (FPNAME/your first partner) when you had sexual intercourse her that first time? |
| | | ENTER age in years (IF REPORTED, GO TO EC-8 FPRLTN) |
| { ASKE | | FPPAGE=DK |
| EC-6. | .GE | Was she older than you, younger than you or the same age? |
| | | Older1 Younger2 Same age3 |
| { ASKE | | FPRELAGE = OLDER OR YOUNGER |
| EC-7. | KS | By how many years? |
| | | 1-2 years |
| | | VERY FIRST SEX PARTNER WAS NOT CWP OR A RECENT PARTNER |
| | (Pleas | se look at Card 84.) e time you first had sexual intercourse with (FPNAME/your first er), how would you describe your relationship with her? |
| | | Married to her |

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

EC-9. That first time that you had sexual intercourse with (FPNAME/your first

partner), did you or she use any methods to prevent pregnancy or sexually transmitted disease? Please (look at Card 85 for some/click ? to see)

some examples of methods, before answering "yes" or "no". [HELP AVAILABLE] Yes1 { ASKED IF METHOD USED AT FIRST SEX EVER (FPUSE=1) **FPMETH** EC-10. (Please look at Card 86.) That first time, what methods did you and she use to prevent pregnancy or sexually transmitted disease? [HELP AVAILABLE] ◆ SELECT ALL THAT APPLY. Condom or rubber1 Withdrawal or pulling out2 Vasectomy or male sterilization3 Pill4 Tubal sterilization or other female sterilization.....5 Injection (Depo-Provera or Lunelle)6 Hormonal implant (Norplant, Implanon, or Nexplanon)......7 Rhythm or safe period or natural family planning.....8 Contraceptive Patch (Ortho-Evra or Xulane).....9 Vaginal contraceptive ring (NuvaRing)......10 IUD.......11 Something else12

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

EC-11. That first time, could (FPNAME/she) have used a method that you didn't know about?

SECTION F

Biological Children Ever Fathered; Nonbiological Children Living with R; Other Pregnancies Fathered

| Biological Children Ever Fathered (FA) |
|--|
| { ASKED OF ALL Rs EVBIOKID FA-1. These next questions ask about children you may have biologically fathered. Have you ever fathered a child? |
| Yes1 No5 (FB SERIES) |
| { Asked R ever fathered a child (EVBIOKID=1) NUMBIOKID FA-2. Altogether, how many biological children have you fathered? |
| Number of children |
| { Asked if NUMBIOKID GT 1 |
| FA-3. Do all your biological children have the same biological mother? |
| Yes1 No5 (FA—5 BIOKDNAM[x]) |
| { Asked if ONEMOM=1 MOMWHO |
| FA-4. Looking at this screen, which of the women listed is their biological mother? |
| [SCREEN WILL ONLY DISPLAY THOSE CATEGORIES APPLICABLE FOR R. CATEGORY 7 ALWAYS DISPLAYED.] |
| Your current wife or cohabiting partner [CSPNAME] |
| { Asked R ever fathered a child (EVBIOKID=1) BIOKDNAM[x] |
| FA-5. IF NUMBIOKID =1, ASK: What is your child's first name or initials? |
| ELSE IF NUMBIOKID >1, ASK: What is the first name or initials of each of your children? |
| • ENTER NAME OR INITIALS IN THE ORDER THEY WERE BORN. |
| Name or initials |
| { BEGIN LOOP TO ASK ABOUT EACH CHILD (from 1 to NUMBIOKID) |
| { INTRO ONLY USED IF MORE THAN ONE BIOLOGICAL CHILD (NUMBIOKID > 1) TALKBC[x] |

FA-5b. Next are some questions about (BIOKDNAM[x]). { Asked if R reported more than 1 biomom for his children (FA-3 ONEMOM NE 1) BCMOMWHO[x] FA-6. Looking at this screen, which of the women listed is (BIOKDNAM[x])'s biological mother? SCREEN WILL ONLY DISPLAY THOSE CATEGORIES APPLICABLE FOR R. CATEGORY 7 ALWAYS DISPLAYED.] Your current wife or cohabiting partner (CSPNAME)......1 Your most recent partner (P1NAME).....2 Your 2nd most recent partner (P2NAME)3 Your 3rd most recent partner (P3NAME).....4 Your first wife (FWNAME).....5 Your f/irst cohabiting partner (FCNAME)......6 Another woman not listed......7 { Asked once if ONEMOM=1, otherwise (if ONEMOM NE 1) asked for each child BCMOMAGE[x] FA-6a. How old was (BIOKDNAM)'s biological mother when he was born? AGE IN YEARS ____ { ASKED FOR EACH CHILD REPORTED IN FA-5 BIOKDNAM[x] BCSEX[x] FA-7. If necessary, ASK: (Is this child male or female?) Male1 Female2 { ASKED FOR EACH CHILD REPORTED IN FA-5 BIOKDNAM[x] BCDOB_M[x]/BCDOB_Y[x] FA-8. In what month and year was (BIOKDNAM[x]) born? { Asked if child's date of birth = DK/RF BCAGEGRP[x] FA-8c. How old is (BIOKDNAM[x]) now? Is [he/she] less than 5 years old, 5 to 18 years old, or 19 years or older? Less than 5 years old1 Child is deceased4 { Asked if mo/yr of this child's birth matches mo/yr for previous child MULTBIRT[x] FA-9. The birthday of this child seems to be the same as (PREVIOUS CHILD'S NAME). Was this child part of a multiple birth, such as twins or triplets? Yes (FA-12c BCNOWLIV[x]) { Asked if R has ever been married or ever cohabited with a woman BCMARLIV[x] Were you married to or living with (BIOKDNAM[x])'s mother at the FA-10. time of [his/her] birth?

| | Married to her | | | | | | | |
|------------------------------------|---|--|--|--|--|--|--|--|
| { Asked if child's bir BCLRNPRG[x] | R was not married to or living with this child's mother at time of th (FA-10 BCMARLIV[x] = 3) | | | | | | | |
| FA-11. | When did you find out that she was pregnant? Was it during the pregnancy or after the child was born? | | | | | | | |
| | During the pregnancy1 After the child was born2 | | | | | | | |
| | this child is younger than 19 and was not reported in HH roster | | | | | | | |
| LIVEHERE[x] FA-12a. | Earlier you did not mention (BIOKIDNAM[x]) when you reported who usually lives with you. Does (BIOKIDNAM[x]) usually live with you, at least half the time? | | | | | | | |
| | Yes1 No5 | | | | | | | |
| | this child is not in HH roster, was not already reported as nd does not live with R | | | | | | | |
| FA-12b. | <pre>Is (BIOKIDNAM[x]) still living?</pre> | | | | | | | |
| | Yes 1 No 5 | | | | | | | |
| { Asked if deceased BCNOWLIV[x] | this child is younger than 19, not in household roster and not | | | | | | | |
| | (Please look at Card 92.) Which best describes where (BIOKDNAM[X]) usually live now? | | | | | | | |
| | Living with his/her mother | | | | | | | |
| | this child is younger than 19, born outside of marriage, but not dopted, or in foster care | | | | | | | |
| | Did you ever sign the application for (BIOKDNAM[X])'s birth certificate or sign a statement that legally says you are (BIOKDNAM[X])'s father? | | | | | | | |
| | Yes1 No5 | | | | | | | |
| | this child is younger than 19, born outside of marriage, but not dopted, or in foster care | | | | | | | |
| FA-14. | Did you have to go to court to establish that you are (BIOKDNAM[x])'s legal father? | | | | | | | |

| | Yes1 No5 |
|--|---|
| deceased, ad | this child is younger than 19, born outside of marriage, but not dopted, or in foster care |
| BCGENTST[x] FA-15. | Were you legally identified by a blood test or other genetic test as (BIOKDNAM[x])'s father? |
| | Yes1 No5 |
| <pre>deceased, ac doesn't live LIVCHEVR[x]</pre> | this child is younger than 19, born outside of marriage, but not dopted, or in foster care, and R didn't live with child at birth and e with child now |
| FA-16. | Did you ever live with (BIOKDNAM[x])? |
| | Yes1 No5 |
| [IF CHILD IS | S OLDER THAN 5, GO TO END OF CHILD LOOP] |
| | this child is 5 or younger and (R was married to or living with ner at time of birth mother or R knew about the pregnancy before the |
| FA-17. (Plea Right | ase look at Card 15.) t before (BIOKDNAM[x])'s mother became pregnant with (her/him), you, yourself, want to have (a/another) child at some time in the re? |
| | |
| | Definitely yes |
| { Asked if E | BCWANT = 3, 4, DK, OR RF |
| FA-18. | Would you say that the pregnancy came sooner than you wanted, at about the right time, or later than you wanted? |
| | Too soon |
| | THE PREGNANCY CAME TOO SOON ER IN MONTHS OR YEARS BCSOONMY[x] How much sooner than you wanted did the pregnancy occur? You may answer in months or years. |
| | ☐ Number and (Month/years) |
| | this child is 5 or younger and (R was married to or living with ner at time of birth mother or R knew about the pregnancy before the |

BCHPY[X]

FA-20.

(Please look at Card 91.)

On this scale, a <u>zero</u> means that you were very <u>unhappy</u> about that pregnancy, and a <u>ten</u> means that you were very <u>happy</u> about that pregnancy. Which number on the card best describes how <u>you</u> felt when you found out that (BIOKDNAM[x])'s mother was pregnant that time

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

{ END LOOP TO ASK ABOUT R'S BIOLOGICAL CHILDREN

[IF R IS YOUNGER THAN 18, HE SKIPS TO FC SERIES]

OTHER (NONBIOLOGICAL) CHILDREN LIVING WITH R (FB)

{ Asked if adult R has reported any nonbio children in HH Roster aged 18 or younger

NBPARENT

FB-1. These next questions are about other children aged 18 or younger who currently live with you. Earlier you mentioned [NUMBER OF NONBIO KIDS IN HH] other children living with you that are not your biological children.

For how many of those children do you hold primary parental or coparental responsibility?

| | Number | of | children | | |
|--|--------|----|----------|--|--|
|--|--------|----|----------|--|--|

{ Asked if NBPARENT GE 1

NBKDLEGSTAT

FB-2. (You may have already reported this but), Have you legally adopted or become the legal guardian of any of this/these (NBPARENT) children for whom you hold parental responsibility?

[HELP AVAILABLE]

{ Asked if NBKDLEGSTAT=1 and NBPARENT=1 NBKADOP1

FB-3a. Did you legally adopt this child?

Yes1
No5

{ Asked if NBKDLEGSTAT=1 and NBPARENT > 1

NBKADOP2

FB-3b.

How many of have of these [NBPARENT] children have you legally adopted?

| NUMBER | |
|--------|--|
| | |
| | |

{ Asked if R adopted fewer than total # of nonbio children for whom he holds parental responsibility

NBKGUARD

FB-3c.

For how many of these [NBPARENT - NBKADOP2] children are you now the legal guardian?

ENTER NUMBER ____

| | IF R IS 18 OR OLDER |
|-----------------------|--|
| | (Not counting any child currently living with you whom you said you adopted,) have you ever legally adopted a/another child? |
| | Yes1 No5 |
| Other | Pregnancies Fathered and Total Number of Pregnancies (FC)— |
| - | D IF R EVER HAD SEX WITH A FEMALE |
| 1 | Sometimes pregnancies do not result in a live birth, but end in miscarriage, stillbirth, or abortion. As far as you know, have you ever had a pregnancy with a woman that ended in miscarriage, stillbirth, or abortion? |
| [HELP | AVAILABLE] |
| | Yes1 No5 |
| | D IF OTPREG= NO OR DK/RF |
| | RB Could you have ever had a pregnancy like this with a woman and you didn't know about it? |
| | Yes1 No5 |
| { ASKE | D IF OTPREG= YES |
| | How many pregnancies did you have that did not result in live birth? |
| | NUMBER OF PREGNANCIES |
| NOT DK. PREGCHI FC-4. | |
| ; | appears you have made someone pregnant [SUM OF R'S REPORTED BIRTH FATHERED, NONLIVEBIRTHS FATHERED, AND CURRENT PREGNANCIES] times. Is that correct? |
| | Yes1 (SECTION G) No5 |
| { Aske | d if PREGCHK=5, or if PREGCHK was not asked |
| FC-5. | שבּג (To the best of your knowledge,) What is the correct number of times you have made someone pregnant/how many times have you made someone pregnant? |
| | NUMBER OF PREGNANCIES |

SECTION G Activities with Coresidential and Non-Coresidential Children

[IF R HAS NO BIOLOGICAL, ADOPTED, STEP, OR PARTNER'S CHILDREN UNDER AGE 19 IN HIS HH AND NO BIOLOGICAL CHILDREN UNDER AGE 19 WHO LIVE ELSEWHERE, HE SKIPS TO SECTION H.]

[IF R HAS NO BIOLOGICAL, ADOPTED, STEP, OR PARTNER'S CHILDREN UNDER AGE 19 IN HIS HH, BUT HAS BIOLOGICAL CHILDREN UNDER AGE 19 WHO LIVE ELSEWHERE, HE SKIPS TO GB SERIES.]

[Up to two of R's children are asked about in Section G:

- GA series asks about one coresidential child (if he lives with more than one child under 19, the youngest is selected as the focal child for the GA series), and
- GB series asks about one noncoresidential child (if R has more than one child in this category, the youngest is chosen as the focal child for the GB series)]

Activities with Residential Focal Child (GA)

INTRO G

GA-0a.

Next are some questions about the child/children who live(s) with you. (To make it easier for you, the computer will select 1 child to ask about.)

{FOR R WITH ANY RESIDENTIAL CHILD(REN)

GAINTRO

GA-0. These questions are about your [son/daughter/child][NAME] who is [AGE] years old.

[IF RESIDENTIAL FOCAL CHILD IS AGED 0-4, ASK GA-1 ROUTG04.]
[IF RESIDENTIAL FOCAL CHILD IS AGED 5-18, GO TO GA-14 ROUTG518]

[SHOW CARD 93 IS USED IN FTF MODE FOR GA-1--GA-22 AND GB-1 --GB-28, WITH THE EXCEPTION OF GB-2 AND GB-18 THAT USE SHOW CARD 93a AND GA-23, GA-24, GB-29, and GB-30 THAT USE SHOW CARD 94.]

{ ASKED IF RESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD ROUTG04

GA-1. In the <u>last four weeks</u>, how often did <u>you</u> spend time with [NAME] on an outing away from home to places such as museums, zoos, movies, sports, playground, park, etc.?

{ ASKED IF RESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD RMEAL04

GA-2. (In the <u>last four weeks</u>, how often did <u>you</u>...) Eat evening meals together with [NAME]?

| Less than once a week | |
|--|--|
| { ASKED IF RESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD | |
| RERRAND04 GA-3. (In the <u>last four weeks</u> , how often did <u>you</u>) Take [NAME] along while doing errands like going to the grocery store, post office, or bank? | |
| Not at all | |
| { ASKED IF RESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD RPLAY04 | |
| GA-4. (In the <u>last four weeks</u> , how often did <u>you</u>) Play with [NAME] or play games with [him/her]? | |
| Not at all | |
| { ASKED IF RESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD | |
| RREAD04 GA-5. (In the <u>last four weeks</u> , how often did <u>you</u>) Read to [NAME]? | |
| Not at all | |
| { ASKED IF RESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD RAFFECT04 | |
| GA-6. (In the <u>last four weeks</u> , how often did <u>you</u>) Show [NAME] physical affection (kiss, hug, stroke hair, etc.)? | |
| Not at all | |
| { ASKED IF RESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD RPRAISE04 | |
| GA-7. (In the <u>last four weeks</u> , how often did <u>you</u>) Praise [NAME] for doing something worthwhile? | |
| Not at all | |

| { ASKED I | F RESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD | |
|--------------------------|---|----|
| GA-8. (In | the <u>last four weeks</u> , how often did <u>you</u>) ed [NAME]? | |
| | Not at all | |
| { ASKED I | F RESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD | |
| GA-9. (In | n the <u>last four weeks</u> , how often did <u>you</u>) ve [NAME] a bath? | |
| | Not at all | |
| { ASKED I | F RESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD | |
| GA-10. | (In the <u>last four weeks</u> , how often did <u>you</u>) Diaper or help [him/her] use the toilet? | |
| | Not at all | |
| - | F RESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD | |
| RBED04 GA-11. | (In the <u>last four weeks</u> , how often did <u>you</u>) Put [him/her]to bed? | |
| | Not at all | |
| - | F RESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD | |
| RAPPT04 GA-12. | (In the <u>last four weeks</u> , how often did <u>you</u>) Take [NAME] to or from appointments such as a doctor's visi | t? |
| | Not at all | |
| { ASKED I | F RESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD | |

| GA-13. | Most children misbehave from time to time. In the last 4 weeks, how often did you discipline [NAME] by putting [him/her] in time out, taking away privileges, or spanking [him/her]? |
|---------------------------|---|
| | Not at all |
| - | RESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD |
| ROUTG518 GA-14. | (In the <u>last four weeks</u> , how often did <u>you</u>) Spend time with [NAME] on an outing away from home to places such as museums, zoos, movies, sports, playground, park, etc.? |
| | Not at all |
| • | RESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD |
| RMEAL518 GA-15. | (In the <u>last four weeks</u> , how often did <u>you</u>) Eat evening meals together with [NAME]? |
| | Not at all |
| | RESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD |
| RERRAND518 GA-16. | (In the <u>last four weeks</u> , how often did <u>you</u>) Take [NAME] along while doing errands like going to the grocery store, post office, or bank? |
| | Not at all |
| | RESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD |
| GA-17. | (In the <u>last four weeks</u> , how often did <u>you</u>) Show [NAME] physical affection (kiss, hug, stroke hair, etc.)? |
| | Not at all |
| - | RESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD |
| RPRAISE518 GA-18. | (In the <u>last four weeks</u> , how often did <u>you</u>) |

| | Praise [NAME] for doing something worthwhile? |
|---------------------------|--|
| | Not at all |
| {F RESIDENT | TIAL FOCAL CHILD IS AGE 0-4, GO TO GB SERIES.] |
| • | RESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD |
| RTAKE518 GA-19. | (In the <u>last four weeks</u> , how often did <u>you</u>) Take [NAME] to or from activities? |
| | Not at all |
| - | RESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD |
| RAPPT518 GA-20. | (In the <u>last four weeks</u> , how often did <u>you</u>) Take [NAME] to or from appointments such as doctor's visits? |
| | Not at all |
| - | RESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD |
| RHELP518 GA-21. | (In the <u>last four weeks</u> , how often did <u>you</u>) Help your child with [his/her] homework or check that [he/she] did it? |
| | Not at all |
| ASKED IF RDISC518 | RESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD |
| | Most children misbehave from time to time. In last 4 weeks, how often did you discipline [NAME] by putting [him/her] in time out, taking away privileges, or spanking [him/her]? |
| | Not at all |
| RCLFR518 | RESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD How much would you say that you know about [NAME]/s close friends? |

HE SKIPS TO GC-1 COPARENT.]

| | Knows everything.1Knows most things.2Knows some things.3Knows a little.4Knows nothing.5 |
|----------------------------|---|
| RD0518 | RESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD |
| GA-24. | How much would you say that you know about what [NAME] is doing when not at home? |
| | Knows everything1Knows most things2Knows some things3Knows a little4Knows nothing5 |
| <u>Nonresident</u> | <u>ial Children – Visitation and Activities (GB)</u> |
| [IF R HAS N TO SECTION | O BIOLOGICAL CHILDREN YOUNGER THAN 19 WHO LIVE ELSEWHERE, HE SKIPS H.] |
| { FOR R WIT | H ANY NONRESIDENTIAL BIOLOGICAL CHILD(REN)YOUNGER THAN 19 |
| GA-00. | Now I would like to ask you some questions about the (child/children) who live(s) with you. (To make it easier for you, the computer will select 1 child to ask about.) |
| • | H ANY NONRESIDENTIAL BIOLOGICAL CHILD(REN)YOUNGER THAN 19 |
| | are some questions about your [AGE] son/daughter/child, [NAME], who not live with you. |
| | DENTIAL FOCAL CHILD IS AGED 0-4, ASK GB-1 NRVISIT04.] DENTIAL FOCAL CHILD IS AGED 5-18, GO TO GB-17 NRVISIT518.] |
| { ASKED IF NRVISIT04 GB-1. | NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD |
| Durin | g the <u>last four weeks</u> , about how often did <u>you</u> see or have a visit [NAME]? |
| | Not at all |
| | NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD |
| 0vera | is scale, 0 means very dissatisfied and 10 means very satisfied. ll, how satisfied are you with how often you see or have a visit [NAME]? |
| [IF R HAS N | OT SEEN OR VISITED NONRESIDENTIAL FOCAL CHILD IN LAST 4 WEEKS, THEN |

| { ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS NROUTG04 |
|--|
| GB-3. In the <u>last four weeks</u> , how often did <u>you</u> spend time with [NAME] on an outing away from home to places such as museums, zoos, movies, sports, playground, park, etc.? |
| Not at all |
| { ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS NRMEAL04 |
| GB-4. (In the <u>last four weeks</u> , how often did <u>you</u>) Eat evening meals together with [NAME]? |
| Not at all |
| { ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS NRERRAND04 |
| GB-5. (In the <u>last four weeks</u> , how often did <u>you</u>) Take [NAME] along while doing errands like going to the grocery store, post office, or bank? |
| Not at all |
| { ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS NROVRNT04 |
| GB-6. (In the <u>last four weeks</u> , how often did) [NAME] stay overnight with you? |
| Not at all |
| { ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS NRPLAY04 |
| GB-7. (In the <u>last four weeks</u> , how often did <u>you</u>) Play with [NAME] or play games with [him/her]? |
| Not at all |

| | Several times a week4 Every day (at least once a day)5 |
|--------------|--|
| | NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST WITH THE CHILD IN THE LAST 4 WEEKS |
| GB-8. (In th | ne <u>last four weeks</u> , how often did <u>you</u>) co [NAME]? |
| | Not at all |
| | NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST WITH THE CHILD IN THE LAST 4 WEEKS |
| GB-9. (In th | ne <u>last four weeks</u> , how often did <u>you</u>) [NAME] physical affection (kiss, hug, stroke hair, etc.)? |
| | Not at all |
| | NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST WITH THE CHILD IN THE LAST 4 WEEKS |
| GB-10. | (In the <u>last four weeks</u> , how often did <u>you</u>) Praise [NAME] for doing something worthwhile? |
| | Not at all |
| | ONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST WITH THE CHILD IN THE LAST 4 WEEKS |
| GB-11. | (In the <u>last four weeks</u> , how often did <u>you</u>) Feed [NAME]? |
| | Not at all |
| | NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST WITH THE CHILD IN THE LAST 4 WEEKS |
| GB-12. | (In the <u>last four weeks</u> , how often did <u>you</u>) Give [NAME] a bath? |
| | Not at all |

| | Several times a week |
|--------------------------|--|
| | NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST WITH THE CHILD IN THE LAST 4 WEEKS |
| GB-13. | (In the <u>last four weeks</u> , how often did <u>you</u>) Diaper or help [him/her] use the toilet? |
| | Not at all |
| SOME CONTACT | NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST WITH THE CHILD IN THE LAST 4 WEEKS |
| NRBED04 GB-14. | (In the <u>last four weeks</u> , how often did <u>you</u>) Put [him/her] to bed? |
| | Not at all |
| | NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST WITH THE CHILD IN THE LAST 4 WEEKS |
| GB-15. | (In the <u>last four weeks</u> , how often did <u>you</u>) Take [NAME] to or from appointments such as a doctor's visit? |
| | Not at all |
| | NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST WITH THE CHILD IN THE LAST 4 WEEKS |
| GB-16. | Most children misbehave from time to time. In the last 4 weeks, how often did you discipline [NAME] by putting [him/her] in time out, taking away privileges, or spanking [him/her]? |
| | Not at all |
| [IF NONRESIL | DENTIAL FOCAL CHILD IS AGE 0-4, GO TO GC-1 COPARENT.] |
| { ASKED IF NNRVISIT518 | NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD |
| GB-17. | During the <u>last 4 weeks</u> , about how often did <u>you</u> see or have a visit with [NAME]? |
| | Not at all1 |

| | Less than once a week |
|-----------------------|---|
| { ASKED IF N | NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD — |
| GB-18. | On this scale, 0 means very dissatisfied and 10 means very satisfied. Overall, how satisfied are you with how often you see or have a visit with [NAME]? |
| | NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD AND R HAS HAD AT LEAST F WITH THE CHILD IN THE LAST 4 WEEKS |
| GB-19. | (In the <u>last four weeks</u> , how often did <u>you</u>) Spend time with [NAME] on an outing away from home to places such as museums, zoos, movies, sports, playground, park, etc.? |
| | Not at all |
| | NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD AND R HAS HAD AT LEAST F WITH THE CHILD IN THE LAST 4 WEEKS |
| GB-20. | (In the <u>last four weeks</u> , how often did you) Eat evening meals together with [NAME]? |
| | Not at all |
| SOME CONTACT | NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD AND R HAS HAD AT LEAST F WITH THE CHILD IN THE LAST 4 WEEKS |
| NRERRAND518 GB-21. | (In the <u>last four weeks</u> , how often did <u>you</u>) Take [NAME] along while doing errands like going to the grocery store, post office, or bank? |
| | Not at all |
| | NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD AND R HAS HAD AT LEAST F WITH THE CHILD IN THE LAST 4 WEEKS |
| GB-22. | (In the last four weeks, how often did) [NAME] stay overnight with you? |
| | Not at all |

| | Several times a week | | |
|---|--|--|--|
| { ASKED IF NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD AND R HAS HAD AT LEASOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS NRAFFECT518 | | | |
| GB-23. | (In the last four weeks, how often did you) Show [NAME] physical affection (kiss, hug, stroke hair, etc.)? | | |
| | Not at all | | |
| | NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD AND R HAS HAD AT E CONTACT WITH THE CHILD IN THE LAST 4 WEEKS | | |
| | (In the last four weeks, how often did you) Praise [NAME] for doing something worthwhile? | | |
| | Not at all | | |
| { ASKED IF NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD AND R HAS HAD AT LE SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS | | | |
| NRTAKE518 GB-25. | (In the <u>last four weeks</u> , how often did <u>you</u>) Take [NAME] to or from activities? | | |
| | Not at all | | |
| | NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD AND R HAS HAD AT LEAST WITH THE CHILD IN THE LAST 4 WEEKS | | |
| GB-26. | (In the <u>last four weeks</u> , how often did <u>you</u>) Take [NAME] to or from appointments such as doctor's visits? | | |
| | Not at all | | |
| | NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD AND R HAS HAD AT E CONTACT WITH THE CHILD IN THE LAST 4 WEEKS | | |
| GB-27. | (In the <u>last four weeks</u> , how often did <u>you</u>) Help your child with [his/her] homework or check that [he/she] did it? | | |
| | Not at all | | |

| | Less than once a week | | |
|---|--|--|--|
| | About once a week | | |
| | NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD AND R HAS HAD AT LEAST WITH THE CHILD IN THE LAST 4 WEEKS | | |
| GB-28. | Most children misbehave from time to time. In last 4 weeks, how often did you discipline [NAME] by putting [him/her] in time out, taking away privileges, or spanking [him/her]? | | |
| | Not at all | | |
| SOME CONTACT | NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD AND R HAS HAD AT LEAST WITH THE CHILD IN THE LAST 4 WEEKS | | |
| NRCLFR518 GB-29. | How much would you say that you know about [NAME]'s close friends? | | |
| | Knows everything | | |
| | NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD AND R HAS HAD AT LEAST WITH THE CHILD IN THE LAST 4 WEEKS | | |
| МКРОЭ18 GB-30. | How much would you say that you know about what [NAME] is doing when not at home? | | |
| | Knows everything | | |
| <u>Nonresidenti</u> | ial Focal Child – Parent's Relationship (GC) | | |
| { ASKED IF F | R HAS ANY NONRESIDENTIAL BIOLOGICAL CHILD AGED 18 OR YOUNGER | | |
| GC-1. The next question is about you and [CHILD'S NAME]'s mother as parent [CHILD'S NAME]. Please look at Card 95. For the following statement, please tell me if you strongly agree, a disagree, or strongly disagree. [CHILD'S NAME]'s mother and I are a parenting team | | | |

Strongly agree..... 1

Neither agree nor disagree .5

SECTION H Desires and Intentions for Future Biological Children

| DESIRES FO | OR FUTURE CHILDREN (I | <u>на)</u> |
|---------------------|--|---|
| { Asked fo | | |
| | | about your feelings about having (a/another) ou are able to, or plan to have one. |
| ◆ "F chil | | ns that you are the <u>biological</u> father of that |
| | t to have (a/another | do/If it were possible, would) you, yourself,) child at some time (after this pregnancy is |
| | | 1 5 |
| [IF RWANT= | = YES, NO, OR RF, R | SKIPS TO HB SERIES] |
| { Asked if PROBWANT | f RWANT=DK | |
| prob | | do you think you (would) probably <u>want</u> or (would) to have (a/another) child at some time (after this |
| | | 1 ant2 |
| [HB SERIES | PARTNERS ARE PHYSICAL | HILDREN (HB) URRENTLY MARRIED TO OR COHABITING WITH A FEMALE LLY ABLE TO HAVE CHILDREN. OTHERWISE R SKIPS TO |
| | f R is currently mar are physically able | ried to or cohabiting with a female and both to have children |
| HB-1. Some they | y are not able to do | ant and what they <u>intend</u> are different because what they want. The next questions are about your tentions to have (a/another) child in the future. |
| | ve a child" means tha logical mother of tha | at you are the <u>biological</u> father and she is the at child. |
| | you and (WIFE/PARTNE ter this pregnancy is | R) <u>intend</u> to have (a/another) child at some time s over)? |
| | | O WHAT YOU AND YOUR WIFE/PARTNER ARE ACTUALLY O. DO NOT COUNT INTENDED ADOPTIONS OR |
| | Voc | 1 |

No5

[IF JINTEND=DK, R SKIPS TO HB-5 JEXPECTL.] [IF JINTEND=RF, R SKIPS TO SECTION I.] { Asked if JINTEND was answered "yes" or "no" **JSUREINT** HB-3. Of course, sometimes things do not work out exactly as we intend them to or something makes us change our minds. In your case, how sure are you that you and (WIFE/PARTNER) will (not) have (a/another) child (after this pregnancy is over)? Very sure1 Somewhat sure2 [IF R REPORTS NO INTENTION TO HAVE A/ANOTHER BABY (HB-2 JINTEND=NO), HE SKIPS TO SECTION I.] { Asked if R reports intention to have a/another baby (HB-2 JINTEND=YES) **JINTENDN** HB-4. (Not counting her current pregnancy,) how many (more) children do you and (WIFE/PARTNER) intend to have? ◆INTEND REFERS TO WHAT YOU AND YOUR WIFE/PARTNER ARE ACTUALLY GOING TO TRY TO DO. DO NOT COUNT INTENDED ADOPTIONS OR STEPCHILDREN. ENTER number of children _ [IF JINTENDN=RF OR R GAVE A NUMBER, R SKIPS TO HB-7 JINTNEXT.] { Asked if JINTENDN=DK **JEXPECTL** HB-5. IF CURRPREG=YES, ASK: Many people aren't sure, but still have some idea about the future. As you expect things to work out for you and (WIFE/PARTNER), what is the <u>largest</u> number of (additional) children you and she expect to have (after this pregnancy is over)? ENTER number of children [IF JEXPEXTL=DK/RF, R SKIPS TO HB-7 JINTNEXT.] [IF JEXPECTL=0, R SKIPS TO SECTION I.] { Asked if JEXPECTL > 0 **JEXPECTS** HB-6. What is the smallest number of (additional) children you and (WIFE/PARTNER) expect to have (after this pregnancy is over)? ENTER number of children _____ { Asked if JINTENDN=RF or R gave a number, OR JEXPECTL=DK/RF or JEXPECTS>0 **JINTNEXT** HB-7. When do you and [WIFE/PARTNER] expect your (first/next) child to be born (after this pregnancy)? Within the next 2 years1 2 - 5 years from now2 More than 5 years from now3

INDIVIDUAL INTENTION FOR FUTURE CHILDREN (HC)

[HC SERIES IS ASKED IF R IS NOT MARRIED TO OR COHABITING WITH A FEMALE, AND HE IS PHYSICALLY ABLE TO FATHER A CHILD AND RWANT = YES OR DK. ALL OTHERS SKIP TO SECTION I.]

HCINTRO3

- HC-1. Sometimes what people <u>want</u> and what they <u>intend</u> are different because they are not able to do what they want. The next questions are about your <u>intentions</u> to have (a/another) child in the future.
 - "Have a child" means that you are the <u>biological</u> father of that child.

INTEND

HC-2. (Please look at Card 15.)

Looking to the future, do you <u>intend</u> to have (a/another) child at some time (after this pregnancy is over)?

◆INTEND REFERS TO WHAT YOU ARE ACTUALLY GOING TO TRY TO DO. DO NOT COUNT INTENDED ADOPTIONS OR STEPCHILDREN.

[IF INTEND=DK, R SKIPS TO HC-4 EXPECTL.]
[IF INTEND=3 OR 4 (NO) OR RF, R SKIPS TO SECTION I.]

{ Asked if INTEND=1 OR 2 (YES)

INTENDN

- HC-3. (Not counting the current pregnancy,) how many (more) children do you <u>intend</u> to have?
 - ◆ INTEND REFERS TO WHAT YOU ARE ACTUALLY GOING TO TRY TO DO. DO NOT COUNT INTENDED ADOPTIONS OR STEPCHILDREN.

ENTER number of children _____

[IF INTENDN=RF OR R GAVE A NUMBER, R SKIPS TO HC-6 INTNEXT.]

{ Asked if INTEND=DK or R doesn't know if he intends to have a/another child. ${\bf EXPECTL}$

HC-4. Many people aren't sure, but still have some idea about the future. As you expect things to work out for you, what is the <u>largest</u> number of (additional) children you, yourself, expect to have (after this pregnancy is over)?

ENTER number of children _____

[IF EXPECTL=DK/RF, R SKIPS TO HC-6 INTNEXT.]
[IF EXPECTL=0, R SKIPS TO SECTION I.]

{ Asked if EXPECTL > 0

EXPECTS

HC-5. What is the <u>smallest</u> number of (additional) children you, yourself, expect to have (after this pregnancy is over)?

ENTER number of children _____

{ Asked if INTENDN=RF or R gave a number, or if EXPECTL=DK/RF INTNEXT

HC-6. When do you expect your (first/next) child to be born (after this pregnancy)?

Within the next 2 years1
2 - 5 years from now2
More than 5 years from now3



SECTION I Health Conditions and Health Services

| { ASKED FOR ALL | . Rs |
|-----------------|------|
|-----------------|------|

INTRO_I1

IA-0. The next questions are about your experiences with health care providers, health insurance, and health problems.

Access to Health Care (IA)

| ı | ıs | • | Λ | ^ | Λ | D |
|---|----|---|---|-----|---|---|
| l | 15 | u | А | ١., | н | ĸ |

- IA-1. Is there a place that you usually go to when <u>you</u> are sick or need advice about health?
 - ◆ SELECT YES IF YOU GO TO MORE THAN ONE PLACE

{ ASKED IF R REPORTED A USUAL SOURCE OF CARE USLPLACE

IA-2. (Please look at Card 74.)
What kind of place is it?

{ ASKED IF R REPORTED A USUAL SOURCE OF CARE IN USUALCAR USL12MOS

IA-2a. Have you gone to this place in the last 12 months, that is, since (CMLSTYR_FILL)?

• SELECT [YES] EVEN IF VISIT WAS TELEHEALTH BY PHONE OR VIDEO

Yes1 No5

{ ASKED FOR ALL

CURRCOV

IA-3. Are you <u>currently</u> covered by any kind of health insurance or health care plan? Please (look at Card 75a/click the ?) to see some examples to help you answer "yes" or "no."

[HELP AVAILABLE]

Yes1 No5 (IA-6 COVER12)

{ASKED IF R IS CURRENTLY COVERED BY HEALTH INSURANCE

| IA-4. | (Please | look | at | Card | 75b, | which | shows/Below | are | different | types | of | health |
|-------|----------|-------|------|--------|-------|---------|-------------|-----|-----------|-------|----|--------|
| | care cov | erage | €.) | | | | | | | | | |
| | Which of | thes | se a | are yo | ou co | vered I | oy? | | | | | |

[HELP AVAILABLE]

| A private health insurance plan (from employer or workplace; purchased |
|--|
| directly)1 |
| Medicaid-additional name(s) for Medicaid in this state: [DISPLAY STATE |
| MEDICAID PROGRAM NAME(S)]2 |
| Medicare3 |
| Medi-Gap4 |
| Military health care, including: the VA, TRICARE, CHAMP-VA5 |
| Indian Health Service6 |
| 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 care10 |

[IF R IS <18 OR >25 OR IF PRIVATE INSURANCE NOT REPORTED, R SKIPS TO IA-6 COVER12.]

{ ASKED IF R IS 18-25 AND CURRENTLY HAS PRIVATE INSURANCE COVERAGE PARINSUR

IA-5. Are you covered on your parents' private health insurance plan?

| Yes | | | | | · | | ı, | . 1 |
|------|--|--|--|--|---|--|----|-----|
| No . | | | | | | | | . 5 |

{ ASKED FOR ALL

COVER12

IA-6. In the past 12 months, that is, since (CMLSTYR_FILL), was there any time that you did not have <u>any</u> health insurance or coverage? Please (look at Card 75a/click the ?) to see some examples to help you answer "yes" or "no."

[HELP AVAILABLE]

| Yes | | 1 | | |
|------|------|-------|-------|-----------|
| No . | | 5 | (IB-1 | YOUGOFPC) |

 $\{ \mbox{ ASKED IF R HAD NO HEALTH INSURANCE AT SOME TIME IN THE PAST YEAR { } \mbox{NUMNOCOV} \} \}$

IA-7. In how many of the past 12 months were you without coverage?

ENTER number of months

ENTER [1] if you went without coverage for less than one month.

Use of Family Planning Clinics (IB)

{ Asked of all Rs

YOUGOFPC

IB-1. (Please look at Card 96a, which shows some family planning and health services.)

Have you, yourself, ever received services such as these (shown below)

OMB Attachment J2

| | OMB No. 0920-0314 |
|----------------------------|---|
| f | rom a family planning clinic or Planned Parenthood clinic? |
| | es1 05 (IC SERIES) |
| { ASKED | IF RECEIVED SERVICES FROM A FAMILY PLANNING CLINIC |
| IB-2. W | Then was the last time you received services from a family planning linic or Planned Parenthood clinic? Was it within the last 12 months, hat is, since (CMLSTYR_FILL), or more than 12 months ago? |
| | rithin the last 12 months |
| 12 MONT | |
| | Please look again at Card 96b.) hich of these services did <u>you</u> receive at that visit? |
| | • SELECT ALL THAT APPLY |
| H T I e I e | Thysical exam |
| <u>Disabil</u> | ities; Health Problems; Cancer (IC) |
| | 1b The next questions ask about difficulties you may have doing certain activities. |
| { Asked | for all Rs |
| IC-1. (| Please look at Card 67a.) o you have difficulty seeing, even if wearing glasses or contact lenses? |
| | No difficulty1 Some difficulty2 A lot of difficulty3 Cannot do at all4 |
| - | for all Rs |
| • | Please look at Card 67a.) To you have difficulty hearing, even if using a hearing aid? |
| | No difficulty1 Some difficulty2 A lot of difficulty3 Cannot do at all4 |
| { Asked | for all Rs |

MOBILITY IC-3. (Please look at Card 67a.) Do you have difficulty walking or climbing steps? No difficulty1 Some difficulty2 A lot of difficulty3 Cannot do at all4 { Asked for all Rs **COGNITION** IC-4. (Please look at Card 67a.) Do you have difficulty remembering or concentrating? No difficulty1 Some difficulty2 A lot of difficulty3 Cannot do at all4 { Asked for all Rs **SELFCARE** IC-5. (Please look at Card 67a.) Do you have difficulty with self-care, such as washing all over or dressing? No difficulty1 Some difficulty2 A lot of difficulty3 Cannot do at all4 { Asked for all Rs COMMUNIC IC-6. (Please look at Card 67a.) Using your usual language, do have difficulty communicating, for example understanding or being understood? No difficulty1 Some difficulty2 A lot of difficulty3 Cannot do at all4 { Asked for all Rs **EVRCANCER** IC-7. The next questions are about cancer. Have you ever been told by a doctor or other health care provider that you had cancer? Yes1 { Asked if EVRCANCER=1 AGECANCER IC-7a. At what age were you first told that you had cancer? (If you have had more than one type of cancer, please answer about your first diagnosis.) ◆ ENTER AGE IN YEARS { Asked if EVRCANCER=1 CANCTYPE IC-7b. (Please look at Card 97.)

| | What type of cancer was it? If you had more than one type of cancer, please indicate what your first cancer was. |
|--------------|---|
| | Brain cancer or cancer of the central nervous system1 Breast cancer |
| ALCOR: | ED FOR ALL Rs ISK Do you think that drinking more than 1 alcoholic beverage s a day |
| 10-0. | increases one's chances of getting cancer a lot, a little, or not at all or do you have no opinion? |
| | A lot1 A little2 Not at all3 No opinion4 |
| <u>Healt</u> | h Services (ID) |
| ISIT: | ed for all Rs 1 2MO (Please look at Card 98.) In the past 12 months, that is, since (CMLSTYR_FILL), did you have any o ^r these types of visits to a doctor or health care provider. |
| | • SELECT ALL THAT APPLY |
| | A routine physical exam |
| { Ask | ed if ID-1 VISIT12M0=1,2,3 |
| | (Please look at Card 99.) Did you receive any of these services at those visits in the past 12 months? |
| | ◆ SELECT ALL THAT APPLY |
| | A testicular exam (had your testicles examined)1 Testing for sexually transmitted disease2 Treatment for sexually transmitted disease3 Information or advice about your partner using female methods of birth control |

Information or advice about other sexually transmitted

| diseases, such as gonorrhea, chlamydia, syphilis, or |
|---|
| herpes7 |
| Information or advice about using condoms to prevent |
| pregnancy8 Information or advice about using condoms to prevent |
| STDs9 |
| None of the above10 |
| { Asked if ID-1 VISIT12M0=1,2,3 NUMVISIT |
| ID-3. How many visits did you have in the last 12 months to receive these services from a doctor or other health care provider? |
| ◆ ENTER NUMBER OF VISITS |
| { Asked if ID-1 VISIT12M0=1,2,3 PLACEVIS |
| <pre>ID-4. (Please look at Card 74.) What place or places did you go for these service(s)?</pre> |
| • SELECT ALL THAT APPLY |
| Private doctor's office or HMO |
| { Asked if ID-1 VISIT12M0=1,2,3 SVCPAY |
| ID-5. (Please look at Card 49.) In which of the ways shown on this card was the bill for these visits paid? |
| • SELECT ALL THAT APPLY. |
| Insurance |
| { Asked if ID-1 VISIT12MO=1,2,3 TALKSA |
| <pre>ID-6. During your visit(s) in the past 12 months did a doctor or health care provider ask you if you were sexually active?</pre> |
| Yes1 No5 PROVIDER ALREADY KNEW YOUR STATUS6 |
| { Asked if ID-1 VISIT12M0=1,2,3 |

| TALKE | |
|-----------------|---|
| ID-7. | During your visit in the past 12 months, did a doctor or health care provider talk with you about emergency contraception? |
| | Yes1 No5 |
| - | ed if ID-1 VISIT12MO=1,2,3 |
| TALKDN ID-8. | During your visit in the past 12 months, did a doctor or health care provider talk with you about using a condom at the same time as a female method of contraception? |
| | Yes1 No5 |
| WHYPS | · - |
| ID-9. | (Please look at Card 57.) In the past 12 months you received a test for a sexually transmitted disease from a [Display response to where received services in the last 12 months]. What is the <u>main</u> reason that you chose this place for care? |
| | Could walk in or get same-day appointment1 Cost |
| | d IF R DID NOT RECEIVE STD TEST IN LAST 12 MONTHS (responses to ID-2 MO did not include 2) |
| ID-10 | |
| | Didn't want parents to find out |
| { Aske | ed if R had no visit with doctor in past 12 months (ID-1 VISIT12M0=4) |
| ID-11 | You reported that you did not go to a doctor in the past 12 months. (Please look at Card 100.) Which of (the/these) reasons (shown on this card) explain why you did not see a doctor? |
| | • SELECT ALL THAT APPLY. |
| | I did not need to see a doctor in the last year1 I did not know where to go for care |

| | I could not take time off from work |
|--------------------------|--|
| { ASKED FOR | ALL Rs |
| EVERVACC ID-12. | 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 and recommended for men and women in some age groups. The vaccines are sometimes called the HPV shot, Cervarix, Gardasil or Gardasil 9. |
| | Have you ever received any doses of the HPV vaccine? |
| | Yes |
| { Asked if F HPVSHOT1 | R had the HPV vaccine |
| ID-13. | How old were you when you received your first HPV vaccine shot? |
| | • ENTER AGE IN YEARS |
| { Asked for BLDPRESS | all Rs |
| ID-14. | 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? |
| | Yes1 No5 (ID-19 ASKSMOKE) |
| { Asked if E | BLDPRESS=yes |
| ID-15. | 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 |
| - | R was told his blood pressure was high (HIGHBP=1) |
| BPMEDS ID-16. | Are you currently taking any medicine prescribed by a doctor for your high blood pressure? Yes1 No5 |
| - | R was told his blood pressure was high (HIGHBP=1) |
| BPMON ID-17. | Do you monitor your blood pressure at home? |
| | Yes1 No5 (ID-18 ASKSMOKE) |

{ Asked if R monitors blood pressure at home (BPMON=1) $\ensuremath{\mathbf{BPMONFRQ}}$

ID-18. (Please look at Card 73.)

How often do you monitor your blood pressure?

{ Asked for all Rs ASKSMOKE

ID-19. The next question asks whether your doctor or other medical care provider asked you recently, either in person or via a computerized or paper form, about your use of tobacco.

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

Medical Services to Have a Baby (IE)

[IF R IS YOUNGER THAN 18 AND HAS NOT HAD SEX WITH A FEMALE, HE SKIPS TO IF-0 INTRO_12]

 $\{$ Asked if (R is 15-17 and has had sex with a female) or R is 18 or older, regardless of sexual experience with female $\{$ INFHELP

IE-1. IF R IS MARRIED TO (INCL SEPARATED) OR COHABITING WITH A WOMAN AND HAS HAD 1 PARTNER IN LIFE, ASK:

Have you or your (wife/partner) ever been to a doctor or other medical care provider to help you have a baby together?

ELSE R IS WIDOWED OR DIVORCED FROM A WOMAN AND HAS HAD 1 PARTNER IN LIFE, ASK:

Did you or your wife ever go to a doctor or other medical care provider to help you have a baby together?

ELSE IF R HAS NEVER BEEN MARRIED AND HAS HAD MORE THAN 1 FEMALE PARTNER, ASK:

During any of your relationships, have you or your partner at the time ever been to a doctor or other medical care provider to help you have a baby together?

ELSE FOR ALL OTHER RS, ASK:

Have you ever gone, either alone or with a spouse or partner, to a doctor or other medical care provider to help you have a baby?

YES1 NO5 (IF-0 INTRO_I2)

{ Asked if INFHELP=1 INFSVCS

IE-2. (Please look at Card 101.)

IF R IS MARRIED TO (INCL SEPARATED) OR COHABITING WITH A WOMAN AND HAS HAD 1 PARTNER IN LIFE, ASK:

Which of these medical services have you or your (wife/partner) had to help you have a baby together?

ELSE IF (R IS WIDOWED OR DIVORCED FROM A WOMAN) OR (R HAS NEVER BEEN MARRIED TO A WOMAN AND HAS HAD 1 PARTNER IN LIFE), ASK: Which of these medical services did you or your (wife/partner) have to help you have a baby together?

ELSE ASK:

Think about all of the medical help you or your spouses or partners have <u>ever</u> received to help you have a baby together. Which of these medical services have you or they had to help you have a baby together?

[HELP AVAILABLE]

◆ SELECT ALL THAT APPLY

| Infertility testing on you | . 1 |
|---|-----|
| Infertility testing on your wife or partner | . 2 |
| Drugs to improve ovulation | . 3 |
| Surgery to correct blocked tubes | . 4 |
| Artificial insemination | . 5 |
| Treatment for varicocele | . 6 |
| Other types of medical help to have a baby | . 7 |

[IF R IS NOT CURRENTLY MARRIED TO OR COHABITING WITH A WOMAN, GO TO IE-6 LASTHELP.]

{ Asked if INFHELP=1 and R is currently married to or cohabiting with a woman INFHLPNW

- IE-3. Are you and your (wife/partner) currently pursuing medical help to have a baby together?
 - "Currently pursuing help" means that you or your wife or partner plan to visit the doctor or infertility clinic again.

| Yes | | | | | | | | . 1 |
|-----|--|--|--|--|--|--|---|-----|
| No | | | | | | | V | C |

{ Asked if INFHELP=1

LASTHELP

IE-4. Did you make your last visit for medical help to have a baby within the last 12 months, that is, since (CMLSTYR_FILL)?

| Yes | | | | | | | | 1 |
|-----|--|--|--|--|--|--|--|---|
| No | | | | | | | | 5 |

{ Asked if INFHELP=1

INFRTHIS

IE-5. (Please look at Card 102.)

When you and your wife or partner went for medical help to have a baby together, were you ever told that you had any of these male infertility problems?

[HELP AVAILABLE]

| | ٠ | SELECT | ALL | THAT | APPLY |
|--|---|--------|-----|------|-------|
|--|---|--------|-----|------|-------|

| Low sperm count or no sperm | 1 |
|---|---|
| Varicocele | |
| Genetic disorder that alters sperm production | |
| Low testosterone level | |
| Other | |
| None of the above | |

HIV TESTING AND AIDS KNOWLEDGE/COUNSELING (IF)

{ Asked for all Rs

INTRO_I2

IF-0. Next are some questions about testing for HIV, the virus that causes AIDS.

{ Asked for all Rs

DONBLOOD

IF-1. This first question asks about blood and blood product donations you may have made to the Red Cross or other blood banks. Blood products include 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?

```
Yes ...... 1
No ..... 5 (IF-2 HIVTEST)
```

{ Asked if DONBLOOD=1

DONBLDYR

IF-1b. Have you donated blood or blood products since (CMLSTYR_FILL)?

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

{ Asked for all Rs

HIVTEST

IF-2. (Not counting tests you may have had as part of donating blood or blood products,) have you ever been tested for HIV?

 $\square\square$ You will <u>not</u> be asked for the results of any test he may have ever had.

```
Yes ..... 1
No ..... 5 (IF-7 PREPHIV)
```

{ Asked if R reported any HIV testing outside of blood donation **WHNHIVTST**

IF-2b.

(Not including tests you may have had as part of donating blood or blood products,) how long ago did you have this last HIV test? Was it within the past 3 months, past 6 months, past 12 months, or more than 12 months ago?

```
Within the past 3 months ..........1
Within the past 6 months ........2
Within the past 12 months ........3
More than 12 months ago .........4
```

{ Asked if R ever was tested for HIV outside of blood donation (HIVTEST=1)

PLCHIV

IF-3. (Please look at Card 69.)
(Not including tests you may have had as part of donating blood or blood products,) where did you have that last test for HIV?

[IF R DID NOT HAVE LAST HIV TEST IN THE PAST 12 MONTHS, HE SKIPS TO IF-6 HIVTST].

{ Asked if R reported their last HIV test was done in the past 12 months RHHIVT1

IF-4. A rapid HIV self-test is a test you can use to test <u>yourself</u> that can provide results in about 20 minutes or less. Did you use a rapid HIV self-test in the past 12 months?

Yes.....1 No......5 (IF-6 HIVTST)

{ Asked if RHHIVT1=1

RHHIVT2

IF-5. (Please look at Card 70.)

People use a rapid HIV self-test for many different reasons. Which of these reasons did you have for using the rapid HIV self-test?

∏∏SELECT ALL THAT APPLY

{ Asked if R ever was tested for HIV outside of blood donation (HIVTEST=1) $\bf HIVTST$

IF-6. (Please look at Card 70a.)

Here is 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 $\underline{\text{main}}$ reason for your last HIV test?

| | Part of a medical checkup or required before a surgical procedure |
|-------------------------------------|---|
| { ASKED FOR | ALL RS |
| them 1 | are medications available for people who do not have HIV to keep from getting HIV. Have you heard of these medicines, called preure prophylaxis or PrEP? |
| | Yes |
| | R has ever heard of PrEP (PREPHIV=1) |
| | e past 12 months, that is, since (CMLSTYR_FILL), have you taken PrEF duce the risk of getting HIV? |
| | Yes1 No5 |
| { ASKED FOR TALKDOCT | ALL RS |
| IF-9. Has a | doctor or other medical care provider ever talked with you about HIV, the virus that causes AIDS? |
| | Yes1 No5 (SECTION J) |
| { Asked if ⁻ AIDSTALK | TALKDOCT=YES |
| IF-10. | (Please look at Card 72.) What topics related to HIV or AIDS were covered in the discussion you had with the doctor or other medical care provider? |
| | □□SELECT ALL THAT APPLY |
| | How HIV/AIDS is transmitted |

[HELP AVAILABLE]

SECTION J

Residence and place of birth; Religion; Past and current work (R and current wife/partner)

| Residence and Place of Birth (JA) |
|---|
| { ASKED FOR ALL SAMEADD JA-0. Next are some questions about where you live. |
| |
| Were you living at this same address on April 1, 2020? |
| Yes1 (JA-3 BRNOUT) No5 |
| { ASKED IF NOT LIVING AT THIS ADDRESS ON APRIL 1, 2020 CNTRY10 |
| JA-1. Were you living in the United States on April 1, 2020? |
| Yes1 No5 (JA-3 BRNOUT) |
| ASTATE JA-2. In which state you were living on April 1, 2020. |
| State |
| (THIS INFORMATION WILL NOT BE PLACED ON THE FINAL DATA FILE.) |
| { ASKED FOR ALL BRNOUT JA-3. Were you born outside of the United States? |
| Yes1 No5 (JB-1 RELRSD) |
| { ASKED IF BORN OUTSIDE THE U.S. STRUS_M/STRUS_Y JA-4m/y. In what month and year did you come to the United States to stay? |
| |
| [HELP AVAILABLE] |
| Religion (JB) |
| { ASKED FOR ALL JBINTRO JB-0. Next are some questions about religion. |
| { ASKED FOR ALL RELRSD |
| JB-1. (Please look at Card 76.) In what religion were you raised, if any? |
| • SELECT ALL THAT APPLY |

| Protestant (for example: Christian-no denomination, Baptist, Methodist, Lutheran, Presbyterian, Pentecostal, Episcopalian, and others)1 Catholic | |
|---|---|
| { ASKED IF R'S RELIGION RAISED WAS "ANOTHER RELIGION" (JB-1 RELRSD = 8) | |
| OTHRLRSD JB-2. What is the name of the religion in which you were raised? | |
| { ASKED IF R IS UNDER AGE 25 ATTND14 | |
| JB-3. (Please look at Card 77.) 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 | |
| JB-4. (Please look at Card 76.) What religion are you now, if any? | |
| [HELP AVAILABLE] | |
| Protestant (for example: Christian-no denomination, Baptist, Methodist, Lutheran, Presbyterian, Pentecostal, Episcopalian, and others)1 Catholic | |
| { ASKED IF R'S RELIGION WAS "ANOTHER RELIGION" (JB-4 RELNOW = 8) OTHRLNOW | |
| JB-5. What is the name of the religion you are now? | _ |
| [IF R'S RELIGION IS JEWISH, MUSLIM, BUDDHIST, HINDU, DON'T KNOW, OR REFUSED, HE SKIPS TO JB-7 RELDLIFE. IF R'S RELIGION IS NONE, HE SKIPS TO JB-8 ATTNDNOW.] | Ξ |
| { Asked if RELNOW = 1-3 or 8 FUNDAM | |
| JB-6. (Please look at Card 78.) | |

{ Asked if RELNOW NE 9 (none)

RELDLIFE

JB-7. Currently, how important is religion in your daily life? Would you say it is very important, somewhat important, or not important?

[HELP AVAILABLE]

{ ASKED FOR ALL

ATTNDNOW

JB-8. (Please look at Card 77.)
 About how often do you attend religious services?

[HELP AVAILABLE]

| More than once a week1 |
|---------------------------------------|
| Once a week2 |
| 2-3 times a month |
| Once a month (about 12 times a year)4 |
| 3-11 times a year5 |
| Once or twice a year6 |
| Never7 |

Work and Military Service (JC)

[IF R IS UNDER 18 HE SKIPS TO JC-2 WRK12MOS]

{ ASKED IF R WAS 18 OR OLDER AT TIME OF HH SCREENER $\mbox{\bf MILSVC}$

JC-1. (Please look at Card 79)

Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?

{ ASKED FOR ALL

WRK12MOS

JC-2. These next questions ask about your work experience. Work means paid work for wages or salary, work for profit or fees (usually self-employed), or work without pay in a family business or family farm.

Did you work in the last 12 months, that is since [CMLSTYR_FILL]?

| Active duty military is considered full-time work |
|--|
| Yes1 No5 (JC-4 DOLASTWK) |
| { ASKED IF R WORKED IN THE PAST 12 MONTHS |
| FPT12MOS JC-3. In the last 12 months, did you work all full-time, all part-time or som of each? Full-time means 35 or more hours a week. |
| ◆ Active duty military is considered full-time work |
| Full-time1 Part time2 Some of each3 |
| { ASKED FOR ALL |
| DOLASTWK JC-4. (Please look at Card 80.) Last week, what were you doing? |
| ◆ SELECT ALL THAT APPLY |
| [HELP AVAILABLE] |
| Working at a job or business |
| [IF R IS NOT CURRENTLY EMPLOYED AND DID NOT WORK IN THE LAST 12 MONTHS, HE SKIPS TO JD SERIES.] |
| { ASK IF R IS CURRENTLY EMPLOYED OR WORKED IN THE LAST 12 MONTHS |
| RFTPTX JC-5. (During the last week you worked,) how many hours did you work (last week) in total at <u>all</u> jobs or businesses? |
| Fewer than 35 hours1 35 hours or more2 |
| [IF R IS NOT CURRENLTY MARRIED OR COHABITING, REGARDLESS OF SPOUSE/PARTNER'S GENDER, HE SKIPS TO JE SERIES.] |
| |
| Spouse/Partner's Current/Last Job Series (JD) |
| { ASKED IF R IS CURRENTLY MARRIED OR COHABITING (TO WOMAN OR MAN) SPLSTWK |
| JD-1. (Please look at Card 80.) Last week, what was (spouse/partner) doing? |
| ◆ SELECT ALL THAT APPLY. |
| [HELP AVAILABLE] |
| Working at a job or business 1 |

| Temporarily not at work but still employed | |
|---|------------------|
| [IF R'S SPOUSE/PARTNER IS NOT CURRENTLY EMPLOYED (codes 1 or 2 SPLSTWK), R SKIPS TO JE SERIES.] | reported on JD-1 |
| { ASK IF R'S SPOUSE/PARTNER IS CURRENTLY EMPLOYED SPFTPTX | |
| JD-2. (During the last week worked,) how many hours did they wo in total at <u>all</u> jobs or businesses? | rk (last week) |
| Fewer than 35 hours1 35 hours or more2 | |
| Attitudes Towards Parenthood and Gender (JE) | |
| { ASKED FOR ALL | |
| <pre>JEINTR01 JE-0. Next are a few questions about how you feel about parenth roles.</pre> | ood and gender |
| [IF R'S WIFE/PARTNER IS CURRENTLY PREGNANT, OR HE OR HIS WIFE/P STERILE, HE SKIPS TO JE-2 CHBOTHER.] | ARTNER ARE |
| { ASKED IF NEITHER THE MAN NOR HIS CURRENT WIFE/PARTNER, IF ANY AND HIS WIFE/PARTNER IS NOT CURRENTLY PREGNANT REACTSLF | , ARE STERILE |
| <pre>JE-1. If you got (your wife/your partner/a female) pregnant now feel? Would you be very upset, a little upset, a little pleased?</pre> | |
| Very upset1 A little upset2 | |
| A little pleased3 | |
| Very pleased4 NEITHER UPSET NOR PLEASED5 | |
| { ASKED OF ALL | |
| CHBOTHER JE-2. If it turns out that you do not have any (additional) chi that bother you a great deal, some, a little, or not at a | |
| ◆"Have children" means that you are the biological or ado | ptive father. |
| A great deal | |
| SEXNEEDS JE-3. (Please refer to Card 95 for the next 3 statements.) Men have greater sexual needs than women. | |
| Strongly agree | |

| Strongly disagree4 NEITHER AGREE NOR DISAGREE5 |
|--|
| WHENSICK JE-4. (Please look at Card 95.) Men only need to see a doctor when they are hurt or sick. |
| Strongly agree |
| SHOWPAIN JE-5. (Please look at Card 95.) When a man is feeling pain he should not let it show. |
| Strongly agree |
| { QUESTION ONLY INTENDED FOR INTERVIEWER OF FACE-TO-FACE RS CASILANG JE-6. □ |
| Should CASI be conducted in English or Spanish? |
| English1 Spanish2 |

SECTION K: CASI if FTF; CAWI if online

[ONLINE MODE - BEGINS AT INTRO_J4]

{ Read by interviewer from the screen.

INTRO K1

KA-0a.

For this last part of the interview, I'll give you the tablet so that you can enter your answers yourself. After I explain a few of the features that you'll be using, I'll turn the tablet over to you to answer the rest of the questions in private.

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 tablet to me.

INTRO K1b

KA-0b.

R Interviewer Checkpoint

Explain the following things to R:

Give the tablet to Respondent.

Show Respondent the following navigation features.

Show Respondent the Aid page in the Show Card booklet, which they can use as a reminder of how to use the tablet.

Explain that you will be doing an unrelated task while Respondent completes CASI, but Respondent should feel free to interrupt with questions. You may assist Respondent but you MUST NOT violate Respondent's right to privacy.

The next screen is for the Respondent to read on their own.

INTROK3a

KA-3a.

Now we will go over a few instructions that will help you complete the survey.

INTROK3ab

KA-3ab.

Most questions in this section allow you to click on your response. Some questions will require you to type in a number for your response. For these questions, you can use the keyboard attached to the tablet or tap in the text box to bring up a keyboard on the screen. Type in your response using either keyboard and then touch [Next] or swipe left to continue.

INTROK3b

KA-3b.

If you want to go back to a previous question, touch [Back] or swipe right.

INTROK3c

KA-3c.

If you have questions about how to use the tablet, please ask your interviewer now. Otherwise, touch [Next] or swipe left to continue on your own.

{ ASKED OF ALL RESPONDENTS

INTRO_K4

INTRO-K4. IF FTF INTERVIEW, SAY:

These first questions in this section are about your general health.

ELSE IF ONLINE INTERVIEW, SAY:

The next questions are about your general health and other experiences you may have had in your life.

GENHEALT

KA-1. In general, how is your health? Would you say it is...

| Excel | lent | | | | | | | | | | 1 |
|-------|------|--|--|--|--|--|--|--|--|--|---|
| Very | good | | | | | | | | | | 2 |
| Good | | | | | | | | | | | 3 |
| Fair | | | | | | | | | | | 4 |
| Poor | | | | | | | | | | | 5 |

RHEIGHT FT

KA-2a.

How tall are you?

First, please select the number of feet.

| 3 | feet | | | | | 3 |
|---|------|--|--|--|--|-----|
| 4 | feet | | | | | . 4 |
| 5 | feet | | | | | . 5 |
| 6 | feet | | | | | . 6 |
| 7 | feet | | | | | . 7 |

[IF RHEIGHT = DK OR RF, GO TO KA-3 RWEIGHT.]

RHEIGHT_IN

KA-2b. Now please select the number of inches.

RWEIGHT

KA-3. How much do you weigh?

ENTER weight in pounds _____

{ Asked for all Rs

DRWEIGH

KA-4.

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?

| Ye | S | | | | | | | | | | | | 1 |
|----|---|--|--|--|--|--|--|--|--|--|--|--|---|
| No | | | | | | | | | | | | | 5 |

{ Asked if DRWEIGH=yes

TELLWGHT

| KA-5. | 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 | | | | | | | |
| { Asked if WGHTSCRN | R was told he was overweight or obese (TELLWGHT=3 OR 4) | | | | | | | |
| KA-6. | During your visit in the past 12 months, did a doctor or other medical care provider refer you to diet or exercise counseling? | | | | | | | |
| | Yes1 No5 | | | | | | | |
| { Asked for ENGSPEAK | all Rs | | | | | | | |
| KA-7. | The next question is about your ability to speak English. How well do you speak English? | | | | | | | |
| | Very well1 Well2 | | | | | | | |
| | Not well3 Not at all4 | | | | | | | |
| Experience | with Housing Insecurity, Jail, and School Suspension/Expulsion (KB) | | | | | | | |
| { Asked for NOBEDYR | all Rs | | | | | | | |
| KB-1a. | In the last 12 months, that is, since (CMLSTYR_FILL), was there ever a time when you did not have a permanent place to stay and had to stay at least overnight in a location such as a shelter, a car or someplace outdoors? | | | | | | | |
| | Yes1 | | | | | | | |
| { Asked for | NO5 | | | | | | | |
| STAYREL KB-1b. | | | | | | | | |
| KB-IU. | In the last 12 months, was there ever a time when you did not have a permanent place to stay and had to stay at least overnight with a friend or relative? | | | | | | | |
| | Yes1 No5 | | | | | | | |
| | e last 12 months, have you spent any time in a jail, prison or a ile detention facility? | | | | | | | |
| | Yes1 (KB-4 FRQJAIL) No5 | | | | | | | |
| { Asked if JAILED2 | JAILED = NO, DK, RF | | | | | | | |

| KB-3. Have | you <u>ever</u> spent time in a jail, prison or juvenile detention center? |
|---------------------------|--|
| | Yes1 No5 |
| • | ever been in jail (JAILED=1 or JAILED2=1) |
| | you been in jail, prison, or a juvenile detention facility only one or more than one time? |
| | Only one time1 Or more than one time2 |
| | -4 FRQJAIL = 1, ask: ong were you in jail, prison, or juvenile detention? |
| | if KB-4 FRQJAIL = 2, DK, OR RF, ask: <pre>ast time you were in jail, prison, or juvenile detention, how long were n?</pre> |
| | One month or less |
| { Asked only EVSUSPEN | y if R is 15-24 years old |
| | you <u>ever</u> been suspended or expelled from school? |
| | Yes1 No5 (KC-0 INTRO_K6) |
| { Asked only GRADSUSP | y if EVSUSPEN=1 |
| KB-7. | What grade were you in when you were suspended or expelled from school? If you were suspended or expelled more than once, please enter the grade you were in the most recent time. |
| | ENTER grade |
| <u>Cigarettes,</u> | Alcohol, and Other Substance Use (KC) |
| INTRO_K6 KC-0. | These next questions are about your use of cigarettes, alcohol and other substances. |
| { Asked for SMK100 | |
| KC-1. In yo | our entire life, have you smoked at least 100 cigarettes? |
| | 100 cigarettes is about 5 packs. |
| | Yes1 No5 (KC-4 DRINK12) |
| AGESMK | SMOKED AT LEAST 100 CIGARETTES IN LIFETIME |
| KC-2. How o | ld were you when you first started smoking fairly regularly? |

| | Enter your age in years |
|-------------------------|---|
| | If you never smoked regularly, enter 95. |
| - | O IF SMOKED AT LEAST 100 CIGARETTES IN LIFETIME |
| | During the last 30 days, how many cigarettes did you smoke a day, on average? |
| | None |
| - | d for all Rs |
| KC-4. | Zouring the last 12 months, that is, since (CMLSTYR_FILL), how often have you had beer, wine, liquor, or other alcoholic beverages? |
| | Never |
| { Asked | d if R drank at all in the past 12 months or answered DK to DRINK12 |
| KC-5. | During the last 12 months, that is, since CMLSTYR_FILL), how often did you have 5 or more drinks within a couple of hours? |
| , | Never |
| - | d for all Rs |
| POT12 KC-6. [| During the last 12 months, how often have you used marijuana? |
| | Never |
| COC12 KC-7. [| During the last 12 months, how often have you used cocaine? |
| | Never |

CRACK12

KC-8. During the last 12 months, how often have you used crack?

CRYSTMTH12

KC-9. During the last 12 months, how often have you used Crystal or meth, also known as tina, crank, or ice?

INJECT12

KC-10. During the last 12 months, how often have you shot up or injected drugs other than those prescribed for you? By shooting up, we mean anytime you might have used drugs with a needle, by mainlining, skin-popping, or muscling.

OPIOID12

KC-11.

During the last 12 months, how often have you taken a prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it? For this question, count drugs such as fentanyl, codeine, Vicodin, OxyContin, Hydrocodone, and Percocet (not drugs such as prescription strength ibuprofen, naproxen or acetaminophen).

Sex with Females (KE)

INTRO_K8

KE-0. The next questions are about sexual experiences that you may have had with a female.

[IF R IS AGE 20 OR OLDER, OR IF R HAS NEVER BEEN MARRIED OR COHABITED, HE SKIPS TO KE 0a INTRO-K9b.]

{ Intro only shown for CASI following FTF mode

INTRO_K9a

KE-0a. Here are some things you may have done with a female. If you have ever done this at least one time with a female, answer yes. If you have never done this, answer no.

{ ASKED IF AGESCRN LT 20 AND EVRMARRY=0 AND EVRCOHAB=0 FEMTOUCH

KE-1. Has a female ever touched your penis until you ejaculated, or "came"?

| | No5 | | | | | | | |
|--------------------------------------|--|--|--|--|--|--|--|--|
| • | AGESCRN GE 20 OR EVRMARRY=1 OR EVRCOHAB=1 | | | | | | | |
| INTRO_K9b KE-1b. | Here are some things you may have done with a female. If you have $\underline{\text{ever}}$ done this $\underline{\text{at least one time}}$ with a female, answer yes. If you have $\underline{\text{never}}$ done this, answer no. | | | | | | | |
| { ASKED FOR FATHERED A VAGSEX | FACE-TO-FACE RS IF R HAS NEVER MARRIED, NEVER COHABITED, NEVER PREGNANCY | | | | | | | |
| | you ever put your penis in a female's vagina (also known as vaginal course)? | | | | | | | |
| | Yes1 No5 (KE-5 GETORALF) | | | | | | | |
| • | online interview and VAGSEX=1 | | | | | | | |
| AGEVAGR KE-2b. | he first time this occurred, how old were you? | | | | | | | |
| | Age in years | | | | | | | |
| | online Rs who reported vaginal intercourse in Section C, and for VAGSEX=1 or SYSMIS | | | | | | | |
| KE-3. IF (0 (FTF This partn | NLINE INTERVIEW AND R REPORTED VAGINAL INTERCOURSE IN SECTION C) OR INTERVIEW AND AGE_R GE 18 AND KE-2 VAGSEX = SYSMIS), ASK: first question is about your <u>last</u> vaginal intercourse with a female er. Did you use a condom the <u>last time</u> you had vaginal intercourse a female? | | | | | | | |
| ELSE Did y femal | ou use a condom the <u>last time</u> you had vaginal intercourse with a | | | | | | | |
| | Yes1 No5 (KE-5 GETORALF) | | | | | | | |
| { Asked if | CONDVAG=1 | | | | | | | |
| | time, did it break or completely fall off during intercourse or drawal? | | | | | | | |
| | Yes1 No5 | | | | | | | |
| { Asked if COND10FF | CONDVAG=1 | | | | | | | |
| KE-3b. | That time, was the condom used for only part of the time during intercourse? That is, did you put it on <u>after</u> you started having sex, or take it off during sex but <u>before</u> ejaculation? | | | | | | | |
| | Yes1 No5 | | | | | | | |
| { Asked if | CONDVAG=1 | | | | | | | |

| W | H | YC. | n | N | n | |
|---|---|-----|---|---|---|--|
| | | | | | | |

| KE-4. The last time you had vaginal intercourse with a female, did you use the condom |
|---|
| To prevent pregnancy, |
| { Asked for all Rs GETORALF KE-5. The next few questions are about oral sex. By oral sex, we mean stimulating the genitals with the mouth. Has a female ever performed |
| oral sex on you, that is, stimulated your penis with her mouth? Yes1 No5 (KE-7 GIVORALF) |
| { Asked if female ever performed oral sex on you |
| CONDFELL KE-6. Did you use a condom the <u>last time</u> a female performed oral sex on you? |
| Yes1 No5 |
| { Asked for all Rs GIVORALF KE-7. Have you ever performed oral sex on a female? |
| Yes1 No5 |
| { Asked if R < 25 and reported ever having both vaginal and oral sex with a female partner TIMING |
| KE-7b. Thinking back to when you had <u>oral</u> sex with a female for the first time, was it before, after, or on the same occasion as your first vaginal intercourse with a female? |
| Before first vaginal intercourse1 After first vaginal intercourse3 Same occasion5 |
| { Asked for all Rs |
| ANALSEX KE-8. Have you ever put your penis in a female's anus or butt (also known as anal sex)? |
| Yes1 No5 |
| { Asked if R ever had anal sex with a female |
| CONDANAL KE-9. Did you use a condom the <u>last time</u> you had anal sex with a female? |
| Yes1 No5 |

{ ASKED IF R HAS HAD MORE THAN 1 FORM OF SEX INVOLVING FEMALE GENITALS, AND HE

| REPORTED US CONDSEXL | ING A CONDOM AT LAST SEX FOR ANY SPECIFIC TYPE | | | |
|---|---|--|--|--|
| KE-10. | The very <u>last time</u> you had <u>any type of sex</u> that is, vaginal intercourse <u>or</u> anal sex <u>or</u> oral sex with a female partner, did you use a condom? | | | |
| | Yes1 No5 | | | |
| Non Volunta | ry Intercourse: Female - Male (KF) | | | |
| | UNGER THAN 18, HE SKIPS TO KG SERIES. ELSE IF HE IS 18 OR OLDER AND AD VAGINAL INTERCOURSE, HE SKIPS TO KF-2 EVRFORCD.] | | | |
| WANTSEX1 | | | | |
| KF-1. Think back to the very first time you had <u>vaginal</u> intercourse with female. Which would you say comes closest to describing how much y wanted that first vaginal intercourse to happen? | | | | |
| | I really didn't want it to happen at the time1 I had mixed feelings part of me wanted it to happen at the time and part of me didn't2 I really wanted it to happen at the time3 | | | |
| [IF R's FIR | ST VAGINAL SEX WAS WANTED (WANTSEX1=3), HE SKIPS TO KF-2 EVRFORCD] | | | |
| • | WANTSEX1 = 1 or 2 | | | |
| HOWOLD KF-1b. | How old were you when this first intercourse happened? | | | |
| | ENTER age in years | | | |
| | R is 18 or older and has either not reported having vaginal or reported his 1 st intercourse as wanted | | | |
| KF-2. At an | y time in your life, have you ever been forced by a female to have al intercourse against your will? | | | |
| | Yes1 No5 (KG SERIES) | | | |
| { Asked if | EVRFORCD=1 | | | |
| | ld were you the very first time you were forced by a female to have al intercourse against your will? | | | |
| | ENTER age in years | | | |
| { Asked if | EVRFORCD=1 | | | |
| INTROK10 KF-4. The f | irst time this occurred, were any of these kinds of force used: | | | |
| [TYPES OF F | ORCE (KF-4a through KF-4g) ONLY ASKED IF EVRFORCD = 1] | | | |
| GIVNDRG2 KF-4a. | Were you given alcohol or drugs? | | | |
| | Yes1 | | | |

No.....5

| SHEBIGOL | |
|----------|---|
| KF-4b. | Did you do what she said because she was bigger than you or a grown-up, and you were young? |
| | grown up, and you were young: |

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

ENDRELA2

KF-4c. Were you told that the relationship would end if you didn't have sex?

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

WRDPRES2

KF-4d. Were you pressured into it by her words or actions, but without threats of harm?

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

THRTPHY2

KF-4e. Were you threatened with physical hurt or injury?

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

PHYSHRT2

KF-4f. Were you physically hurt or injured?

HELDDWN2

KF-4g. Were you physically held down?

STD/HIV Risk-Related Behaviors: Females (KG)

[IF R NEVER HAD ORAL, ANAL, VAGINAL SEX WITH FEMALE, HE SKIPS TO KH SERIES.]

{ Asked if R has ever had vaginal, oral, or anal sex with a female ${\bf INTROK11}$

KG-0. This next section is about your <u>female sex partners</u>. Now please think about any female with whom you have had vaginal intercourse, oral sex, or anal sex -- any of these.

PARTSLIF

KG-1. Thinking about your <u>entire life</u>, how many female sex partners have you had? Please count every partner even those you had sex with only once.

ENTER number _____

PARTS12M

KG-2. Thinking about the <u>last 12 months</u>, how many female sex partners have you had in the 12 months since (CMLSTYR_FILL)? Please count every partner,

| | ENTER number | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| { NEWYEAR a than in lif | and NEWLIFE asked if R reports more female partners in last 12 months etime | | | | | | | | |
| KG-2YR. | Earlier you reported having more female partners in the last 12 months than you have had in your life. One or both of these numbers appear to be entered incorrectly, so those questions will be asked again. Your previous answers are displayed below: | | | | | | | | |
| | female partners in last 12 months | | | | | | | | |
| | female partners in lifetime | | | | | | | | |
| | How many female partners did you have in the last 12 months? | | | | | | | | |
| | ENTER number | | | | | | | | |
| NEWLIFE KG-2LF. | How many female partners did you have in your lifetime? | | | | | | | | |
| | ENTER number | | | | | | | | |
| { Asked if R had any female partner in past year and ever had vaginal intercourse VAGNUM12 | | | | | | | | | |
| KG-2YRa. | (Your number of female partners in the last 12 months is displayed below.) Thinking of your female partners in the last 12 months, with how many of them did you have <u>vaginal intercourse</u> ? | | | | | | | | |
| | female partners in last 12 months | | | | | | | | |
| | ENTER number | | | | | | | | |
| { Asked if ORALNUM12 | R had any female partner in past year and ever had oral sex | | | | | | | | |
| KG-2YRb. | (Your number of female partners in the last 12 months is displayed below.) Thinking of your female partners in the last 12 months, with how many of them did you have <u>oral sex</u> , either giving or receiving? | | | | | | | | |
| | female partners in last 12 months | | | | | | | | |
| | ENTER number | | | | | | | | |
| { Asked if ANALNUM12 | R had any female partner in past year and ever had anal sex | | | | | | | | |
| KG-2YRc. | (Your number of female partners in the last 12 months is displayed below.) Thinking of your female partners in the last 12 months, with how many of them did you have <u>anal sex</u> ? | | | | | | | | |
| | female partners in last 12 months | | | | | | | | |
| | ENTER number | | | | | | | | |
| { Asked if | R has had at least 2 partners in past 12 months | | | | | | | | |

even those you had sex with only once in those 12 months.

RNONMONOG

KG-2YRd.

In the last 12 months, did you have sex - that is, vaginal, oral, or anal sex - with a female partner in a time period when you were also having sex with other people?

[IF R IS 18 OR OLDER (EITHER INTERVIEW MODE) OR IF R IS YOUNGER THAN 18 (ONLINE MODE) THEN:

- IF HE HAS HAD NO FEMALE PARTNERS IN PAST 12 MONTHS, HE SKIPS TO KH SERIES.
- IF HAS HAD 1 OR MORE FEMALE PARTNER IN PAST 12 MONTHS, HE SKIPS TO KG-4 NONMONOG.]

{ Asked if FTF interview and R age < 18 and he has any current female partners ${\bf INTROK12}$

KG-3. You indicated earlier in the interview that you have (NUMBER) current sexual partner(s). Here are a couple of questions about (her/those partners/some of those partners).

 $\{$ SCREEN WILL DISPLAY UP TO 3 CURRENT SEXUAL PARTNERS FOR RS UNDER 18 YEARS WHO HAD FTF INTERVIEW.

{ R WILL BE LOOPED FROM CURRPAGE THROUGH HOWMUCH AS APPLICABLE.

CURRPAGE

KG-3a.

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 she at that time?

ENTER age in years _____

[IF PARTNER'S AGE REPORTED OR REFUSED, GO TO NEXT PARTNER IF THERE IS ONE. ELSE GO TO KG-4 NONMONOG.]

{ Asked if CURRPAGE = DK

RELAGE

KG-3b. Is

Is she older than you, younger than you or about the same age?

[IF R ANSWERED "same age" HE GOES TO NEXT PARTNER IF THERE IS ONE. IF NO MORE PARTNERS TO LOOP THROUGH, HE GOES TO KG-4 NONMONOG.]

{ Asked if RELAGE = 1 or 2 (older or younger)

HOWMUCH

KG-3c. By how many years?

[IF ANY MORE CURRENT PARTNERS, RETURN TO CURRPAGE.]

[IF R REPORTED 0 FEMALE PARTNERS IN LAST 12 MONTHS, HE SKIPS TO KH SERIES.]
[REMAINDER OF KG SERIES ASKED IF R REPORTED ANY FEMALE PARTNERS IN LAST 12

MONTHS OR SAID DK]

| ١ | J | O | N | IV | 10 | N | O | G |
|---|---|---|---|----|----|---|---|---|
| | | | | | | | | |

KG-4. IF FTF INTERVIEW AND AGE_R < 18 AND R had 1 or more current female
partners, ASK:</pre>

Now please think about <u>all</u> of your female sexual partners in the <u>last 12</u> <u>months</u>, that is since (CMLSTYR_FILL). Think of any partners with whom you had vaginal, oral, or anal sex.

In the <u>last 12 months</u>, did you have sex with any females who were also having sex with other people at around the same time?

ELSE ASK:

In the <u>last 12 months</u>, that is, since (CMLSTYR_FILL), did you have sex with any females who were also having sex with other people at around the same time?

Yes1 No5

{ ASKED IF R HAD SEX WITH FEMALE(S) WHO HAD SEX WITH OTHER PEOPLE DURING THE PAST 12 MONTHS (NONMONOG=1), AND R HAD MORE THAN 1 FEMALE PARTNER IN PAST 12 MONTHS

NNONMONOG

KG-5. (Your number of female partners in the last 12 months is displayed below.) In the <u>last 12 months</u>, that is, since (CMLSTYR_FILL), how many of your female partners were having sex with other people around the same time?

| female partners in last 12 month |
|----------------------------------|
|----------------------------------|

ENTER number

{ ASKED IF R REPORTED ANY FEMALE PARTNERS IN LAST 12 MONTHS OR SAID DK FEMSHT12

KG-6. In the <u>last 12 months</u>, that is, since (CMLSTYR_FILL), have you had sex with a female who takes or shoots street drugs using a needle?

Yes1 No5

JOHNFREQ

KG-7. In the <u>last 12 months</u>, have you given someone money or drugs in exchange for a female to have sex with you?

Yes1 No5

PROSTFRO

KG-8. In the <u>last 12 months</u>, has a female given you or someone else money or drugs for you to have sex with her?

HIVFEM12

KG-9. In the <u>last 12 months</u>, have you had sex with a female who you knew was infected with HIV, the virus that causes AIDS?

Yes1

| No | | | | | | 5 |
|-----|--|--|--|--|--|---|
| INO | | | | | | J |

| Sex | with | <u> Males</u> | <u>(KH)</u> |
|-----|------|---------------|-------------|
| | | | |

{ Asked for all Rs

INTROK13

KH-0. The next questions ask about sexual experiences you may have had with another <u>male</u>. Have you <u>ever</u> done any of the following with another male?

GIVORALM

KH-1. Have you ever performed oral sex on another male, that is, stimulated his penis with your mouth?

Yes1 No5

GETORALM

KH-2. Has another male ever performed oral sex on you, that is, stimulated your penis with his mouth?

{ Asked if R ever had oral sex with a male partner.

ORALCONDM

KH-2b. Did you use a condom the <u>last time</u> you had oral sex with a male?

Yes1 No5

{ Asked for all Rs

ANALSEX2

KH-3. Has another male ever put <u>his</u> penis in your anus or butt (receptive anal sex)?

{ Asked if R ever had receptive anal sex with a male partner.

ANALCONDM1

KH-3b. Did you use a condom the <u>last time</u> you had receptive anal sex with a male?

Yes1 No5

{ Asked for all Rs

ANALSEX3

KH-4. Have you ever put <u>your</u> penis in another male's anus or butt (insertive anal sex)?

Yes1 No5

{ Asked if R ever had insertive anal sex with a male partner.

ANALCONDM2

KH-4b. Did you use a condom the <u>last time</u> you had insertive anal sex with a male?

Yes1

| NSFG | | OMB No. 0920-0314 | | | | | | | |
|--|--|---------------------|--|--|--|--|--|--|--|
| | No5 | 0.15 1101 0020 0011 | | | | | | | |
| { Asked for MALESEX | all Rs | | | | | | | | |
| KH-4c. | Have you ever had any other sexual experience of another male? | any kind with | | | | | | | |
| | Yes1 No5 | | | | | | | | |
| | OT REPORTED ANY SEXUAL EXPERIENCE WITH A MALE PART KI SERIES] | NER IN KH SERIES, | | | | | | | |
| { Asked for MALPRTAGE | all who have ever had a male sexual partner | | | | | | | | |
| KH-5. Think with | ing of your most recent or last male sex partner, that is, the man whom you last had any sexual experience, was he older than you, er than you, or about the same age? | | | | | | | | |
| | Older1 Younger2 Same age3 | | | | | | | | |
| | all who have ever had a male sexual partner. | | | | | | | | |
| MALPRTHISP KH-6. Thinking of this same male partner with whom you last had any experience, is he Hispanic or Latino, or of Spanish origin? | | | | | | | | | |
| | Yes1 No5 | | | | | | | | |
| { Asked for MALPRTRACE | all who have ever had a male sexual partner. | | | | | | | | |
| KH-7. Think | Thinking of this same male sexual partner, which of the groups shown below describe his racial background? | | | | | | | | |
| PLEAS | SE SELECT ALL THAT APPLY. | | | | | | | | |
| To en | ter multiple answers, enter the number of the firs | et answer nress | | | | | | | |

To enter multiple answers, enter the number of the first answer, press the space bar, enter the number of the next answer, and so forth. The space bar is the long key at the bottom of the keyboard, in the middle. Press [Enter] once you're finished entering all your answers.

| American Indian Asian | | | |
|------------------------------------|----------|---------|-----------|
| Native Hawaiian Black or Africa | or Other | Pacific | Islander3 |
| White | | | |

Non Voluntary Intercourse: Males (KI)

[IF R's AGE < 18, HE SKIPS TO KJ SERIES.]

 $\{$ Asked if age >= 18

EVRFORC2

KI-1. At any time in your life, have you ever been forced by a male to have oral or anal sex against your will?

| | Yes1 |
|---------------------------|--|
| | No5 (KJ series) |
| [REMAINDER (| OF KI SERIES ONLY ASKED IF R REPORTED EVER BEING FORCED BY A MALE] |
| | ld were you the very first time you were forced by a male to have |
| sexua | l intercourse against your will? |
| | Age in years |
| INTROK14 KI-3. The f | irst time this occurred, were any of these kinds of force used: |
| GIVNDRG3 KI-3a. | Were you given alcohol or drugs? |
| | Yes1 No5 |
| HEBIGOLD | |
| KI-3b. | Did you do what he said because he was bigger than you or a grown- up, and you were young? |
| | Yes1 No5 |
| ENDRELA3 KI-3c. | Were you told that the relationship would end if you didn't have sex? |
| | Yes1 No5 |
| WRDPRES3 | |
| KI-3d. | Were you pressured into it by his words or actions, but without threats of harm? |
| | Yes1 No5 |
| THRTPHY3 | |
| KI-3e. | Were you threatened with physical hurt or injury? |
| | Yes1 No5 |
| PHYSHRT3 KI-3f. | Were you physically hurt or injured? |
| | Yes1 No5 |
| HELDDWN3 | Venezione in indicata del 11 de 11 de 12 d |
| KI-3g. | Were you physically held down? |
| | Yes1 No5 |

STD/HIV Risk-Related Behaviors and Relationship Experience with Male Partners <u>(KJ)</u>

[IF R IS 18 OR OLDER AND REPORTED NO SEXUAL EXPERIENCE WITH A MALE PARTNER, HE SKIPS TO KK-4 ATTRACT.] -

| MAI | _EP | RTNRS | |
|------|-----|--------|--|
| 1/ 1 | 4 | Thinki | |

| { Asked for INTROK15 | all who have ever had any sexual experience with a male partner |
|----------------------|--|
| KJ-0. This r | next section is about <u>males</u> with whom you have had sexual contact. about any male with whom you have had any sexual experience. |
| MALEPRTNRS | |
| KJ-1. ININK | ing about your <u>entire life</u> , how many male sex partners have you had? |
| | ENTER NUMBER |
| had ir | ing about the <u>last 12 months</u> , how many male sex partners have you the 12 months since (CMLSTYR_FILL)? Please count every partner, those you had sex with only once in those 12 months. |
| | ENTER number |
| | R has had at least 1 male sexual partner in past year and has ever with a male |
| KJ-2YRa. | (Your number of male partners in the last 12 months is displayed below.) Thinking of your male partners in the last 12 months, with how many of them did you have $\underline{\text{oral sex}}$? |
| | male partners in last 12 months |
| | ENTER number |
| | |
| | R has had at least 1 male sexual partner in past year and has ever we anal sex with a male |
| KJ-2YRb. | (Your number of male partners in the last 12 months is displayed below.) Thinking of your male partners in the last 12 months, with how many of them did you have <u>receptive anal sex</u> where he put his penis in your anus (butt)? |
| | male partners in last 12 months |
| | ENTER number |
| | R has had at least 1 male sexual partner in past year and has ever we anal sex with a male |
| KJ-2YRc. | (Your number of male partners in the last 12 months is displayed below.) Thinking of your male partners in the last 12 months, with how many of them did you have $\underline{\text{insertive anal sex}}$ where you put your penis in his anus (butt)? |
| | male partners in last 12 months |
| | ENTER number |

| { Asked SAMESEX1 | for all who have ever had any sexual experience with a male partner |
|--------------------|---|
| KJ-3. Th | inking back to the <u>first time</u> you ever had any sexual experience with a l <u>le</u> partner, how old were you? |
| | ENTER AGE |
| - | for all Rs who have ever had any sexual experience with a male partner |
| MSAMEREL KJ-3a. | At the time you first had any sexual experience with a male partner, how would you describe your relationship with him? |
| | Married to him |
| | S UNDER AGE 18 AND HAS NOT HAD ANY SAME-SEX EXPERIENCE, OR HE IS NOT Y COHABITING WITH A MAN, HE SKIPS TO KK SERIES.] |
| | if R is currently cohabiting with a man OR (he has reported same-sex ace and is at least age 18) |
| KJ-3b. | (Earlier you reported you are currently living together with a male partner.) What is your current legal marital status with regard to men? That is, are you widowed, divorced, separated, or have you never been married to a man? |
| | Widowed |
| { Asked man | if R has been previously married to a man or is currently married to a |
| KJ-3c. | (Including your current marriage,) how many times have you been married to a man? |
| | ENTER number of times |
| - | if R has reported same-sex experience and is at least age 18 |
| MALCOHN KJ-3d. | (Including your current cohabitation,) how many times (if any) have you (ever) lived together with a man without being married? Living together here means having a sexual relationship while sharing the same usual residence. |
| | ENTER number of times |

[IF R HAS HAD NO MALE PARTNER IN PAST YEAR, OR THE NUMBER WAS RF, HE SKIPS TO

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| KK SEKIES.] | |
|---------------------------|--|
| { Asked if F MSMNONMON | R had at least 1 male sexual partner in past year |
| KJ-4. (Your In the | number of male partners in the last 12 months is displayed below.) e <u>last 12 months</u> , that is, since (CMLSTYR_FILL), how many of your partners were having sex with other people around the same time? |
| | partners in last 12 months |
| | ENTER number |
| MALSHT12 | |
| KJ-5. In the | e <u>last 12 months</u> , that is, since (CMLSTYR_FILL), have you had sex a male who takes or shoots street drugs using a needle? |
| | Yes1 No5 |
| JOHN2FRQ | |
| KJ-6. In the | e <u>last 12 months</u> , have you given someone money or drugs in exchange male to have sex with you? |
| | Yes1 No5 |
| PROS2FRQ | |
| | e last 12 months, has a male given you or someone else money or for you to have sex with him? |
| | Yes1 No5 |
| HIVMAL12 | |
| KJ-8. In the | e <u>last 12 months</u> , have you had sex with a male who you knew was ted with HIV, the virus that causes AIDS? |
| | Yes1 No5 |
| MSMSORT12 | |
| KJ-11. | Some men only have sex with other males that they know have the same HIV status as they do, and some do not. Thinking about your <u>male</u> sex partners in the <u>last 12 months</u> , do you usually limit your male partners to those of the same HIV status to prevent getting or transmitting HIV? |
| | Yes, usually1 Yes, some of the time3 No5 |
| - | all who have had sex with a male partner |
| CNDLSMAL KJ-12. | Now think of the <u>last time</u> you had any sexual experience with a <u>male</u> partner, was a condom used? |
| | Yes1 |

No5

Sexual Attraction, Orientation, & Experience with STDs (KK)

| | 1 | ΓR | SKIPS | T0 | KK-3a | DATEAPP | IF: |
|--|---|----|-------|----|-------|---------|-----|
|--|---|----|-------|----|-------|---------|-----|

- HE HAD SEXUAL ACTIVITY WITH ONLY FEMALES OR WITH ONLY MALES IN HIS LIFE,
- HE HAD SEXUAL ACTIVITY WITH BOTH FEMALES AND MALES IN HIS LIFE, BUT ONLY WITH MALES OR ONLY WITH FEMALES IN LAST 12 MONTHS.] -

{ ASKED IF R HAD BOTH MALE AND FEMALE PARTNERS IN THE LAST 12 MONTHS OR IF R REPORTED NO PARTNERS IN THE LAST 12 MONTHS BUT HAS HAD BOTH MALE AND FEMALE PARTNERS IN LIFETIME

CONDALLS

KK-1. The very <u>last time</u> you had any type of sex -- that is vaginal intercourse

| <u>or</u> use | anal sex \underline{or} oral sex with a male \underline{or} female partner, was a condom ed? |
|-----------------------------|--|
| | Yes1 No5 (KK-3a DATEAPP) |
| MFLASTP KK-2. Was | s that last sexual partner male or female? |
| | Male1 Female2 |
| WHYCOND | IF MFLASTP=2 s the condom used |
| | To prevent pregnancy |
| { Asked f | for all Rs |
| KK-3a. | In the past 12 months, have you had sex with anyone you first met using a dating or "hookup" website or mobile app? Sex includes vaginal, anal and oral sex. |
| | Yes1 No5 |
| | ople are different in their sexual attraction to other people. Which |

| Only attracted to females1 |
|--|
| Mostly attracted to females2 |
| Equally attracted to females and males |
| Mostly attracted to males4 |
| Only attracted to males5 |
| Not sure6 |

ORIENT

KK-5. Which of the following best represents how you think of yourself?

| Gay | | | | | | | | | .1 |
|-----------|------|-----|-----|------|------|------|------|------|-----|
| Straight, | that | is, | not | gay. | | | | | . 2 |

| | Something else4 |
|---------------------------------|--|
| INTROK15a KK-6. These | next questions are about your sexual and reproductive health. |
| { Asked for CONFCONC | all Rs aged 15-25 |
| KK-6a. | Would you ever not go for sexual or reproductive health care because your parents might find out? |
| | Yes1 No5 |
| { Asked for TIMALON | all Rs aged 15-17 |
| KK-6b. | The last time you had a health care visit in the past 12 months, did a doctor or other health provider spend any time alone with you without a parent, relative or guardian in the room? |
| | Yes |
| { Asked for RISKCHEK1 | all Rs |
| KK-6c. | In the last 12 months, that is, since (CMLSTYR_FILL), has a doctor or other medical care provider asked you about your sexual orientation or the sex of your sexual partners? |
| | Yes1 No5 |
| { Asked for RISKCHEK2 | all Rs |
| KK-6d. | In the last 12 months, has a doctor or other medical care provider asked you about your number of sexual partners? |
| | Yes1 No5 |
| { Asked for RISKCHEK3 | all Rs |
| KK-6e. | In the last 12 months, has a doctor or other medical care provider asked you about your use of condoms? |
| | Yes1 No5 |
| { Asked for RISKCHEK4 KK-6f. | all Rs |
| | In the last 12 months, has a doctor or other medical care provider asked you about the types of sex you have, whether vaginal, oral, or anal? |
| | Yes1 No5 |
| { Asked if RECTDOUCH | R >=18 years and has had anal sex with male partner in last year |

| KK-6g. | Some men use a rectal douche before or after anal sex, and some do not. During the last 12 months, that is, since (CMLSTYR_FILL), how often, if at all, did you use a rectal douche? |
|---------------------|--|
| | Never |
| { Asked for | all Rs |
| <u>teste</u> | e past 12 months, that is, since (CMLSTYR_FILL), have you been d by a doctor or other medical care provider for a sexually mitted disease like gonorrhea, chlamydia, herpes, or syphilis? |
| | Yes1 No5 (KK-8 STDTRT12) |
| | y for Rs who said "yes" to STDTST12 |
| STDSITE12 KK-7b. | In the past 12 months, have you been tested by a doctor or other medical care provider for a sexually transmitted disease like gonorrhea or chlamydia in your throat or pharynx or your rectum (anus or butt)? |
| | Yes1 No5 |
| { Asked for | all Rs |
| a doc | e past 12 months, have you <u>been treated or received medication</u> from tor or other medical care provider for a sexually transmitted se like gonorrhea, chlamydia, herpes, or syphilis? |
| | Yes1 No5 |
| | e last 12 months, have you been told by a doctor or other provider you had gonorrhea? |
| | Yes1 No5 |
| CHLAM KK-10. | In the last 12 months, have you been told by a doctor or other |
| 201 | medical care provider that you had chlamydia? |
| | Yes1 No5 |
| HERPES KK-11. | At any time in your life, have you ever been told by a doctor or other medical care provider that you had genital herpes? |
| | Yes1 No5 |

GENWARTS

KK-12. At any time in your life, have you ever been told by a doctor or other medical care provider that you had genital warts, a condition caused by human papillomavirus (HPV)?

Yes1 No5

SYPHILIS

KK-13. <u>At any time in your life</u>, have you ever been told by a doctor or other medical care provider that you had syphilis?

Yes1 No5

{ Asked if R did not report injecting non-prescription drugs in the past year **EVRINJECT**

KK-14. <u>At any time in your life</u>, have you ever shot up or injected drugs other than those prescribed for you?

Yes1 No5 (KK-15b INTROK15b)

{ Asked if R reported injecting non-prescription drugs in the past year $\mathbf{EVRSHARE}$

KK-15. <u>At any time in your life</u>, have you ever shot up or injected drugs with a needle that someone else had used before you?

INTROK15b

KK-15b.

The next questions are about events that may have happened to you when you were younger. This information will allow us to better understand problems that may occur early in life and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, you will be (provided with/able to see) phone numbers for organizations that can provide information and referral for these issues. Please keep in mind that you can skip any question you do not want to answer.

IF AGE R GE 18, ALSO SAY:

All questions refer to the time period before you were 18 years of age.

{ Asked for all Rs

EMOTABUSE

KK-16. IF $AGE_R < 18$, ASK:

During your life, how often has a parent or other adult in your home sworn at you, insulted you, or put you down?

ELSE IF AGE_R GE 18, ASK:

Before you were 18, how often did a parent or other adult in your home swear at you, insult you, or put you down?

Never1
Rarely2
Sometimes ...3
Often4

Always5

{ Asked for all Rs

PHYSABUSE

KK-17. IF $AGE_R < 18$, ASK:

During your life, how often has a parent or other adult in your home hit, beat, kicked, or physically hurt you in any way?

ELSE IF AGE_R GE 18, ASK:

Before you were 18, how often did a parent or other adult in your home hit, beat, kick, or physically hurt you in any way?

Never1
Rarely2
Sometimes ...3
Often4
Always5

{ Asked for all Rs

SEXABUSE

KK-18. IF $AGE_R < 18$, ASK:

Has an adult or person at least 5 years older than you ever made you do sexual things that you did not want to do? (Count such things as kissing, touching, or being made to have sexual intercourse.)

ELSE IF AGE_R GE 18, ASK:

Before you were 18, did an adult or person at least 5 years older than you ever make you do sexual things that you did not want to do? (Count such things as kissing, touching, or being made to have sexual intercourse.)

Never1
Rarely2
Sometimes ...3
Often4
Always5

{ Asked for all Rs REVPHYSNEG

KK-19.

(During your life/Before you were 18), how often (has there been/was there) an adult in your household who tried hard to make sure your basic needs were met, such as looking after your safety and making sure you had clean clothes and enough to eat?

Never1
Rarely2
Sometimes ...3
Often4
Always5

{ Asked for all Rs

REVEMOTNEG

KK-20.

(During your life Before you were 18), how often (has there been/was there) an adult in your household who tried hard to make sure you felt loved, supported, valued, and like you were special to them?

Never1
Rarely2

Sometimes ...3 Often4 Always5

{ Asked for all Rs

WITNESSIPV

KK-21.

IF AGE_R < 18, ASK:</pre>

During your life, how often have your parents or other adults in your home slapped, hit, kicked, punched, or beat each other up?

ELSE IF AGE_R GE 18, ASK:

Before you were 18, how often did your parents or other adults in your home slap, hit, kick, punch, or beat each other up?

Never1
Rarely2
Sometimes ...3
Often4
Always5

{ Asked for all Rs

LIVDRUGS

KK-22.

(Have you ever lived/Before you were 18, did you ever live) with someone who was having a problem with alcohol or drug use?

Yes1 No5

{ Asked for all Rs

LIVDEPRESS

KK-23.

(Have you ever lived/Before you were 18, did you ever live) with someone who was depressed, mentally ill, or suicidal?

Yes1 No5

{ Asked for all Rs

SEPJAIL

KK-24.

(Have you ever been/Before you were 18, were you ever) separated from a parent or guardian because they served time in a prison, jail, or other correctional facility?

Yes1 No5

{ Asked for all Rs

RACEDESCRIM

KK-25.

(During your life, how often have you felt/Before you were 18, how often did you feel) that you were treated badly or unfairly because of your race or ethnicity?

Never1
Rarely2
Sometimes ...3
Often4
Always5

{ Asked for all Rs GENDDESCRIM

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KK-26. (During your life, how often have you felt/Before you were 18, how often did you feel) that you were treated badly or unfairly because of your gender identity or sexual orientation?

> Never1 Rarely2 Sometimes ...3 Often4 Always5

{ Aske for all Rs

WITVIOL

KK-27.

IF AGE_R < 18, ASK:</pre>

How often, if ever, have you seen someone get physically attacked, beaten, stabbed, or shot in your neighborhood?

ELSE IF AGE_R GE 18, ASK:

Before you were 18, how often, if ever, did you see someone get physically attacked, beaten, stabbed, or shot in your neighborhood?

Never1 Rarely2 Sometimes ...3 Often4 Always5

{ Asked for all Rs

SUIDEATION

KK-28.

The next question asks about suicidal thoughts. Sometimes people feel so sad or depressed that they may consider attempting suicide, that is, taking some action to end their own life.

During the past 12 months, did you ever seriously consider attempting suicide?

> Yes1 No5

Individual Earnings and Family Income and Public Assistance (KL)

{ ASKED FOR ALL

INTROK17

KL-0. Income is important in analyzing the information we collect. For example, this information helps us to learn whether persons in each income group get the health services they need.

[IF R HAS NOT WORKED IN THE PAST YEAR HE SKIPS TO KL-1 INTROK18]

{ Asked if R worked in the past year

EARNTYPE

KL-0a.

Next, please enter your total earnings before taxes (on your last job). Will it be easier for you to enter your total earnings per week, per month, or per year?

Week.....1 Month.....2 Year.....3

EARN

KL-0b. Which category represents your total (weekly/monthly/yearly) earnings before taxes (on your last job)?

(WEEKLY INCOME CATEGORIES) WEEKLY INCOME

| WEEKLY INCOME | |
|--|--|
| UNDER \$96 | |
| (MONTHLY INCOME CATEGORIES) | |
| MONTHLY INCOME | |
| UNDER \$417 | |
| (YEARLY INCOME CATEGORIES) YEARLY INCOME | |
| UNDER \$5,000 | |

| { Asked if I EARNDK1 | EARN=DK/RF | | | | | |
|--|--|--|--|--|--|--|
| KL-0c. | Was it \$20,000 or more per year? | | | | | |
| | Yes1 No5 (KL-1 INTROK18) | | | | | |
| { Asked if I | KL-0c EARNDK1=YES | | | | | |
| KL-0d. | Was it \$50,000 or more per year? | | | | | |
| | Yes1 No5 (KL-1 INTROK18) | | | | | |
| { Asked if I | KL-0d EARNDK2=YES | | | | | |
| KL-0e. | Was it \$75,000 or more per year? | | | | | |
| | Yes1 No5 (KL-1 INTROK18) | | | | | |
| { Asked if I | KL-0e EARNDK3=YES | | | | | |
| KL-0f. | Was it \$100,000 or more per year? | | | | | |
| | Yes1 No5 | | | | | |
| | DUSEHOLD INCLUDES MORE THAN JUST R. | | | | | |
| <pre>INTROK18 KL-1. IF R IS MARRIED AND HOUSEHOLD SIZE > 2, SAY: The next questions are about your combined family income last that is, in the year (year of interview - 1). When answering questions, please remember that "combined family income" measurement income plus your wife's income, income from any of your family members that live here, and income from any of your wife's income that live here, before taxes.</pre> | | | | | | |
| {THERE ARE OTHER WORDING VARIANTS, DETERMINED BY MARITAL STATUS, HOUSEHOLD SIZE & COMPOSITION | | | | | | |
| { ASKED FOR | ALL | | | | | |
| SOURCES KL-1a. | Please click? to see a list of possible sources of income. In thinking about your (combined family) income, please include any income (you/anyone in your family) received last year from any of those sources. | | | | | |
| [HELP AVAIL | ABLE] | | | | | |
| TOINCWMY KL-2. | Remember, this item is important and your answers will be kept confidential. Will it be easier for you to report (your/the) total (LASTYEAR_FILL) (combined) income (of your family) per week, per month, or per year? | | | | | |
| | Week1 Month2 Year3 | | | | | |

TOTINC

KL-3.

Which category represents (your <u>total</u> (weekly/monthly/yearly) income/ the <u>total combined (weekly/monthly/yearly) income of your family</u>) in the year (year of interview - 1). Please enter the amount <u>before</u> taxes.

{ ONSCREEN NOTES REMIND R OF WHOSE INCOME TO INCLUDE

(WEEKLY INCOME CATEGORIES) WEEKLY INCOME

| UNDER \$961 |
|-------------------|
| \$ 96-1432 |
| \$ 144-1913 |
| \$ 192-2394 |
| \$ 240-2885 |
| \$ 289-3846 |
| \$ 385-480 |
| \$ 481-5768 |
| \$ 577-6729 |
| \$ 673-76810 |
| \$ 769-96111 |
| \$ 962-1,15312 |
| \$1,154-1,44113 |
| \$1,442-1,92214 |
| \$1,923 or more15 |

(MONTHLY INCOME CATEGORIES) MONTHLY INCOME

| UNDER \$4171 |
|-------------------|
| \$ 417-6242 |
| \$ 625-8323 |
| \$ 833-1,0414 |
| \$1,042-1,2495 |
| \$1,250-1,6666 |
| \$1,667-2,0827 |
| \$2,083-2,4998 |
| \$2,500-2,9169 |
| \$2,917-3,33210 |
| \$3,333-4,16611 |
| \$4,167-4,99912 |
| \$5,000-6,24913 |
| \$6,250-8,33214 |
| \$8,333 or more15 |
| |

(YEARLY INCOME CATEGORIES)

YEARLY INCOME

| | OMB No. 0920-0314 | | | | | | |
|--|---|--|--|--|--|--|--|
| | \$50,000-59,999 | | | | | | |
| [IF R REPORTS AN INCOME HE SKIPS TO KL-4 PUBASST]. | | | | | | | |
| { ASKED IF FMINCDK1 | KL-3 TOTINC = DK OR RF | | | | | | |
| KL-3a. | Was it less than \$50,000 or \$50,000 or more in (LASTYEAR_FILL)? | | | | | | |
| | Less than \$50,0001 \$50,000 or more5 (KL-3d FMINCDK4) | | | | | | |
| { ASKED IF FMINCDK2 | FMINCDK1=1 (LESS THAN \$50,000) | | | | | | |
| KL-3b. | Was it less than \$35,000? | | | | | | |
| | Yes1 No5 | | | | | | |
| { ASKED IF FMINCDK3 | FMINCDK2=1 (LESS THAN \$35,000) | | | | | | |
| KL-3c. | Was it less than (POVTHRHLD_FILL)? | | | | | | |
| | Yes1 No5 | | | | | | |
| { ASKED IF FMINCDK4 | FMINCDK1=5 (MORE THAN \$50,000) | | | | | | |
| KL-3d. | Was it \$75,000 or more last year? | | | | | | |
| | Yes1 No5 (KL-4 PUBASST) | | | | | | |
| { ASKED IF FMINCDK5 | FMINCDK4=1 (MORE THAN \$75,000) | | | | | | |
| KL-3e. | Was it \$100,000 or more last year? | | | | | | |
| | Yes1 No5 | | | | | | |
| { ASKED OF ALL PUBASST | | | | | | | |
| KL-4. At any time during [LASTYEAR_FILL], even for one month, did you or any members of your family living here receive any <u>cash</u> assistance from a state or county welfare program, such as Temporary Assistance for Needy Families (TANF) or welfare-to-work programs, General Assistance, and | | | | | | | |

Families (TANF) or welfare-to-work programs, General Assistance, and Emergency Assistance?

Do not include Food Stamps, SSI, Energy Assistance, WIC, School Meals, or Transportation, Child Care, Rental or Education Assistance.

Yes1

FOODSTMP

KL-5. 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 an EBT card. In the year

| | [LASTYEAR_FILL], did you or any members of your family living here receive food stamps or SNAP benefits? | | | | |
|-----------------|--|--|--|--|--|
| | Yes1 No5 | | | | |
| WIC | | | | | |
| KL-6. | In the year [LASTYEAR_FILL], did you or any members of your family living here receive WIC, the Women, Infants, and Children Nutrition Program? | | | | |
| | Yes1 No5 | | | | |
| HLPTR | ANS | | | | |
| | In the year [LASTYEAR_FILL], 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? | | | | |
| | Yes1 No5 | | | | |
| HLPCHI | nc . | | | | |
| | (In the year [LASTYEAR_FILL], 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? | | | | |
| | Yes1 No5 | | | | |
| | | | | | |
| HLPJOI KL-9. | (In the year [LASTYEAR_FILL], 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? | | | | |
| | Yes1 No5 | | | | |
| FREEF | 000 | | | | |
| KL-10 | | | | | |
| | Yes1 No5 | | | | |
| ппись | , | | | | |
| HUNGR' KL-11 | In the past 12 months, were you or any member of your family ever hungry, but you just couldn't afford more food? | | | | |

| M | ΙE | n | COS | `T |
|---|----|---|-----|-----|
| ľ | ᄩ | v | CUS | Э І |

KL-12.

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

{ Asked for all Rs

COVIDVAX

KL-13.

The next few questions are about coronavirus or COVID-19 vaccination and COVID-19 infection.

Have you had at least one dose of a COVID-19 vaccination?

{ Asked if R received any dose

COVVAX_M/Y

KL-14m.

In what month and year did you receive your first COVID-19 vaccination?

{ Asked for all Rs

HADCOVID

KL-15.

Have you ever been diagnosed with or tested positive for COVID-19?

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

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.

[CLOSEOUT OF INTERVIEW OPERATES DIFFERENTLY BY MODE.]