

**Attachment 2 for Nonsubstantive Change Request:  
NATIONAL SURVEY OF FAMILY GROWTH, YEARS 5-6 (2026-2027)  
FEMALE QUESTIONNAIRE in CAPI-LITE FORMAT**

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## Abbreviations

|        |                                                    |
|--------|----------------------------------------------------|
| R -    | Respondent                                         |
| Rs -   | Respondents                                        |
| CAWI - | Computer-assisted web interview (online interview) |
| FTF -  | Face-to-face (or in-person) interview              |

## SECTION A

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

## 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)**

{ Asked for all Rs

**AGE\_A**

AA-1. How old are you?

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

**BIRTHDAY**

AA-2. What is your date of birth?

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

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

Yes .....1 (RETURN TO AA-1 AGE\_A)

No .....5 (GO TO TERMINATION SCRIPT AB-1 TERMAGE)

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

**TERMINATION SCRIPTS****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 women 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]*

{ INSTRUCTIONS DISPLAYED ONLY FOR CAWI (ONLINE) Rs

**CAWIINS**

AB-3. Now we will go over a few instructions that will help you complete the survey.

You can use the button at the top of the screen to switch between English and Spanish wording if needed.

Most questions in the survey allow you to select one response, and some questions will allow you to select more than one response. Some questions will require you to type in a number for your response.

You will **click [Next] or swipe left** to move to the next question. If you want to go back to a previous question, **click [Back] or swipe right**.

If you do not want to answer a question, you can skip answering by clicking [Next] and then selecting Don't Know or Prefer Not to Answer before clicking [Next] again to move to the next question.

Some questions have Help text that may be useful when deciding how to answer. Help text is indicated by the [?] icon. Simply click on the [?] to display the Help text. Then click on the [?] again to close it.

Finally, sometimes during the survey, if an answer to a question is inconsistent with a previous answer, a message will appear giving you the option of changing your answer. To close these messages, click [Skip].

### **Hispanic Origin and Race (AC)**

{ ASKED OF ALL RESPONDENTS

#### **HISP**

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

[HELP AVAILABLE]

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

{ INTRO DISPLAYED ONLY FOR FTF INTERVIEWS

#### **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

#### **HISGRP**

AC-2. (Please look at Card 1.)  
Are you Puerto Rican; Cuban; Mexican, Mexican American or Chicana; Central or South American; or another Hispanic, Latina, or Spanish origin? One or more categories may be selected.

♦ *SELECT ALL THAT APPLY.*

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

{ 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 |

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

**UsualRes[X]**

AD-2. This address is considered to be (NAME[X])'s usual residence.

Yes .....1

No .....5

**Sex[X]**

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

Male .....1

Female .....2

Did not answer this. 3

**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/spouse.....1

Male unmarried partner .....2

Biological son .....3

Stepson (son of spouse) .....4

Adopted son .....5

Legal ward .....6

Foster child .....7

Partner's son .....8

Grandson .....9

Nephew .....10

Biological father .....11

Stepfather (husband of mother).....12

Adoptive father .....13

Legal guardian .....14

Foster parent .....15

Your parent's male partner .....16

Grandfather .....17

Uncle .....18

Brother .....19

Other male relative .....20

Roommate (male).....21

Tenant or boarder (male).....22

Other male nonrelative .....23

(IF HOUSEHOLD MEMBER IS FEMALE, DISPLAY:)

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

{ ASKED ONLY FOR FTF RESPONDENTS

**ENDROSTER**

AD-7. You have reached the end of the roster.

{ ASKED OF ALL RESPONDENTS

**MARSTAT**

AD-7b.

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

Earlier you indicated your husband is living in this household.

Please confirm your current marital status.

◆ "SELECT "neither" if you are legally separated from this spouse

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

Earlier you indicated your wife is living in this household.

Please confirm your current marital status.

◆ "SELECT "neither" if you are legally separated from this spouse

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

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

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

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

ELSE ASK:

I'd like to confirm your current marital status. Are you now married, living with a partner together as an unmarried couple, or neither?

[HELP AVAILABLE]

Married.....1  
 Living together with a partner as an unmarried couple .2  
 Neither.....3

{ ASKED IF R IS NOT CURRENTLY MARRIED

**LMARSTAT**

AD-7c. If AD-7b MARSTAT=2 and ANY RELAR[X]=2 and SEX[X]=2, 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 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 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]

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

{ 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 [SPOUSE/PARTNER]'s relationship to [CHILD NAME]?

(IF SPOUSE OR PARTNER IS MALE, DISPLAY)

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

(IF SPOUSE OR PARTNER IS FEMALE, DISPLAY)

Biological mother .....1  
 Stepmother .....2  
 Adoptive mother .....3  
 Aunt, grandmother, or some other relation .....4  
 Foster mother or legal guardian.....5

Not related (legally or by blood).....6

### **Calendar Intro (AE)**

{ SHOWN FOR ALL RESPONDENTS

#### **CALENDAR\_1**

AE-1. IF FTF INTERVIEW, DISPLAY: This is a calendar-like grid to help you remember when events happened in your life, when they come up in the interview. At the end of the interview, you can keep it or, if you prefer, I can shred it.

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

IF CAWI RESPONDENT, DISPLAY:

This interview includes a "calendar" grid to help you remember when events happened in your life, when they come up in the interview. Getting accurate dates is very important. For some questions that ask about dates of events, once you provide a date, the information will automatically be filled in the calendar. You will not need to enter anything into the calendar. This calendar is a visual tool that displays events in your life to help you remember better if you choose to use it. The next screen shows an example calendar and describes some of the features.

{ SHOWN ONLY FOR CAWI RESPONDENTS

#### **CALENDAR\_1a**

AE-1a.

[CALENDAR TUTORIAL GRAPHIC DISPLAYED FOR CAWI RESPONDENTS]

{ SHOWN FOR ALL RESPONDENTS

#### **CALENDAR\_2**

AE-2. Notice that the calendar has rows for different events that may or may not have happened in your life, such as a pregnancy or marriage.

The most detailed part of the calendar covers months during the period from [CMJAN3YR\_FILL] through the present month. The section labeled "Before [THREEYRS\_FILL]" is for events that happened before [THREEYRS\_FILL]. The reason the calendar only goes month-by-month back to [THREEYRS\_FILL] is because it is easier to remember details for events if they are not too far in the past.

{ SHOWN FOR ALL RESPONDENTS

#### **CALENDAR\_3**

AE-3. IF FTF INTERVIEW, DISPLAY:

Now I'd like you to write your date of birth on the calendar on the line marked "Your Date of Birth". Then, find the month and year of your last birthday and write your age in the box right underneath it (*read if necessary*: in the row labeled "Your Age"). Now, please write your age under your birth month for the other years on the calendar. This may be helpful during the interview when some questions ask for your age when an event occurred.

IF CAWI RESPONDENT, DISPLAY:

Now look at the calendar that you will use during this survey. You can see that your age is already filled in on the calendar based on what you reported earlier. As you answer questions about events in your life, dates will be filled in.)

{ SHOWN FOR ALL RESPONDENTS

#### **CALENDAR\_4**

AE-4. IF FTF INTERVIEW, DISPLAY:

There will be reminders and instructions throughout the survey for using the calendar. Also, you may take your own notes, refer to personal calendars or phone apps, or anything else that would help you remember.

IF CAWI RESPONDENT, DISPLAY:

There will be reminders and instructions throughout the survey for using the calendar. Also, you may take your own notes, refer to personal calendars or phone apps, or anything else that would help you remember.

#### **Regular School and GED (AF)**

{ ASKED OF ALL RESPONDENTS

#### **ATTAIN**

AF-1. (Please look at Card 5.) What is the highest grade or level of school you have completed or the highest degree you have received?

[HELP AVAILABLE]

|                                                                       |    |
|-----------------------------------------------------------------------|----|
| No formal schooling .....                                             | 0  |
| Grade 1-11.....                                                       | 1  |
| 12 <sup>th</sup> grade, no diploma.....                               | 2  |
| GED or equivalent.....                                                | 3  |
| High School Graduate.....                                             | 4  |
| Some college, no degree.....                                          | 5  |
| Associate degree: occupational, technical, or vocational program..... | 6  |
| Associate degree: academic program.....                               | 7  |
| Bachelor's degree (Example: BA, AB, BS, BBA).....                     | 8  |
| Master's degree (Example: MA, MS, Meng, Med, MBA).....                | 9  |
| Professional school degree (Example: MD, DDS, DVM, JD).....           | 10 |
| Doctoral degree (Example: PhD, EdD).....                              | 11 |

{ ASKED IF HIGH SCHOOL GRADUATE OR HIGHER EDUCATION ATTAINED

#### **EARNHS\_M**

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

[CALENDAR REFERENCE]

◆ ENTER MM/YYYY

|                                     |           |              |             |
|-------------------------------------|-----------|--------------|-------------|
| 1. January                          | 5. May    | 9. September | 13. Jan-Mar |
| 2. February                         | 6. June   | 10. October  | 14. Apr-Jun |
| 3. March                            | 7. July   | 11. November | 15. Jul-Sep |
| 4. April                            | 8. August | 12. December | 16. Oct-Dec |
| 96. Did not get high school diploma |           |              |             |

#### **EARNHS\_Y**

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

[CALENDAR REFERENCE]

◆ ENTER (EARNHS\_M)/YYYY

{ ASKED IF R IS AGES 15-24 AND R EARNED LESS THAN HS DIPLOMA OR GED  
**MYSCHOL\_M/MYSCHOL\_Y**

AF-3. (In what month and year did you last attend regular school?/ If you are currently in school, select that option in the month dropdown.)

[HELP AVAILABLE]

[CALENDAR REFERENCE]

◆ Do not include vocational training or GED classes as regular school.

{ ASKED IF BACHELOR'S DEGREE OR HIGHER ATTAINMENT  
**EARNBA\_M/EARNBA\_Y**

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

◆ If you received more than 1 bachelor's degree, enter the date of the first one.

[CALENDAR REFERENCE]

### **Childhood background (AG)**

{ ASKED OF ALL RESPONDENTS

#### **AGINTRO**

AG-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, SHE 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**

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

DO count as "on your own" times you were away at college or in the Armed Forces.

DO NOT count as "on your own" 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 count temporary supervised arrangements such as summer camp.

[HELP AVAILABLE]

[CALENDAR REFERENCE]

Yes .....1

No .....5

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

#### **INTACT**

AG-1. Between your birth or adoption and (the present time/the time you first started living on your own/your 18th birthday), (have you always

lived/did you always live) with both your (biological/adoptive) mother and (biological/adoptive) father?

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

{ ASKED OF ALL RESPONDENTS

**PARMARR**

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

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

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

**LVSIT14F**

AG-3. Now, think about when you were 14 years old. (Looking at Card 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*

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

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

**LVSIT14M**

AG-4. (Ask if necessary:)(Now tell me who/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*

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

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

**WOMRASDU**

AG-5. (Please look at Card 6a.) Who, if anyone, do you think of as the woman who mostly raised you when you were growing up?

◆ *If there is more than one woman you considered raised you, and they are equally important, select the person who mostly raised you during your teen years.*

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

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

**MOMDEGRE**

AG-6. (Please look at Card 7.) What is the highest level of education (she/your mother) completed?

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

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

**MOMWORKD**

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

[HELP AVAILABLE]

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

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

**MOMFSTCH**

AG-8. How old was she when she had her first child who was born alive?

Under 18 years.....1  
 18-19 .....2  
 20-24 .....3  
 25-29 .....4  
 30-34 .....5  
 35 years or older.....6  
 Mother or mother figure did not have any children....96

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

**MANRASDU**

AG-9. (Please look at Card 6b.)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

Stepfather .....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 ALL RESPONDENTS—

**FOSTEREV**

AG-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.

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

{ ASKED IF R EVER LIVED IN FOSTER CARE

**MNYFSTER**

AG-11. In how many different foster care settings or locations have you lived?

1 setting or location.....1  
 2 settings or locations.....2  
 3 settings or locations.....3  
 4 settings or locations.....4  
 5 or more settings or locations.....5

{ ASKED IF R EVER LIVED IN FOSTER CARE

**DURFSTER**

AG-12. (Please look at Card 8.) Approximately how much time overall did you spend in foster care during your life?

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

{ ASKED IF R EVER LIVED IN FOSTER CARE

**AGEFSTER**

AG-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.....1  
 6-12.....2  
 13-17.....3  
 18 years or older.....4  
 Still in foster care.....5

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

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

{ ASKED IF R IS CURRENTLY MARRIED TO A WOMAN

**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, children you have had, 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 or partners? 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 IS CURRENTLY MARRIED TO OR LIVING WITH A WOMAN

**EVCOHABB**

AH-2. Have you ever lived together with a male sexual partner? Living together here means having a sexual relationship while sharing the same usual residence. Do not count 'dating' or 'sleeping over' as living together.

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

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

**BINTRO\_1**

BA-0. The next section is about your experience with childbearing and pregnancy. The first question asks when you started having your menstrual periods.

**MENARCHE AND CURRENT PREGNANCY (BA)**

{ ASKED FOR ALL RESPONDENTS

**MENARCHE**

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

[HELP AVAILABLE]

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

96 = Periods have not yet started

{ ASKED FOR ALL RESPONDENTS

**PREGNOWQ**

BA-2. Are you pregnant now?

Yes .....1

No .....5

{ ASKED IF R DOESN'T KNOW IF SHE IS PREGNANT NOW

**MAYBPREG**

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

Probably pregnant ..... 1

Probably not pregnant .. 5

{ ASKED FOR ALL RESPONDENTS

**BINTRO\_2**

BA-4. The next questions ask about any pregnancies you have had -- whether they resulted in babies born alive, stillbirth, abortion, miscarriage, or ectopic or tubal pregnancy. This information is some of the most important in this survey because it will help to improve family planning and health services for all women. (So please take whatever time you need to answer them as accurately and completely as possible.)

**NUMBER, OUTCOME, AND DATES OF PREGNANCIES (BB)**

{ ASKED FOR ALL RESPONDENTS

**NUMPREGS**

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

Number \_\_\_\_\_

[IF R HAS NEVER BEEN PREGNANT, SHE SKIPS TO BD SERIES.]

{ INTRO APPEARS IF R HAS BEEN PREGNANT MORE THAN ONCE

**BINTRO\_3**

BB-1b. Now you will be asked how and when each of your pregnancies ended,

in the order they occurred.

*[Respondent sees a table similar to the example below as she reports her pregnancy information in the BB series. In this example, R has been pregnant 4 times and is currently pregnant. Her 3<sup>rd</sup> pregnancy had 2 fetuses, one born alive and one a stillbirth.]*

| Pregnancy | Month ended | Year ended | How ended (1 <sup>st</sup> ) | How ended (2 <sup>nd</sup> ) |
|-----------|-------------|------------|------------------------------|------------------------------|
| First     | March       | 2000       | Live birth                   | n/a                          |
| Second    | June        | 2003       | Miscarriage                  | n/a                          |
| Third     | August      | 2005       | Live birth                   | Stillbirth                   |
| Current   | n/a         | n/a        | n/a                          | n/a                          |

{ ASKED FOR EACH PREGNANCY THAT IS NOT CURRENT

**PREGOUT**

BB-2. Thinking of your [nth] pregnancy, in which of the ways shown (on Card 9/below) did the pregnancy end?

♦ SELECT ALL THAT APPLY

♦ IF THIS PREGNANCY INCLUDED MORE THAN ONE TYPE OF OUTCOME, SUCH AS MISCARRIAGE OF ONE FETUS AND LIVE BIRTH FOR THE OTHER FETUS, SELECT ALL OUTCOMES THAT APPLY.

[HELP AVAILABLE]

Miscarriage .....1  
 Stillbirth .....2  
 Abortion .....3  
 Ectopic or tubal pregnancy .....4  
 Live birth .....5

{ ASKED IF R RESPONDED DK OR RF TO BB-2 PREGOUT (1<sup>st</sup> mention)

**HOWENDDK**

BB-2b. (I understand that you may not want to answer this question in detail.) If you are willing to say, did this (nth) pregnancy result in a baby or babies born alive, or did it end in some other way?

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

{ ASKED IF PREGNANCY ENDED IN ANY LIVE BIRTH

**NBRNALIV**

BB-3. With (this pregnancy/your (nth) pregnancy), how many babies did you have that were born alive? Please include babies that may have died shortly after birth and babies that you placed for adoption.

Number of babies \_\_\_\_\_

{ ASKED IF MORE THAN 1 LIVEBORN BABY REPORTED FROM THIS PREGNANCY

**MULTBRTH**

BB-3b. So to confirm, did you have (twins/triplets/all of these babies with this (nth) pregnancy)?

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

{ ASKED FOR ALL COMPLETED (non-current) PREGNANCIES

**PREGEND\_M/PREGEND\_Y**

BB-4. In what month and year (did this pregnancy end/was this baby born/were these [twins/triplets/babies] born)?

[CALENDAR REFERENCE]

{ ASKED IF R REPORTED A MONTH RANGE OR DK/RF ON MONTH OR ENTIRE DATE WAS DK/RF  
**AGEATEND**

BB-5. How old were you when (this pregnancy ended/this baby was born/the [twins/triplets/babies] were born)?

Age in years \_\_\_\_\_ [GO TO NEXT PREGNANCY, IF ANY]

{ ASKED IF CURRENTLY PREGNANT

**HOWPREG\_N/HOWPREG\_P**

BB-6. (Earlier you said you are (currently/probably) pregnant.) How many weeks or months pregnant are you (now)?

[CALENDAR REFERENCE]

Number of weeks or months \_\_\_\_\_

{ ASKED IF DK ON HOW MANY MONTHS OR WEEKS PREGNANT

**NOWPRGDK**

BB-7. Are you in your first trimester of pregnancy, in your second trimester, or in your third trimester?

[HELP AVAILABLE]

First trimester .....1

Second trimester .....2

Third trimester .....3

**[R LOOPS THROUGH BB SERIES FOR ALL HER PREGNANCIES, UP TO THE NUMBER REPORTED IN BB-1 Numpregs.]**

{ ASKED FOR ALL RESPONDENTS WITH AT LEAST 1 PREGNANCY

**VERPREGCHECK**

BB-8. Below is a table showing your pregnancies as you reported them. Is all the information correct?

| Pregnancy | Month ended | Year ended | How ended (1 <sup>st</sup> ) | How ended (2 <sup>nd</sup> ) |
|-----------|-------------|------------|------------------------------|------------------------------|
| First     | March       | 2000       | Live birth                   | n/a                          |
| Second    | June        | 2003       | Miscarriage                  | n/a                          |
| Third     | August      | 2005       | Live birth                   | Stillbirth                   |
| Current   | n/a         | n/a        | n/a                          | n/a                          |

**[AFTER COMPLETING BB SERIES LOOPING, SHE CONTINUES TO BC SERIES IF SHE HAS HAD ANY COMPLETED (non-current) PREGNANCIES. ELSE IF SHE IS CURRENTLY PREGNANT WITH 1<sup>st</sup> PREGNANCY, SHE GOES TO BD SERIES.]**

{ ASKED IF BB-8 VERPREGCHECK EQ NO

**PREGCHECK**

BB-9. To make changes to a pregnancy, click the [EDIT] button for that pregnancy,

To remove a pregnancy, click [DELETE]. You will be taken back to the question on your number of pregnancies, and see the corrected number. Then, please click [Next] until you reach the

verification screen again.

To add a pregnancy you did not include earlier, click this Add button to change your total number of pregnancies. You will then click [Next] at the screens for pregnancies you already reported until you reach a few questions about the pregnancy you added.

To continue to the next question without adding or correcting anything, click [Back], change your response to "Yes" (all information is correct), then click [Next].

{ ASKED FOR CAWI RESPONDENTS WHO REPORTED AT LEAST 1 PREGNANCY

**BINTRO3a**

BB-10. The information for the pregnancy or pregnancies you reported will be filled in on your calendar using a letter to note the way your pregnancy or pregnancies ended such as a "B" for a live birth, "S" for a stillbirth, "M" for miscarriage or ectopic pregnancy, or "A" for abortion. If the pregnancy ended before [THREEYRS\_FILL], it will show up in the "Before [THREEYRS\_FILL]" space in the "Births & Other Pregnancies" row.

**SELECTED QUESTIONS BASED ON PREGNANCY OUTCOME, ORDER, AND REGENCY -- FOR COMPLETED PREGS (BC)**

**BINTRO\_4**

BC-0. IF (BB-1 NUMPREGS=1 AND CURRPREG=NO) OR (NUMPREGS=2 AND CURRPREG=YES), SAY:

This next section contains additional questions about your pregnancy that (PREGNANCY OUTCOME) in (PREGNANCY END DATE).

ELSE IF NUMPREGS > 1 AND PREGCOUNTER=1, SAY:

This section contains additional questions about some of the pregnancies you have reported. Let's start with your first pregnancy that (PREGNANCY OUTCOME) in (PREGNANCY END DATE).

ELSE IF NUMPREGS > 1 AND PREGCOUNTER > 1, SAY:

The next questions are about your pregnancy that (prgoutcome\_fill) in (cmpregend\_fill).

{ ASKED IF PREGNANCY ENDED IN A LIVE BIRTH

**BABYNAMEn**

BC-1. What did you name your (baby/[MULT]) born in [PREGNANCY END DATE]?

*First name or initials \_\_\_\_\_*

*[IF PREGNANCY WAS NOT A LIVE BIRTH, FIRST OR SECOND PREGNANCY EVER, OR ENDED IN THE LAST 5 YEARS, GO TO BC-6a BABYNAME]*

{ ASKED IF LIVE BIRTH OR ANY OTHER COMPLETED PREGNANCY THAT IS R's 1<sup>st</sup> OR 2<sup>nd</sup> PREGNANCY EVER OR ENDED SINCE CMJAN5YR

**GESTASUN\_M, GESTASUN\_W**

BC-2. How many months or weeks had you been pregnant when ([BABYNAME] was born/the [MULT] were born/that pregnancy ended) in [PREGNANCY END DATE]?

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

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

## [CALENDAR REFERENCE]

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

**DK1GEST**

BC-3. Was it less than 20 weeks, 20-26 weeks, or more than 26 weeks?

Less than 20 weeks ...1

20-26 weeks.....2

More than 26 weeks ...3

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

**DK2GEST**

BC-4. A preterm delivery is one that occurs earlier than 37 weeks in pregnancy. As far as you know, did you have a preterm delivery?

Yes .....1

No .....5

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

**DK3GEST**

BC-5. Was it less than 14 weeks, 14-19 weeks, 20-26 weeks, or more than 26 weeks?

Less than 14 weeks ...1

14-19 weeks.....2

20-26 weeks.....3

More than 26 weeks ...4

*[IF PREGNANCY ENDED IN MISCARRIAGE, STILLBIRTH, OR ECTOPIC, GO TO BC-11**KNEWPREG,**ELSE IF PREGNANCY ENDED IN ABORTION OR REPORTED AS NOT A LIVEBIRTH (BB-2b**HOWENDDK=5) GO TO BD SERIES,**ELSE IF PREGNANCY ENDED IN A LIVE BIRTH GO TO BC-6a BABYSEX.]*

{ ASKED IF ONLY ONE BABY BORN ALIVE FROM THIS PREGNANCY

**BABYSEX**

BC-6a. IF BABYNAME = DK OR RF, ASK:

(Was this baby born in (PREGNANCY END DATE/Is (BABYNAME)) male or female?

Male ..... 1

Female ..... 2

{ ASKED IF MORE THAN ONE BABY BORN ALIVE FROM THIS PREGNANCY

**SEXMULT**

BC-6b. What were the sexes of your [MULT]?

All male .....1

All female .....2

Male and female .....3

{ ASKED IF SINGLETON LIVE BIRTH

**BIRTHWGT**

BC-7. When (BABYNAME) was born, did (he/she) weigh at least 5 1/2 pounds?

♦ *SELECT [2] IF BABY WEIGHED LESS THAN 2500 GRAMS.*

Yes, weighed 5 1/2 pounds or more ..... 1  
 No, weighed less than 5 1/2 pounds ..... 2

{ ASKED IF LIVE BIRTH SINCE CMJAN5YR, REGARDLESS OF HOW MANY BABIES BORN ALIVE WITH THIS PREGNANCY

**PAYBIRTH**

BC-8. (Please look Card 10.) When (your [MULT] were/(BABYNAME) was) born, in which of these ways was the delivery bill paid?

♦ *SELECT ALL THAT APPLY.*

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

{ ASKED FOR ALL LIVE BIRTHS, PLUS ANY OTHER COMPLETED NON-ABORTION PREGS THAT WERE 1<sup>ST</sup>, 2<sup>ND</sup>, OR RECENT

**AGEFATHER**

BC-9. How old was the father of this pregnancy when (it ended in (PREGNANCY END DATE)/the (BABYNAME) was born/the [MULT] were born)?

*ENTER [96] IF DID NOT KNOW THE FATHER OR HAD PREGNANCY ON OWN*

*ENTER AGE IN YEARS \_\_\_\_\_*

{ ASKED IF PREGNANCY ENDED SINCE CMJAN5YR AND DID NOT END IN ABORTION

**KNEWPREG**

BC-11. How many weeks pregnant were you when you learned that you were pregnant this time? Was it less than 10 weeks, 10-13 weeks, 14-26 weeks, or more than 26 weeks?

Less than 10 weeks .....1  
 10-13 weeks .....2  
 14-26 weeks (2<sup>nd</sup> trimester) .....3  
 More than 26 weeks .....4

{ ASKED IF PREGNANCY ENDED SINCE CMJAN5YR AND DID NOT END IN ABORTION

**PRIORSMK**

BC-12. (Please look at Card 11.) In the 6 months before you found out you were pregnant this time, how many cigarettes did you smoke a day, on average?

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

{ ASKED IF PREGNANCY ENDED SINCE CMJAN5YR AND DID NOT END IN ABORTION

**POSTSMKS**

BC-13. After you found out you were pregnant this time, did you smoke cigarettes at all during the pregnancy?

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

{ ASKED IF PREGNANCY ENDED SINCE CMJAN5YR AND DID NOT END IN ABORTION

**GETPRENA**

BC-14. During this pregnancy, did you ever visit a doctor or other medical care provider for prenatal care, that is, for one or more pregnancy check-ups?

[HELP AVAILABLE]

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

{ ASKED IF R RECEIVED PRENATAL CARE FOR THIS PREGNANCY (BC-14 GETPRENA=1)

**BGNPRENA**

BC-15. How many weeks pregnant were you at the time of your first prenatal care visit? Was it 13 weeks or less, 14-26 weeks, or more than 26 weeks?

13 weeks or less.....1  
14-26 weeks.....2  
More than 26 weeks.....3

[IF CHILD'S CURRENT AGE IS OLDER THAN 18, GO TO BD SERIES]

[IF THIS CHILD WAS REPORTED IN THE HOUSEHOLD ROSTER IN SECTION A, GO TO BC-21 ANYNURSE, ELSE ASK BC-16 LIVEHERE]

{ ASKED IF NOT ALREADY APPARENT FROM HH ROSTER THAT CHILD LIVES WITH R

**LIVEHERE**

BC-16. It doesn't appear you mentioned (BABYNAME) earlier when you reported who lives with you. Does (BABYNAME) still live with you?

♦ SELECT [YES] IF CHILD USUALLY LIVES WITH R/YOU.

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

{ ASKED IF CHILD NOT LIVING WITH R (BC-16 LIVEHERE = NO, DK, OR RF)

**ALIVENOW**

BC-17. Is (he/she) still living?

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

{ ASKED IF CHILD IS DECEASED (BC-17 ALIVENOW = NO)

**AGEDIED**

BC-18. How old was (BABYNAME) when (she/he) died? Was (she/he) younger than 1 year old, 1-4 years old, or 5 years or older?

Younger than 1 year old ..... 1  
1-4 years old ..... 2  
5 years or older ..... 3

{ ASKED IF CHILD IS ALIVE BUT NOT LIVING WITH R

**WHERE NOW**

BC-19. Please look at card 11a. Where does (BABYNAME) now live?

With biological father .....1  
With other relatives .....2  
With adoptive family .....3

With non-relative foster family .....4  
 Away at school or living on own .....5  
 Other .....6

{ ASKED IF BC-19 WHERE NOW = 1-4

**AGELEFT**

BC-20. How old was (BABYNAME) when (she/he) last lived with you? Was (she/he) younger than 1 year old, 1-4 years old, or 5 years or older?

Younger than 1 year old ..... 1  
 1-4 years old ..... 2  
 5 years or older ..... 3

[IF SINGLETON CHILD BORN SINCE CMJAN5YR WHO LIVED WITH R FOR AT LEAST 1 YEAR  
 ASK BREASTFEEDING SERIES, ELSE GO TO BD SERIES]

{ ASKED IF SINGLETON CHILD BORN SINCE CMJAN5YR WHO LIVED WITH R FOR AT LEAST 1 YEAR

**ANYNURSE**

BC-21. (When (BABYNAME) was an infant, did you breastfeed (him/her) at all?/ Did you breastfeed (BABYNAME) at all?)

♦ SELECT [YES] for any amount of breastfeeding using any method, including feeding the baby your own expressed or pumped breastmilk or donated breastmilk.

♦ SELECT [YES] if still breastfeeding this child.

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

{ ASKED IF SINGLETON CHILD BORN SINCE CMJAN5YR WHO LIVED WITH R FOR AT LEAST 1 YEAR

**FRSTEATD\_N**

BC-22a. Besides breastmilk, babies are sometimes given formula, baby food, or other liquid or solid foods. How old was [BABYNAME] when you first fed (her/him) something other than breast milk?

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

**FRSTEATD\_P**

BC-22b. (How old was (she/he) when you first fed (her/him) something other than breast milk?)

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

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

[IF CHILD OLDER THAN 2 YEARS, GO TO BC-23 QUITNURS]

{ ASKED IF CHILD AGED 2 YEARS OR YOUNGER

**QUITNURS**

BC-23. Have you stopped breast-feeding (her/him) altogether?

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

{ ASKED IF R STOPPED BREASTFEEDING THIS CHILD OR CHILD IS OLDER THAN 2 YEARS.

{ ANSWER CAN BE GIVEN IN DAYS, WEEKS, OR MONTHS

**AGEQTNUR\_N**

BC-24a. How old was (she/he) when you stopped breast-feeding (her/him) altogether?

♦ ENTER 996 if still breastfeeding this child.

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

**AGEQTNUR\_P**

BC-24b. (How old was (she/he) when you stopped breast-feeding (her/him) altogether?)

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

Months ...1

Weeks ....2

Days .....3

[CONTINUE WITH NEXT PREGNANCY, IF THERE IS ONE.

IF NO MORE PREGNANCIES TO DISCUSS, IF FACE TO FACE INTERVIEW ASK BC-25  
PREGBEGCAL

{ DISPLAYED ONLY FOR FTF RESPONDENTS WITH AT LEAST 1 PREGNANCY

**PREGBEGCAL**

BC-25. Some questions later in this interview ask about the time around when you became pregnant for any pregnancy that ended in [JANUARY THREE YEARS BEFORE INTERVIEW] or later. Based on the information you already reported, the computer has estimated the beginning date of this pregnancy or these pregnancies. Please mark these pregnancy beginning dates with a "P" in the appropriate month and year box on your calendar's "Births & Other Pregnancies" row. You will use this information at a later point in the interview.

U REVIEW LIST AND HELP WHEN NEEDED.

[GO TO BD SERIES IF R IS 18 OR OLDER.

IF R IS YOUNGER THAN 18, SHE SKIPS TO SECTION C]

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

{ Asked if R is 18 or older

**OTHERKID**

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

[HELP AVAILABLE]

Yes ..... 1

No..... 5 (BD-12 EVERADOPT)

{ Asked if OTHERKID=1

**NOTHRKID**

BD-2. How many nonbiological children have ever lived with you under your care and responsibility?

♦ ENTER number of children \_\_\_\_\_

**NBKIDLIV**

BD-3. How many of those (NOTHRKID) children are living with you under your care and responsibility now?

♦ ENTER number of children \_\_\_\_\_

{ Asked if R reported at least 1 child in NBKIDLIV

**NBKDNAME**

BD-4. (To save time during the interview, the next few questions will only ask about the 3 youngest of these children.) To help make the next few questions easier to follow, what (is/are) the first name or initials of the (3 youngest) nonbiological child who currently live(s) with you under your care?

♦ ENTER child's first name or initials \_\_\_\_\_

{ BEGIN LOOP TO ASK ABOUT EACH (UP TO 3) CHILD REPORTED IN BD-4 NBKDNAME

**BINTRO\_5a**

BD-4b. Now some questions about [NBKDNAME].

{ Asked for each nonbiokid (or 3 youngest) named in BD-4 NBKDNAME

**NBKIDSEX**

BD-5. ♦ Is (NBKDNAME) male or female?

Male .....1

Female .....2

{ Asked for each nonbiokid (or 3 youngest) named in BD-4 NBKDNAME

**NBKIDREL**

BD-6. (Please look at Card 12.)

When (NBKDNAME) began living with you, how was (she/he/this child) related to you?

[HELP AVAILABLE]

Your husband's child (stepchild) .....1

The child of a blood relative .....2

The child of a relative by marriage ..... 3

The child of a friend ..... 4

Your boyfriend or partner's child ..... 5

Related to you in some other way ..... 6

Unrelated to you previously in any way ..... 7

{ Asked for each nonbiokid (or 3 youngest) named in BD-4 NBKDNAME

**NBKDAGE**

BD-7. How old was (NBKDNAME) when (she/he/this child) began living with you?

Younger than 5 years old.....1

5-12 years old .....2

13 years or older.....3

{ Asked for each nonbiokid (or 3 youngest) named in BD-4 NBKDNAME

**ADPTNBKD**

BD-8. Did you legally adopt (NBKDNAME) or become (NBKDNAME)'s legal guardian?

♦ *SELECT "YES, ADOPTED" [1] IF YOU BOTH ADOPTED AND BECAME LEGAL GUARDIAN TO THIS CHILD.*

[HELP AVAILABLE]

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

{ Asked if R became legal guardian to this child

**TRYADOPT**

BD-9. Are you in the process of trying to legally adopt [NBKDDNAME]?

[HELP AVAILABLE]

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

{ Asked if R neither adopted nor became legal guardian to this child

**TRYEITHR**

BD-10. Are you in the process of trying to legally adopt [NBKDDNAME] or to become (his/her/this child's) legal guardian?

[HELP AVAILABLE]

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

{ Asked if this child is neither stepchild nor partner's child

**NBKIDFOS**

BD-11. Was (NBKDDNAME) a foster or related child who was placed in your home by a court, child welfare department, or social service agency?

♦ *SELECT "YES" for any child for whom you were designated or formally certified as a caregiver (e.g., foster parent, relative foster parent, or custodian) by a court, child welfare department, social service agencies.*

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

{ MOVE TO NEXT CHILD FOR THIS LOOP.

{ IF NO MORE CHILDREN TO LOOP THROUGH, GO TO BD-12 EVERADOPT.

{ END OF LOOP ABOUT NONBIOLOGICAL CHILDREN LIVING WITH R:

{ Asked if R is 18 or older

**EVERADOPT**

BD-12. (Not counting any child discussed in the previous questions,) have you ever legally adopted (a/another) child?

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

**CURRENT PLANS TO ADOPT (BE)**

{ Asked if R is 18 or older

**BINTRO\_6**

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

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

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

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

ELSE SAY:

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

{ Asked if R is 18 or older

**SEEKADPT**

BE-1. (Not counting children who currently live with you whom you may be seeking to adopt,/you have already adopted,/At this time,), are you (currently) seeking to adopt (a/another) child?

YES ..... 1

NO ..... 5 (BF-1 EVWNTANO)

{ Asked if R is currently seeking to adopt a child

**CONTAGEM**

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

YES ..... 1

NO ..... 5 (BE-4 KNOWADPT)

{ Asked if CONTAGEM = yes

**TRYLONG**

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

Less than 1 year .....1

1-2 years .....2

Or longer than 2 years ..3

{ Asked if R is currently seeking to adopt a child

**KNOWADPT**

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

[HELP AVAILABLE]

♦ *SELECT [NO] if the child started out as unknown to you but you have gotten to know the child through the adoption process.*

Yes ..... 1

No ..... 5

[IF R IS CURRENTLY SEEKING TO ADOPT, SHE SKIPS TO BF-5 HRDEMBRYO.]

**PREVIOUS PLANS TO ADOPT (BF)**

{ Asked if R is not currently seeking to adopt

**EVWNTANO**

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

Yes ..... 1

No ..... 5 (BF-6 HRDEMBRYO)

{ Asked if EVWNTANO=yes

**EVCONTAG**

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

Yes ..... 1

No ..... 5 (BF-6 HRDEMBRYO)

{ Asked if EVCONTAG=yes

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

Turned down .....1 (BF-5 HRDEMBRYO)

Unable to find child ....2 (BF-5 HRDEMBRYO)

Decided not to pursue ...3

{ Asked if TURNDOWN=3

**YQUITTRY**

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

[HELP AVAILABLE]

Adoption process only .....1

Own situation only .....2

Both .....3

**SECTION C**  
**Marital and Relationship History**

[THE NEW CA SERIES IS ASKED ONLY OF WOMEN CURRENTLY MARRIED TO OR COHABITING WITH A WOMAN.]

[IF R IS NOT MARRIED TO OR COHABITING WITH A WOMAN, SHE SKIPS TO CB SERIES.]

**Key Dates and Spouse/Partner Characteristics for Current Same-Sex Marriage or Cohabitation (CA)**

{ Asked if R is married to or cohabiting with a woman

**C\_INTRO1.**

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

[IF R IS COHABITING WITH A WOMAN, SHE SKIPS TO CA-5 STRTCFSP.]

{ Asked if R is currently married to a woman

**FMARRDATE\_M/FMARRDATE\_Y**

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

[HELP AVAILABLE]

[CALENDAR REFERENCE]

{ Asked if marriage date to current wife is DK/RF or based on a month range

**HERAGEFM**

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

♦ ENTER age in years

{ Asked if R is currently married to a woman

**LIVTOGFS**

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 wife live together before you got married?

[HELP AVAILABLE]

Yes .....1

No .....5 (CA-9 CFSPHISP)

{ Asked if LIVTOGFS=1 OR IF R IS CURRENTLY COHABITING WITH A WOMAN

**STRTCFSFSP\_M/STRTCFSFSP\_Y**

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

[HELP AVAILABLE]

[CALENDAR REFERENCE]

{ Asked if cohab date is DK/RF or based on a month range

**HERAGEF**

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

♦ ENTER AGE IN YEARS

{ Asked if cohabiting with a woman or cohabited premaritally with current wife

**ENGATFSP**

CA-7. How would you describe your relationship when you and she began living together?

Engaged to be married .....1  
 Not engaged but had definite plans to get married ....3  
 Neither engaged nor had definite plans .....5

{ Asked if R is currently cohabiting with a woman

**WILLMARRF**

CA-8. (Please look at Card 15.)

Do you think that you and (PARTNER) will marry each other?

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

{ Asked if R is married to or cohabiting with a woman

**CFSPHISP**

CA-9. Is (WIFE/PARTNER) Hispanic or Latino, or of Spanish origin?

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

**CFSPRACE**

CA-10. (Please look at Card 2b.)

Which of the groups describes (WIFE/PARTNER)'s racial background?  
 Please select one or more groups.

[HELP AVAILABLE]

♦ *SELECT ALL THAT APPLY.*

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

**CFSPEDUCN**

CA-11. (Please look at Card 14.)

What is the highest level of education (WIFE/PARTNER) has completed?

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

**CFSPBORN**

CA-12. Was (WIFE/PARTNER) born outside the United States?

♦ The United States includes the 50 states, Washington, D.C., and the U.S. territories and protectorates such as American Samoa, Puerto Rico, Guam, the U.S. Virgin Islands, and the Republic of Palau.

Yes .....1

No .....5

**CFSPMARBF**

CA-13. (At the time you and she were married,) (Has/had) (WIFE/PARTNER) been married (before)?

[HELP AVAILABLE]

Yes .....1

No .....5

**SSKIDTOG**

CA-14. You may have already answered this, but do you and (WIFE/PARTNER) have any children together? This means you and she are their biological or legal parents.

Yes .....1

No .....5 (CB SERIES)

{ Asked if SSKIDTOG=1

**NSSKIDTOG**

CA-15. How many children do you have together?

♦ ENTER number of children

{ Asked if SSKIDTOG=1

**SSKIDTOG18**

CA-16. How many of those children are under age 18?

♦ ENTER number of children

**NUMBER OF MARRIAGES AND HUSBAND CHARACTERISTICS (CB)**

[IF R HAS NEVER BEEN MARRIED TO A MAN THEN:

■ IF SHE IS CURRENTLY COHABITING WITH A MAN, SHE SKIPS TO CC SERIES.

■ IF SHE IS NOT CURRENTLY COHABITING WITH A MAN, SHE SKIPS TO CD SERIES.]

**C\_INTRO2A**

CB-0. The next questions are about your marriages and other relationships with males.

{ Asked if R has ever been married to a man

**TIMESMAR**

CB-1. (Including your present marriage,) how many times have you been married to a man?

[HELP AVAILABLE]

♦ ENTER NUMBER OF MARRIAGES

[IF TIMESMAR = DK/RF, SHE IS LOOPED ONLY ONCE THROUGH CB SERIES.]

**HUSBNAMEX**

CB-2. IF (R HAS BEEN MARRIED ONCE AND IS WIDOWED OR DIVORCED) OR (SHE HAS BEEN MARRIED TWICE AND IS CURRENTLY MARRIED), ASK:

In order to refer to him in later questions, what is the first name or the initials of your former husband?

[OTHER VARIANTS FOR CB-2 ARE BASED ON NUMBER OF TIMES MARRIED AND

*CURRENT MARITAL STATUS.]*

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

{ Note: Married Rs with more than 6 marriages will only use 5 of these spaces because for them, we ask only about 1st 5 husbands and then the current husband.

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

**HSBVERIF**

CB-2b. And you said that your current husband is [NAME FROM HH ROSTER]?

Yes .....1

No .....5

*[IF CB-2b HSBVERIF WAS ASKED, SHE SKIPS TO CB-3 C\_INTRO2B.]*

{ Asked only if R is currently married and husband's name has not been reported yet, OR if R has ever been married but TIMESMAR = DK/RF

**CHVERIFY**

CB-2c. You may have answered this earlier, but what is your (current/most recent) husband's first name or initials?

♦ *ENTER name or initials (NO NAMES OR INITIALS ARE PLACED ON THE FINAL DATA FILE.)*

**C\_INTRO2B**

CB-3. The next questions are about your (Nth) marriage.

**WHMARHX\_M/WHMARHX\_Y**

CB-3m/y. In what month and year were you and (husband) married?

[HELP AVAILABLE]

[CALENDAR REFERENCE]

{ Asked for each husband if marriage date was DK/RF or based on month range

**AGEMARHX**

CB-4.

How old were you when you got married (this [nth] time)?

♦ *ENTER age in years*

{ ASKED FOR EACH HUSBAND

**HXAGEMAR**

CB-5. How old was (HUSBAND) when you got married?

♦ *ENTER age in years*

**LVTOGHX**

CB-6. Some couples live together without being married. Living together here means having a sexual relationship while sharing the same usual address. Did you and (HUSBAND) live together before you got married?

[HELP AVAILABLE]

Yes.....1

No.....5 (CB-9 HISPHX)

{ Asked if LIVTOGHX=1

**STRTOGHX\_M/STRTOGHX\_Y**

CB-7m/y. In what month and year did you and he first start living together?

[HELP AVAILABLE]

[CALENDAR REFERENCE]

{ Asked if LIVTOGHX=1

**ENGAGHX**

CB-8. How would you describe your relationship when you and he began living together?

Engaged to be married .....1  
 Not engaged but had definite plans to get married ....3  
 Neither engaged nor had definite plans .....5

{ Asked if this husband is R's 1<sup>st</sup> or current/separated

**HISPHX**

CB-9. (Is/Was) (HUSBAND) Hispanic or Latino, or of Spanish origin?

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

**RACEHX**

CB-10. (Please look at Card 2b.)  
 Which of the groups shown describes (HUSBAND)'s racial background?  
 Please select one or more groups.

♦ *SELECT ALL THAT APPLY.*

[HELP AVAILABLE]

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

**CHEDMARN**

CB-11. (Please look at Card 14.)  
 What is the highest level of education (HUSBAND) (had completed when you got married/has completed)?

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

{ Asked for each husband

**MARBEFHX**

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

[HELP AVAILABLE]

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

**KIDSHX**

CB-13. When you and he got married, did he have any children, either

biological or adopted, from any previous relationships?

Yes .....1  
No .....5 (CB-16 BIOHUSBX)

{ ASKED IF KIDSHX=1

**KIDLIVHX**

CB-14. Did any of his children from previous relationships ever live with you and (HUSBAND)?

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

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

**BIOHUSBX**

CB-15. You may have already answered this, but (do/did) you and (CURRENT OR FORMER HUSBAND) have any biological children together? By that, I mean you are the biological mother and he is the biological father.

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

{ Asked if BIOHUSBX=1

**BIONUMHX**

CB-16. How many biological children (have/did) you and he (had/have) together?

♦ ENTER number of children

[IF R IS CURRENTLY MARRIED TO THIS HUSBAND, SHE SKIPS TO CC SERIES. IF R IS SEPARATED FROM THIS HUSBAND, SHE SKIPS TO CB-20 WNSTPHX.]

{ ASKED IF R IS NOT MARRIED TO OR SEPARATED FROM THIS HUSBAND

**MARENDHX**

CB-17. How did your (Nth) marriage end?

Death of husband .....1  
Divorce .....2  
Annulment .....3

{ ASKED IF R EVER MARRIED TO THIS MAN

**ENDMARRX\_M/ENDMARRX\_Y**

CB-18m/y. In what month and year did ((HUSBAND) die/your divorce from [HUSBAND] become final/your marriage end)?

[HELP AVAILABLE]

[CALENDAR REFERENCE]

{ ASKED IF MARRIAGE ENDED IN DIVORCE OR ANNULMENT,

{ OR IF R IS SEPARATED FROM THIS HUSBAND

{ OR IF DK/RF FOR HOW MARRIAGE ENDED

**WNSTPHX\_M/WNSTPHX\_Y**

CB-19m/y. In what month and year did you and (HUSBAND) stop living together (for the last time)?

♦ If you stopped living together more than once, please answer based on the most recent time.

[HELP AVAILABLE]  
[CALENDAR REFERENCE]

[IF ANY MORE HUSBANDS TO DISCUSS, RETURN TO CB-3 C\_INTRO2B. IF ALL HUSBANDS HAVE BEEN DISCUSSED, CONTINUE WITH CC SERIES.]

### **CURRENT COHABITING PARTNER (CC)**

[IF R HAS REPORTED A CURRENT MALE COHABITING PARTNER (REGARDLESS OF HER LEGAL MARITAL STATUS), CONTINUE WITH CC SERIES. OTHERWISE SKIP TO CD SERIES.]

{ ASKED IF NO CURRENT MALE COHAB PARTNER WAS LISTED IN HH ROSTER, BUT R REPORTED SHE IS CURRENTLY COHABITING WITH MAN IN AB-1 MARSTAT

#### **CPNAME**

CC-0. Earlier, you reported that you are living with a male partner. Living together here means having a sexual relationship while sharing the same usual address. So that he can be referred to in the interview, what is his first name or initials?

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

[IF CC-0 CPNAME WAS ASKED, R SKIPS TO CC-2 WNSTRTCP.]

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

#### **C\_INTRO3**

CC-1. Earlier, you reported you and (CURR MALE COHAB PARTNER) are living together. Living together here means having a sexual relationship while sharing the same usual address. The next questions are about your relationship with him.

{ ASKED IF R IS CURRENTLY COHABITING

#### **WNSTRTCP\_M/WNSTRTCP\_Y**

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

[CALENDAR REFERENCE]

{ Asked if current cohab start date is DK/RF or based on month range

#### **CPHERAGE**

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

♦ ENTER age in years

{ ASKED IF R IS CURRENTLY COHABITING

#### **CPHISAGE**

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

♦ ENTER age in years \_\_\_\_\_

#### **CPENGAG1**

CC-5. How would you describe your relationship when you and he began living together?

Engaged to be married .....1  
Not engaged but had definite plans to get married ....3  
Neither engaged nor had definite plans .....5

### **WILLMARR**

CC-6. (Please look at Card 15.)

Do you think that you and [CURR MALE COHAB PARTNER] will marry each other?

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

**CPHISP**

CC-7. Is (CURR MALE COHAB PARTNER) Hispanic or Latino, or of Spanish origin?

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

**CPRACE**

CC-8. (Please look at Card 2b.)

Which of these groups describes (CURR MALE COHAB PARTNER)'s racial background? Please select one or more groups.

♦ *SELECT ALL THAT APPLY.*

[HELP AVAILABLE]

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

**CPEDUC**

CC-9. (Please look at Card 14.)

What is the highest level of education (CURR MALE COHAB PARTNER) has completed?

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

**CPMARBEF**

CC-10. Has (CURR MALE COHAB PARTNER) ever been married?

[HELP AVAILABLE]

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

**CPKIDS**

CC-11. When you and (CURR MALE COHAB PARTNER) first began living together, did he have any children, either biological or adopted, from any previous relationships?

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

{ Asked if CPKIDS=1

**CPKIDLIV**

CC-12. Did any of his children from previous relationships ever live with you and (CURR MALE COHAB PARTNER)?

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

{ Asked if R is currently cohabiting and has ever had a live birth

**BIOCP**

CC-13. You may have already answered this, but do you and (CURR MALE COHAB PARTNER) have any biological children together? That is, you are the biological mother and he is the biological father.

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

{ Asked if BIOCP=1

**BIONUMCP**

CC-14. How many biological children have you and he had together?

♦ ENTER number of biological children

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

{ INTRO USED ONLY IF R HAS NEVER BEEN MARRIED TO A MAN AND IS NOT CURRENTLY COHABITING WITH A MAN

**C\_INTRO4**

CD-0. Some couples live together without being married. Living together here means having a sexual relationship while sharing the same usual address.

{ Asked for all Rs

**LIVE0TH**

CD-1. (Not counting anyone we've already talked about/Besides (CURR MALE COHAB PARTNER AND ANY HUSBANDS), have you ever lived together in a sexual relationship with (a/any other) man?

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

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

{ ASKED IF LIVE0TH=1

**HMOTHMEN**

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

♦ *Do not count husbands you lived with prior to marriage. Do not count your current male cohabiting partner.*

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

**OTHMAN**

CD-3.

So that he can be referred to during the interview, what is the first name or initials of the (first/other) man you lived with?

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

{ ASKED IF HMOTHMEN GE 1

**STRTOH1\_M/STRTOH1\_Y**

CD-4m/y. In what month and year did you and (1<sup>st</sup> FORMER MALE COHAB PARTNER) begin living together?

[HELP AVAILABLE]

[CALENDAR REFERENCE]

{ Asked if 1<sup>st</sup> cohab start date=DK/RF or based on month range

**HERAGEC1**

CD-5. How old were you when you began living with (1<sup>st</sup> FORMER MALE COHAB PARTNER)?

♦ ENTER age in years \_\_\_\_\_

{ ASKED IF HMOTHMEN GE 1

**HISAGEC1**

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

♦ ENTER age in years \_\_\_\_\_

**ENGAG1C1**

CD-7. How would you describe your relationship when you and he began living together?

Engaged to be married .....1

Not engaged but had definite plans to get married ....3

Neither engaged nor had definite plans .....5

**MAREVC1**

CD-8. When you began living together, had (1<sup>st</sup> FORMER MALE COHAB PARTNER) ever been married?

[HELP AVAILABLE]

Yes.....1

No.....5

**C1KIDS**

CD-9. When you and he began living together, did he have any children, either biological or adopted, from any previous relationships?

Yes.....1

No.....5

{ ASKED IF R HAS EVER HAD A CHILD

**BIOFCP1**

CD-10. Did you and (1<sup>st</sup> FORMER MALE COHAB PARTNER) have any biological children together? That is, you are the biological mother and he is the biological father.

Yes.....1

No.....5 (CD-12 STPTOGC1)

{ Asked if BIOFCP1=1

**BIONUMC1**

CD-11. How many biological children did you and he have together?

♦ ENTER number of biological children

{ ASKED IF HMOTHMEN GE 1

**STPTOGC1\_M/STPTOGC1\_Y**

CD-12m/y. In what month and year did you and (1<sup>st</sup> FORMER MALE COHAB PARTNER)  
stop living together for the last time?

[CALENDAR REFERENCE]

**EVER HAD INTERCOURSE WITH A MAN (CE)**

[IF R HAS EVER BEEN MARRIED TO A MAN, EVER COHABITED WITH A MAN, OR EVER BEEN  
PREGNANT, SHE SKIPS TO CE-3 WNFSTSEX.]

{ ASKED IF R HAS NEVER BEEN MARRIED TO A MAN, NEVER COHABITED WITH A MAN, AND  
NEVER BEEN PREGNANT

**EVERSEX**

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

♦ Do not count oral sex, anal sex, or other forms of sexual  
activity that do not involve vaginal penetration.

♦ IF WEB MODE, DISPLAY: IF you do not remember the month, please  
month range from the dropdown, if possible.

Otherwise enter the year and press [Next] to be able to enter  
don't know for the month.

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

{ ASKED IF R HAS NEVER HAD SEX WITH A MAN

**YNOSEX**

CE-2. 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 most important reason why you have not had  
sexual intercourse with a male up to now?

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

[IF YNOSEX WAS ASKED, GO TO CF SERIES]

{ ASKED IF R HAS EVER HAD SEX WITH A MAN

**WNFSTSEX\_M, WNFSTSEX\_Y**

CE-3m/y. Please think back to the very first time in your life that you ever  
had sexual intercourse with a male. In what month and year was that?

♦ Do not count oral sex, anal sex, or other forms of sexual activity  
that do not involve vaginal penetration.

- ♦ IF WEB MODE, DISPLAY: IF you do not remember the month, please a month range from the dropdown, if possible.

Otherwise enter the year and press [Next] to be able to enter don't know for the month.

- ♦ SELECT [never had sex] if you have never had sexual intercourse.

[HELP AVAILABLE]

[CALENDAR REFERENCE]

{ ASKED IF DK/RF ON DATE OF FIRST SEX

**AGEFSTX**

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

[CALENDAR REFERENCE]

- ♦ IF FTF INTERVIEW DISPLAY: IF R DOES NOT WANT TO ANSWER BECAUSE FIRST SEX WAS NOT VOLUNTARY, ALLOW HER TO MOVE TO THE NEXT QUESTION THAT SHE IS COMFORTABLE WITH.

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

*[IF AGEFSTX WAS REPORTED (not DK/RF), SHE SKIPS TO CE-6 GRFSTX]*

{ ASKED IF DK/RF ON AGEFSTX

**DKAGFSTX**

CE-5. Were you less than 15, 15-17, 18-20 or older than 20 years of age?

Less than 15.....1  
 15-17.....2  
 18-20.....3  
 Older than 20.....4

{ ASKED IF AGE AT FIRST SEX WAS 17 OR YOUNGER

**GRFSTX**

CE-6. What grade or year of school were you in that first time you had intercourse with a male?

[HELP AVAILABLE]

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

{ ASKED ONLY IF R HAS NEVER BEEN MARRIED AND HAS NEVER COHABITED WITH A MAN

**SXMTONCE**

CE-7. Have you had sexual intercourse more than once?

[HELP AVAILABLE]

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

**Sex Communication (CF)**

[CF SERIES IS ONLY ASKED IF R IS 15-24 YEARS OLD. IF R IS OLDER THAN 24, SHE SKIPS TO CG SERIES.]

{ Asked if R is aged 15-24

**TALKPAR**

CF-1. (Please look at Card 17.) 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 have you ever talked with a parent or guardian about?

♦ SELECT ALL THAT APPLY

How to say no to sex. ....1  
Methods of birth control .....2  
Where to get birth control .....3  
Sexually transmitted diseases .....4  
How to prevent HIV/AIDS.....5  
How to use a condom .....6  
Waiting until marriage to have sex 7  
  
None of the above .....95

**FORMSEXED**

CF-2. (Please look at Card 17.) The next question is about formal sex education you may have had, at school, church, a community center, or some other place. (Before you were 18,) which, if any, of these topics have you ever had any formal instruction about?

♦ SELECT ALL THAT APPLY

How to say no to sex. ....1  
Methods of birth control .....2  
Where to get birth control .....3  
Sexually transmitted diseases .....4  
How to prevent HIV/AIDS.....5  
How to use a condom .....6  
Waiting until marriage to have sex 7  
  
None of the above .....95

**FIRST INTERCOURSE PARTNER (CG)**

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

[REMAINDER OF SECTION C IS ONLY ASKED FOR R's WHO HAVE HAD SEX WITH A MAN]

{ ASKED IF R HAS EVER HAD SEXUAL INTERCOURSE WITH A MAN

**FRSTPART**

CG-1. Next are some questions about your first male partner ever. Please (tell me/enter) the first name or the initials of your first male sexual partner so that he can be referred to in these questions.

[HELP AVAILABLE]

Name/Initials \_\_\_\_\_ (NO NAMES OR INITIALS ARE PLACED IN THE FINAL DATA FILE)

[IF R HAS NEVER BEEN MARRIED AND NEVER COHABITED WITH A MAN, SHE SKIPS TO CG-4 FPAGE]

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

**SAMEMAN**

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

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

YES.....1

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

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

**WHOFSTPR**

CG-3. Which of these men listed on the screen was your first sexual partner?

(Respondent identifies him based on initials or name)

{ ASKED IF CAWI RESPONDENT OR (FTF INTERVIEW AND R IS 18 YEARS OR OLDER)

**FPAGE**

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

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

{ ASKED IF FPAGE = DK/RF

**FPRELAGE**

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

Older .....1

Younger .....2

Same age .....3 (CG-5 KNOWFP)

{ ASKED IF FPRELAGE = "older" or "younger"

**FPRELYRS**

CG-4c. By how many years?

1-2 years.....1

3-5 years.....2

6-10 years.....3

More than 10 years....4

{ ASKED IF R HAS EVER HAD SEXUAL INTERCOURSE WITH A MAN

**KNOWFP**

CG-5. (Please look at Card 19.) At the time you first had sexual intercourse with (FIRST PARTNER), how would you describe your relationship with him?

[HELP AVAILABLE]

|                                                                |   |
|----------------------------------------------------------------|---|
| Married to him .....                                           | 1 |
| Engaged to him and living together .....                       | 2 |
| Engaged to him, but not living together .....                  | 3 |
| Living together in a sexual relationship, but not engaged .... | 4 |
| In a steady relationship, but not living together or engaged.. | 5 |
| Going out with him once in a while .....                       | 6 |
| Just friends .....                                             | 7 |
| Had just met him .....                                         | 8 |
| Something else .....                                           | 9 |

{ ASKED ONLY IF R IS NOT CURRENTLY MARRIED OR COHABITING WITH A MAN

**STILFPSX**

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

[HELP AVAILABLE]

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

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

**LSTSEXP\_M, LSTSEXP\_Y**

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

[CALENDAR REFERENCE]

♦ SELECT "only had sex once" if you only had sex once with this partner

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

**FPOTHREL**

CG-7a. (Please look at Card 19.) At the time you last had sexual intercourse with (NAME OF 1<sup>st</sup> PARTNER), how would you describe your relationship with him?

|                                                                |   |
|----------------------------------------------------------------|---|
| Married to him .....                                           | 1 |
| Engaged to him and living together .....                       | 2 |
| Engaged to him, but not living together .....                  | 3 |
| Living together in a sexual relationship, but not engaged .... | 4 |
| In a steady relationship, but not living together or engaged.. | 5 |
| Going out with him once in a while .....                       | 6 |
| Just friends .....                                             | 7 |
| Had just met him .....                                         | 8 |
| Something else .....                                           | 9 |

[HELP AVAILABLE]

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

**FPEDUC**

CG-7b. (Please look at Card 14.) What is the highest level of education (FIRST PARTNER) has completed?

|                                   |   |
|-----------------------------------|---|
| Less than high school .....       | 1 |
| High school graduate or GED ..... | 2 |

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

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

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

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

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

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

♦ *SELECT ALL THAT APPLY.*

[HELP AVAILABLE]

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

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

CG-7f. (Please look at Card 20.) How would you describe your current relationship with (FIRST PARTNER)?

Engaged to him .....1  
 In a steady relationship, but not engaged .....2  
 Going out with him once in a while .....3  
 Just friends .....4  
 Had just met him .....5  
 Something else .....6

*[IF R HAS NOT YET REACHED MENARCHE, DID NOT REPORT AGE AT MENARCHE, OR IF HER AGE AT 1st SEX IS OLDER THAN HER AGE AT 1st MENSTRUAL PERIOD, GO TO CH SERIES.]*

{ READ IF R's AGE AT FIRST SEX IS <= AGE AT 1st PERIOD

**C\_INTRO6**

CG-7g. IF R REPORTED SAME AGE FOR MENARCHE AND 1<sup>st</sup> SEX, SAY:  
 It is important for this survey to know about women's timing of their first sexual intercourse in relation to their first menstrual period. Earlier you reported that you were [FSEXAGE] years old the first time you had sexual intercourse, the same age you were when you had your first menstrual period. It is important for this study to know whether your first sexual intercourse was before or after your first menstrual period

ELSE IF AGE AT 1<sup>st</sup> SEX < BA-1 MENARCHE, SAY:  
 It is important for this survey to know about women's timing of their first sexual intercourse in relation to their first menstrual period. Earlier you reported that you were [FSEXAGE] years old the first time you had sexual intercourse and that you

were [MENARCHE] years old when you had your first menstrual period. It is important for this survey to know when you first had sexual intercourse after your first menstrual period.

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

**WHICH1ST**

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

Sexual intercourse .....1

Menstrual period .....2 (CH SERIES)

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

**SEXAFMEN**

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

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

Yes .....1

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

{ ASKED IF SEXAFMEN = 1 OR HER 1<sup>st</sup> SEX WAS BEFORE MENARCHE (AGEFSTSX LT MENARCHE) BUT SHE HAD EVER BEEN MARRIED, PREGNANT, OR COHABITED

**WNSEXAFM\_M, WNSEXAFM\_Y**

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

[CALENDAR REFERENCE]

♦ *SELECT "no sex since first menstrual period" in the month dropdown if applicable*

**AGESXAFM**

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

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

[IF AGESXAFM= RF OR AGE IS REPORTED, GO TO CH SERIES]

{ ASKED IF AGESXAFM=DK

**DKAFMEN**

CG-12. Were you less than 15, 15-17, 18-20 or older than 20 years of age?

Less than 15.....1

15-17.....2

18-20.....3

Older than 20.....4

**NUMBERS OF SEXUAL PARTNERS (CH)**

{ Asked if R ever had sex with a male

**LIFEPR**

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

your life?

♦ Do not count oral sex, anal sex, or other forms of sexual activity that do not involve vaginal penetration.

Number \_\_\_\_\_ [IF NUMBER IS REPORTED, GO TO CH-2 PTSB4MAR]

{ ASKED IF LIFEPR = DK OR RF

**LIFEPR\_CAT**

CH-1b. (Please look at Card 21.)

What comes closest to the number of males with whom you have had sexual intercourse within your life?

|                       |   |
|-----------------------|---|
| 1-4 males .....       | 1 |
| 5-9 males .....       | 2 |
| 10-19 males.....      | 3 |
| 20-49 males .....     | 4 |
| 50 males or more..... | 5 |

{ ASKED IF R HAS EVER BEEN MARRIED TO A MAN

**PTSB4MAR**

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

Number \_\_\_\_\_ [IF NUMBER IS REPORTED, GO TO CH-3 MON12PRT]

{ ASKED IF PTSB4MAR = DK OR RF

**PTSB4MAR\_CAT**

CH-2b. (Please look at Card 22.) What comes closest to the number of males with whom you had sexual intercourse with before you got married in [DATE OF FIRST MARRIAGE]?

|                       |   |
|-----------------------|---|
| 0-4 males .....       | 1 |
| 5-9 males .....       | 2 |
| 10-19 males.....      | 3 |
| 20-49 males .....     | 4 |
| 50 males or more..... | 5 |

{ Asked if R ever had sex with a male

**MON12PRT**

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

♦ Do not count oral sex, anal sex, or other forms of sexual activity that do not involve vaginal penetration.

Number \_\_\_\_\_ [IF NUMBER IS REPORTED, GO TO CI SERIES]

{ ASKED IF MON12PRT = DK OR RF

**MON12PRT\_CAT**

CH-3b. (Please look at Card 23.) What comes closest to the number of males with whom you had sexual intercourse in the last 12 months?

|                        |   |
|------------------------|---|
| 0 males .....          | 1 |
| 1-4 males .....        | 2 |
| 5-9 males .....        | 3 |
| 10-19 males.....       | 4 |
| 20 males or more ..... | 5 |

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

[IF R HAS ONLY HAD ONE PARTNER, AND SHE MARRIED OR COHABITED WITH THIS MAN, GO TO SECTION D.]

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

**WHOSNC1Y**

CI-1. You mentioned that you have had one sexual partner since (CMLSTYR\_FILL). Is that (CURRENT H/P)?

YES.....1

NO.....5

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

**P3INTRO**

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

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

**PXNAME**

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

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

{ ASKED IF FIRST SEX WAS WITHIN PAST 12 MONTHS

**MATCHFP**

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

YES.....1

NO.....5

{ ASKED IF FIRST SEX WAS WITHIN PAST 12 MONTHS

**MATCHHP**

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

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

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

**P1YLSEX\_M, P1YLSEX\_Y**

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

[CALENDAR REFERENCE]

[IF PARTNER BEING DESCRIBED IS R'S CURRENT H/P OR IF CI-1 WHOSNC1Y = YES, GO TO CI-10 P1YLSEX.]

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

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

**P1YCURRP**

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

[HELP AVAILABLE]

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

{ ASKED IF PARTNER IS NOT A CURRENT HUSBAND/COHAB AND IS NOT A CURRENT PARTNER AND IS NOT A FIRST PARTNER.

**P1YOTHREL**

CI-8. (Now I have/next are) a few more questions about [PXNAME\_FILL]. (Please look at Card 19.) At the time you last had sexual intercourse with him, how would you describe your relationship with him?

[HELP AVAILABLE]

Married to him .....1  
Engaged to him and living together ..... 2  
Engaged to him, but not living together .....3  
Living together in a sexual relationship, but not engaged ....4  
In a steady relationship, but not living together or engaged .5  
Going out with him once in a while .....6  
Just friends .....7  
Had just met him .....8  
Something else .....9

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

**P1YRAGE**

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

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

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

**P1YHSAGE**

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

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

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

**P1YRF**

CI-11. (Please look at Card 19.) At the time you first had sexual intercourse with (PXNAME\_FILL), how would you describe your relationship with him?

Married to him .....1  
Engaged to him and living together ..... 2  
Engaged to him, but not living together .....3  
Living together in a sexual relationship, but not engaged ....4  
In a steady relationship, but not living together or engaged .5  
Going out with him once in a while .....6  
Just friends .....7  
Had just met him .....8  
Something else .....9

**P1YFSEX\_M, P1YFSEX\_Y**

CI-12m/y. In what month and year did you have sexual intercourse with him for the first time?

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

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

## [CALENDAR REFERENCE]

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

**P1YEDUC**

CI-13. (Please look at Card 14.) What is the highest level of education he has completed?

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

**P1YHISP**

CI-14. Is (PXNAME\_FILL) Hispanic or Latino, or of Spanish origin?

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

**P1YRACE**

CI-15. (Please look at Card 2b.) Which of these groups describes (PARTNER'S NAME)'s racial background? Please select one or more groups.

## [HELP AVAILABLE]

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

{ ASKED IF THIS IS A CURRENT SEXUAL PARTNER, BUT NOT R's CURRENT H/P OR R's FIRST PARTNER, AND RELATIONSHIP HAS LASTED LONGER THAN 1 MONTH

**P1YRN**

CI-16. (Please look at Card 20.) How would you describe your current relationship with (PARTNER's NAME)?

Engaged to him .....1  
 In a steady relationship, but not engaged.....2  
 Going out with him once in a while.....3  
 Just friends.....4  
 Had just met him.....5  
 Something else.....6

[IF ANY OTHER RECENT PARTNER TO DESCRIBE (MAXIMUM OF 3), RETURN TO CI-5 P1YRAGE. OTHERWISE GO TO SECTION D.]

**SECTION D**  
**Sterilizing Operations and Impaired Fecundity**

**FEMALE STERILIZATION OPERATIONS (DA)**

{ Asked for all Rs

**INTRO\_D1**

INTRO-D1. The next questions are about your physical ability to have (a/another) baby. We will first ask about surgery or other medical procedures that make it physically impossible for you to get pregnant (again) or carry (a/another) baby.

**EVERTUBS**

DA-1. Have you ever had surgery or another medical procedure where both of your tubes were tied, cut, blocked, or removed? This is often called a tubal ligation or tubal sterilization.

[HELP AVAILABLE]

♦ SELECT "NO" if had tubal sterilization but procedure failed

YES had tubal sterilization, including Essure .....1  
 YES had tubal sterilization, but already reversed ..3  
 NO did not have tubal sterilization .....5

[IF EVERTUBS=NO THEN:

--IF R IS NOT CURRENTLY PREGNANT, SHE SKIPS TO DA-2 EVERHYST  
 --IF R IS CURRENTLY PREGNANT, SHE SKIPS TO DA-4 OTHROPS1.]

{ Asked if R reported a tubal sterilization, regardless of reversal (EVERTUBS = 1 or 3)

**TUBSDATE\_M/TUBSDATE\_Y**

DA-1m/y. In what month and year did you have your tubal sterilization?

[CALENDAR REFERENCE]

{ Asked if R is not currently pregnant

**EVERHYST**

DA-2. Have you ever had a hysterectomy, that is, surgery to remove your uterus?

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

{ Asked if R reported a hysterectomy (EVERHYST=1)

**HYSTDATE\_M/HYSTDATE\_Y**

DA-2m/y. In what month and year did you have your hysterectomy?

[HELP AVAILABLE]

[CALENDAR REFERENCE]

{ Asked if R reported same mo/yr for tubal sterilization and hysterectomy

**SAMEOPER**

DA-3. Did you have your hysterectomy and tubal sterilization in the same operation?

Yes .....1  
 No .....5 (DA-5 OTHROPS2)

{ Asked if R reported a hysterectomy but not a tubal sterilization

**OTHROPS1**

DA-4. Sometimes when a woman has her uterus removed, she also has her ovaries or her tubes removed in the same operation. When you had your hysterectomy, which of the following also occurred? Please select all that apply.

*SELECT ALL THAT APPLY*

One or both ovaries removed .....1  
 One or both tubes removed .....2  
 None of the above .....6

*[IF DA-4 OTHROPS1 WAS ASKED, R SKIPS TO DA-7 RHADALL]*

{ Asked if R reported neither a hysterectomy nor a tubal sterilization

**OTHROPS2**

DA-5. Have you ever had surgery or other medical procedures to remove one or both of your ovaries or your tubes? Please select all that apply.

♦ *SELECT ALL THAT APPLY*

One or both ovaries removed .....1  
 One or both tubes removed .....2  
 None of the above .....6

{ Asked if R reported neither a hysterectomy nor a tubal sterilization, and R reported a surgery or procedure to remove one or both ovaries or tubes (OTHROPS2 = 1 OR 2)

**OTHSTER**

DA-6. Did you have this other surgery or procedure since [cmjan4yr\_fill]?

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

{ Asked if R reported a tubal sterilization, regardless of reversal, and (R had no hysterectomy OR she had hysterectomy later than tubal)

**RHADALL**

DA-7. When you had your tubal sterilization in (CMTUBAL\_FILL), had you, yourself, had all the children you wanted?

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

{ Asked if R reported a tubal sterilization, regardless of reversal, and (R had no hysterectomy OR she had hysterectomy later than tubal)

**HHADALL**

DA-8. And what about your husband or male partner at the time you had this tubal sterilization in (cmtubal\_fill)? At that time, had he had all the children he wanted?

Yes .....1  
 No .....5  
 YOU WERE NOT IN A RELATIONSHIP WITH  
 A MAN AT THE TIME YOU HAD THIS OPERATION ....6

{ Asked if R reported a tubal sterilization, regardless of reversal, and (R had no hysterectomy OR she had hysterectomy later than tubal)

**FMEDREAS**

DA-9. Did you have any medical reasons for having your tubal sterilization?

Some possible medical reasons are shown (on Card 24/below):

- Medical problems with your female organs
- Pregnancy would be dangerous to your health
- You would probably lose a pregnancy
- You would probably have an unhealthy child

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

{ Asked if R reported a tubal sterilization, regardless of reversal, and (R had no hysterectomy OR she had hysterectomy later than tubal)

**BCREAS**

DA-10. At the time you had your tubal sterilization, had you or your (husband/partner/husband or partner) been having problems with your method or methods of birth control?

♦ SELECT NO IF NOT USING ANY METHOD AT THE TIME

Yes .....1  
No .....5 (DA-12 PAYTUBAL)

{ Asked if BCREAS=1

**BCWHYF**

DA-11. Was there a health or medical problem with the method of birth control you or your partner was using, or did you not like the method for some other reason?

[HELP AVAILABLE]

Health or medical problem .....1  
Some other reason .....2  
Both .....3

{ Asked if R reported more than 1 reason for her tubal sterilization

**TUBLMAIN**

DA-11b. You mentioned that the reasons for your tubal sterilization were that... [ONLY DISPLAY REASONS THAT R REPORTED ABOVE]. Which one of these was the main reason that you had your tubal sterilization?

♦ *SELECT "Some other reason not mentioned above" if the main reason was something other than a reason reported previously.*

You had all the children you wanted.....1  
Your husband or partner had all the children he wanted....2  
Medical reasons.....3  
Problems with other methods of birth control.....4  
Some other reason not mentioned above.....5

{ Asked if R's tubal sterilization occurred within last 5 years and R met criteria for being asked DA-7 RHADALL

**PAYTUBAL**

DA-12. (Please look at Card 10.)  
In which of these ways was the bill for your tubal sterilization paid?

♦ *SELECT ALL THAT APPLY*

Insurance .....1

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

# **MALE STERILIZATION (VASECTOMY) (DB)**

*[IF R IS NOT CURRENTLY MARRIED OR COHABITING WITH A MAN, SHE SKIPS TO DC SERIES.]*

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

## **ANYVASEC**

DB-1. Has (HUSBAND/PARTNER) ever had a vasectomy, an operation that makes it impossible for him to father a baby in the future?

[HELP AVAILABLE]

SELECT "NO" [5] IF HAD VASECTOMY BUT PROCEDURE FAILED

YES had vasectomy .....1  
 YES had vasectomy, but already reversed ..3  
 NO did not have vasectomy .....5 (DC SERIES)

{ Asked if R's current husband or cohabiting partner has had a vasectomy (regardless of reversal)

## **VASDATE\_M/VASDATE\_Y**

DB-2m/y. In what month and year did [HUSBAND/PARTNER] have his vasectomy?

[CALENDAR REFERENCE]

*[IF VASECTOMY OCCURRED DURING THEIR CURRENT MARRIAGE, R SKIPS TO DB-5 PAYVAS.]*

{ Asked if vasectomy occurred before the date R married her current husband, or R is currently cohabiting with partner who had vasectomy

## **WITHIMOP**

DB-3. Did [HUSBAND/PARTNER] have his vasectomy while you were in a relationship with him, or was it before your relationship?

[HELP AVAILABLE]

Yes, during your relationship ..... 1  
 No, before your relationship ..... 5

{ Asked if WITHIMOP NE 1 and date of vasectomy was DK/RF

## **VASJAN4YR**

DB-4. Did he have his vasectomy since [cmjan4yr\_fill]?

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

{ Asked if vasectomy occurred within the last 5 years and occurred during their relationship

## **PAYVAS**

DB-5. (Please look at Card 10.)

In which of these ways was the bill for [HUSBAND/PARTNER]'s vasectomy paid?

♦ SELECT ALL THAT APPLY

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

**REVERSAL OF TUBAL STERILIZATION OR VASECTOMY (DC)**

{ Asked if R had tubal sterilization (EVERTUBS = 1 OR 3)

**REVSTUBL**

DC-1. IF NO REVERSAL OPERATION PREVIOUSLY REPORTED, ASK:

Have you ever had surgery to reverse your tubal sterilization?

ELSE IF REVERSAL OPERATION WAS ALREADY REPORTED, ASK:

Earlier you mentioned that you had your tubal sterilization reversed.  
 Is this correct?

[HELP AVAILABLE]

*SELECT "NO" IF REVERSAL OF TUBAL STERILIZATION FAILED.*

Yes .....1  
 No .....5 (DC-3 REVSVASX)

{ Asked if R had reversal of tubal sterilization

**DATRVSTB\_M/DATRVSTB\_Y**

DC-2m/y. In what month and year did you have your tubal sterilization reversed?

[HELP AVAILABLE]

[CALENDAR REFERENCE]

{ Asked only if R is currently married or cohabiting and reported her current H/P had a vasectomy (ANYVASEC = 1 OR 3)

**REVSVASX**

DC-3. IF NO VASECTOMY REVERSAL WAS PREVIOUSLY REPORTED, ASK

Has [HUSBAND/PARTNER] ever had surgery to reverse his vasectomy?

ELSE IF VASECTOMY REVERSAL WAS PREVIOUSLY REPORTED, ASK:

Earlier you mentioned that [HUSBAND/PARTNER] has had his vasectomy reversed. Is this correct?

[HELP AVAILABLE]

*SELECT "NO" [5] IF REVERSAL OF VASECTOMY FAILED.*

Yes .....1  
 No .....5 (DC-5 RWANTRVT)

{ Asked if R reported that her current H/P had a vasectomy reversal

**DATRVVEX\_M/DATRVVEX\_Y**

DC-4m/y. In what month and year did [HUSBAND/PARTNER] have the reversal?

[HELP AVAILABLE]

[CALENDAR REFERENCE]

*[IF R HAS HAD TUBAL REVERSED OR HAS HAD ANY OTHER FEMALE STERILIZATION OPERATION, SHE GOES TO DE SERIES.]*

{ Asked if R reported an unreversed tubal sterilization and no other female operation

**RWANTRVT**

DC-5. (Please look at Card 15.)

As things look to you now, if your tubal sterilization could be reversed safely, would you want to have it reversed?

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

{ Asked if R is currently married or cohabiting

**MANWANTT**

DC-6. (Please look at Card 15.)

Would [HUSBAND/PARTNER] like you to have your tubal sterilization reversed?

[HELP AVAILABLE]

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

{ Asked if R reported an unreversed vasectomy for her current H/P, and she has had no female sterilization operation besides a tubal

**RWANTREV**

DC-7. (Please look at Card 15.)

As things look to you now, if [HUSBAND/PARTNER]'s vasectomy could be reversed safely, would you want to have it reversed?

[HELP AVAILABLE]

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

**MANWANTR**

DC-8. (Please look at Card 15.)

Would [HUSBAND/PARTNER] like to have his vasectomy reversed?

[HELP AVAILABLE]

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

**NON-SURGICAL STERILITY (DD)**

{ IF R IS SURGICALLY STERILE, SHE SKIPS TO DE-6 LASTPER. }

{ ELSE IF SHE IS CURRENTLY PREGNANT, SHE SKIPS TO DE SERIES. }

{ Asked if R is neither surgically sterile nor pregnant

**POSIBLPG**

DD-1. The next few questions are about your physical ability to have (a/another) baby at some time in the future.

Some women are not physically able to have children. As far as you know, is it physically possible for you, yourself, to have (a/another) baby?

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

[IF POSIBLPG=YES, DK, OR RF, R SKIPS TO DD-3 POSIBLMN.]

{ Asked if not physically possible to have children

**REASIMPR**

DD-2. (Please look at Card 25.)

What is the main reason it is impossible for you to have a baby in the future?

♦ *SELECT [5] if reason is related to spouse or partner, or other physical or medical reasons.*

[HELP AVAILABLE]

Impossible due to problems with ovulation .....1  
Impossible due to problems with uterus, cervix,  
or fallopian tubes .....2  
Impossible due to other illnesses or treatment  
for other illnesses such as cancer .....3  
Impossible due to menopause .....4  
Impossible for other reasons.....5

[IF R IS NOT MARRIED OR COHABITING AND H/P IS SURGICALLY STERILE, SHE SKIPS TO DE SERIES]

{ Asked if R is currently married or cohabiting and H/P is not surgically sterile

**POSIBLMN**

DD-3. What about [HUSBAND/PARTNER]? As far as you know, is it physically possible for him to father a baby in the future?

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

{ Asked if physically impossible for R's current H/P to father a baby

**REASIMPP**

DD-4. (Please look at Card 26.)

What is the main reason it is impossible for [HUSBAND/PARTNER] to father a baby in the future?

♦ *SELECT "Impossible for other reasons" [4] if reason is related to other physical or medical reasons.*

[HELP AVAILABLE]

Impossible due to problems with sperm or semen .....1  
Impossible due to testicular problems or varicocele .....2  
Impossible due to other illnesses or treatment for other  
illnesses .....3  
Impossible for other reasons .....4

**PREGNANCY DIFFICULTY SERIES (DE)**

{ Asked if physically possible for R to have a baby

**CANHAVER**

DE-1. Some women are physically able to have (a/another) baby, but have difficulty getting pregnant or carrying the baby to term. As far as you know, would you, yourself, have any difficulty getting pregnant (again) or carrying (a/another) baby (after this pregnancy/to term)?

[HELP AVAILABLE]

Yes .....1  
No .....5 (DE-3 CANHAVEM)

{ Asked if CANHAVER=1

**READSIFF**

DE-2. (Please look at Card 27.)

What are the reason(s) that it would be difficult for you to have (a/another) baby?

♦ *SELECT ALL THAT APPLY*

[HELP AVAILABLE]

You have difficulty getting pregnant.....1  
You have difficulty carrying baby to term.....2  
Pregnancy is dangerous to your health.....3  
You are likely to have an unhealthy baby .....4  
Or some other reason .....5

{ Asked if R has a current H/P who is physically able to father a child or R is currently pregnant

**CANHAVEM**

DE-3. As far as you know, does [HUSBAND/PARTNER] have any difficulty fathering a baby?

[HELP AVAILABLE]

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

{ Asked if physically possible for R to have a baby

**PREGNONO**

DE-4. At any time has a medical doctor ever advised you never to become pregnant (again)?

Yes .....1  
No .....5 (DE-6 LASTPER)

{ Asked if PREGNONO = YES

**REASNONO**

DE-5. Why did the doctor advise you not to become pregnant?

♦ *SELECT ALL THAT APPLY*

Dangerous for you .....1  
Dangerous for your baby .....2  
Some other reason .....3

{ Asked if R has ever had a period, is not currently pregnant, and still has her uterus and ovaries

**LASTPER**

DE-6. (Please look at Card 28.)

How long ago did your last period start?

- ♦ If your periods have stopped or become irregular due to birth control or other reasons, please answer when you last had a period.

Within the past 4 weeks .....1  
Longer ago than 4 weeks, but less than 3 months ....2  
Longer ago than 3 months, but less than 6 months ...3  
Longer ago than 6 months, but less than 1 year .....4  
Longer ago than 1 year .....5  
Before last birth or pregnancy .....95

{ Asked if R is 18 or older, has ever had a period, is not currently pregnant, has not been pregnant in past year, and is not surgically sterile

**TRYPREG12**

DE-7. At any point within the past 12 months, that is since (CMLSTYR\_FILL), were you trying to get pregnant?

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

**SECTION E**  
**Contraceptive History and Pregnancy Wantedness**

**CONTRACEPTIVE METHODS EVER USED (EA)**

{ ASKED OF ALL RESPONDENTS

**INTR-EA1**

EA-0. (Card 29 lists methods that some people use to prevent pregnancy or to prevent sexually transmitted disease. As I read a method from the list, please tell me if you have ever used it for any reason. Just give me a "yes" or "no" answer. Please answer yes even if you have only used the method once./ A list of methods that some people use to prevent pregnancy or to prevent sexually transmitted disease is shown below. The next series of questions asks if you have ever used each of these methods. Please indicate if you have ever used the method for any reason. Please answer yes even if you have only used the method once.)

Note: The contraceptive methods shown on card 29 are shown onscreen for CAWI respondents.

**PILL**

EA-1. Have you ever used birth control pills?

[HELP AVAILABLE]

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

*[IF R NEVER HAD SEX WITH A MALE, SHE SKIPS TO EA-4 DEPOPROV.]*

{ ASKED IF R HAS EVER HAD SEX

**CONDOM**

EA-2. Have you ever had sex with a partner who used a condom?

[HELP AVAILABLE]

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

**VASECTOMY**

EA-3. Have you ever had sex with a partner who had a vasectomy?

[HELP AVAILABLE]

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

**DEPOPROV**

EA-4. (Have you ever used) Depo-Provera, which is an injectable or shot given once every three months?

[HELP AVAILABLE]

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

*[IF R NEVER HAD SEX WITH A MALE, SHE SKIPS TO EA-9 PATCH.]*

{ ASKED IF R HAS EVER HAD SEX

**WIDRAWAL**

EA-6. Have you ever had sex with a partner who used withdrawal or "pulling out"?

[HELP AVAILABLE]

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

{ ASKED IF R HAS EVER HAD SEX

**RHYTHM**

EA-7a. Have you ever used the calendar rhythm method to prevent pregnancy? With this method, a woman counts the days in her menstrual cycle to identify which days she can get pregnant, or "unsafe" days. This can include using an app for this method.

[HELP AVAILABLE]

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

{ ASKED IF R HAS EVER HAD SEX

**SDAYCBDS**

EA-7b. (Have you ever used) the "Standard Days Method" or "CycleBeads" to prevent pregnancy? These methods identify days 8 to 19 of the cycle as days a woman can get pregnant, or "unsafe" days. This can include using an app for these methods.

[HELP AVAILABLE]

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

{ ASKED IF R HAS EVER HAD SEX

**TEMPSAFE**

EA-8. (Have you ever used) safe period by temperature, cervical mucus test, or urinary hormone testing to prevent pregnancy? Some names for these methods are the Two Day Method, the Billings Ovulation Method, the Symptothermal Method, and the Marquette Method.

[HELP AVAILABLE]

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

{ ASKED IF R HAS EVER HAD SEX

**NATCYCA**

EA-8b. (Have you ever used) the Natural Cycles app to prevent pregnancy?

[HELP AVAILABLE]

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

{ ASKED OF ALL

**PATCH**

EA-9. (Have you ever used) The contraceptive patch such as Ortho-Evra or Xulane?

[HELP AVAILABLE]

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

{ ASKED OF ALL

**RING**

EA-10. (Have you ever used) The vaginal contraceptive ring, such as or  
"NuvaRing" "Annovera" or "EluRyng"?

[HELP AVAILABLE]

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

[IF R NEVER HAD SEX WITH A MALE, SHE SKIPS TO EA-14 OTHRMETH.]

{ ASKED IF R HAS EVER HAD SEX

**MORNPIII**

EA-11. (Have you ever used) Emergency contraception pills? Some examples  
of names for this are: "Plan B", "Preven", "Ella", "Next Choice,"  
"Julie," and "Morning after" pills.

♦ This is one pill or a series of regular birth control pills  
taken within 72 hours, or within 5 days, after unprotected sex to  
help a woman avoid pregnancy.

[HELP AVAILABLE]

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

{ ASKED IF R HAS EVER USED EMERGENCY CONTRACEPTION

**ECTIMESX**

EA-12. How many different times have you used emergency contraception?

Number\_\_\_\_\_

{ ASKED IF R HAS EVER USED EMERGENCY CONTRACEPTION

**ECRX**

EA-13aa. (The last time you used it,) Did you get the emergency  
contraception with or without a prescription?

With a prescription.....1  
Without a prescription.....2

{ ASKED IF R HAS EVER USED EMERGENCY CONTRACEPTION

**ECWHERE**

EA-13a. (Please look at Card 30.) (The last time you used it,) where did  
you get the (prescription for) emergency contraception?

Private doctor's office.....1  
HMO facility.....2  
Community health clinic, community clinic, public health clinic.....3  
Family planning or Planned Parenthood clinic.....4  
Employer or company clinic.....5  
School or school-based clinic.....6  
Hospital outpatient clinic.....7  
Other hospital location including emergency room.....8  
Urgent care center, urgi-care or walk-in facility.....9  
In-store health clinic (like CVS, Target, or Walmart).....10

Mail order / Internet.....11  
 Friend.....12  
 Partner or spouse.....13  
 Drug store.....14  
 Some other place.....15

{ ASKED IF R HAS EVER USED EMERGENCY CONTRACEPTION

**ECWHEN**

EA-13b. (The last time you used it, was it / Was that) within the last 12 months, that is, since (CMLSTYR\_FILL)?

Yes (Within the last 12 months).....1

No (Over 12 months ago).....2

{ ASKED OF ALL

**IMPLANT**

EA-13c. Have you ever used a hormonal implant such as Norplant, Implanon, or Nexplanon?

[HELP AVAILABLE]

Yes.....1

No.....5

{ ASKED OF ALL

**IUD**

EA-13d. (Have you ever used) an IUD which stands for intrauterine device such as Copper-T, Paragard, Mirena, Liletta, or Skyla?

[HELP AVAILABLE]

Yes.....1

No.....5 (EA-14 OTHRMETH)

{ ASKED IF R EVER USED AN IUD

**EVIUDTYP**

EA-13e. (Please look at Card 31.) Which type or types of IUD have you ever used: a copper-bearing IUD such as Copper-T or ParaGard; a Levonorgestrel or hormonal IUD, such as Mirena, Skyla, Liletta; or Kyleena, or another type?

♦ *SELECT ALL THAT APPLY*

♦ *Select "Copper-bearing" if 10-year IUD*

♦ *Select "Hormonal IUD" if 3 or 5-year IUD*

Copper-bearing (such as Copper-T or ParaGard)....1

Hormonal IUD (such as Mirena, Skyla, Liletta, or Kyleena).....2

Other.....3

{ ASKED IF EVER USED A IUD

**EVCIUDEC**

EA-13f. Was the IUD initially inserted as emergency contraception?

Yes.....1

No.....5

[HELP AVAILABLE]

{ ASKED OF ALL

**OTHRMETH**

EA-14. (On the right side of Card 29 is a list of some other methods of birth control. Which, if any, of the methods listed on that side of the card have you ever used? Please tell me the method even if you have only used it once./ Which, if any, of these additional methods listed have you ever used? Please indicate yes even if you have only used it once.)

♦ *SELECT ALL THAT APPLY*

[HELP AVAILABLE]

|                                     |    |
|-------------------------------------|----|
| Vaginal Contraceptive Film.....     | 1  |
| Diaphragm.....                      | 2  |
| Female condom, internal condom..... | 3  |
| Foam.....                           | 4  |
| Jelly or cream.....                 | 5  |
| Cervical cap.....                   | 6  |
| Suppository, insert.....            | 7  |
| Today sponge.....                   | 8  |
| Phexxi Gel.....                     | 9  |
| Lunelle.....                        | 10 |
| Other method .....                  | 11 |
| No other methods ever used.....     | 95 |

{ ASKED IF R HAS EVER USED A METHOD

**METHDISS**

EA-16. Some people try a method and then don't use it again, or stop using it, because they are not satisfied with the method. Did you ever stop using a method because you were not satisfied with it in some way? Do not count stopping to get pregnant or because you were not having intercourse, only count stopping if you were not satisfied with the method.

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

{ ASKED IF R EVER STOPPED USING A METHOD DUE TO DISSATISFACTION

**METHSTOP**

EA-17. (Please look at card 32.) What method or methods did you stop because you were not satisfied?

♦ *SELECT ALL THAT APPLY*

|                                                                                                                                |    |
|--------------------------------------------------------------------------------------------------------------------------------|----|
| Birth control pills.....                                                                                                       | 3  |
| Condom.....                                                                                                                    | 4  |
| Partner's vasectomy.....                                                                                                       | 5  |
| Female sterilizing operation, such as<br>tubal sterilization.....                                                              | 6  |
| Withdrawal, pulling out.....                                                                                                   | 7  |
| Depo-Provera, injectables (shots).....                                                                                         | 8  |
| Hormonal implant (Norplant, Implanon,<br>or Nexplanon).....                                                                    | 9  |
| Calendar rhythm,<br>Standard Days, or Cycle Beads method.....                                                                  | 10 |
| Safe period by temperature or cervical<br>mucus test (Two Day, Billings Ovulation,<br>Sympto-thermal Method, Marquette Method, |    |

|                                                 |    |
|-------------------------------------------------|----|
| Natural Cycles app).....                        | 11 |
| Diaphragm.....                                  | 12 |
| Female condom, internal condom.....             | 13 |
| Foam.....                                       | 14 |
| Jelly or cream.....                             | 15 |
| Cervical cap.....                               | 16 |
| Suppository, insert.....                        | 17 |
| Today sponge.....                               | 18 |
| IUD .....                                       | 19 |
| Lunelle injectable (monthly shot).....          | 20 |
| Contraceptive patch (Ortho-Evra or Xulane)..... | 21 |
| Vaginal contraceptive ring.....                 | 22 |
| Other method.....                               | 23 |

{ ASKED IF R EVER STOPPED USING BIRTH CONTROL PILLS DUE TO DISSATISFACTION WITH THIS METHOD

**WHENPILL**

EA-17a. Now, think about the last 12 months, that is, since (CMLSTYR\_FILL). During that time, did you stop using the pill because you were not satisfied with it?

Yes (stopped within the last 12 months).....1

No (stopped over 12 months ago).....2

**REASPILL**

EA-18. (Please look at Card 33.) What was the reason or reasons you were not satisfied with the Pill?

♦ *SELECT ALL THAT APPLY*

|                                                                                                            |    |
|------------------------------------------------------------------------------------------------------------|----|
| Too expensive.....                                                                                         | 1  |
| Insurance did not cover it.....                                                                            | 2  |
| Too difficult to use (including remembering to take the pill).....                                         | 3  |
| Too messy.....                                                                                             | 4  |
| Your partner did not like it.....                                                                          | 5  |
| You had side effects (such as weight gain or headaches).....                                               | 6  |
| You were worried you might have side effects.....                                                          | 7  |
| You worried the method would not work.....                                                                 | 8  |
| The method failed, you became pregnant.....                                                                | 9  |
| The method did not protect against disease.....                                                            | 10 |
| Because of other health problems, a doctor told you that you should not use the method again.....          | 11 |
| The method decreased your sexual pleasure.....                                                             | 12 |
| Too difficult to obtain the method.....                                                                    | 13 |
| Did not like the changes to your menstrual cycle (such as changes in flow, irregular cycle, spotting)..... | 14 |
| Other .....                                                                                                | 15 |

{ ASKED IF R EVER STOPPED USING BIRTH CONTROL PILLS DUE TO DISSATISFACTION WITH THIS METHOD

**WHENCOND**

EA-18e. Now, think about the last 12 months, that is, since (CMLSTYR\_FILL). During that time, did you stop using the condom because you were not satisfied with it?

Yes (stopped within the last 12 months).....1

No (stopped over 12 months ago).....2

**REASCOND**

EA-19. (Please look at Card 34.) What was the reason or reasons you were not satisfied with the condom?

♦ *SELECT ALL THAT APPLY*

[SHOW CARD 34]

Too expensive.....1  
 Insurance did not cover it.....2  
 Too difficult to use.....3  
 Too messy.....4  
 Your partner did not like it.....5  
 You had side effects (such as skin irritation or an allergy).....6  
 You were worried you might have side effects(such as skin irritation or an allergy) .....7  
 You worried the method would not work.....8  
 The method failed, you became pregnant.....9  
 The method did not protect against disease.....10  
 Because of other health problems, a doctor told you that you should not use the method again.....11  
 The method decreased your sexual pleasure.....12  
 Too difficult to obtain the method.....13  
 Did not like the changes to your menstrual cycle.....14  
 Other .....15

{ ASKED IF R EVER STOPPED USING BIRTH CONTROL PILLS DUE TO DISSATISFACTION WITH THIS METHOD

**WHENIUD**

EA-20e. Now, think about the last 12 months, that is, since (CMLSTYR\_FILL). During that time, did you stop using the IUD because you were not satisfied with it?

Yes (stopped within the last 12 months).....1

No (stopped over 12 months ago).....2

**TYPEIUD**

EA-21. (Please look at Card 31.) Which type or types of IUD did you stop using because you were not satisfied a copper-bearing IUD such as Copper-T or ParaGard, a Levonorgestrel or hormonal IUD, such as Mirena, Skyla, Liletta, or Kyleena, or another type?

♦ *SELECT ALL THAT APPLY*

♦ *Select "Copper-bearing" if 10-year IUD*

♦ *Select "Hormonal IUD" if 3 or 5-year IUD*

Copper-bearing (such as Copper-T or ParaGard).....1  
 Hormonal IUD (such as Mirena, Skyla, Liletta, or Kyleena).....2  
 Other.....3

**REASIUD**

EA-21a. (Please look at Card 35.) What was the reason or reasons you were not satisfied with the IUD?

♦ *SELECT ALL THAT APPLY*

|                                                                                                            |    |
|------------------------------------------------------------------------------------------------------------|----|
| Too expensive.....                                                                                         | 1  |
| Insurance did not cover it.....                                                                            | 2  |
| Too difficult to use.....                                                                                  | 3  |
| Too messy.....                                                                                             | 4  |
| Your partner did not like it.....                                                                          | 5  |
| You had side effects (such as cramping).....                                                               | 6  |
| You were worried you might have side effects.....                                                          | 7  |
| You worried the method would not work.....                                                                 | 8  |
| The method failed, you became pregnant.....                                                                | 9  |
| The method did not protect against disease.....                                                            | 10 |
| Because of other health problems, a doctor told you that you should<br>not use the method again.....       | 11 |
| The method decreased your sexual pleasure.....                                                             | 12 |
| Too difficult to obtain the method.....                                                                    | 13 |
| Did not like the changes to your menstrual cycle (such as heavier flow,<br>irregular cycle, spotting)..... | 14 |
| Other .....                                                                                                | 15 |

[IF R HAS NEVER USED A CONTRACEPTIVE METHOD, BUT HAS HAD SEX, SHE SKIPS TO EC SERIES.]

[IF R HAS NEVER USED A CONTRACEPTIVE METHOD AND HAS NEVER HAD SEX, SHE SKIPS TO SECTION F.]

### **FIRST METHOD SERIES (EB)**

{ ASKED IF EVER USED A METHOD

#### **INTR-EB1**

EB-0. Next are a few questions about the very first time in your life that you used a birth control method for any reason.

#### **FIRSMETH**

EB-1. (Please refer to Card 36.) What was the first birth control method you ever used for any reason? If you used more than one method, please report each one.

♦ *SELECT ALL THAT APPLY*

♦ *SELECT [22] if you were sterile aside from sterilizing operations listed in category 6*

♦ *SELECT [23] if your partner was sterile for reasons other than a vasectomy*

[HELP AVAILABLE]

|                                                                                                           |    |
|-----------------------------------------------------------------------------------------------------------|----|
| Birth control pills.....                                                                                  | 3  |
| Condom.....                                                                                               | 4  |
| Partner's vasectomy.....                                                                                  | 5  |
| Female sterilizing operation, such as tubal<br>sterilization and hysterectomy.....                        | 6  |
| Withdrawal, pulling out.....                                                                              | 7  |
| Depo-Provera, injectables.....                                                                            | 8  |
| Hormonal implant (Norplant, Implanon,<br>or Nexplanon).....                                               | 9  |
| Calendar rhythm, Standard Days, or Cycle Beads method                                                     | 10 |
| Safe period by temperature or cervical mucus test (Two<br>Day, Billings Ovulation, Sympto-thermal Method, |    |

|                                                 |    |
|-------------------------------------------------|----|
| Marquette Method, Natural Cycles app).....      | 11 |
| Diaphragm.....                                  | 12 |
| Female condom, internal condom.....             | 13 |
| Foam.....                                       | 14 |
| Jelly or cream.....                             | 15 |
| Cervical cap.....                               | 16 |
| Suppository, insert.....                        | 17 |
| Today sponge.....                               | 18 |
| IUD.....                                        | 19 |
| Emergency contraception pills.....              | 20 |
| Other method .....                              | 21 |
| You were sterile.....                           | 22 |
| Your partner was sterile.....                   | 23 |
| Lunelle injectable (monthly shot).....          | 24 |
| Contraceptive patch (Ortho-Evra or Xulane)..... | 25 |
| Vaginal contraceptive ring.....                 | 26 |

[IF R HAS NEVER HAD SEX, SHE SKIPS TO EB-3 WNFSTUSE\_M]

{ ASKED IF R's FIRST METHOD WAS NOT A CONTINUOUS METHOD

**FIRSTIME1**

EB-2. (Please look at Card 37.) Thinking again of the very first time you ever used a method of birth control, when was it in relation to your first intercourse?

|                                                      |   |
|------------------------------------------------------|---|
| The first time you had intercourse.....              | 2 |
| Less than a month after your first intercourse.....  | 3 |
| One to three months after first intercourse.....     | 4 |
| Four to twelve months after first intercourse.....   | 5 |
| More than twelve months after first intercourse..... | 6 |

{ASKED IF R's FIRST METHOD WAS A CONTINUOUS METHOD

**FIRSTIME2**

EB-2. (Please look at Card 38.) Thinking again of the very first time you ever used a method of birth control, when was it in relation to your first intercourse?

|                                                      |   |
|------------------------------------------------------|---|
| Before your first intercourse.....                   | 1 |
| The first time you had intercourse .....             | 2 |
| Less than a month after your first intercourse.....  | 3 |
| One to three months after first intercourse.....     | 4 |
| Four to twelve months after first intercourse.....   | 5 |
| More than twelve months after first intercourse..... | 6 |

{ ASKED IF FIRST METHOD USE WAS NOT AT FIRST SEX

**WNFSTUSE\_M/WNFSTUSE\_Y**

EB-3. (Now, please look at your calendar, and tell me in what month and year you first used a method (for any reason)./ Please enter the month and year you first used a method (for any reason).?

[CALENDAR REFERENCE]

{ ASKED IF DATE OF 1<sup>ST</sup> METHOD USE = DK/RF

**AGEFSTUS**

EB-4. How old were you the first time you used a method for any reason?

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

{ ASKED IF RESPONDENT EVER HAD SEX AND FIRST METHOD USE WAS BEFORE FIRST

## INTERCOURSE

**USEFRSTS**

EB-6. Did you use any birth control method the first time you had intercourse?

Yes.....1

No.....5 (EC SERIES)

{ ASKED IF EB-6 USEFRSTS=NO

**MTHFRSTS**

EB-8. (Please look at Card 36.) Which method did you use the first time you had intercourse? If you used more than one method at the same time, please report each method.

♦ *SELECT ALL THAT APPLY*♦ *SELECT [22] if you were sterile for reasons other than the sterilization operations shown in category 6*♦ *SELECT [23] if your partner was sterile for reasons other than vasectomy*

Birth control pills.....3  
 Condom.....4  
 Partner's vasectomy.....5  
 Female sterilizing operation, such as tubal  
 sterilization and hysterectomy.....6  
 Withdrawal, pulling out.....7  
 Depo-Provera, injectables.....8  
 Hormonal implant (Norplant, Implanon,  
 or Nexplanon).....9  
 Calendar rhythm, Standard Days, or Cycle Beads method..10  
 Safe period by temperature or cervical mucus test (Two  
 Day, Billings Ovulation, Sympto-thermal Method,  
 Marquette Method, Natural Cycles app).....11  
 Diaphragm.....12  
 Female condom, internal condom.....13  
 Foam.....14  
 Jelly or cream.....15  
 Cervical cap.....16  
 Suppository, insert.....17  
 Today sponge.....18  
 IUD.....19  
 Emergency contraception pills.....20  
 Other method.....21  
 You were sterile.....22  
 Your partner was sterile.....23  
 Lunelle injectable (monthly shot).....24  
 Contraceptive patch (Ortho-Evra or Xulane).....25  
 Vaginal contraceptive ring.....26

**PERIODS OF NON INTERCOURSE (EC)**

[IF R NEVER HAD SEX WITH A MALE OR IS CURRENTLY MARRIED TO OR COHABITING WITH A WOMAN, SHE SKIPS TO ED SERIES]

[IF R'S FIRST SEX WAS THE MONTH OF INTERVIEW, ASSIGN "YES" TO INTERCOURSE IN CURRENT MONTH, AND GO TO ED SERIES]

{ ASKED IF R EVER HAD SEX WITH A MAN AND MONTH OF FIRST SEX NE INTERVIEW MONTH  
**INTR-EC1**

EC-1. IF FTF INTERVIEW, DISPLAY:

Many women have times when they are not having intercourse at all, for example, because of pregnancy, separation, not dating anyone, illness, or other reasons. The next questions ask about the months since (the first time you had intercourse, which was in [DATE OF FIRST SEX]/ January [YEAR OF INTERVIEW - 3]) that you did not have intercourse at all for the entire month. First, let's review other information on your calendar.

IF CAWI RESPONDENT, DISPLAY:

Many women have times when they are not having intercourse at all, for example, because of pregnancy, separation, not dating anyone, illness, or other reasons. The next questions ask about the months since (the first time you had intercourse, which was in [DATE OF FIRST SEX]/ January [YEAR OF INTERVIEW - 3]) that you did not have intercourse at all for the entire month.

[CALENDAR REFERENCE]

[INFORMATION ABOUT PREGNANCIES, IF ANY, THAT RESPONDENT HAS PROVIDED IN PRIOR SECTIONS, APPEARS ON SCREEN AS AN AID FOR ENTERING THE CURRENT INFORMATION]

#### **INTR-EC2**

EC-2. IF FTF INTERVIEW, DISPLAY:

Many women have times when they are not having intercourse at all, for example, because of pregnancy, separation, not dating anyone, illness, or other reasons. The next questions are about the months since (the first time you had intercourse, which was in [DATE OF FIRST SEX]/ January [YEAR OF INTERVIEW - 3]) that you did not have intercourse at all for the entire month. First, let's review other information on your calendar.

IF CAWI RESPONDENT, DISPLAY:

Many women have times when they are not having intercourse at all, for example, because of pregnancy, separation, not dating anyone, illness, or other reasons. The next questions are about the months since (the first time you had intercourse, which was in [DATE OF FIRST SEX]/ January [YEAR OF INTERVIEW - 3]) that you did not have intercourse at all for the entire month.

[CALENDAR REFERENCE]

[INFORMATION ABOUT DATES OF SEXUAL PARTNERS IF ANY, APPEARS ON SCREEN THAT RESPONDENT HAS PROVIDED IN PRIOR SECTIONS, AS AN AID FOR ENTERING THE CURRENT INFORMATION]

#### **INTR\_EC3**

EC-3. Since ([DATE OF FIRST SEX]/ January [YEAR OF INTERVIEW - 3]), have there been any times when you were not having intercourse at all for one month or more?

♦ Remember, 'Yes' means you had at least one month of no intercourse, and 'No' means you had intercourse every month.

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

[IF R HAD INTERCOURSE EVERY MONTH, SHE SKIPS TO ED SERIES]

#### **INTR-EC4**

EC-4. IF FTF INTERVIEW, DISPLAY:

Start with the current month, [MONTH OF INTERVIEW], and think about each month one at a time, going back to (January [YEAR OF INTERVIEW]/[DATE OF FIRST SEX]). On the row labeled "Intercourse", please mark an "x" in the box for each month during which you had intercourse at least once. So the boxes in this row that are blank will be the ones during which you did not have intercourse at all for the whole month.

IF CAWI RESPONDENT, DISPLAY:

Start with the current month, [MONTH OF INTERVIEW], and think about each month one at a time, going back to (January [YEAR OF INTERVIEW]/[DATE OF FIRST SEX]). Please check the box for each month during which you had intercourse at least once. So the boxes in this row that are blank will be the ones during which you did not have intercourse at all for the whole month.

Please select "All" if you had intercourse at least once each month.

Please select "None" if you did not have intercourse at all that year.

*[IF R's DATE OF FIRST SEX WAS ON OR AFTER January [INTERVIEW YEAR], SHE SKIPS TO INTR-EC7]*

#### **INTR-EC5**

EC-5. IF FTF INTERVIEW, DISPLAY:

Now think about last year, [YEAR OF INTERVIEW - 1]. Start with December, and think about each month one at a time, going back to (January [YEAR OF INTERVIEW - 1])/[DATE OF FIRST SEX]). Please mark an "x" in the box for each month during which you had intercourse at least once.

IF CAWI RESPONDENT, DISPLAY:

Now think about last year, [YEAR OF INTERVIEW - 1]. Start with December, and think about each month one at a time, going back to (January [YEAR OF INTERVIEW - 1])/[DATE OF FIRST SEX]). Please check the box for each month during which you had intercourse at least once.

Please select "All" if you had intercourse at least once each month.

Please select "None" if you did not have intercourse at all that year.

*[IF R's DATE OF FIRST SEX WAS ON OR AFTER January [YEAR OF INTERVIEW - 1], SHE SKIPS TO INTR-EC7]*

#### **INTR-EC6**

EC-6. IF FTF INTERVIEW, DISPLAY:

Finally, start with December [YEAR OF INTERVIEW - 2], and think about each month one at a time, going back to January [YEAR OF INTERVIEW - 3]/[DATE OF FIRST SEX]). Please mark an "x" in the box for each month during which you had intercourse at least once.

IF CAWI RESPONDENT, DISPLAY:

Finally, start with December [YEAR OF INTERVIEW - 2], and think about each month one at a time, going back to January [YEAR OF INTERVIEW - 3]/[DATE OF FIRST SEX]). Please check the box for each month during which you had intercourse at least once.

Please select "All" if you had intercourse at least once each month.

Please select "None" if you did not have intercourse at all that year.

{ ASKED IF FTF INTERVIEW

#### **INTR-EC7**

EC-7. Now I need to enter those months into the computer. Would you prefer

that I look at your calendar, or would you rather tell me the months?

If Respondent is reading the months: Please tell me the months that you had intercourse, starting with [January [YEAR OF INTERVIEW - 3]/DATE OF FIRST SEX].

MAKE SURE you know whether she is telling you the months she did NOT have intercourse or the months she DID have intercourse.

{ ASKED IF FTF INTERVIEW

{ ASKED FOR EACH MONTH DURING [[January [YEAR OF INTERVIEW - 3]/DATE OF FIRST SEX] THROUGH CMINTVW.

**MONSX**

EC-8. *Did the Respondent mark an X in this month or mention intercourse occurred during:*

*[MONTH AND YEAR]*

CHECK THE BOX FOR EACH MONTH DURING WHICH R HAD INTERCOURSE THAT YEAR.  
SELECT "ALL" IF R HAD INTERCOURSE EACH MONTH THAT YEAR.  
SELECT "NONE" IF R DID NOT HAVE INTERCOURSE AT ALL THAT YEAR.

**CONTRACEPTIVE METHOD HISTORY (ED)**

*IF R HAS NEVER USED A CONTRACEPTIVE METHOD, SHE SKIPS TO EG SERIES]*

{ ASKED IF FTF INTERVIEW AND R HAS EVER USED A CONTRACEPTIVE METHOD

**INTR-ED1**

ED-1. Before we begin this next section on your birth control use, I need to make sure all of the information we need is on your calendar.

[CALENDAR REFERENCE]

*[INFORMATION ABOUT PREGNANCIES, IF ANY, APPEARS ON SCREEN THAT RESPONDENT HAS PROVIDED IN PRIOR SECTIONS, AS AN AID FOR ENTERING THE CURRENT INFORMATION]*

{ ASKED IF FTF INTERVIEW AND R HAS EVER USED A CONTRACEPTIVE METHOD

**INTR-ED2**

ED-2. Before we begin this next section on your birth control use, let's make sure all of the information we need is on your calendar.

[CALENDAR REFERENCE]

*[MONTHS OF NONINTERCOURSE, IF ANY, APPEAR ON SCREEN THAT RESPONDENT HAS PROVIDED IN PRIOR SERIES, AS AN AID FOR ENTERING THE CURRENT INFORMATION]*

{ ASKED IF R HAS EVER USED A CONTRACEPTIVE METHOD

**INTR-ED3**

ED-3. IF FTF INTERVIEW, DISPLAY:

Before we begin this next section on your birth control use, let's make sure all of the information we need is on your calendar.

IF CAWI RESPONDENT, DISPLAY:

This next section has some more questions on your birth control use. The following information, which is also on your calendar, may be helpful.  
If the event does not apply to you it will be blank under the heading.

[CALENDAR REFERENCE]

[INFORMATION ON STERILIZING OPERATIONS, IF ANY, APPEAR ON SCREEN THAT RESPONDENT HAS PROVIDED IN PRIOR SECTION, AS AN AID FOR ENTERING THE CURRENT INFORMATION]

Once R has entered all information and/or verified that it is correct, continue.

{ ASKED IF DATE OF R'S HYSTERECTOMY OR TUBAL STERILIZATION IS PRIOR TO STARTING MONTH OF METHOD CALENDAR

**INTR-ED4a**

ED-4a. The next questions are about birth control methods you may have used between (CMSTRTMC\_FILL) and (DATE OF INTERVIEW). Remember that this also refers to methods men use, such as condoms, vasectomy, and withdrawal.

IF R HAD A HYSTERECTOMY, THEN READ:

As reported earlier, you had a hysterectomy in (CMHYST\_FILL). Since (CMSTRTMC\_FILL), have you used any birth control methods for any reason, such as preventing sexually transmitted disease?

IF R HAD AN UNREVERSED TUBAL STERILIZATION THEN READ:

As discussed earlier, you had a tubal sterilization in (CMTUBAL\_FILL). Since (CMSTRTMC\_FILL), have you used any birth control methods for any reason, such as preventing sexually transmitted disease?

Yes.....1

No.....5

{ ASKED IF R WITH HYSTERECTOMY USED OTHER BIRTH CONTROL METHODS SINCE START MONTH OF CALENDAR OR IF R DID NOT HAVE A HYSTERECTOMY PRIOR TO START DATE OF CALENDAR

**INTR-ED4b**

ED-4b. This next section asks about which birth control methods you used each month between (DATE OF FIRST METHOD USE) and January [YEAR OF INTERVIEW - 3]. You'll be asked about each method you've ever used, one at a time.

There will also be a chance to report methods you used during this time, that you may not have reported earlier, if any.

This can include any of the methods shown on (Card 39/here), including those that men use such as withdrawal, condoms, and vasectomy.

If you used more than one method in the same month, it's important to report both or all of them.

[IF R HAS HAD A STERILIZING OPERATION AND NOT REVERSED DURING METHOD CALENDAR MONTHS IN QUESTION]

Even though you mentioned your sterilizing operation earlier, we are interested in any methods you might have used for any reason, during this time period.

[LIST OF METHODS FROM CARD 39 IS SHOWN ONSCREEN FOR CAWI (ONLINE) RESPONDENTS]

[Note: the below is script, not questions, but they are here to show the

*process by which interviewers and Rs will provide the information for the method calendar.]*

{ BEGIN SCRIPT for method calendar

{ ASKED IF R HAS EVER HAD A STERILIZING OPERATION

**STERMC**

ED-4bb. IF R HAD A TUBAL STERILIZATION OR HYSTERECTOMY SINCE THE START OF THE METHOD CALENDAR THEN DISPLAY:

IF FTF INTERVIEW AND R HAD A HYSTERECTOMY, THEN DISPLAY:  
As reported earlier, you had a hysterectomy in (CMHYST\_FILL). Starting in (CMHYST\_FILL), on the "Birth Control Methods" row, please write a "HY" in that box and in each month in the calendar since your hysterectomy. Please write in the box even if you did not have sexual intercourse in that month.

IF CAWI RESPONDENT AND R HAD A HYSTERECTOMY, THEN DISPLAY:  
As reported earlier, you had a hysterectomy in (CMHYST\_FILL). Starting in (CMHYST\_FILL), check the box for each month in the calendar since your hysterectomy. Please check the box even if you did not have sexual intercourse in that month. It will show as the letter "TSH" on the "Birth Control Methods" row of the calendar.

IF FTF INTERVIEW AND R HAD A TUBAL STERILIZATION, THEN DISPLAY:  
As reported earlier, you had a tubal sterilization in (CMTUBAL\_FILL). Starting in (CMTUBAL\_FILL), on the "Birth Control Methods" row, please write a "TSH" in that box and in each month in the calendar since your tubal sterilization. Please write in the box even if you did not have sexual intercourse in that month.

IF CAWI RESPONDENT AND R HAD A TUBAL STERILIZATION, THEN DISPLAY:  
As discussed earlier, you had a tubal sterilization in (CMTUBAL\_FILL). Starting in (CMTUBAL\_FILL), please check the box for each month in the calendar since your tubal sterilization. Please check the box even if you did not have sexual intercourse in that month. It will show as the letter "TSH" on the "Birth Control Methods" row of the calendar.

{ ASKED IF R HAS EVER USED THE PILL

**PILLMC**

ED-4c. IF FTF INTERVIEW, DISPLAY:  
Earlier you mentioned you had used the birth control pill. If you have used it at any time since (CMSTRTMC\_FILL), write a "P" in the box for each month that you used it at least once, going back to (CMSTRTMC\_FILL), on the "Birth Control Methods" row, going back to (CMSTRTMC\_FILL). Please report use even if you did not have sexual intercourse in that month.

IF CAWI RESPONDENT, DISPLAY:  
Earlier you mentioned you had used the birth control pill. If you have used it at any time since (CMSTRTMC\_FILL), check the box for each month that you used it at least once, going back to (CMSTRTMC\_FILL). It will show as the letter "P" on the "Birth Control Methods" row of the calendar. Please report use even if you did not have sexual intercourse in that month.

Please select "All" if you used this method at least once each month. Please select "None" if you did not use the method at all

that year.

{ ASKED IF R HAS EVER USED THE CONDOM

**CONDMC**

ED-4d.

IF FTF INTERVIEW, DISPLAY:

Earlier you mentioned you had sex with a partner who used the condom. If you have had sex with a partner who used the condom at any time since (CMSTRTMC\_FILL), write a "C" in the box for each month that you used it at least once, going back to (CMSTRTMC\_FILL), on the "Birth Control Methods" row. going back to (CMSTRTMC\_FILL). It will show as the letter "C" on the "Birth Control Methods" row of the calendar.

IF CAWI RESPONDENT, DISPLAY:

Earlier you mentioned you had sex with a partner who used the condom. If you have had sex with a partner who used the condom at any time since (CMSTRTMC\_FILL), check the box for each month that you used it at least once, going back to (CMSTRTMC\_FILL). It will show as the letter "C" on the "Birth Control Methods" row of the calendar.

Please select "All" if you used this method at least once each month. Please select "None" if you did not use the method at all that year.

{ ASKED IF R HAS EVER USED VASECTOMY

**VASECTMC**

ED-4e.

IF FTF INTERVIEW, DISPLAY:

Earlier you mentioned you had had sex with a partner who had a vasectomy. If you have had sex with a partner with a vasectomy at any time since (CMSTRTMC\_FILL), write a "V" in the box for each month that you used this method at least once, going back to (CMSTRTMC\_FILL), on the "Birth Control Methods" row.

IF CAWI RESPONDENT, DISPLAY:

Earlier you mentioned you had had sex with a partner who had a vasectomy. If you have had sex with a partner with a vasectomy at any time since (CMSTRTMC\_FILL), check the box for each month that you used it at least once, going back to (CMSTRTMC\_FILL). It will show as the letter "V" on the "Birth Control Methods" row of the calendar.

Please select "All" if you used this method at least once each month. Please select "None" if you did not use the method at all that year.

{ ASKED IF R HAS EVER USED DEPO PROVERA

**DEPOMC**

ED-4f.

IF FTF INTERVIEW, DISPLAY:

Earlier you mentioned you had used Depo-provera. (If you have gotten a shot of Depo-provera at any time since (CMSTRTMC\_FILL),/ write a "DP" in the box for each month that you got a shot, and the 2 months following that, going back to (CMSTRTMC\_FILL), on the "Birth Control Methods" row. Please report use even if you did not have sexual intercourse in that month.

IF CAWI RESPONDENT, DISPLAY:

Earlier you mentioned you had used Depo-provera. If you have gotten a shot of Depo-provera at any time since (CMSTRTMC\_FILL), check the box for each month that you used it at least once, going

back to (CMSTRTMC\_FILL). It will show as "DP" on the "Birth Control Methods" row of the calendar. Please report use even if you did not have sexual intercourse in that month.

Please select "All" if you used this method at least once each month. Please select "None" if you did not use the method at all that year.

{ ASKED IF R HAS EVER USED WITHDRAWAL

**WITHDRMC**

ED-4g.

IF FTF INTERVIEW, DISPLAY:

Earlier you mentioned you had had sex with a partner who used withdrawal. If you have had sex with a partner who used withdrawal at any time since (CMSTRTMC\_FILL), write a "WD" in the box for each month that you used this method at least once, going back to (CMSTRTMC\_FILL), on the "Birth Control Methods" row.

IF CAWI RESPONDENT, DISPLAY:

Earlier you mentioned you had sex with a partner who used withdrawal. If you have had sex with a partner who used withdrawal at any time since (CMSTRTMC\_FILL), check the box for each month that you used it at least once, going back to (CMSTRTMC\_FILL). It will show as the letter "P" on the "Birth Control Methods" row of the calendar.

Please select "All" if you used this method at least once each month. Please select "None" if you did not use the method at all that year.

{ ASKED IF R HAS EVER USED RHYTHM METHOD

**RHYTHMMC**

ED-4h.

IF FTF INTERVIEW, DISPLAY:

Earlier you mentioned you had used the calendar rhythm method. If you have used this method to prevent pregnancy at any time since (CMSTRTMC\_FILL), write a "RH" in the box for each month that you used it, going back to (CMSTRTMC\_FILL), on the "Birth Control Methods" row.

IF CAWI RESPONDENT, DISPLAY:

Earlier you mentioned you had used the calendar rhythm method. If you have used this method to prevent pregnancy at any time since (CMSTRTMC\_FILL), check the box for each month that you used it at least once, going back to (CMSTRTMC\_FILL). It will show as "DAY" on the "Birth Control Methods" row of the calendar.)

Please select "All" if you used this method at least once each month. Please select "None" if you did not use the method at all that year.

{ ASKED IF HAS EVER USED THE STANDARD DAYS METHOD OR CYCLE BEADS

**SDAYCBMC**

ED-4hh.

IF FTF INTERVIEW, DISPLAY:

Earlier you mentioned you had used the Standard Days Method or CycleBeads. If you have used this method to prevent pregnancy at any time since (CMSTRTMC\_FILL), write a "SD" or "CB" in the box for each month that you used it, going back to (CMSTRTMC\_FILL), on the "Birth Control Methods" row.

IF CAWI RESPONDENT, DISPLAY:

Earlier you mentioned you had used the Standard Days Method or

CycleBeads. If you have used this method to prevent pregnancy at any time since (CMSTRTMC\_FILL), check the box for each month that you used it at least once, going back to (CMSTRTMC\_FILL). It will show as the letter "P" on the "Birth Control Methods" row of the calendar.

Please select "All" if you used this method at least once each month. Please select "None" if you did not use the method at all that year.

{ ASKED IF R HAS EVER USED SAFE PERIOD BY TEMPERATURE OR CERVICAL MUCUS TEST OR NATURAL CYCLES APP

**TEMPMC**

ED-4i.

IF FTF INTERVIEW, DISPLAY:

Earlier you mentioned you had used safe period by temperature or cervical mucus test also sometimes called the Two Day Method, the Billings Ovulation Method, the Symptothermal Method, the Marquette Method, or the Natural Cycles app. If you have used it to prevent pregnancy at any time since (CMSTRTMC\_FILL), write a "TMP" in the box for each month that you used it at least once, going back to (CMSTRTMC\_FILL), on the "Birth Control Methods" row.

IF CAWI RESPONDENT, DISPLAY:

Earlier you mentioned you had used safe period by temperature or cervical mucus test also sometimes called the Two Day Method, the Billings Ovulation Method, the Symptothermal Method, the Marquette Method, or the Natural Cycles app. If you have used it to prevent pregnancy at any time since (CMSTRTMC\_FILL), check the box for each month that you used it at least once, going back to (CMSTRTMC\_FILL). It will show as "TMP" on the "Birth Control Methods" row of the calendar.

Please select "All" if you used this method at least once each month. Please select "None" if you did not use the method at all that year.

{ ASKED IF R HAS EVER USED THE PATCH

**PATCHMC**

ED-4j.

IF FTF INTERVIEW, DISPLAY:

Earlier you mentioned you had used the patch. If you have used it at any time since (CMSTRTMC\_FILL), write a "PA" in the box for each month that you used it at least once, going back to (CMSTRTMC\_FILL), on the "Birth Control Methods" row.

IF CAWI RESPONDENT, DISPLAY:

Earlier you mentioned you had used the patch. If you have used it at any time since (CMSTRTMC\_FILL), check the box for each month that you used it at least once, going back to (CMSTRTMC\_FILL). It will show as "PA" on the "Birth Control Methods" row of the calendar.

Please select "All" if you used this method at least once each month. Please select "None" if you did not use the method at all that year.

{ ASKED IF R HAS EVER USED THE CONTRACEPTIVE RING

**RINGMC**

ED-4k.

IF FTF INTERVIEW, DISPLAY:

Earlier you mentioned you had used the contraceptive ring. If you have used it at any time since (CMSTRTMC\_FILL), write a

"RI" in the box for each month that you used it at least once, going back to (CMSTRTMC\_FILL), on the "Birth Control Methods" row. Please report use even if you did not have sexual intercourse in that month.

IF CAWI RESPONDENT, DISPLAY:

Earlier you mentioned you had used the contraceptive ring. If you have used it at any time since (CMSTRTMC\_FILL), check the box for each month that you used it at least once, going back to (CMSTRTMC\_FILL). It will show as "RI" on the "Birth Control Methods" row of the calendar. Please report use even if you did not have sexual intercourse in that month.

Please select "All" if you used this method at least once each month. Please select "None" if you did not use the method at all that year.

{ ASKED IF R HAS EVER USED EMERGENCY CONTRACEPTION PILLS

**ECMC**

ED-4l.

IF FTF INTERVIEW, DISPLAY:

Earlier you mentioned you had used emergency contraception. If you have used it at any time since (CMSTRTMC\_FILL), write a "EC" in the box for each month that you used this method at least once, going back to (CMSTRTMC\_FILL), on the "Birth Control Methods" row.

IF CAWI RESPONDENT, DISPLAY:

Earlier you mentioned you had used emergency contraception. If you have used it at any time since (CMSTRTMC\_FILL), check the box for each month that you used it at least once, going back to (CMSTRTMC\_FILL). It will show as "EC" on the "Birth Control Methods" row of the calendar.)

Please select "All" if you used this method at least once each month. Please select "None" if you did not use the method at all that year.

{ ASKED IF R HAS EVER USED A CONTRACEPTIVE IMPLANT

**IMPLMC**

ED-4m.

IF FTF INTERVIEW, DISPLAY:

Earlier you mentioned you had used implants (Norplant, Implanon, or Nexplanon). If you have used it at any time since (CMSTRTMC\_FILL), write an "IM" in the box for each month that you had it in place, going back to (CMSTRTMC\_FILL), on the "Birth Control Methods" row. Please report use even if you did not have sexual intercourse in that month.

IF CAWI RESPONDENT, DISPLAY:

Earlier you mentioned you had used implants (Norplant, Implanon, or Nexplanon). (If you have used it at any time since (CMSTRTMC\_FILL), check the box for each month that you used it at least once, going back to (CMSTRTMC\_FILL). It will show as "IM" on the "Birth Control Methods" row of the calendar. Please report use even if you did not have sexual intercourse in that month.

Please select "All" if you used this method at least once each month. Please select "None" if you did not use the method at all that year.

{ ASKED IF R HAS EVER USED THE DIAPHRAGM

**DIAPHRMC**

ED-4n.

IF FTF INTERVIEW, DISPLAY:

Earlier you mentioned you had used the diaphragm.

If you have used it at any time since (CMSTRTMC\_FILL), write a "DI" in the box for each month that you used it at least once, going back to (CMSTRTMC\_FILL), on the "Birth Control Methods" row.

IF CAWI RESPONDENT, DISPLAY:

Earlier you mentioned you had used the diaphragm.

If you have used it at any time since (CMSTRTMC\_FILL), check the box for each month that you used it at least once, going back to (CMSTRTMC\_FILL). It will show as "DI" on the "Birth Control Methods" row of the calendar.

Please select "All" if you used this method at least once each month. Please select "None" if you did not use the method at all that year.

{ ASKED IF R HAS EVER USED THE FEMALE CONDOM

**FCONDMC**

ED-4o.

IF FTF INTERVIEW, DISPLAY:

Earlier you mentioned you had used the female condom.

If you have used it at any time since (CMSTRTMC\_FILL), write a "FC" in the box for each month that you used it at least once, going back to (CMSTRTMC\_FILL), on the "Birth Control Methods" row.

IF CAWI RESPONDENT, DISPLAY:

Earlier you mentioned you had used the female condom.

(If you have used it at any time since (CMSTRTMC\_FILL), check the box for each month that you used it at least once, going back to (CMSTRTMC\_FILL). It will show as "FC" on the "Birth Control Methods" row of the calendar.)

Please select "All" if you used this method at least once each month. Please select "None" if you did not use the method at all that year.

{ ASKED IF R HAS EVER USED FOAM

**FOAMMC**

ED-4p.

IF FTF INTERVIEW, DISPLAY:

Earlier you mentioned you had used contraceptive foam.

If you have used it at any time since (CMSTRTMC\_FILL), write a "FO" in the box for each month that you used it at least once, going back to (CMSTRTMC\_FILL), on the "Birth Control Methods" row.

IF CAWI INTERVIEW, DISPLAY:

Earlier you mentioned you had used contraceptive foam.

If you have used it at any time since (CMSTRTMC\_FILL), check the box for each month that you used it at least once, going back to (CMSTRTMC\_FILL). It will show as "TMP" on the "Birth Control Methods" row of the calendar.)

Please select "All" if you used this method at least once each month. Please select "None" if you did not use the method at all that year.

{ ASKED IF R HAS EVER USED JELLY/CREAM

**JELLYMC**

Ed-4q.

IF FTF INTERVIEW, DISPLAY:

Earlier you mentioned you had used contraceptive jelly or cream.

If you have used it at any time since (CMSTRTMC\_FILL), write a "JY" in the box for each month that you used it at least once, going back to (CMSTRTMC\_FILL), on the "Birth Control Methods" row.

IF CAWI RESPONDENT, DISPLAY:

Earlier you mentioned you had used contraceptive jelly or cream. If you have used it at any time since (CMSTRTMC\_FILL), check the box for each month that you used it at least once, going back to (CMSTRTMC\_FILL). It will show as "JY" on the "Birth Control Methods" row of the calendar.

Please select "All" if you used this method at least once each month. Please select "None" if you did not use the method at all that year.

{ ASKED IF R HAS EVER USED THE CERVICAL CAP

**CERVCMC**

ED-4r.

IF FTF INTERVIEW, DISPLAY:

Earlier you mentioned you had used the cervical cap. If you have used it at any time since (CMSTRTMC\_FILL), write a "CAP" in the box for each month that you used it at least once, going back to (CMSTRTMC\_FILL), on the "Birth Control Methods" row.

IF CAWI RESPONDENT, DISPLAY:

Earlier you mentioned you had used the cervical cap. If you have used it at any time since (CMSTRTMC\_FILL), check the box for each month that you used it at least once, going back to (CMSTRTMC\_FILL). It will show as "CAP" on the "Birth Control Methods" row of the calendar.

Please select "All" if you used this method at least once each month. Please select "None" if you did not use the method at all that year.

{ ASKED IF R HAS EVER USED THE SUPPOSITORY

**SUPPMC**

ED-4s.

IF FTF INTERVIEW, DISPLAY:

Earlier you mentioned you had used the contraceptive suppository. If you have used it at any time since (CMSTRTMC\_FILL), write a "SU" in the box for each month that you used it at least once, going back to (CMSTRTMC\_FILL), on the "Birth Control Methods" row.

IF CAWI RESPONDENT, DISPLAY:

Earlier you mentioned you had used the contraceptive suppository. If you have used it at any time since (CMSTRTMC\_FILL), check the box for each month that you used it at least once, going back to (CMSTRTMC\_FILL). It will show as "SU" on the "Birth Control Methods" row of the calendar.

Please select "All" if you used this method at least once each month. Please select "None" if you did not use the method at all that year.

{ ASKED IF R HAS EVER USED THE SPONGE

**SPONGEMC**

ED-4t.

IF FTF INTERVIEW, DISPLAY:

Earlier you mentioned you had used the sponge. If you have used it at any time since (CMSTRTMC\_FILL), write a "SP" in the box for each month that you used it at least once, going back to (CMSTRTMC\_FILL), on the "Birth Control Methods" row.

IF CAWI RESPONDENT, DISPLAY:

Earlier you mentioned you had used the sponge.

If you have used it at any time since (CMSTRTMC\_FILL), check the box for each month that you used it at least once, going back to (CMSTRTMC\_FILL). It will show as "SP" on the "Birth Control Methods" row of the calendar.)

Please select "All" if you used this method at least once each month. Please select "None" if you did not use the method at all that year.

{ ASKED IF R HAVE USED THE IUD

**IUDMC**

ED-4u.

IF FTF INTERVIEW, DISPLAY:

Earlier you mentioned you had used the IUD.

If you have used it at any time since (CMSTRTMC\_FILL), write an "I" in the box for each month that you used this method, going back to (CMSTRTMC\_FILL), on the "Birth Control Methods" row.

Please report use even if you did not have sexual intercourse in that month.

IF CAWI RESPONDENT, DISPLAY:

Earlier you mentioned you had used the IUD.

(If you have used it at any time since (CMSTRTMC\_FILL), check the box for each month that you used it at least once, going back to (CMSTRTMC\_FILL). It will show as "I" on the "Birth Control Methods" row of the calendar. Please report use even if you did not have sexual intercourse in that month.

Please select "All" if you used this method at least once each month. Please select "None" if you did not use the method at all that year.

{ ASKED IF CAWI INTERVIEW AND EA-14 OTHRMETH < 95

**OTH\_FP**

ED-4va.

Earlier you reported using an other method of birth control such as including Vaginal Contraceptive Film or Phexxi.

If you have used it any time since (CMSTRTMC\_FILL), check the box for each month that you used it at least once, going back to (CMSTRTMC\_FILL). It will show as "OT" on the "Birth Control Methods" row of the calendar. Please report use even if you did not have sexual intercourse in that month.

Please select "All" if you used this method at least once each month. Please select "None" if you did not use the method at all that year.

{ ASKED IF R HAS EVER USED A CONTRACEPTIVE METHOD

**OTHMC**

ED-4v.

IF FTF INTERVIEW, DISPLAY:

Please look at Card 39. Now, write any other methods you have used since (CMSTRTMC\_FILL), on the calendar, even if you did not mention earlier that you had used it.

IF CAWI RESPONDENT, DISPLAY:

If you have used any other method(s) since (CMSTRTMC\_FILL), even if you did not mention earlier that you had used it, please choose

this method from the list.

{ END SCRIPT for method calendar

{ ASKED IF FTF INTERVIEW AND R HAS EVER USED A CONTRACEPTIVE METHOD  
**INTR-ED5**

ED-5. *When R has recorded all methods on the calendar, say:*

Now I need to enter the methods in the computer. It is important that we get these methods correct. If you notice that I have entered something incorrectly, please let me know.

{ ASKED IF FTF INTERVIEW AND R HAS EVER USED A CONTRACEPTIVE METHOD  
{ DISPLAYED ONCE FOR EACH MONTH DURING [[January [YEAR OF INTERVIEW - 3]/START OF METHOD CALENDAR] THROUGH INTERVIEW MONTH.

**METHHIST**

ED-6. *What method(s) did the respondent use during:*

♦ *SELECT UP TO 4 DIFFERENT METHODS*

♦ *SELECT [6] if you were sterile in this month, based on date of operation, (along with other codes if you used other method(s)).*

♦ *SELECT [22] if you were sterile, for reasons other than an operation, and no method was used in the month*

♦ *SELECT [23] if your partner was sterile, for reasons other than vasectomy, and no method was used in the month*

IF CMSTRMC/MONTHx NE JANUARY, DISPLAY:

♦ If R says she used the same method(s) the entire year, you may select [55]

♦ If R used the same methods as the previous month and it is easier to enter 2, you may select [2]

[MONTH AND YEAR]

|                                                                                                                                                   |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------|----|
| No method used.....                                                                                                                               | 1  |
| Same as previous month.....                                                                                                                       | 2  |
| Birth control pills.....                                                                                                                          | 3  |
| Condom.....                                                                                                                                       | 4  |
| Partner's vasectomy.....                                                                                                                          | 5  |
| Female sterilizing operation, such as tubal sterilization and hysterectomy.....                                                                   | 6  |
| Withdrawal, pulling out.....                                                                                                                      | 7  |
| Depo-Provera, injectables.....                                                                                                                    | 8  |
| Hormonal implant (Norplant, Implanon, or Nexplanon).....                                                                                          | 9  |
| Calendar rhythm, Standard Days, or Cycle Beads method. .                                                                                          | 10 |
| Safe period by temperature or cervical mucus test (Two Day, Billings Ovulation, Sympto-thermal Method, Marquette Method, Natural Cycles app)..... | 11 |
| Diaphragm.....                                                                                                                                    | 12 |
| Female condom, internal condom.....                                                                                                               | 13 |
| Foam.....                                                                                                                                         | 14 |
| Jelly or cream.....                                                                                                                               | 15 |
| Cervical cap.....                                                                                                                                 | 16 |

|                                                 |    |
|-------------------------------------------------|----|
| Suppository, insert.....                        | 17 |
| Today sponge.....                               | 18 |
| IUD.....                                        | 19 |
| Emergency contraception pills.....              | 20 |
| Other method .....                              | 21 |
| You were sterile.....                           | 22 |
| Your partner was sterile.....                   | 23 |
| Contraceptive patch (Ortho-Evra or Xulane)..... | 25 |
| Vaginal contraceptive ring.....                 | 26 |
| Same method used thru end of year.....          | 55 |

{ ASKED IF FTF INTERVIEW AND CODE 55 IS USED IN A CALENDAR MONTH FOR SAME METHOD THROUGH END OF YEAR

**SAMEAllYear**

ED-8. I'm about to enter that you used [METHOD1, METHOD2, METHOD[x]] every month from [THIS MONTH] through [DECEMBER OF THAT YEAR or INTERVIEW if this is the interview year]. Is that correct?

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

*[ED-9a MC1MONS1 through ED-9d MC1MONS3 are asked for the first month of method calendar only, and only if a method(s) is reported in that month. For 2nd and subsequent months of the method calendar, the next question is either ED-10 SIMSEQ or they proceed to the next month of the method calendar.]*

{ ASKED IF R REPORTED 1 METHOD IN THE FIRST MONTH OF THE METHOD CALENDAR, January [YEAR OF INTERVIEW - 3])

**MC1MONS1**

ED-9a. IF FTF INTERVIEW, DISPLAY:

I have entered that in [CMSTRMC\_FILL] you used [METHOD].) For how many months altogether had you been using [METHOD] without a break, before January [INTVW YEAR-3]? If it is easier to recall, you can tell me the month and year you started.

IF CAWI RESPONDENT, DISPLAY:

For how many months altogether had you been using [METHOD] without a break, before January [INTVW YEAR-3]? If it is easier to recall, you can enter the month and year you started.

\_\_\_\_\_ number of months or 995 for an option to enter month and year

[CALENDAR REFERENCE]

*[IF 995 IS ENTERED GO TO ED-9 DATBEGIN\_M/Y TO ENTER MONTH AND YEAR. RESPONDENTS WHO ANSWER ED-9a MC1MONS1 BECAUSE THEY USED 1 METHOD IN THE FIRST MONTH OF THE METHOD CALENDAR AND GO TO ED-9 DATBEGIN\_M/Y TO ENTER MONTH AND YEAR DO NOT NEED TO RETURN TO ANSWER ED-9b MC1SIMSQ, ED-9c MC1MONS2, OR ED-9d MC1MONS3 SINCE THEY ARE APPLICABLE WHEN 2 OR MORE METHODS ARE USED IN THE FIRST MONTH]*

{ ASKED IF R REPORTED MORE THAN 1 METHOD IN THE FIRST MONTH OF THE METHOD CALENDAR, January [YEAR OF INTERVIEW - 3])

**MC1SIMSQ**

ED-9b. IF FTF INTERVIEW, DISPLAY:

I have entered that in January [INTVW YEAR-3] you used [METHOD1 and METHOD2] / [METHOD1, METHOD2, METHOD[x]]. Did you use (them / any of them) at different times during the month or did you use them (all) at the same time?

IF CAWI RESPONDENT, DISPLAY:

You reported that in January [INTVW YEAR-3] you used [METHOD1 and METHOD2] / [METHOD1, METHOD2, METHOD[x]]. Did you use (them / any of them) at different times during the month or did you use them (all) at the same time?

[HELP AVAILABLE]

Same time.....1  
Different times.....2

{ ASKED IF R USED FIRST METHOD CALENDAR METHODS AT THE SAME TIME

**MC1MONS2**

ED-9c. For how many months altogether had you been using [METHOD1, METHOD2,...] together, without a break, before January [YEAR OF INTERVIEW - 3]? If it is easier to recall, you can report the month and year you started.

\_\_\_\_\_ number of months or 995 for an option to enter month and year

[IF 995 IS ENTERED GO TO ED-9 DATBEGIN\_M/Y TO ENTER MONTH AND YEAR]

{ ASKED IF R USED FIRST METHOD CALENDAR METHODS AT DIFFERENT TIMES

**MC1MONS3**

ED-9d. IF ONE OF THE METHODS IS HORMONAL OR LONG-ACTING: For how many months altogether had you been using the [THE HORMONAL/LONG-ACTING METHOD]? If it is easier to recall, you can report the month and year you started.

IF ONE OR MORE METHODS ARE HORMONAL OR LONG-ACTING: Think about the one you started using most recently. For how many months had you been using it, without a break, before January [YEAR OF INTERVIEW - 3]? If it is easier to recall, you can report the month and year you started.

ELSE IF ALL METHODS ARE BARRIER OR OTHER NONHORMONAL/SHORTTERM/LESS EFFECTIVE: For how many months altogether had you been using a combination of [METHOD1, METHOD2, ...], without a break, before January [YEAR OF INTERVIEW - 3]? If it is easier to recall, you can report the month and year you started.

[HELP AVAILABLE]

\_\_\_\_\_ number of months or 995 for an option to enter month and year

[IF 995 IS ENTERED GO TO ED-9 DATBEGIN\_M/Y TO ENTER MONTH AND YEAR]

{ ASKED IF R REPORTED 1 OR MORE METHODS IN THE FIRST MONTH OF THE METHOD CALENDAR, January [YEAR OF INTERVIEW - 3], AND CHOSE TO REPORT A DATE RATHER THAN NUMBER OF MONTHS (ED-9a MC1MONS1 = 995 OR ED-9c MC1MONS2 = 995 OR ED-9d MC1MONS3 = 995)

**DATBEGIN\_M/DATEBEGIN\_Y**

ED-9. IF ONLY ONE METHOD REPORTED IN 1ST MONTH OF MC, ASK:

IF FTF INTERVIEW, DISPLAY:

I have entered that in January [INTVW YEAR-3], you used [METHOD].

In what month and year did you start using [METHHIST\_FILL] without a break, before January [YEAR OF INTERVIEW - 3]?

IF CAWI RESPONDENT, DISPLAY:

In what month and year did you start using [METHHIST\_FILL] without a break, before January [YEAR OF INTERVIEW - 3]?

ELSE IF MORE THAN ONE METHOD REPORTED IN THE 1ST MONTH OF MC, AND R USED ANY AT THE SAME TIME, ASK:

((Think about the one you started using most recently.) In what month and year did you start using (it / a combination of (METHOD[S]) / (METHOD[S] together,) without a break, before January [YEAR OF INTERVIEW - 3]?

{ ASKED IF R USED TWO OR MORE METHODS IN ONE MONTH OF CALENDAR FOR MONTHS AFTER THE FIRST (January [INTVW YEAR-3])

**SIMSEQ**

ED-10. Did you use any of those methods at different times during the month, or did you use them (all) at the same time?

[HELP AVAILABLE]

Same time.....1  
Different times.....2

{IF THERE ARE MONTHS REMAINING IN THE METHOD CALENDAR TO RECORD, GO BACK TO ED-6 METHHIST.]

{ ASKED IF R USED THE PILL IN ANY OF THE PAST 12 MONTHS OF THE METHOD CALENDAR.

**OTCPILL12**

ED-11. Next is a question about your pill use within the past year. Did you obtain any of these pills over the counter without a prescription?

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

**METHOD USE AT LAST (AND FIRST) SEX WITH UP TO 3 PARTNERS IN THE PAST 12 MONTHS (EF)**

[IF R HAS HAD NO SEXUAL PARTNERS IN THE PAST 12 MONTHS, SHE SKIPS TO EG SERIES]

{ ASKED IF R HAD 1 OR MORE SEXUAL PARTNERS IN THE PAST 12 MONTHS

**INTRBC12**

EF-0. Next are some questions about your use of birth control with your [(NUMBER OF PARTNERS IN PAST YEAR) sexual partners]/[sexual partner(s)] within the past year, that is, since (CMLSTYR\_FILL). It will be helpful to look at your calendar for any information on sexual partners, months you did not have intercourse, and birth control methods you used. (In order to save time during the interview, these questions will only ask you about your 3 most recent partners in the past 12 months. Let's start with [PARTNER].)

[CALENDAR REFERENCE]

{ ASKED FOR UP TO 3 PARTNERS IN THE PAST 12 MONTHS UNLESS ALREADY KNOWN (FROM FIRST METHOD USE SERIES)

**USELSTP**

EF-1. The (last) time you had intercourse with [PARTNER] in [DATE], did you or he use any method?

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

{ ASKED IF NO METHOD USED AT LAST INTERCOURSE WITH PARTNER AND M/Y OF LAST SEX IS NOT EQUAL TO M/Y OF INTERVIEW

**WYNOLSTP**

EF-1b. Is the reason you did not use a method of birth control because you, yourself, wanted to become pregnant?

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

{ ASKED IF NO METHOD USED AT LAST INTERCOURSE WITH PARTNER

**HPLSTP**

EF-1c. And your partner, did he want you to become pregnant?

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

{ ASKED IF USED A METHOD AT LAST INTERCOURSE WITH PARTNER

**LSTMTHP**

EF-2. (Please look at Card 36.) Which method or methods did you or he use?

Birth control pills.....3  
Condom.....4  
Partner's vasectomy.....5  
Female sterilizing operation, such as tubal  
sterilization and hysterectomy.....6  
Withdrawal, pulling out.....7  
Depo-Provera, injectables.....8  
Hormonal implant (Norplant, Implanon,  
or Nexplanon).....9  
Calendar rhythm, Standard Days, or Cycle Beads method..10  
Safe period by temperature or cervical  
mucus test (Two Day, Billings Ovulation,  
Sympto-thermal Method, Marquette Method,  
Natural Cycles app).....11  
Diaphragm.....12  
Female condom, internal condom.....13  
Foam.....14  
Jelly or cream.....15  
Cervical cap.....16  
Suppository, insert.....17  
Today sponge.....18  
IUD.....19  
Emergency contraception pills.....20  
Other method .....21  
You were sterile.....22  
Your partner was sterile.....23  
Lunelle injectable (monthly shot).....24  
Contraceptive patch (Ortho-Evra or Xulane).....25  
Vaginal contraceptive ring.....26

{ ASKED FOR EACH PARTNER IN THE PAST 12 MONTHS UNLESS ALREADY KNOWN (FROM FIRST METHOD USE SERIES) OR UNLESS ONLY HAD SEX WITH HIM ONCE

**USEFSTP**

EF-3. The first time you had intercourse with [PARTNER] in [DATE], did you or

he use any method?

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

{ ASKED IF USED A METHOD AT FIRST INTERCOURSE WITH PARTNER

**FSTMTHP**

EF-4. (Please look at Card 36.) Which method or methods did you or he use?

Birth control pills.....3  
Condom.....4  
Partner's vasectomy.....5  
Female sterilizing operation, such as tubal  
sterilization and hysterectomy.....6  
Withdrawal, pulling out.....7  
Depo-Provera, injectables.....8  
Hormonal implant (Norplant, Implanon,  
or Nexplanon).....9  
Calendar rhythm, Standard Days, or Cycle Beads method. 10  
Safe period by temperature or cervical mucus test (Two  
Day, Billings Ovulation, Marquette Method,  
Sympto-thermal Method, Natural Cycles app).....11  
Diaphragm.....12  
Female condom, internal condom.....13  
Foam.....14  
Jelly or cream.....15  
Cervical cap.....16  
Suppository, insert.....17  
Today sponge.....18  
IUD.....19  
Emergency contraception pills.....20  
Other method .....21  
You were sterile.....22  
Your partner was sterile.....23  
Lunelle injectable (monthly shot).....24  
Contraceptive patch (Ortho-Evra or Xulane).....25  
Vaginal contraceptive ring.....26

[GO TO BEGINNING OF LOOP (EF-1 USELSTFP) FOR NEXT PARTNER IF ANY]

[IF R HAS NEVER BEEN PREGNANT, SHE SKIPS TO EH SERIES]

**CONDITIONS SURROUNDING R's PREGNANCIES: WANTEDNESS; PARTNER(S); MOTIVATION;  
REASONS (EG)**

{ ASKED IF R HAS EVER BEEN PREGNANT

**INTR-EG1**

INTR\_EG1. Next are some additional questions about (your/some of your)  
pregnancies.

[LOOP THROUGH INTR\_EG1a THROUGH WHYNOUSE EG-24 FOR EACH PREGNANCY THAT IS A  
FIRST OR SECOND PREGNANCY, OR ENDED IN A LIVE BIRTH, OR ENDED IN THE 5 YEARS  
BEFORE THE INTVW, OR IS CURRENT]

**INTR\_EG1a**

INTR\_EG1a. The next questions are about the period of time from (your first  
intercourse/[BABY NAME]'s birth in [DATE]/your nth pregnancy which  
ended in [DATE]) until you became pregnant (this time/with your  
(Nth+1) pregnancy (which ended in [DATE])).

**EVUSEINT**

EG-1. Did you ever use any method of birth control between (BEGFILXX) and (CMPREGEND[X]\_FILL/(BABYNAME[X]'s) birth)? Remember to include methods men use -- that is, condoms, vasectomy, and withdrawal--in your answer.

Yes.....1  
No.....5 (EG-5 RESNOUSE)

{ ASKED IF R EVER USED A METHOD OF CONTRACEPTION OR (IF PREGNANCY BEGAN ON OR AFTER JANUARY 3 YEARS BEFORE THE INTERVIEW AND R WAS USING A METHOD IN MONTH PREGNANCY BEGAN BUT DID NOT USE ONE IN THE MONTH AFTER PREGNANCY BEGAN OR IF R WAS USING A METHOD IN MONTH PREGNANCY BEGAN AND IN THE MONTH AFTER PREGNANCY BEGAN AND THEY WERE DIFFERENT METHODS)

**STOPDUSE**

EG-2. Before you became pregnant (this time/with your (NTH) pregnancy which ended in (DATE)), had you stopped using all methods of birth control?

Yes.....1  
No.....5 (EG-4 WHATMETH)

{ ASKED IF STOPPED USING METHOD(S) BEFORE PREGNANCY BEGAN

**WHYSTOPD**

EG-3. Was the reason you stopped using all methods of birth control because you yourself wanted to become pregnant?

Yes.....1 (EG-10 TIMINGOK)  
No.....5 (INTR-EG2)

{ ASKED IF R HAD NOT STOPPED USING METHOD(S) BEFORE PREGNANCY BEGAN, OR PREGNANCY BEGAN >= CMJAN3YR AND R WAS USING A METHOD IN MONTH PREGNANCY BEGAN AND MONTH AFTER PREGNANCY BEGAN AND THEY WERE THE SAME METHOD

**WHATMETH**

EG-4. (Please look at Card 40.) You may have already reported this, but what methods were you using at the time you became pregnant (with your (NTH) pregnancy which ended in (DATE)/this time)?

♦ *SELECT ALL THAT APPLY*

♦ If you thought you or your partner were sterile, if you used any methods on the list please report those. If not, enter "No method used"

No method used.....1  
Birth control pills.....3  
Condom.....4  
Partner's vasectomy.....5  
Female sterilizing operation, such as tubal  
Sterilization.....6  
Withdrawal, pulling out.....7  
Depo-Provera, injectables (shots).....8  
Hormonal implant (Norplant, Implanon,  
or Nexplanon).....9  
Calendar rhythm, Standard Days, or Cycle  
Beads method.....10  
Safe period by temperature or cervical  
mucus test (Two Day, Billings Ovulation,  
or Sympto-thermal Method, Marquette Method,  
Natural Cycles app).....11  
Diaphragm.....12

|                                               |    |
|-----------------------------------------------|----|
| Female condom, internal condom.....           | 13 |
| Foam.....                                     | 14 |
| Jelly or cream.....                           | 15 |
| Cervical cap.....                             | 16 |
| Suppository, insert.....                      | 17 |
| Today sponge.....                             | 18 |
| IUD .....                                     | 19 |
| Emergency contraception pills .....           | 20 |
| Other method.....                             | 21 |
| Lunelle injectable (monthly shot).....        | 24 |
| Contraceptive patch (Ortho-Evra or Xulane)... | 25 |
| Vaginal contraceptive ring.....               | 26 |

{ ASKED IF R NEVER USED A METHOD, OR DID NOT USE A METHOD BETWEEN FIRST SEX OR THE BEGINNING OF THE PRIOR PREGNANCY AND THE END OF THIS PREGNANCY, OR STOPPED USING A METHOD BEFORE PREGNANCY BEGAN, OR PREGNANCY BEGAN >= CMJAN3YR AND R WAS NOT USING A METHOD THE MONTH THE PREGNANCY BEGAN

**RESNOUSE**

EG-5. Before you became pregnant (with your (NTH) pregnancy which ended in (DATE)/this time), was the reason you (did not use any birth control methods/had stopped using all methods of birth control) because you, yourself, wanted to become pregnant?

[HELP AVAILABLE]

Yes..... 1 (EG-1 TIMINGOK)  
No..... 5

{ READ ONLY THE FIRST TIME THROUGH THIS LOOP, IN OTHER WORDS, FOR THE FIRST PREGNANCY ONLY

**INTR-EG2**

INTR\_EG2. The next few questions are important. They are about how you felt right before you became pregnant (with your pregnancy which ended in (DATE)/this time).

{ ASKED IF R RESPONDED "NO" TO WHETHER NOT USING/STOPPED CONTRACEPTION BECAUSE WANTED A PREGNANCY

**WANTBOLD**

EG-6. Right before you became pregnant (with your (NTH) pregnancy which ended in (DATE)/this time), did you yourself want to have a(nother) baby at any time in the future?

[HELP AVAILABLE]

Yes.....1  
No.....5  
Not sure, don't know.....6

[IF R ANSWERED "YES" TO WANTBOLD, SHE SKIPS TO EG-10 TIMINGOK.]

[IF R ANSWERED "NO" TO WANTBOLD, SHE SKIPS TO INTROWTH.]

{ ASKED IF R RESPONDED "NOT SURE, DON'T KNOW" TO WHETHER WANTED BABY AT ANY TIME IN FUTURE

**PROBBABE**

EG-7. It is sometimes difficult to recall these things but, right before (this/that) pregnancy began, would you say you probably wanted a(nother) baby at some time in the future or probably not?

Probably yes..... 1 (EG-10 TIMINGOK)  
Probably not..... 5

Didn't care..... 6 (EG-10 TIMINGOK)

{ ASKED IF R WANTED TO HAVE A(NOTHER) BABY IN THE FUTURE OR DIDN'T CARE OR R WAS NOT USING BIRTH CONTROL BEFORE THE PREGNANCY BECAUSE SHE WANTED TO BECOME PREGNANT

**TIMINGOK**

EG-10. So would you say you became pregnant too soon, at about the right time, or later than you wanted?

[HELP AVAILABLE]

Too soon..... 1  
Right time.....2  
Later.....3  
Didn't care.....4

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

**TOOSOONQ/TOOSOONQQYM**

EG-11. How much sooner than you wanted did you become pregnant?

Number and (Months/Years)\_\_\_\_\_

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

**LATERNUM/LATERMY**

EG-11. How much later than you wanted did you become pregnant?

Number and (Months/Years)\_\_\_\_\_

[IF THIHS PREGNANCY DID NOT END IN LIVE BIRTH WITHIN PAST 5 YEARS, SHE SKIPS TO EG-13 FEELINGPG]

{ ASKED IF THIS PREGNANCY ENDED IN LIVE BIRTH WITHIN PAST 5 YEARS

**INTROWTH**

INTROWTH\_1. Sometimes how people feel about having a baby in general can be different from how they feel about having a baby with a certain partner.

{ ASKED IF THIS PREGNANCY ENDED IN LIVE BIRTH WITHIN PAST 5 YEARS AND IF PREGNANCY CAME AT THE RIGHT TIME OR LATER THAN SHE WANTED OR SHE DIDN'T CARE

**WTHPART1**

EG-12a. (Please look at Card 15.) Right before (the/this/that) pregnancy, did you want to have a(nother) baby with that partner?

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

[IF EG-12a WTHPART1 WAS ASKED, SHE SKIPS TO EG-13 FEELINGPG]

{ ASKED IF THIS PREGNANCY ENDED IN LIVE BIRTH WITHIN PAST 5 YEARS AND IF PREGNANCY CAME TOO SOON OR WHEN R WANTED NO FUTURE BIRTHS

**WTHPART2**

EG-12b. (Please look at Card 15.)Right before (the/this/that) pregnancy, did you think you might ever want to have a(nother) baby with that partner?

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

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

[IF PREGNANCY ENDED BEFORE CMJAN3YR, SHE SKIPS TO EG-16 HPWNOLD]

{ ASKED IF PREGNANCY IS CURRENT OR ENDED GE CMJAN3YR

**FEELINPG**

EG-13. (Please look at the scale on Card 41.) On this scale, a zero means that you were very unhappy to be pregnant and a ten means that you were very happy to be pregnant. Which number on the card best describes how you felt when you found out you were pregnant.

Number \_\_\_\_\_

{ ASKED IF CURRENT PREGNANCY, LIVE BIRTH, OR ANY OTHER COMPLETED PREGNANCY THAT IS R's 1<sup>st</sup> OR 2<sup>nd</sup> PREGNANCY EVER OR ENDED SINCE CMJAN5YR

**HPWNOLD**

EG-16. Right before you became pregnant (this time/that (Nth) time,) did the father want you to have a(nother) baby at any time in the future?

[HELP AVAILABLE]

♦ IF FTF INTERVIEW, DISPLAY: DO NOT PROBE A DON'T KNOW RESPONSE

Yes.....1  
No.....5 (EG-18A COHPBEG)  
Not sure, don't know.....6 (EG-18A COHPBEG)

{ ASKED IF HPWNOLD=1

**TIMOKHP**

EG-17. So would you say you became pregnant sooner than he wanted, at about the right time, or later than he wanted?

[HELP AVAILABLE]

Sooner..... 1  
Right time.....2  
Later..... 3  
Didn't care..... 4

{ ASKED IF NOT CLEAR THAT PREGNANCY BEGAN WITHIN CURRENT MARRIAGE

**COHPBEG**

EG-18a. Were you married to or living with the father of (the pregnancy/this pregnancy/your (Nth) pregnancy which ended in (DATE)) at the beginning of the pregnancy?

Married to him .....1  
Living with him, but not married ...2  
Neither .....3

{ ASKED IF PREGNANCY IS NOT CURRENT AND NOT CLEAR THAT PREGNANCY ENDED WITHIN CURRENT MARRIAGE

**COHPEND**

EG-18b. (When (BABY NAME) was born,) Were you married to or living with (the/his/her/their) father (of the pregnancy when the pregnancy ended)?

Married to him .....1  
Living with him, but not married ...2

Neither .....3

{ ASKED IF PREGNANCY DID NOT END IN LIVE BIRTH AND R WAS NEITHER LIVING WITH NOR MARRIED TO THE FATHER WHEN THE PREGNANCY ENDED

**TELLFATH**

EG-19. Did you tell the father of (the pregnancy/that (Nth) pregnancy/your current pregnancy) that you (were/are) pregnant?

Yes.....1

No.....5 (EG-21 TRYSCALE)

[ ASKED IF TELLFATH=1 AND PREGNANCY IS NOT CURRENT

**WHENTELL**

EG-20. When did you tell him that you were pregnant during the pregnancy or after the (baby was born/pregnancy ended)?

During the pregnancy.....1

After the (pregnancy ended/baby was born).....2

{ ASKED IF PREGNANCY IS CURRENT OR ENDED ON OR AFTER CMJAN3YR

**TRYSCALE**

EG-21. (Please look at Card 42.) Looking at this scale, where a 0 means trying hard **not** to get pregnant, and a 10 means trying hard to **get** pregnant. If you had to rate how much you were trying to get pregnant or avoid pregnancy right before you got pregnant (this time/that time), how would you rate yourself?

Number\_\_\_\_\_

**WANTSCAL**

EG-22. (Please look at Card 43.) Looking at the scale, where a 0 means you wanted to **avoid** a pregnancy and a 10 means you wanted to **get** pregnant. If you had to rate how much you wanted or didn't want a pregnancy right before you got pregnant (this time/that time), how would you rate yourself?

Number\_\_\_\_\_

[IF PREGNANCY OCCURRED AT THE RIGHT TIME OR LATER THAN R WANTED, OR R DIDN'T CARE ABOUT TIMING:

GO BACK TO EGINTR\_1 IF THERE ARE MORE PREGNANCIES TO DISCUSS,  
OTHERWISE GO TO EH SERIES]

{ ASKED IF R USED A METHOD IN MONTH PREGNANCY BEGAN AND PREGNANCY OCCURRED TOO SOON OR AT A TIME WHEN R WANTED NO FUTURE BIRTHS

**WHYPRG**

EG-23. IF PREGNANCY OCCURRED TOO SOON, ASK:  
(Please look at Card 44.) Earlier you reported your pregnancy occurred too soon. Which of the following statements applies to you right before you became pregnant (this time/that time (that is, with the pregnancy that ended in DATE)? Your birth control method failed, or you did not use your birth control method properly?

ELSE IF PREGNANCY OCCURRED WHEN R WANTED NO FUTURE BIRTHS, ASK:  
(Please look at Card 44.) Earlier you reported your pregnancy occurred at a time when you wanted no future pregnancies. Which of the following statements applies to you right before you became pregnant (this time/that time (that is, with the pregnancy that ended in DATE)? Your birth control method failed, or you did not

use your birth control method properly?

♦ *SELECT ALL THAT APPLY*

Your birth control method failed.....1  
 You did not use your birth control  
   method properly.....2  
 I wasn't using a method.....3

[IF EG-23 WHYPRG WAS ASKED, GO TO NEXT PREGNANCY, IF ANY.  
 IF NO MORE PREGNANCIES TO ASK ABOUT EG SERIES, GO TO EH SERIES]

{ ASKED IF R DID NOT USE A METHOD IN MONTH PREGNANCY BEGAN AND PREGNANCY  
 OCCURRED TOO SOON OR AT A TIME WHEN R WANTED NO FUTURE BIRTHS

**WHYNOUSE**

EG-24. IF PREGNANCY OCCURRED TOO SOON, ASK:  
 (Please look at Card 45.) Earlier you reported that your pregnancy  
 occurred too soon. Which of these statements describes your  
 reasons for not using birth control right before you became  
 pregnant (this time/that time (that is, with the pregnancy that  
 ended in DATE)?

ELSE IF PREGNANCY OCCURRED WHEN R WANTED NO FUTURE BIRTHS, ASK:  
 (Please look at Card 45.) Earlier you reported that your pregnancy  
 occurred at a time when you wanted no future pregnancies. Which of  
 these statements describes your reasons for not using birth  
 control right before you became pregnant (this time/that time  
 (that is, with the pregnancy that ended in DATE)?

[HELP AVAILABLE]

♦ *SELECT ALL THAT APPLY*

♦ *SELECT [1] if sex was forced*

♦For examples of "not taking or using your method consistently" and  
 other guidance, see the Help Screen.

I did not expect to have sex.....1  
 I did not think I could get pregnant.....2  
 I didn't really mind if I got pregnant.....3

I was worried about the side effects of birth control...4  
 My male partner did not want me to use a birth  
   control method.....5  
 Your male partner himself did not want to use a birth  
   control method.....6  
 I was using a method.....7  
 I could not get a method.....8  
 I was not taking, or using, my method consistently.....9

{ ASKED IF R REPORTED MORE THAN ONE REASON DID NOT USE BIRTH CONTROL BEFORE  
 PREGNANCY THAT OCCURRED TOO SOON OR AT A TIME WHEN R WANTED NO FUTURE BIRTHS

**MAINOUSE**

EG-24a. Which one of these is the main reason that you did not use birth  
 control?

[ALL RESPONSE CATEGORIES THAT RESPONDENT MENTIONED ARE DISPLAYED

AGAIN]

I did not expect to have sex.....1  
 I did not think I could get pregnant.....2  
 I didn't really mind if I got pregnant.....3  
 I was worried about the side effects of birth control....4  
 My male partner did not want me to use a birth  
 control method.....5  
 My male partner himself did not want to use a birth  
 control method.....6  
 I could not get a method.....8  
 I was not taking, or using, my method consistently.....9

[GO TO BEGINNING OF LOOP (INTR-EG1a) FOR NEXT PREGNANCY IF ANY]

### **OPEN INTERVAL QUESTIONS (EH)**

{R SKIPS TO EJ SERIES IF SHE:

- IS CURRENTLY PREGNANT, OR
- DID NOT HAVE SEX IN CURRENT MONTH, OR
- IS SURGICALLY OR NONSURGICALLY STERILE (NOT AT RISK OF PREGNANCY)]

{ ASKED IF R USED NO METHODS IN THE CURRENT MONTH

#### **INTR-EH1**

INTR\_EH1. Next are a few more questions about birth control.

#### **WYNOTUSE**

EH-1. You may have already answered a similar question, but is the reason you are not using a method of birth control now because you, yourself, want to become pregnant as soon as possible?

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

#### **HPPREGQ**

EH-2. And your partner, does he want you to become pregnant as soon as possible?

Yes..... 1  
 No..... 5  
 No current male partner..... 6

{ ASKED IF R WANTS TO BECOME PREGNANT=

#### **DURTRY/DURTRYM**

EH-2a/b. How long have you been trying to become pregnant?

- ♦ ENTER [0] if you have been trying for less than a month
- ♦ ENTER [95] if you are not trying

Months/Years\_\_\_\_\_

{ ASKED IF R DOES NOT WANT TO BECOME PREGNANT AND SAID NO OR DON'T KNOW TO WHETHER HER PARTNER WANTS A PREGNANCY OR HAD NO CURRENT MALE PARTNER

#### **WHYNOUSING**

EH-2c. (Please look at Card 46.) Which of the following statements applies to you right now? You are not using birth control because...

- ♦ SELECT ALL THAT APPLY

- ♦ For examples of “not taking or using your method consistently” and other guidance, see the Help Screen.

[HELP AVAILABLE]

I do not expect to have sex.....1  
 I do not think I can get pregnant.....2  
 I don't really mind if I get pregnant.....3  
 I am worried about the side effects of birth control.....4  
 My male partner does not want me to use a birth  
 control method.....5  
 My male partner himself does not want to use a birth  
 control method.....6  
 I AM using a method.....7  
 I cannot get a method.....8  
 I am not taking, or using my method consistently.....9

{ ASKED IF R REPORTED MORE THAN ONE REASON IN WHYNOUSING

**MAINNOUSE**

EH-2d. Which one of these is the main reason that you are not using birth control?

*[ALL RESPONSE CATEGORIES THAT RESPONDENT MENTIONED ARE DISPLAYED AGAIN]*

**PILL, PATCH, RING, AND IUD USE FOR HEALTH REASONS (EI)**

*[IF R USED NONE OF THE PILL, PATCH, RING NOR AN IUD IN CURRENT MONTH OR PRIOR MONTH, SHE SKIPS TO EK SERIES.]*

{ ASKED IF R USED THE PILL, PATCH, OR RING IN CURRENT MONTH OR PRIOR MONTH. IF MORE THAN ONE OF THESE 3 METHODS USED ONLY ASKED ONCE WITH PRIORITY ORDERING OF PILL, PATCH, THEN RING

**YUSEPPR**

EI-1. Next is a question about your recent (pill/contraceptive patch/contraceptive ring) use. (Please look at Card 47.) What is the reason or reasons for your recent pill use.

- ♦ *SELECT ALL THAT APPLY*

Birth control.....1  
 Cramps, or pain during menstrual periods...2  
 Treatment for acne.....3  
 Treatment for endometriosis.....4  
 Other reasons.....5  
 To regulate your menstrual periods.....6  
 To reduce menstrual bleeding.....7  
 Treatment for hot flashes or other  
 peri-menopausal symptoms.....8

{ ASKED IF R USED AN IUD IN CURRENT MONTH OR PRIOR MONTH

**IUDTYPE**

EI-2. Now I'd like to ask about your recent IUD use. You mentioned that you used the IUD within the past 2 months. (Please look at Card 31). Which type are you using / did you use? Was/is it a copper-bearing IUD such as Copper-T or ParaGard, or was/is it a Levonorgestrel or hormonal IUD, such as Mirena, Skyla, Liletta, or Kyleena, or was/is it another type?

- ♦ Select "Copper-bearing" if 10-year IUD
- ♦ Select "Hormonal IUD" if 3 or 5-year IUD

Copper-bearing (such as Copper-T or ParaGard).....1  
 Hormonal IUD (such as Mirena, Skyla, Liletta,  
     or Kyleena).....2  
 Other.....3

{ ASKED IF R USED THE COPPER-BEARING HORMONAL IUD IN CURRENT OR PRIOR MONTH  
**YUSEIUD**

EI-3. (Please look at Card 47a.) What are your reasons for your recent IUD use?

- ♦ *SELECT ALL THAT APPLY*

Birth control.....1  
 Cramps, or pain during menstrual periods...2  
 Treatment for acne.....3  
 Treatment for endometriosis.....4  
 Other reasons.....5  
 To regulate your menstrual periods.....6  
 To reduce menstrual bleeding.....7  
 Treatment for hot flashes or other  
     peri-menopausal symptoms.....8  
 Emergency contraception..... 9

**RECENT HORMONAL METHOD USE: SOURCE, INSURANCE, PAYMENT (EJ)**

[IF R USED NO METHODS IN CURRENT OR PREVIOUS MONTH, SHE SKIPS EK-8 NOCOST2.]

{ ASKED IF R USED PILL, DEPO, PATCH, RING, IUD, OR IMPLANT IN CURRENT OR PRIOR MONTH (if >1 used in those 2 months, ask about most effective recent method  
**CURBCPLC**

EJ-1. Please look at Card 48. Where did you get the [MOST EFFECTIVE RECENT METHOD] you used recently? If you got it with a prescription, please report where you got the method itself, not the prescription.

Private doctor's office.....1  
 HMO facility.....2  
 Community health clinic, community clinic, public health clinic.....3  
 Family planning or Planned Parenthood clinic.....4  
 Employer or company clinic.....5  
 School or school-based clinic.....6  
 Hospital outpatient clinic.....7  
 Other hospital location including emergency room.....8  
 Urgent care center, urgi-care or walk-in facility.....9  
 In-store health clinic (like CVS, Target, or Walmart).....10  
 Mail order / Internet.....11  
 Drugstore.....14  
 Some other place.....15

{ ASKED IF R USED PILL IN CURRENT OR PREVIOUS MONTH (and if more than one method from list above was used, if pill was most effective one)

**NUMPILLS**

EJ-2. How many months' supply of birth control pills did you get the last time you got some?

Number \_\_\_\_\_

**CURBCPAY**

EJ-3. (Please look at Card 49.) Please report all the ways in which you paid for your [MOST EFFECTIVE RECENT METHOD] the last time you got this method.

♦ *SELECT ALL THAT APPLY*

Insurance.....1  
 Co-payment.....2  
 Out-of-pocket payment.....3  
 Medicaid.....4  
 No payment required.....5  
 Some other way.....6

{ ASKED IF R DID NOT REPORT USING INSURANCE OR MEDICAID

**CURBCINS**

EJ-4. The last time you got this method, did you have any kind of health insurance or Medicaid?

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

{ ASKED IF R HAD INSURANCE OR MEDICAID BUT DID NOT REPORT USING IT TO PAY FOR METHOD

**NOUSEINS**

EJ-5. (Please look at Card 50.) Why did you not use your insurance to pay for your method supplies?

♦ *SELECT ALL THAT APPLY*

Insurance doesn't cover my method supplies.....1  
 I had not yet met my insurance deductible.....2  
 I did not want to use insurance because  
     someone might find out about it.....3  
 I did not need to use insurance because the  
     method supplies were free.....4  
 Some other reason.....5

{ ASKED IF R REPORTED CO-PAYMENT OR OUT-OF-POCKET PAYMENT

**CURBCAMT**

EJ-6. (Please look at Card 51.) How much did you pay for your co-payment or out-of-pocket payment when you received the method?

Under \$10.....1  
 \$10-\$25.....2  
 \$26-\$50.....3  
 \$51-\$100.....4  
 over \$100.....5

{ ASKED OF ALL

**LIKEUSE**

EJ-7. Is there is a method of birth control that you would like to use, but you are not currently using?

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

**CONDOM CONSISTENCY: PAST 4 WEEKS & PAST 12 MONTHS (EK)**

{ ASKED IF R HAD SEXUAL INTERCOURSE IN THE PAST 12 MONTHS

**PST4WKSX**

EK-1. Now please think about the last four weeks. How many times have you had sexual intercourse with a male in the last four weeks?

Number \_\_\_\_\_

[IF R NEVER USED THE CONDOM OR EK-1 PST4WKSX=DK/RF, SHE SKIPS TO EK-6 PXNOFREQ]

{ ASKED IF R EVER USED THE CONDOM AND PST4WKSX=1

**PSWKCOND1**

EK-2. Did you use a condom?

Yes.....1 (EK-4 MISSPILL)

No.....5 (EK-4 MISSPILL)

{ ASKED IF R EVER USED THE CONDOM AND PST4WKSX &gt; 1

**PSWKCOND2**

EK-3. How many of those times did you use a condom?

♦ ENTER [PST4WKSX] if "every time" \_

♦ SELECT [0] if "not at all" or "never"

Number \_\_\_\_\_

{ ASKED IF R USED THE PILL IN THE MONTH OF INTERVIEW OR PRIOR MONTH

**MISSPILL**

EK-3e. Still thinking about the past 4 weeks, how many pills that you were supposed to take did you miss? Would you say you never missed a pill, missed only one pill, or missed two or more pills?

[HELP AVAILABLE]

Never missed.....1

Missed only one .....2

Missed two or more .....3

Did not use pill in past 4 weeks.....4

{ ASKED IF REPORTED CONDOM USE IN AT LEAST ONE MONTH OF THE LAST 12 MONTHS OF THE METHOD CALENDAR, AND HAD SEXUAL INTERCOURSE IN THE PAST 12 MONTHS

**P12MOCON**

EK-4. (Please look at card 52.) Thinking back over the past 12 months, that is, since (CMLSTYR\_FILL), would you say you used a condom with your partner for sexual intercourse every time, most of the time, about half of the time, some of the time, or none of the time?

Every time.....1 (SECTION F)

Most of the time.....2

About half of the time.....3

Some of the time.....4

None of the time.....5

{ ASKED IF R EVER USED A METHOD AND HAD SEXUAL INTERCOURSE IN THE PAST 12 MONTHS AND RESPONDED ANYTHING BUT "EVERY TIME" TO CONDOM FREQUENCY

**PXNOFREQ**

EK-5. (Please look at Card 52.) During the last 12 months, that is, since

(CMLSTYR\_FILL), how often did you or your partner use any method to prevent pregnancy or sexually transmitted disease when you had sex together?

- Every time.....1
- Most of the time.....2
- About half of the time.....3
- Some of the time.....4
- None of the time.....5

**SECTION F**  
**Family Planning and Medical Services**

{ Asked for all Rs

**INTRSVC**

FA-0. The questions in this section are about your recent medical visits for family planning services, as well as other types of pregnancy and health care services for women.

—

**Birth control and medical services in past 12 months series (FA)**

**INTRO\_FA**

FA-1. You may have already reported some of this already, but the first series asks whether in the past 12 months, that is, since [CMLSTYR\_FILL] have you received any of these birth control services from a doctor or other medical care provider?

**BTHCON12**

FA-1a. (In the past 12 months, have you received)  
A method of birth control or a prescription for a method?

♦ This includes getting pills, or a new prescription for pills, a new diaphragm or IUD, or a new supply of condoms, from a doctor or medical care provider.

♦ Do not count visits to drug stores, etc., to refill prescriptions or to buy supplies

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

**MEDTST12**

FA-1b. (In the past 12 months, have you received) A check-up or medical test related to using a birth control method?

♦ A procedure or lab test used to detect medical conditions or problems. These may refer to routine visits or visits made because of specific problems related to contraceptive use.

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

**BCCNS12**

FA-1c. (In the past 12 months, have you received) Counseling or information about birth control?

♦ Includes counseling or information related to whether to use birth control methods, how to get them, information about different methods, and how they are used.

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

**STEROP12**

FA-1d. (In the past 12 months, have you received) a sterilizing operation or procedure?

♦ A procedure that makes pregnancy impossible, most commonly a tubal sterilization.

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

**STCNS12**

FA-1e. (In the past 12 months, have you received) Counseling or information about getting sterilized?

♦ Counseling about a surgical procedure that makes female pregnancy impossible, most commonly a tubal ligation

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

**EMCON12**

FA-1f. (In the past 12 months, have you received) Emergency contraception pills, also known as "Plan B" or the "Morning-after pill," or a prescription for it?

♦ Includes emergency contraceptive pills or a prescription for the pills, whether or not you obtained the pills.

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

**ECCNS12**

FA-1g. (In the past 12 months, have you received) Counseling or information about Emergency contraception, also known as "Plan B" or the "Morning-after pill?"

♦ Includes counseling or information related to whether to use emergency contraception, how they are used, how to get them.

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

**INTR\_MED**

FA-2. This survey is also interested in where women go to get other kinds of reproductive health care. –

In the past 12 months, that is, since [CMLSTYR\_FILL], have you received any of the following medical services from a doctor or other medical care provider...

{ IF R EVER HAD SEX

**PRGTST12**

FA-3a. You may have already reported this, but/(In the past 12 months have you received) A pregnancy test?

♦ A procedure that tests the urine or blood for hormonal signs of pregnancy. Do not include self-administered tests performed at home.

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

{ Asked for all Rs

**PAP12**

FA-3b. (In the past 12 months have you received)

A Pap test - where a doctor or nurse put an instrument in the vagina and took a sample to check for abnormal cells that could turn into cervical cancer?

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

{ Asked for all Rs

**PELVIC12**

FA-3c. (In the past 12 months have you received)  
A pelvic exam -where a doctor or nurse puts one hand in the vagina and the other on the abdomen?

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

{ IF R HAD A PREGNANCY ENDING WITHIN THE LAST 12 MONTHS

**PRENAT12**

FA-3d. You may have told me this already, but in the past 12 months, have you received prenatal care?

♦ Medical care to monitor the progress of a pregnancy and to treat pregnancy-related medical problems.

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

{ IF R'S MOST RECENT LIVE BIRTH WAS WITHIN THE LAST 12 MONTHS

**PARTUM12**

FA-3e. (In the past 12 months have you received) Post-pregnancy care?

♦ Care of the mother or her newborn in the period shortly after childbirth, including physical examination of the mother or the infant, and counseling or instruction to the mother, e.g., about care of the umbilical and diaper areas, nursing the infant, etc.

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

{ Asked for all Rs

**STDSVC12**

FA-3f. In the past 12 months, have you been tested for a sexually transmitted disease?

♦ A medical exam, blood test, urine sample, swab, or culture taken to determine whether someone has a sexually transmitted disease (STD). Some sexually transmitted diseases include herpes, gonorrhea, chlamydia, and HIV.

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

{ ASKED IF DID NOT RECEIVE ANY SERVICES IN THE PAST 12 MONTHS

**BARRIER**

FA-3g. (Please look at Card 55.)  
You reported that you did not receive any of these services in the past 12 months. Which of these reasons explain why you did not receive any of these services?

♦ SELECT ALL THAT APPLY.

I did not need any of these services in the last year.1  
 I did not know where to go for care.....2  
 I could not afford to pay for a visit.....3  
 I was afraid to hear bad news.....4  
 I had privacy/confidentiality concerns. ....5  
 I could not take time off from work.....6  
 I did not have Insurance.....7  
 Not sexually active .....8  
 Time/busy.....9  
 Didn't make appt.....10  
 Don't like/trust doctors.....11  
 Something else.....20

[IF R HAD NO BIRTH CONTROL OR MEDICAL SERVICES IN THE PAST 12 MONTHS, SHE  
 SKIPS TO FB SERIES.]

{ IF MORE THAN 1 SERVICE RECEIVED IN THE PAST 12 MONTHS)

**NUMBCVIS**

FA-4. You said that in the past 12 months you received the following services:  
 (DISPLAY ABBREVIATED LIST OF SERVICES REPORTED IN BTHCON12 THROUGH  
 ECCNS12 AND PRGTST12 THROUGH STDSVC12). Did you receive those services  
 during a single visit, or in more than one visit?

Single visit.....1  
 More than one visit....5

{ ASKED FOR EACH SERVICE RECEIVED IF HAD MORE THAN ONE VISIT IN PAST 12 MONTHS  
**BC12PLCX**

FA-5. (Please look at Card 56.) During the past 12 months, that is since  
 [CMLSTYR\_FILL], where did you receive  
 (DISPLAY (Nth) SERVICE(S) REPORTED IN BTHCON12 THROUGH ECCNS12 AND  
 PRGTST12 THROUGH STDSVC12)?

♦ If you received services multiple times during the last twelve  
 months, please think of the provider you visited most recently for  
 this service(s).

Private doctor's office.....1  
 HMO facility.....2  
 Community health clinic, Community clinic, Public health clinic....3  
 Family planning or Planned Parenthood Clinic.....4  
 Employer or company clinic.....5  
 School or school-based clinic.....6  
 Hospital outpatient clinic.....7  
 Other hospital location including emergency room.....8  
 Urgent care center, urgi-care or walk-in facility.....10  
 In-store health clinic (like CVS, Target, or Walmart).....11  
 Some other place.....20

{ IF R RECEIVED A SERVICE IN IN LAST 12 MONTHS

**TALKPROV**

FA-5a. During your visit in the past 12 months when you received one of  
 these services, did a doctor or medical provider talk to you about  
 any of the following?

♦ SELECT ALL THAT APPLY.

—

Birth control methods (including IUD and implants).....1  
 Condoms for STD prevention.....2  
 HPV vaccine .....3  
 None of the above.....4

{ IF R RECEIVED AN STD TEST IN LAST 12 MONTHS

**WHYPSTD**

FA-5b. (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 STD test]. What is the main reason that you chose this place for care?

Could walk in or get same-day appointment.....1  
 Cost.....2  
 Privacy concern.....3  
 Expert care here.....4  
 Embarrassed to go to usual provider.....5  
 Other.....6

{ IF R DID NOT RECEIVE AN STD TEST IN LAST 12 MONTHS

**WHYNOSTD**

FA-5c. (Please look at Card 58.)  
 In the past 12 months you did not receive a test for a sexually transmitted disease. Which one of these reasons would you say is the MAIN reason why you have not been tested for a sexually transmitted disease?

Didn't want parents to find out.....1  
 Concerned about confidentiality.....2  
 Doctor or health care provider never suggested it.....3  
 Embarrassed or difficult to ask to be tested .....4  
 Cost or lack of insurance.....5  
 Never had sex.....6  
 Did not need to get tested.....7  
 Other.....8

{ IF R RECEIVED BIRTH CONTROL COUNSELING IN LAST 12 MONTHS

**BCCLARC**

FA-5d. (During your visit in the past 12 months) when you received counseling or information about birth control, did a doctor or medical provider talk with you about a contraceptive implant or an IUD.

- ♦ Implants such as Nexplanon/Implanon
- ♦ IUDs such as Copper-T, ParaGard, Mirena, Skyla

♦If you received a service multiple times during the last twelve months and at multiple places, please answer based on the provider you visited **most recently**.

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

{ IF R RECEIVED BIRTH CONTROL COUNSELING IN LAST 12 MONTHS

**BC12PAYX**

FA-6. (Please look at Card 49.) In which ways was the bill paid for services below? [Nth SERVICE IN PAST 12 MONTHS REPORTED IN BTHCON12 THROUGH ECCNS12 AND PRGTST12 THROUGH STDSVC12]?

♦ *SELECT ALL THAT APPLY.*

Insurance.....1  
 Co-payment.....2  
 out-of-pocket payment.....3  
 Medicaid.....4  
 No payment required.....5  
 Some other way.....6

{ FA-7 STATE\_NAME THROUGH FA-9 REGCAR12 ASKED FOR EACH SERVICE RECEIVED IN THE  
 LAST 12 MONTHS AT A CLINIC

**NOTE: NO ADDRESS INFORMATION OR CLINIC NAMES ARE INCLUDED ON THE PUBLIC  
 USE DATA FILES.**

**STATE\_NAME**

FA-7. What is the name and address of the place where you received  
 (DISPLAY (ALL SERVICES) REPORTED IN BTHCON12 THROUGH ECCNS12 AND  
 PRGTST12 THROUGH STDSVC12 THAT WERE RECEIVED AT A CLINIC)?  
 What state is the place in?

**CLINIC12**

FA-8a. What is the name and address of the place where you received  
 [DISPLAY ALL SERVICES REPORTED]? )  
 What **city** is the place in?

[HELP AVAILABLE]

**CONFIRM**

FA-8g. I have found a clinic/Is this the correct clinic (LIST CLINIC  
 SELECTED)? \_

Yes.....1  
 No.....5  
 Clinic not in database ...6

{ IF CLINIC NOT FOUND IN DATABASE

**ADCLIN12**

FA-8h. What is the name and address of the place where you received  
 [DISPLAY ALL SERVICES REPORTED AT A CLINIC]? )

- ♦ Please enter name and address of clinic you were unable to find  
 in database.
- ♦ You may have contact information with the name or  
 address of the clinic. If not, please record as much  
 information as you can provide including cross streets, etc.

—

\_\_\_\_\_  
 \_\_\_\_\_

{ IF CLINIC MENTIONED IN FA-8a CLINIC12 IS DIFFERENT FROM CLINICS MENTIONED  
 BEFORE

**REGCAR12**

FA-9. Is this clinic your regular place for medical care, or do you usually go  
 somewhere else for medical care?

Regular place.....1  
 Regular place, but go to more than 1 place regularly....2

Usually go somewhere else.....3  
 No usual place.....4

**Clinic Series (FB)**

{ R SKIPS TO FC-1 INTRPAP IF:

- 25 OR OLDER OR
- RECEIVED ANY SERVICES (PAST 12 MONTHS) AT A CLINIC]

{ ASKED IF UNDER 25 AND DID NOT RECEIVE ANY SERVICES AT A CLINIC

**EVERFPC**

FB-1. Since your first menstrual period when you were [AGE AT MENARCHE], have you ever visited a clinic for any kind of medical or birth control service?

[HELP AVAILABLE]

Yes.....1  
 No.....5 (FC-1 INTRPAP)

**Pap Test Series (FC)**

{ Asked for all Rs

**INTRPAP**

FC-1. Now we have some additional questions about medical tests you may have received.

{ Asked if R did not have a Pap in the past 12 mos

**LASTPAP**

FC-2. When do you think your last Pap test was...?

A year ago or less .....1  
 More than 1 year ago but not more than 2 years .....2  
 More than 2 years ago but not more than 3 years .....3  
 More than 3 years ago but not more than 5 years .....4  
 Over 5 years ago .....5  
 Never had Pap test .....6

[IF R NEVER HAD PAP TEST, SHE SKIPS TO FD SERIES.]

{ Asked if R ever had Pap test

**MREASPAP**

FC-3. What was the main reason you had your most recent Pap test? Was it part of a routine exam, because of a medical problem you were having, or some other reason?

Part of a routine exam.....1  
 Because of a medical problem.....2  
 Other reason.....3

{ Asked if R ever had Pap test

**AGEFPAP**

FC-4. At what age did you have your first Pap test?

\_\_\_\_\_AGE IN YEARS

{ Asked if R did not know her age at first Pap test

**AGEFPAP2**

FC-4a. Were you younger than 18, 18-21, 22-29, or 30 or older at your

first Pap test?

Younger than 18.....1  
 18-21.....2  
 22-29.....3  
 30 or older.....4

{ Asked if R ever had a Pap

**ABNPAP5**

FC-5. Have you had a Pap test in the last 5 years where the results were not normal?

Yes.....1  
 No.....5  
 No Pap test in past 3 years.....6

**Pelvic Exam Series (FD)**

{ R SKIPS TO FD-1 LASTPEL IF:

- HAD A PELVIC EXAM IN LAST 12 MONTHS BUT NOT A PAP TEST, OR
- DK/RF on PELVIC12

{ Asked if R had a pelvic exam and a Pap test in the past 12 months

**PELWPAP**

FD-1. You reported you had a pelvic exam in the past 12 months. Was the pelvic exam done at the same visit as your Pap test?

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

{ Asked if R did not have a pelvic exam at the same time as a Pap test or if did not have both test in the past 12 months

**LASTPEL**

FD-2. When do you think your last pelvic exam was...?

A year ago or less .....1  
 More than 1 year ago but not more than 2 years .....2  
 More than 2 years ago but not more than 3 years .....3  
 More than 3 years ago but not more than 5 years .....4  
 Over 5 years ago .....5  
 Never had pelvic exam.....6

*[IF R NEVER HAD PELVIC EXAM, SHE SKIPS TO FE SERIES.]*

{ Asked if R ever had a pelvic exam

**MREASPEL**

FD-3. What was the main reason you had your most recent pelvic exam -was it part of a routine exam, because of a medical problem, or some other reason?

Part of a routine exam.....1  
 Because of a medical problem.....2  
 Other reason.....3

{ Asked if R ever had a pelvic exam

**AGEFPEL**

FD-4. At what age did you have your first pelvic exam?

\_\_\_\_\_AGE IN YEARS

{ Asked if R did not know her age at first pelvic exam

**AGEFPEL2**

FD-4a. Were you younger than 18, 18-21, 22-29, or 30 or older at your first pelvic exam?

Younger than 18.....1  
 18-21.....2  
 22-29.....3  
 30 or older.....4

**Human Papilloma Virus (HPV) Testing Series (FE)**

{ Asked for all Rs

**INTRHPV**

FE-1. The next questions are about tests for human papilloma virus (HPV).

**EVHPVTST**

FE-2. Have you ever had an HPV test where a doctor or nurse put an instrument in the vagina and took a sample to test for the HPV virus?

Yes.....1  
 No.....5 (FE-7 SELFTEST)

{ Asked if R ever had an HPV test and a pap test in past 12 months

**HPVWPAP**

FE-3. You reported you had a Pap test in the past 12 months. Was the HPV test done at the same time as your Pap test?

Yes.....1 (FE-5 MREASHPV)  
 No.....5

{ Asked if R ever had an HPV test or if DK/RF whether HPV test

**LASTHPV**

FE-4. When was your last HPV test?

A year ago or less .....1  
 More than 1 year ago but not more than 2 years .....2  
 More than 2 years ago but not more than 3 years .....3  
 More than 3 years ago but not more than 5 years .....4  
 Over 5 years ago .....5

{ Asked if R ever had an HPV test

**MREASHPV**

FE-5. What was the main reason you had your most recent HPV test -was it part of a routine exam, because of a medical problem, or some other reason?

Part of a routine exam.....1  
 Because of a problem.....2  
 Other reason.....3

{ Asked if R ever had an HPV test

**AGEFHPV**

FE-6. At what age did you have your first HPV test?

\_\_\_\_\_AGE IN YEARS

{ Asked if R does not know her age at first HPV test

**AGEFHPV2**

FE-6a. Were you younger than 18, 18-21, 22-29, or 30 or older at your first HPV test?

Younger than 18.....1  
18-21.....2  
22-29.....3  
30 or older.....4

{ Asked for all Rs

**SELFTEST**

FE-7. In the future, you may have the option to use a simple kit to test for HPV infection yourself. To use, you insert a swab about an inch into your vagina and rotate it for 30 seconds. It is easy to use the kit correctly and the results are accurate. If available, would you prefer this option rather than having the test done by a doctor or nurse?

Yes.....1  
No.....5  
No preference....6

[IF R ANSWERS "NO" TO SELFTEST, SHE SKIPS TO FF SERIES.]

{ Asked if said yes or "no preference" to FE-7 SELFTEST

**SELFTEST2**

FE-8. Would you prefer to do this test at home or at a doctor's office?

Home.....1  
Doctor's office...2  
No preference.....3

**Additional questions regarding reproductive health (FF)**

{ Asked for all Rs

**INTRFG**

FF-1. The next questions are about things your doctor or other medical care provider may have asked you about in the past 12 months, either in person or via a computerized or paper form.

**ASKSMOKE**

FF-2. In the past 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

**ASKPREG**

FF-3. In the past 12 months, has a doctor or other medical care provider asked you whether you wanted to get pregnant or have a baby?

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

**ASKFOLIC**

FF-4. In the past 12 months, has a doctor or other medical care provider advised you to take a vitamin with folic acid?

Yes.....1

No.....5

**TALKDM**

FF-5. In the past 12 months, has a doctor or other medical care provider talked with you about using a condom at the same time as a female method of contraception?

Yes.....1

No.....5

**Most recent experience with provider (FG)**

{ FH SERIES IS ASKED IF R RECEIVED ONE OF THESE SERVICES IN THE PAST 12 MONTHS:

FA-1a BTHCON12=1(yes) [method of birth control or prescription] or  
 FA-1b MEDTST12=1(yes) [checkup for birth control] or  
 FA-1c BCCNS12=1 (yes) [counseling about birth control] or  
 FA-1d STEROP12=1(yes) [sterilization operation] or  
 FA-1e STCNS12=1 (yes) [counseling re sterilization operation] or  
 FA-1f EMCON12=1 (yes) [emergency contraception or prescription] or  
 FA-1g ECCNS12=1 (yes) [counseling regarding emergency contraception]

{Asked if received a method of birth control or counseling about a method

**INTROFH**

FG-0. Earlier you mentioned that in the past 12 months you received a method of birth control or counseling about a method or prescription for a method from a health care provider. These next questions ask about your most recent experience with this provider. Please rate your experience with this provider on a scale of 1 to 5 (with 1 meaning "poor" and 5 meaning "excellent") with respect to the following qualities:

{Asked if received a method of birth control or counseling about a method

**PROVRESP**

FG-1. (Please look at Card 59.)

How did this provider rate on respecting you as a person?

Poor.....1

Fair.....2

Good.....3

Very good.....4

Excellent.....5

{Asked if received a method of birth control or counseling about a method

**PROVSAYBC**

FG-2. (Please look at Card 59.)

How did this provider rate with respect to letting you say what mattered most to you about your birth control method?

Poor.....1

Fair.....2

Good.....3

Very good.....4

Excellent.....5

{Asked if received a method of birth control or counseling about a method

**PROVPREBC**

FG-3. (Please look at Card 59.)

How did this provider rate on taking your preferences about birth control seriously?

Poor.....1  
Fair.....2  
Good.....3  
Very good.....4  
Excellent.....5

{Asked if received a method of birth control or counseling about a method

**PROVINFOBC**

FG-4. (Please look at Card 59.)

How did this provider rate on giving you enough information to make the best decision about your birth control method?

Poor.....1  
Fair.....2  
Good.....3  
Very good.....4  
Excellent.....5

**SECTION G**  
**Desires and Intentions for Future Births**

**BIRTH DESIRES SERIES (GA)**

{ Asked for all Rs

**GAINTRO1**

GA-0. The next few questions are about your feelings about having (a/another) baby, whether or not you are able to, or plan to have one.

**RWANT**

GA-1. (Looking to the future, do/If it were possible, would) you, yourself, want to have (a/another) baby at some time (after this pregnancy is over/in the future)?

[HELP AVAILABLE]

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

{ Asked if RWANT=DK

**PROBWANT**

GA-1a. (Do you think you probably want or probably do not want/If it were possible do you think you would probably want or would probably not want) to have (a/another) baby at some time (after this pregnancy is over/in the future)?

Probably want .....1  
 Probably do not want .....2

{ Asked if R does not have any children and does not want to have any children in the future

**WHYNOKID**

GA-2. (Please look at Card X.)

Which of these are reasons why you say you are not likely to have children in the future?

♦ *SELECT ALL THAT APPLY.*

You just don't want to have children.....1  
 Medical reasons.....2  
 You are unable to have children.....3  
 Economic/financial reasons.....4  
 No partner.....5  
 Age-related reasons.....6  
 State of the world.....7  
 Climate change/environmental reasons.....8  
 Partner doesn't want to have children.....9  
 Some other reason.....10

{ Asked if R is married or cohabiting with a male

**PWANT**

GA-3. (Please look at Card 15.)

(If it were possible/Looking to the future, does/Does) [HUSBAND/PARTNER] want to have (a/another) baby at some time (after this pregnancy is over/at some time in the future)?

[HELP AVAILABLE]

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

**JOINT BIRTH INTENTIONS SERIES, MARRIED/COHABITING (GB)**

[GB SERIES IS ASKED IF R IS CURRENTLY MARRIED TO OR COHABITING WITH A MALE AND BOTH PARTNERS ARE PHYSICALLY ABLE TO HAVE CHILDREN. OTHERWISE R SKIPS TO GC SERIES.]

{ Asked if R is married/cohabiting with a male and both partners physically able to have children

**GBINTRO1**

GB-0. Sometimes what people want and what they intend are different because they are not able to do what they want. The next questions are about your and [HUSBAND/PARTNER]'s intentions to have (a/another) baby in the future.

**JINTEND**

GB-1. Do you and [HUSBAND/PARTNER] intend to have (a/another) baby at some time in the future (after this pregnancy is over)?

♦ "INTEND" REFERS TO WHAT YOU AND YOUR HUSBAND/PARTNER ARE ACTUALLY GOING TO TRY TO DO. DO NOT COUNT INTENDED ADOPTIONS OR STEPCHILDREN.

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

[IF JINTEND=DK, R SKIPS TO GB-4 JEXPECTL.]

[IF JINTEND=RF, R SKIPS TO SECTION H.]

{ Asked if JINTEND was answered "yes" or "no"

**JSUREINT**

GB-2. Of course, sometimes things do not work out exactly as we intend them to, or something makes us change our minds. In your case, how sure are you that you and [HUSBAND/PARTNER] will (not) have (a/another) baby (after this pregnancy is over)?

Very sure.....1  
 Somewhat sure.....2  
 Not at all sure.....3

[IF R REPORTS NO INTENTION TO HAVE A/ANOTHER BABY (GB-1 JINTEND = NO), SHE SKIPS TO SECTION H.]

{ Asked if R reports intention to have a/another baby (GB-1 JINTEND = YES)

**JINTENDN**

GB-3. (Not counting your current pregnancy,) how many (more) babies do you and [HUSBAND/PARTNER] intend to have?

♦ "INTEND" REFERS TO WHAT YOU AND YOUR HUSBAND/PARTNER ARE ACTUALLY GOING TO TRY TO DO. DO NOT COUNT INTENDED ADOPTIONS OR STEPCHILDREN.

Number of babies \_\_\_\_\_

[IF JINTENDN=RF OR R GAVE A NUMBER, R SKIPS TO GB-6 JINTNEXT.]

{ Asked if JINTENDN=DK

**JEXPECTL**

GB-4. Many people aren't sure, but still have some idea about the future. As you expect things to work out for you and [HUSBAND/PARTNER], what is the largest number of (additional) babies you and he expect to have (after this pregnancy is over)?

Number of babies \_\_\_\_\_

[IF JEXPECTL=DK/RF, R SKIPS TO GB-6 JINTNEXT.]

[IF JEXPECTL=0, R SKIPS TO SECTION H.]

{ Asked if JEXPECTL > 0

**JEXPECTS**

GB-5. What is the smallest number of (additional) babies you and he expect to have (after this pregnancy is over)?

Number of babies \_\_\_\_\_

{ Asked if JINTENDN=RF or R gave a number, OR JEXPECTL=DK/RF or JEXPECTS>0

**JINTNEXT**

GB-6. When do you and [HUSBAND/PARTNER] expect your (first/next) child to be born (after this pregnancy)?

Within the next 2 years.....1

2-5 years from now.....2

More than 5 years from now.....3

**INDIVIDUAL INTENTIONS SERIES (GC)**

[GC SERIES IS ASKED IF R IS NOT MARRIED TO OR COHABITING WITH A MALE, AND SHE IS PHYSICALLY ABLE TO HAVE CHILDREN AND RWANT = YES OR DK. ALL OTHERS SKIP TO SECTION H.]

**GCINTRO1**

GC-0. Sometimes what people want and what they intend are different because they are not able to do what they want. The next questions are about your intentions to have (a/another) baby in the future.

**INTEND**

GC-1. Looking to the future, do you intend to have (a/another) baby 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.

Yes.....1

No.....5

[IF INTEND=DK, R SKIPS TO GC-4 EXPECTL.]

[IF INTEND=RF, R SKIPS TO SECTION H.]

{ Asked if INTEND was answered "yes" or "no"

**SUREINT**

GC-2. Of course, sometimes things do not work out exactly as we intend them to, or something makes us change our minds. In your case, how sure are you that you will (not) have (a/another) baby (after this pregnancy is over)?

Very sure.....1  
 Somewhat sure.....2  
 Not at all sure.....3

{ IF R REPORTS NO INTENTION TO HAVE A/ANOTHER BABY (GC-1 INTEND = NO), SHE  
 SKIPS TO SECTION H. }

{ Asked if R reports intention to have a/another baby (GC-1 INTEND = YES)

**INTENDN**

GC-3. (Not counting your current pregnancy,) how many (more) babies do you  
intend to have?

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

Number of babies \_\_\_\_\_

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

{ Asked if INTEND=DK or R doesn't know if she intends to have a/another baby  
 (RWANT=DK)

**EXPECTL**

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

Number of babies \_\_\_\_\_

[ IF EXPECTL=DK/RF, R SKIPS TO GC-6 INTNEXT. ]

[ IF EXPECTL=0, R SKIPS TO SECTION H. ]

{ Asked if EXPECTL > 0

**EXPECTS**

GC-5. What is the smallest number of (additional) babies you, yourself, expect  
 to have (after this pregnancy is over)?

Number of babies \_\_\_\_\_

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

**INTNEXT**

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

Within the next 2 years.....1  
 2-5 years from now.....2  
 More than 5 years from now.....3

**SECTION H**  
**Medical Help to Have a Baby; General & Reproductive Health**

[IF R HAS NOT HAD SEX WITH A MAN OR IS UNDER 18, SHE SKIPS TO HC-0 INTRO\_H3]

{ Asked if R is 18+ or has ever had vaginal intercourse (this would include women in same-sex marriage or cohabitation, as long as they are 18+)

**INTRO\_H1**

HA-0. The next questions are about any medical services (you/**you**, **yourself**) may have ever received to help (you/**you**) have a baby. This includes medical help to become pregnant or to prevent miscarriage. These types of medical help will be asked about separately. (Please count any help received by you or your husband or male partner.)

**MEDICAL HELP TO GET PREGNANT (HA)**

{ Asked if R is 18+ or has ever had vaginal intercourse

**HLPPRG**

HA-1. Have you ever gone, either alone or with a spouse or partner, to a doctor or other medical care provider to talk about ways to help you become pregnant? Please include telehealth visits by video or phone.

♦ *SELECT [NO] if main purpose of visit was for something other than seeking help to become pregnant.*

Yes .....1

No .....5 (HB-0 INTRO\_H2)

—

[IF R IS NOT CURRENTLY MARRIED, COHABITING, OR SEPARATED, SHE SKIPS TO HA-3 TYPALLPG]

{ Asked if HLPPRG=1 and R is marr/coh/sep (opp-sex spouse/partner) OR marr/coh (same-sex spouse/partner)

**SEEKCURR**

HA-2. IF R IS MARR/COHAB/SEP (opp-sex spouse/partner), ASK:  
 Have you sought medical help to become pregnant with your current (husband/partner)?

ELSE IF R IS MARR/COHAB (same-sex spouse/partner), ASK:  
 Have you sought medical help in your current (marriage/relationship) for you, yourself to become pregnant?

Yes .....1

No .....5

{ Asked if HLPPRG=1

**TYPALLPG**

HA-3. Think about all of the medical help you or your spouses or partners have ever received to help you become pregnant. Which of (these/the services shown on Card 60) have you or they had to help you become pregnant?

♦ *SELECT ALL THAT APPLY*

[HELP AVAILABLE]

Infertility testing on you.....1  
 Infertility testing on your husband or male partner.2  
 Drugs to improve your ovulation .....3  
 Surgery to correct blocked tubes .....4

Artificial insemination .....5  
 In vitro fertilization (IVF) or other assisted  
 reproductive technology (ART).....6  
 Surgery or drug treatment for endometriosis.....7  
 Surgery or drug treatment for uterine fibroids.....8  
 Other medical help for you to become pregnant.....9

{ Asked if R reported use of drugs to improve her ovulation

**OVUL12M**

HA-4. You mentioned you have used drugs to improve your ovulation. Have you  
 used any such drugs within the last 12 months, that is since  
 (CMLSTYR\_FILL)?

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

{ Asked if R reported use of artificial insemination

**INSEM12M**

HA-5. You mentioned you have used artificial insemination to help you become  
 pregnant. Did you have your most recent insemination within the past 12  
 months, that is since (CMLSTYR\_FILL)?

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

{ Asked if HLPPRG=1

**INSCOVPG**

HA-6. Did either you or your spouse or partner have health insurance that  
 covered any of your costs of medical help for you to become pregnant?

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

{ Asked if HLPPRG=1

**FRSTHELP**

HA-7. How old were you when you had your first visit for medical help to  
 become pregnant? Please include telehealth visits by video or phone.

\_\_\_\_ Age in years

{ Asked if R sought medical help w/current husband or male cohab partner

**TRYLONG2, UNIT\_TRYLONG**

HA-8N/U. When you first went for medical help to become pregnant with your  
 current (husband/partner), how many months or years had you and he been  
 trying to have a baby together?

Number of months/years \_\_\_\_\_

{ Asked if HLPPRG=1 and not currently pregnant

**HLPPGNOW**

HA-9. Are you currently pursuing medical help for you to become pregnant?

♦ *SELECT [YES] if you or your spouse/partner plan to visit the  
 doctor or clinic again.*

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

{ Asked if age at first visit was not within 1 year of current age

**LASTHELP**

HA-10.

Was your (most recent/last) visit for help to become pregnant within the last 12 months, that is, since (cmlstyr\_fill)?

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

**EVER RECEIVED MEDICAL HELP TO PREVENT MISCARRIAGE (HB)**

{ Asked if R is 18+ or has ever had vaginal intercourse

**INTRO\_H2**

HB-0. Next are a few questions about medical help you may have received to prevent miscarriage or pregnancy loss.

{ Asked if R is 18+ or has ever had vaginal intercourse

**HLPMC**

HB-1. (Not counting routine check-ups, prenatal care, or advice about a pregnancy,) Have you ever been to a doctor or other medical care provider to help you prevent miscarriage or pregnancy loss? Please include telehealth visits by video or phone.

[HELP AVAILABLE]

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

*[IF R HAS REPORTED NEITHER MEDICAL HELP TO GET PREGNANT NOR TO PREVENT MISCARRIAGE (HLPPRG NE 1 and HLPMC NE 1), SHE SKIPS TO HC SERIES.]*

{ Asked if HLPMC=1

**TYPALLMC**

HB-2. (Please look at Card 61.)

Which of these services have you ever received to help you prevent miscarriage or pregnancy loss?

♦ *SELECT ALL THAT APPLY*

[HELP AVAILABLE]

Instructions to take complete bed rest .....1  
Instructions to limit your physical activity .....2  
Testing to diagnose problems related to  
miscarriage .....3  
Drugs to prevent miscarriage, such as  
progesterone suppositories .....4  
Stitches in your cervix, also known as the  
"purse-string" procedure .....5  
Other types of medical help ..... 6

{ Asked if HLPMC=1

**MISCNUM**

HB-3. When you first sought medical help for preventing miscarriage, how many pregnancies had you lost, if any?

♦ *Include any spontaneous pregnancy losses -- miscarriages, ectopic pregnancies, stillbirths.*

♦ *ENTER NUMBER*

{ Asked if R reported medical help either to become pregnant or to prevent miscarriage

**INFRTPRB**

HB-4. (Please look at Card 62.)

When you sought medical help to have a baby, were you ever told that you or your husband or male partner at the time had any of these infertility problems?

♦ *SELECT ALL THAT APPLY*

[HELP AVAILABLE]

Problems with ovulation or ovarian function ...1  
 Blocked or damaged fallopian tubes .....2  
 Uterine problems (structural or functional)...3  
 Endometriosis .....4  
 Semen or sperm problems .....5  
 Any other infertility problems .....6  
 No infertility problems found .....7

**HEALTH CONDITIONS AND BEHAVIORS RELATED TO CHILDBEARING (HC)**

{ ASKED FOR ALL

**INTRO\_H3**

HC-0.

The (remaining) questions in this section will ask about a variety of things that can affect a woman's health and her ability to have children.

**DUCHFREQ**

HC-1. Some women douche after intercourse or at other times, while other women do not. During the past 12 months, that is, since (CMLSTYR\_FILL), how often, if at all, did you douche?

[HELP AVAILABLE]

Never .....1  
 Once a month or less often .....2  
 Twice a month or more often .....3

**PID**

HC-2. Have you ever been treated for an infection in your fallopian tubes, womb, or ovaries, also called a pelvic infection, pelvic inflammatory disease, or P.I.D.?

♦ *P.I.D. is a female infection that sometimes causes abdominal pain or lower stomach cramps.*

[HELP AVAILABLE]

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

[IF HC-2 PID = NO OR RF, SHE SKIPS TO HC-6 DIABETES]

{ Asked if PID = YES or DK

**PIDSYMP**

HC-3. Were you having any symptoms, such as pain or vaginal discharge or

bleeding, that caused you to go for treatment?

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

[IF HC-1 PID = DK, SHE SKIPS TO HC-5 DIABETES.]

{ Asked if PID = YES

**PIDTX**

HC-4. How many different times have you been treated for a pelvic infection or P.I.D.?

♦ If you were treated more than once for the same infection, count that as a single treatment.

♦ ENTER number

{ Asked if PID = 1

**WHENPID**

HC-5. How long ago did you last receive treatment for a pelvic infection or P.I.D.?

Within past 12 months .....1  
More than a year ago, but less than 5 years ago ...2  
5 years or longer ago .....3

{ Asked for all Rs

**DIABETES**

HC-6. Has a doctor or other medical care provider ever told you that you had diabetes or "sugar"?

[HELP AVAILABLE]

♦ SELECT "YES" IF EVER HAD GESTATIONAL DIABETES OR DIABETES DURING PREGNANCY.

♦ SELECT "NO" IF TOLD YOU HAD PRE-DIABETES OR BORDERLINE DIABETES.

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

{ Asked if R has ever been pregnant and ever been diagnosed with diabetes

**GESTDIAB**

HC-7. Were you told you had diabetes only when you were pregnant, only at other times, or both while pregnant and not pregnant?

[HELP AVAILABLE]

Only when you were pregnant.....1  
Only at other times.....2  
Both while pregnant and not pregnant.....3

{ Asked for all Rs

**UF**

HC-8. (You may have already reported this, but) has a doctor or other medical care provider ever told you that you had fibroid tumors or myomas in your uterus?

[HELP AVAILABLE]

Yes .....1  
 No .....5 (HC-9 ENDO)

{ Asked if UF=yes

**UFSONO**

HC-8a. Was your diagnosis of uterine fibroids confirmed by ultrasound?

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

{ Asked if UF=yes

**UFCURR**

HC-8b. Do you have uterine fibroids currently?

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

{ Asked if UF=yes

**UFDIAGNOS**

HC-8c. How many years ago were you first diagnosed with uterine fibroids?

Less than one year ago .....1  
 1-4 years ago .....2  
 5-9 years ago .....3  
 10 years ago or longer .....4

{ Asked if UF=yes

**UFLIMIT**

HC-8d. Have you ever had to miss work or school or been unable to perform daily activities due to pain or heavy periods from your uterine fibroids?

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

{ Asked if UF=yes

**UFTREAT**

HC-8e. (Please look at Card 63.)  
 What treatments have you ever received for your uterine fibroids?

♦ *SELECT ALL THAT APPLY*

[HELP AVAILABLE]

Non-narcotic medicines to treat pain .....1  
 (such as Tylenol, ibuprofen, naproxen)  
 Narcotic medicines to treat pain .....2  
 (such as Percocet, Vicodin, Lortab, codeine, oxycodone,  
 oxycontin, fentanyl)  
 Hormonal medicines .....3  
 (such as birth control pills, Depo-Provera, danazol, Lupron,  
 Synarel, Zoladex, Relugolix, Elagolix)  
 Progesterone releasing IUD or implant .....4  
 (such as Mirena, Skyla, Liletta, Implanon, Nexplanon)  
 Hysterectomy .....5  
 Other surgery ..... 6  
 (such as abdominal, laparoscopic or hysteroscopic myomectomy  
 and endometrial ablation)  
 Other nonsurgical treatment .....7  
 (such as uterine artery embolization, MRI-guided focused

ultrasound surgery)  
 Complementary or alternative medicines or treatments .....8  
 (such as herbs, botanicals, dietary supplements,  
 acupuncture, chiropractic or osteopathic manipulation,  
 meditation, relaxation techniques, homeopathy, naturopathy,  
 Ayurvedic or traditional Chinese medicine)  
 Never had any of the above treatments for fibroids .....9

{ Asked for all Rs

**ENDO**

HC-9. (You may have already reported this, but) has a doctor or other medical care provider ever told you that you had) endometriosis?

[HELP AVAILABLE]

Yes .....1  
 No .....5 (HC-10 OVUPROB)

{ Asked if ENDO=yes

**ENDOCURR**

HC-9a. Do you have endometriosis currently?

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

{ Asked if ENDO=yes

**ENDODIAG**

HC-9b. How many years ago were you first diagnosed with endometriosis?

Less than one year ago .....1  
 1-4 years ago .....2  
 5-9 years ago .....3  
 10 years ago or longer .....4

{ Asked if ENDO=yes

**ENDOLIM**

HC-9c. Have you ever had to miss work or school or been unable to perform daily activities due to pain from your endometriosis?

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

{ Asked if ENDO=yes

**ENDOTREAT**

HC-9d. (Please look at Card 64.)  
 What treatments have you ever received for your endometriosis?

♦ *SELECT ALL THAT APPLY*

[HELP AVAILABLE]

Non-narcotic medicines to treat pain .....1  
 (such as Tylenol, ibuprofen, naproxen)  
 Narcotic medicines to treat pain .....2  
 (such as Percocet, Vicodin, Lortab, codeine, oxycodone,  
 oxycontin, fentanyl)  
 Hormonal medicines .....3  
 (such as birth control pills, Depo-Provera, danazol, Lupron,  
 Synarel, Zoladex Relugolix, Elagolix)  
 Progesterone releasing IUD or implant .....4  
 (such as Mirena, Skyla, Liletta, Implanon, Nexplanon)

Hysterectomy .....5  
 Other surgery ..... 6  
     (such as laparoscopy)  
 Other nonsurgical treatment .....7  
     (such as antidepressants, Neurontin, Lyrica, physical  
     therapy, nerve stimulation)  
 Complementary or alternative medicines or treatments .....8  
     (such as herbs, botanicals, dietary supplements,  
     acupuncture, chiropractic or osteopathic manipulation,  
     meditation, relaxation techniques, homeopathy, naturopathy,  
     Ayurvedic or traditional Chinese medicine)  
 Never had any of the above treatments for endometriosis .....9

{ Asked for all Rs

**OVUPROB**

HC-10. (You may have already reported this,) but has a doctor or other  
 medical care provider ever told you that you had) problems with  
 ovulation or menstruation?

[HELP AVAILABLE]

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

{ Asked for all Rs

**PCOS**

HC-11. (You may have already reported this, but) has a doctor or other  
 medical care provider ever told you that you had Polycystic  
 Ovarian Syndrome, also known as PCOS?

[HELP AVAILABLE]

told me

Yes .....1  
 No .....5 (HD-1 VISION)

{ Asked if PCOS=1

**PCOSSYMP**

HC-11a. (Please look at Card 65.)  
 Was your PCOS diagnosis based on any of the following tests or  
 symptoms shown?

♦ *SELECT ALL THAT APPLY*

[HELP AVAILABLE]

Irregular menstrual periods .....1  
 Pelvic ultrasound .....2  
 Acne .....3  
 Body hirsutism (excessive hair growth) .....4  
 Blood tests (including measurements of hormones  
     such as FSH/LH, AMH, Testosterone,  
     Thyroid stimulating hormone/TSH,  
     or Prolactin) .....5  
 Other tests or symptoms .....6  
 Difficulty getting pregnant or carrying pregnancy  
     to term .....7  
 None of these tests or symptoms .....8

[IF R HAS NOT YET STARTED MENSTRUAL PERIODS OR ANSWERED DK/RF FOR HER AGE AT  
 FIRST PERIOD, SHE SKIPS TO HD-1 VISION.]

{ Asked if R reported age at first menstrual period

**INTRO\_H4**

HC-12. These next questions are about your experience with menstrual periods, starting with your first menstrual period at age [BA-1 MENARCHE].

{ Asked if R reported age at first menstrual period

**MENSREG**

HC-13. (Please look at Card 66.)  
Immediately after your first menstrual period, when did your periods become regular, as in occurring about once a month or with about the same interval between each period?

Immediately regular.....1  
Regular within 1 year (without the use of any method of contraception) .....2  
Regular within 2 to 4 years (without the use of any method of contraception) .....3  
Regular only after beginning a method of contraception .....4  
Never regular.....5

{ Asked if R reported age at first menstrual period

**MENSEXP**

HC-14. (Please look at Card 67.)  
In the 1-2 years after your first menstrual period, did you experience any of the following?

♦ *SELECT ALL THAT APPLY*

Severe acne .....1  
Bothersome hair growth on the face, neck, and/or chest....2  
Significant weight gain (greater than 20 lbs) .....3  
None of the above.....4

{ Asked if R reported age at first menstrual period

**MENSPAIN**

HC-15. (Before you turned 18,) how often (have/did) you (had/have) severe cramps or pain during your menstrual periods?

Always.....1  
Sometimes.....2  
Never.....3

{ Asked if R reported age at first menstrual period

**MENSBCM**

HC-16. Have you ever been prescribed a method of contraception (such as the pill) to treat cramps or pain during your menstrual periods?

Yes .....1  
No .....5 (HC-19 MENSPELPAIN)

{ Asked if MENSBCM=1

**MENSBCAGE**

HC-17. How old were you when you were first prescribed a method of contraception to treat cramps or pain during your menstrual periods?—

14 years or younger.....1  
 15-18 years old .....2  
 19-25 years old .....3  
 26 years or older.....4

{ Asked if MENSBCM=1

**MENSBCHELP**

HC-18. Did the birth control method you used for cramps or pain during menstrual periods help with your symptoms?

Definitely.....1  
 Somewhat.....2  
 Not at all.....3  
 Have not used the prescribed method.....4

{ Asked if R reported age at first menstrual period

**MENSELPAIN**

HC-19. How often do you experience pelvic pain or cramps in between your cycles, that is, when you are not currently having a menstrual period?

Always.....1  
 Sometimes.....2  
 Never.....3 (HD-1 VISION)

{ Asked if MENSELPAIN=1 or 2

**AGEPELPAIN**

HC-20. At what age did you first begin experiencing pelvic pain or cramps in between your menstrual periods?

Age 14 or younger.....1  
 Age 15-18.....2  
 Age 19-25.....3  
 Age 26 or older.....4

**Disability; Other Health Problems; Cancer (HD)**

{ Asked for all

**VISION**

HD-1. (Please look at Card 67a.)

The next questions ask about difficulties you may have doing certain activities.

Do you have difficulty seeing, even if wearing glasses or contact lenses?

No difficulty .....1  
 Some difficulty .....2  
 A lot of difficulty .....3  
 Cannot do at all .....4

{ Asked for all

**HEARING**

HD-2. (Please look at Card 67a.)

Do you have difficulty hearing, even if using a hearing aid?

No difficulty .....1  
 Some difficulty .....2  
 A lot of difficulty .....3

Cannot do at all .....4

{ Asked for all

**MOBILITY**

HD-3. (Please look at Card 67a.)

Do you have difficulty walking or climbing steps?

No difficulty .....1

Some difficulty .....2

A lot of difficulty .....3

Cannot do at all .....4

{ Asked for all

**COGNITION**

HD-4. (Please look at Card 67a.)

Do you have difficulty remembering or concentrating?

No difficulty .....1

Some difficulty .....2

A lot of difficulty .....3

Cannot do at all .....4

{ Asked for all

**SELF CARE**

HD-5. (Please look at Card 67a.)

Do you have difficulty with self-care, such as washing all over or dressing?

No difficulty .....1

Some difficulty .....2

A lot of difficulty .....3

Cannot do at all .....4

{ Asked for all

**COMMUNIC**

HD-6. (Please look at Card 67a.)

Using your usual language, do have difficulty communicating, for example understanding or being understood?

No difficulty .....1

Some difficulty .....2

A lot of difficulty .....3

Cannot do at all .....4

**EVRCANCER**

HD-7. The next questions are about cancer. Have you ever been told by a doctor or other health care provider that you had cancer?

Yes .....1

No .....5 (HD-8 MAMMOG)

—

{ Asked if EVRCANCER = yes

**AGECANCER**

HD-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.

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

{ Asked if EVRCANCER = yes

**CANCTYPE**

HD-7b. (Please look at Card 68.)  
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 system ....1  
Breast cancer .....2  
Cervical cancer (Cancer of the cervix) .....3  
Colorectal cancer .....4  
Leukemia .....5  
Lymphoma .....6  
Melanoma (skin) cancer .....7  
Renal (kidney) cancer .....8  
Respiratory cancer (lung, laryngeal) .....9  
Thyroid cancer .....10  
Other .....11

{ Asked if cervical cancer was reported

**PRECANCER**

HD-7c. There are different types of diagnoses when you talk about cervical cancer. Here are 3 different scenarios. The first one is an abnormal Pap test result, which may be suspicious for cancer but no real cancer is found. The second one is called pre-cancer (sometimes called cervical intraepithelial lesion or CIN). And the third one is actual cervical cancer. Please indicate which scenario you had.

Abnormal Pap test result, suspicious for cancer,  
but no real cancer found .....1  
Pre-cancer (cervical intraepithelial lesion or CIN2  
or CIN3) .....2  
Cervical cancer .....3

{ Asked for all Rs

**MAMMOG**

HD-8. A mammogram is an x-ray taken only of the breast by a machine that presses against the breast. Have you ever had a mammogram?

Yes .....1  
No .....5 (HD-9 FAMHYST)

**MAMMOGN**

HD-8a. How many mammograms have you had in the past?

\_\_\_\_\_ number of mammograms

**AGEMAMMR**

HD-8b. How old were you when you had your most recent mammogram?

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

{ Asked if ever had a mammogram

**REASMAMMR**

HD-8c. What was the main reason you had the most recent mammogram?

Part of a routine exam .....1  
Because of a problem or lump .....2  
Because of family history of cancer .....3  
Because of personal history of cancer .....3  
Other reason .....4

{ ASKED FOR ALL

**FAMHYST**

HD-9. Thinking of your blood relatives, alive or deceased, have any of your family members on either side of the family been diagnosed with breast cancer or ovarian cancer?

Yes .....1  
 No .....5 (HD-10 MOMRISK70)

{Asked if FAMHYST=1

**FAMHYSTA**

HD-9a. (Please look at Card 67b.)  
 Please select all that apply to your blood relatives' history of breast or ovarian cancer.

♦ *SELECT ALL THAT APPLY*

Multiple family members diagnosed with  
     breast cancer .....1  
 A female family member diagnosed with  
     ovarian cancer .....2  
 Breast cancer diagnosed before age 50 .....3  
 A male family member diagnosed with breast cancer..4  
 A family member diagnosed with bilateral breast  
     cancer (breast cancer in both breasts).....5  
 None of the above .....6

{ ASKED FOR ALL

**MOMRISK70**

HD-10. The next few questions ask about your opinions on factors related to breast cancer risk. Do you think that having a mother who was diagnosed with breast cancer at the age of 70 increases a woman's chances of getting breast cancer a lot, a little, or not at all or do you have no opinion?

A lot .....1  
 A little .....2  
 Not at all ....3  
 No opinion ....4

{ ASKED FOR ALL

**MOMRISK40**

HD-11. Do you think that having a mother who was diagnosed with breast cancer at the age of 40 increases a woman's chances of getting breast cancer a lot, a little, or not at all or do you have no opinion?

A lot .....1  
 A little .....2  
 Not at all ....3  
 No opinion ....4

{ Asked for all

**ALCORISK**

HD-12. Do you think that drinking more than 1 alcoholic beverage a day increases a woman's chances of getting breast cancer a lot, a little, or not at all or do you have no opinion?

A lot .....1

A little .....2  
 Not at all ....3  
 No opinion ....4

{ ASKED FOR ALL

**BCANCRISK**

HD-13. Have you ever been told by a doctor or other health care provider that you have an increased risk for breast cancer?

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

**HIV TESTING AND AIDS KNOWLEDGE/COUNSELING (HE)**

**INTRO\_H5**

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

{ ASKED FOR ALL

**DONBLOOD**

HE-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 (HE-2 HIVTEST)

{ Asked if DONBLOOD=1

**DONBLDYR**

HE-1b. Have you donated blood or blood products since (CMLSTYR\_FILL)?

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

{ ASKED FOR ALL

**HIVTEST**

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

♦ You will not be asked for the results of any test you may have ever had.

Yes ..... 1  
 No ..... 5 (HE-9 PREPHIV)

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

**WHNHIVTST**

HE-3. (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?

3 months ago or less .....1  
 4-6 months ago .....2  
 7-12 months ago .....3  
 More than 12 months ago .....4

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

**PLCHIV**

HE-4. (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?

- Private doctor's office or HMO facility .....1
- Community health clinic, sexually transmitted  
disease (STD) clinic, or public health clinic ....2
- Family planning or Planned Parenthood clinic .....3
- Your job or worksite (including military site) .....4
- School-based clinic (including college or  
university) .....5
- Hospital outpatient clinic .....6
- Other hospital location (emergency room or  
inpatient room).....7
- Urgent care center, urgi-care, or walk-in facility ..8
- Laboratory, blood bank, or mobile testing site.....9
- Some other place .....10

[IF R's MOST RECENT HIV TEST WAS NOT IN LAST 12 MONTHS, SHE SKIPS TO HE-8 HIVTST. IF HER MOST RECENT HIV TEST WAS WITHIN LAST 12 MONTHS BUT NOT AT A CLINIC SITE, SHE SKIPS TO HE-6 RHHIVT1.]

{ Asked if R's last HIV test was done in the past 12 months

**RHHIVT1**HE-6. A rapid HIV self-test is a test you can use to test yourself 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 (HE-8 HIVTST)

{ Asked if RHHIVT1=1

**RHHIVT2**

HE-7. (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*

- I didn't want to get tested by a doctor or  
at an HIV testing site .....1
- I didn't want other people to know I am getting tested ...2
- I wanted to get tested together with someone, before  
we had sex .....3
- I wanted to get tested by myself, before having sex .....4
- I wanted to get tested by myself, after having sex .....5
- A sex partner asked me to take a rapid home HIV test .....6
- Other reason .....20

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

**HIVTST**

HE-8. (Please look at Card 71.)

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 main reason for your

last HIV test?

Part of a medical checkup (not including prenatal care)  
 or required before a surgical procedure.....1  
 You were pregnant and it was part of prenatal care.....2  
 Required for health or life insurance coverage.....3  
 Required for marriage license or to get married.....4  
 Required for military service, job or school.....5  
 Required for immigration or travel .....6  
 You might have been exposed through sex or drug use .....7  
 You might have been exposed in some other way .....8  
 You wanted to find out your HIV status .....9  
 Some other reason .....10

{ ASKED FOR ALL Rs

**PREPHIV**

HE-9. There are medications available for people who do not have HIV to keep them from getting HIV. Have you heard of these medicines, called pre-exposure prophylaxis or PrEP?

Yes .....1  
 No .....5 (HE-13 PREGHIV)

{ Asked if R has ever heard of PrEP (PREPHIV=1)

**PREP12**

HE-10. In the past 12 months, that is, since (CMLSTYR\_FILL), have you taken PrEP to reduce the risk of getting HIV?

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

*[IF R HAS NEVER BEEN PREGNANT, OR SHE IS PREGNANT FOR 1<sup>st</sup> TIME, OR HER LAST PREGNANCY ENDED MORE THAN 12 MONTHS AGO, SHE SKIPS TO HF-1 EVERVACC.]*

[ Asked if R's last pregnancy ended within last 12 months

**PREGHIV**

HE-13. The last time you were pregnant, (before you became pregnant this time,) were you tested for the HIV virus when you visited the doctor for prenatal care?

Yes .....1  
 No .....5  
 Never went for prenatal care ...6

**HUMAN PAPILLOMA VIRUS (HPV) Vaccine Series (HF)**

{ ASKED FOR ALL Rs

**EVERVACC**

HF-1. HPV is a common sexually transmitted virus that can cause genital warts and cervical and other types of cancer in men and women. Vaccines to prevent some HPV infections are available 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 .....1  
 No .....5 (HG-1 BLDPRESS)

{ Asked if EVERVACC=YES

**HPVSHOT1**

HF-2. How old were you when you received your first HPV vaccine shot?

♦ ENTER age in years

**Blood Pressure Screening and Related Items (HG)**

{ Asked for all Rs

**BLDPRESS**

HG-1. The next couple of questions are about your blood pressure. In the past 12 months, that is, since (CMLSTYR\_FILL), have you had your blood pressure checked by a doctor or other medical care provider?

Yes.....1

No.....5 (Section I)

{ Asked if BLDPRESS=yes

**HIGHBP**

HG-2. During your visit in the past 12 months, did a doctor or other medical care provider tell you that you had hypertension, also called high blood pressure?

♦ If you take medication to control your hypertension, please answer yes

Yes.....1

No.....5

YOU WERE NOT TOLD RESULTS.....6

{ Asked if HIGHBP=1

**BPMEDS**

HG-3. Are you currently taking any medicine prescribed by a doctor for your high blood pressure?

Yes.....1

No.....5

**SECTION I**

**Insurance; Residence and place of birth; Religion; Past and current work (R and current husband/partner)**

{ ASKED FOR ALL

**INTRO\_I1**

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

**Access to Health Care (IA)****USUALCAR**

IA-1. Is there a place that you usually go to when you are sick or need advice about health?

Yes, there is ONE or MORE THAN ONE place .....1

No, there is NO place.....5 (IA-4 CURRCOV)

{ ASKED IF R REPORTED A USUAL SOURCE OF CARE

**USLPLACE**

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

Private doctor's office or HMO.....1

Community health clinic, public health clinic .....2

Family planning or Planned Parenthood Clinic .....3

Employer or company clinic .....4

School or school-based clinic .....5

Hospital outpatient clinic or medical center,  
including VA .....6

Hospital emergency room .....7

In-store health clinic (like CVS, Target, or Walmart)...8

Urgent care center, urgi-care, or walk-in facility .....9

Some other place .....20

{ ASKED IF R REPORTED A USUAL SOURCE OF CARE

**USL12MOS**

IA-3. 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*

Yes.....1

No.....5

{ ASKED FOR ALL

**CURRCOV**

IA-4. Are you currently 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]

Yes .....1

No .....5 (IA-7 COVER12)

{ASKED IF R IS CURRENTLY COVERED BY HEALTH INSURANCE

**COVERHOW**

IA-5. (Please look at Card 75b, which shows/Below are different types of health care coverage.)  
Which of these are you covered by?

♦ *SELECT ALL THAT APPLY*

[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  
Medicare.....3  
Medi-Gap.....4  
Military health care, including: the VA, TRICARE, CHAMP-VA.....5  
Indian Health Service.....6  
CHIP (Children's Health Insurance Program-additional name(s) for CHIP  
in this state: [DISPLAY STATE CHIP PROGRAM NAME(S)].....7  
Single-service plan (e.g., dental, vision, prescriptions).....8  
State-sponsored health plan (called [DISPLAY STATE PLAN NAME] in this  
state).....9  
Other government health care.....10

[IF R IS <18 OR >25 OR IF PRIVATE INSURANCE NOT REPORTED, R SKIPS TO IA-7  
COVER12.]

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

**PARINSUR**

IA-6. Are you covered on your parents' private health insurance plan?

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

{ ASKED FOR ALL

**COVER12**

IA-7. In the past 12 months, that is, since [CMLSTYR\_FILL], was there any time that you did not have any 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 SAMEADD)

{ ASKED IF R HAD NO HEALTH INSURANCE AT SOME TIME IN THE PAST YEAR

**NUMNOCOV**

IA-8. In how many of the past 12 months were you without coverage?

♦ *Enter [1] if you went less than 1 month without coverage*

Number of months \_\_\_\_\_

**Residence and Place of Birth (IB)**

{ ASKED FOR ALL

**SAMEADD**

IB-1. Next are some questions about where you live.

Were you living at this same address on April 1, 2020?

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

[IF SAMEADD = NO, DK, OR RF, R SKIPS TO IB-4 BRNOUT.]

{ ASKED IF NOT LIVING AT THIS ADDRESS ON APRIL 1, 2020

**CNTRY20**

IB-2. Were you living in the United States on April 1, 2020?

Yes.....1  
No.....5 (IB-4 BRNOUT)

**ASTATE**

IB-3. 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**

IB-4. Were you born outside of the United States?

Yes.....1  
No.....5 (IC-1 RELRSD)

{ ASKED IF BORN OUTSIDE THE U.S.

**STRUS\_M/STRUS\_Y**

IB-5m/y. In what month and year did you come to the United States to stay?

[HELP AVAILABLE]

[CALENDAR REFERENCE]

**Religion (IC)**

{ ASKED FOR ALL

**JBINTRO**

IC-0. Next are some questions about religion.

{ ASKED FOR ALL

**RELRSD**

IC-1. (Please look at Card 76.)

In what religion were you raised, if any?

♦ SELECT ALL THAT APPLY

[HELP AVAILABLE]

Protestant (for example: Christian-no denomination, Baptist, Methodist,  
Lutheran, Presbyterian, Pentecostal, Episcopalian, and others)....1  
Catholic.....2  
Church of Jesus Christ of Latter Day Saints (LDS/Mormon).....3  
Jewish (Judaism).....4  
Muslim (Islam).....5

|                                      |   |
|--------------------------------------|---|
| Buddhist.....                        | 6 |
| Hindu.....                           | 7 |
| Other religion (specify).....        | 8 |
| No religion (agnostic, atheist)..... | 9 |

{ ASKED IF RELRSD = 8

**OTHRLRSD**

IC-2. What is the name of the religion in which you were raised?

*ENTER religion\_\_\_\_\_*

{ ASKED IF R IS UNDER AGE 25

**ATTND14**

IC-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**

IC-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.....                                                                                                                              | 2 |
| Church of Jesus Christ of Latter Day Saints (LDS/Mormon).....                                                                              | 3 |
| Jewish (Judaism).....                                                                                                                      | 4 |
| Muslim (Islam).....                                                                                                                        | 5 |
| Buddhist.....                                                                                                                              | 6 |
| Hindu.....                                                                                                                                 | 7 |
| Other religion (specify).....                                                                                                              | 8 |
| No religion (agnostic, atheist).....                                                                                                       | 9 |

{ ASKED IF RELNOW = 8

**OTHRLNOW**

IC-5. What is the name of the religion you are now?

*ENTER religion\_\_\_\_\_*

[IF R'S RELIGION IS JEWISH, MUSLIM, BUDDHIST, HINDU, DON'T KNOW, OR REFUSED, SHE SKIPS TO IC-7 RELDLIFE. IF R'S RELIGION IS NONE, SHE SKIPS TO IC-8 ATTNDNOW.]

{ Asked if RELNOW = 1-3 or 8

**FUNDAM**

IC-6. (Please look at Card 78.)

Which of these do you consider yourself to be, if any?

## ♦ SELECT ALL THAT APPLY

A born again Christian.....1  
 A charismatic.....2  
 An evangelical.....3  
 A fundamentalist.....4  
 None of the above.....5

{ Asked if R has a current religion (RELNOW NE 9)

**RELDLIFE**

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

[HELP AVAILABLE]

Very important.....1  
 Somewhat important.....2  
 Not important.....3

{ ASKED FOR ALL

**ATTNDNOW**

IC-8. (Please look at Card 77.)

About how often do you attend religious services?

[HELP AVAILABLE]

More than once a week.....1  
 Once a week.....2  
 2-3 times a month.....3  
 Once a month (about 12 times a year).....4  
 3-11 times a year.....5  
 Once or twice a year.....6  
 Never.....7

[IF R IS UNDER 18 SHE SKIPS TO ID-2 WRK12MOS]

**Work and Military Service (ID)**

{ ASKED IF R WAS 18 OR OLDER AT TIME OF HH SCREENER

**MILSVC**

ID-1. (Please look at Card 79.)

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

Yes, now on active duty .....1  
 Yes, only on active duty for training  
     in the Reserves or National Guard .....2  
 Yes, on active duty in the past, but not now .3  
 Never served on active duty.....4

{ ASKED FOR ALL

**WRK12MOS**

ID-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

Yes.....1  
 No.....5 (ID-4 DOLASTWK)

{ ASKED IF R WORKED IN THE PAST 12 MONTHS

**FPT12MOS**

ID-3. In the **last 12 months**, did you work all full-time, all part-time or some of each? Full-time means 35 or more hours a week.

♦ *Active duty military is considered full-time work*

Full-time.....1  
 Part time.....2  
 Some of each.....3

{ ASKED FOR ALL

**DOLASTWK**

ID-4. (Please look at Card 80.)

**Last week**, what were you doing?

♦ *SELECT ALL THAT APPLY*

[HELP AVAILABLE]

Working at a job or business ..... 1  
 Temporarily not at work but still employed..... 2  
 Not working but looking for work.....3  
 Going to school, taking classes, or on school vacation.....4  
 Taking care of house or family.....5  
 Something else ..... 6

*[IF R IS NOT CURRENTLY EMPLOYED AND DID NOT WORK IN THE LAST 12 MONTHS SHE SKIPS TO IE SERIES.]*

{ ASK IF R IS CURRENTLY EMPLOYED OR WORKED IN THE LAST 12 MONTHS

**RFTPTX**

ID-5. (During the last week you worked,) how many hours did you work (last week) in total at **all** jobs or businesses?

Fewer than 35 hours.....1  
 35 hours or more.....2

*[IF R IS NOT CURRENTLY MARRIED OR COHABITING, REGARDLESS OF SPOUSE/PARTNER'S SEX, SHE SKIPS TO IF SERIES.]*

**Spouse/Partner's Current/Last Job Series (IE)**

{ ASKED IF R IS CURRENTLY MARRIED OR COHABITING

**SPLSTWK**

IE-1. (Please look at the 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..... 2  
 Not working but looking for work.....3

Going to school, taking classes, or on school vacation.....4  
 Taking care of house or family.....5  
 Something else ..... 6

[IF R'S SPOUSE/PARTNER IS NOT CURRENTLY EMPLOYED (codes 1 or 2 reported on IE-1 SPLSTWK), R SKIPS TO IF SERIES.]

{ ASK IF R'S SPOUSE/PARTNER IS CURRENTLY EMPLOYED

**SPFTPTX**

IE-2. (During the last week worked,) how many hours did your spouse or partner work (last week) in total at **all** their jobs or businesses?

Fewer than 35 hours.....1  
 35 hours or more.....2

**Attitudes Towards Parenthood (IF)**

{ ASKED FOR ALL

**IFINTRO1**

IF-0. Next are a few questions about how you feel about parenthood.

[IF R IS CURRENTLY PREGNANT, OR SHE OR HER HUSBAND/PARTNER ARE STERILE, SHE SKIPS TO IF-2 CHBOTHER.]

{ ASKED IF NEITHER THE WOMAN NOR HER HUSBAND/PARTNER, IF CURRENTLY MARRIED OR { COHABITING, ARE STERILE AND SHE IS NOT CURRENTLY PREGNANT

**REACTSLF**

IF-1. If you got pregnant now how would you feel? Would you be very upset, a little upset, a little pleased, or very pleased?

Very upset .....1  
 A little upset .....2  
 A little pleased .....3  
 Very pleased .....4  
 NEITHER UPSET NOR PLEASED.....5

{ ASKED OF ALL

**CHBOTHER**

IF-2. If it turns out that you do not have any (additional) children, would that bother you a great deal, some, a little, or not at all?

A great deal .....1  
 Some .....2  
 A little .....3  
 Not at all .....4

{ Applicable only for interviewer in face-to-face mode

**CASILANG**

IF-3. Should CASI be conducted in English or Spanish?

English.....1  
 Spanish.....2

**SECTION J**

**This section switches to Computer-Assisted Self-Interviewing (CASI) if FTF interviewing was used for Sections A-I.**

**If Sections A-I were conducted in CAWI, Section J continues with CAWI.**

*[IF CAWI RESPONDENT, R SKIPS TO INTRO\_J4.]*

{ Read by interviewer from the screen.

**INTRO\_J1**

INTRO-J1. 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\_J1b**

INTRO-J1b. **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.

**INTROJ3a**

JA-3a. Now we will go over a few instructions that will help you complete the survey.

**INTROJ3ab**

JA-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.

**INTROJ3b**

JA-3b. If you want to go back to a previous question, touch [Back] or swipe right.

**INTROJ3c**

JA-3c. If you have questions about how to use the tablet, please ask your interviewer now. Otherwise, touch [Next] or swipe left to continue.

{ ASKED OF ALL RESPONDENTS

**INTRO\_J4**

JA-0. IF FTF INTERVIEW, SAY:

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

ELSE IF CAWI RESPONDENT, DISPLAY:

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

**GENHEALT**

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

Excellent .....1  
Very good .....2  
Good .....3  
Fair .....4  
Poor .....5

{ ASKED IF R NOT CURRENTLY PREGNANT

**RHEIGHT\_FT**

JA-2a. How tall are you?

First, please select the number of feet. Click ? for help  
converting height in meters to feet and inches.

[HELP AVAILABLE]

3 feet .....3  
4 feet .....4  
5 feet .....5  
6 feet .....6  
7 feet .....7

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

**RHEIGHT\_IN**

JA-2b. Now please select the number of inches. Click ? for help  
converting height in meters to feet and inches.

[HELP AVAILABLE]

0 inches .....0  
1 inch .....1  
2 inches .....2  
3 inches .....3  
4 inches .....4  
5 inches .....5  
6 inches .....6  
7 inches .....7  
8 inches .....8  
9 inches .....9  
10 inches .....10  
11 inches .....11

**RWEIGHT**

JA-3. How much do you weigh?

w To convert your weight from kilograms to pounds, multiply your weight  
in kilograms by 2.2, using a calculator if you wish. Please round to the  
nearest pound.

ENTER weight in pounds \_\_\_\_\_

{ Asked for all Rs

**DRWEIGH**

JA-3a. The next couple of questions are about your weight. In the past 12 months, that is, since (CMLSTYR\_FILL), did a doctor or other medical care provider weigh you?

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

{ Asked if DRWEIGH=yes

**TELLWGHT**

JA-3b. During your visit in the past 12 months, did a doctor or other medical care provider tell you that you were underweight, normal weight, overweight, obese, or were you not told?

Underweight.....1  
Normal weight.....2  
Overweight.....3  
Obese.....4  
Not told.....5

{ Asked if R was told she was overweight or obese

**WGHTSCRN**

JA-3c. During your visit in the past 12 months, did a doctor or other medical care provider refer you to diet or exercise counseling?

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

{ Asked for all Rs

**ENGSPK**

JA-4. The next question is about your ability to speak English. How well do you speak English?

Very well .....1  
Well .....2  
Not well .....3  
Not at all .....4

**Experience with Housing Insecurity and School Suspension/Expulsion (JB)**

{ Asked for all Rs

**NOBEDYR**

JB-1. 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?

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

{ Asked for all Rs

**STAYREL**

JB-2. In the last 12 months, was there ever a time when you did not have a permanent place to stay and had to stay at least overnight with a friend or relative?

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

{ Asked only if R is 15-24 years old

**EVSUSPEN**

JB-3. Have you ever been suspended or expelled from school?

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

**Cigarettes, Alcohol, and Other Substance Use (JC)**

{ Asked for all Rs

**SMK100**

JC-1. These next questions are about your use of cigarettes, alcohol, and other substances.

In your entire life, have you smoked at least 100 cigarettes?

*100 cigarettes is about 5 packs.*

Yes.....1  
No.....5 (JC-3a ECIG12)

{ Asked if R smoked at least 100 cigarettes in lifetime

**AGESMK**

JC-2. How old were you when you first started smoking fairly regularly?

Enter your age in years \_\_\_\_\_  
If you never smoked regularly, enter 95.

{ Asked if R smoked at least 100 cigarettes in lifetime

**SMOKE30**

JC-3. During the last 30 days how many cigarettes did you smoke a day, on average?

None .....1  
About one cigarette a day or less .....2  
Just a few cigarettes a day, between 2 to 4 cigarettes...3  
About half a pack a day, between 5 to 14 cigarettes.....4  
About a pack a day, between 15 to 24 cigarettes.....5  
More than a pack a day, 25 or more cigarettes.....6

{ Asked for all Rs

**ECIG12**

JC-3a. During the last 12 months, how often have you vaped **nicotine or tobacco** with an e-cigarette or other electronic vaping device?

These include e-hookahs and e-cigars and are also called vape pens, personal vaporizers, or mods. These devices are battery-powered and may also contain flavors such as fruit, mint, or candy. Brands you may have heard of are JUUL, NJOY, or blu.

Do not include marijuana use. You will be asked about marijuana later.

Never .....1  
Once or twice during the year .....2

Several times during the year .....3  
 About once a month .....4  
 About once a week .....5  
 About once a day or more .....6

{ Asked for all Rs

**DRINK12**

JC-4. During the last 12 months, that is, since (CMLSTYR\_FILL), how often have you had beer, wine, liquor, or other alcoholic beverages?

Never .....1  
 Once or twice during the year .....2  
 Several times during the year .....3  
 About once a month .....4  
 About once a week .....5  
 About once a day or more.....6

{ Asked if R drank at all in the past 12 months or answered DK to DRINK12

**BINGE12**

JC-5. During the last 12 months, that is, since (CMLSTYR\_FILL), how often did you have 4 or more drinks within a couple of hours?

Never .....1  
 Once or twice during the year .....2  
 Several times during the year .....3  
 About once a month .....4  
 About once a week .....5  
 About once a day or more.....6

{ Asked for all Rs

**POT12**

JC-6. During the last 12 months, how often have you used marijuana?

Never .....1  
 Once or twice during the year .....2  
 Several times during the year .....3  
 About once a month .....4  
 About once a week .....5  
 About once a day or more .....6

**OPIOID12**

JC-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).

Never .....1  
 Once or twice during the year .....2  
 Several times during the year .....3  
 About once a month or more .....4

**Sex with Males (JD)**

**INTRO\_J7**

JD-0a. The next questions are about sexual experiences you may have had with a male.

{ Intro only shown for CASI following FTF interview

**INTRO\_J8**

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

{ Asked if R has never married, never cohabited, and never been pregnant

**VAGSEX**

JD-1. Has a male ever put his penis in your vagina (also known as vaginal intercourse)?

Yes .....1

No .....5 (JD-6 GETORALM)

{ Asked if R was asked about and reported vaginal intercourse in CASI

**AGEVAGR**

JD-2. The first time this occurred, how old were you?

ENTER *age in years* \_\_\_\_\_

{ Asked if FTF interview and R's age < 18 and VAGSEX = 1 or sysmis

**AGEVAGM**

JD-3. IF JD-1 VAGSEX WAS NOT ASKED (VAGSEX = SYSMIS), ASK:

This first question is about your first vaginal intercourse with a male partner. The first time this occurred, how old was he?

ELSE IF VAGSEX WAS ASKED AND ANSWERED YES (VAGSEX = 1), ASK:

The first time this occurred, how old was he?

{ Asked for CAWI Rs who reported vaginal intercourse in Section C, and for FTF Rs with VAGSEX=1 or SYSMIS

**CONDVAG**

JD-4.

(This first question is about your last vaginal intercourse with a male partner.) Was a condom used the last time you had vaginal intercourse with a male?

Yes .....1

No .....5 (JD-6 GETORALM)

{ Asked if CONDVAG=1

**WHYCONDL**

JD-5. The last time you had vaginal intercourse with a male, why did you use the condom?

To prevent pregnancy.....1

To prevent diseases like gonorrhea, chlamydia, syphilis, herpes or AIDS.....2

For both reasons above.....3

Or for some other reason .....4

{ Asked for all Rs

**GETORALM**

JD-6. The next few questions are about oral sex. By oral sex, we mean stimulating the genitals with the mouth. Has a male ever performed oral sex on you?

Yes .....1

No .....5

{ Asked for all Rs

**GIVORALM**

JD-7. Have you ever performed oral sex on a male? That is, have you ever stimulated his penis with your mouth?

Yes .....1

No .....5 (JD-8b TIMING)

{ Asked if GIVORALM=1

**CONDFELL**

JD-8. Was a condom used the last time you performed oral sex on a male?

Yes .....1

No .....5

{ Asked if R < 25 and reported ever having both vaginal and oral sex with a male partner

**TIMING**

JD-8b. Thinking back to when you had oral sex with a male for the first time, was it before, after, or on the same occasion as your first vaginal intercourse with a male?

Before first vaginal intercourse .....1

After first vaginal intercourse .....3

Same occasion.....5

{ Asked for all Rs

**ANALSEX**

JD-9. Has a male ever put his penis in your rectum or butt (also known as anal sex)?

Yes .....1

No .....5

{ Asked if ANALSEX=1

**CONDANAL**

JD-10. Was a condom used the last time you had anal sex with a male?

Yes .....1

No .....5

{ Asked if R has had more than 1 form of sex involving male genitals, and she reported condom use at last sex for any specific type

**CONDSEXL**

JD-11. The very last time you had any type of sex -- that is, vaginal intercourse or anal sex or oral sex -- with a male partner, was a condom used?

Yes .....1

No .....5

**Non Voluntary Intercourse: Male - Female (JE)**

[ IF R IS YOUNGER THAN 18, SHE SKIPS TO JF SERIES. ELSE IF SHE IS 18 OR OLDER AND HAS NEVER HAD VAGINAL INTERCOURSE, SHE SKIPS TO JE-5 EVRFORCD.]

{ Asked if R is 18 or older and has ever had vaginal sex

**WANTSEX1**

JE-1. Think back to the very first time you had vaginal intercourse with a male. Which would you say comes closest to describing how much you wanted that first vaginal intercourse to happen?

I really didn't want it to happen at the time .....1  
I had mixed feelings -- part of me wanted it to  
happen at the time and part of me didn't .....2  
I really wanted it to happen at the time .....3

{ Asked if R is 18 or older and has ever had vaginal sex

**VOLSEX1**

JE-2. Would you say then that this first vaginal intercourse was voluntary or not voluntary, that is, did you choose to have sex of your own free will or not?

Voluntary.....1  
Not voluntary.....5

[IF R's FIRST VAGINAL SEX WAS WANTED (WANTSEX1=3) AND VOLUNTARY (VOLSEX1=1), SHE SKIPS TO JE-5 EVRFORCD]

{ Asked if WANTSEX1 = 1 or 2 or VOLSEX1 = not voluntary

**HOWOLD**

JE-3. How old were you when this first vaginal intercourse happened?

ENTER age in years \_\_\_\_\_

{ Asked if WANTSEX1 = 1 or 2 or VOLSEX1 = not voluntary

**INTRO-J9**

INTRO-J9. The next questions are about kinds of force that may have been used.

[TYPES OF FORCE (JE-4a through JE-4g) ONLY ASKED IF WANTSEX1= 1 or 2 OR VOLSEX1=5)]

**GIVNDRUG**

JE-4a. Were you given alcohol or drugs?

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

**HEBIGOLD**

JE-4b. Did you do what he said because he was bigger than you or a grown-up, and you were young?

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

**ENDRELAT**

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

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

**WORDPRES**

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

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

**THRTPHYS**

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

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

**PHYSHURT**

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

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

**HELDDOWN**

JE-4g. Were you physically held down?

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

{ Asked if R is 18 or older and has either not reported having vaginal intercourse or reported her 1<sup>st</sup> intercourse as wanted or voluntary

**EVRFORCD**

JE-5. (Besides the time you already reported/At any time in your life,) have you ever been forced by a male to have vaginal intercourse against your will?

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

{ Asked if EVRFORCD=1

**AGEFORC1**

JE-6. (After the time you already reported, when you were age (JE-3 HOWOLD),) how old were you the (very first time/next time you were forced by a male to have vaginal intercourse against your will?

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

{ Asked if EVRFORCD=1

**INTROJ10**

JE\_0. The next questions are about kinds of force that may have been used.

[TYPES OF FORCE (JE-7a through JE-7g) ONLY ASKED IF EVRFORCD = 1]

**GIVNDRG2**

JE-7a. Were you given alcohol or drugs?

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

**HEBIGOL2**

JE-7b. Did you do what he said because he was bigger than you or a grown-up, and you were young?

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

**ENDRELA2**

JE-7c. Were you told that the relationship would end if you didn't have

sex?

Yes.....1

No.....5

**WRDPRES2**

JE-7d. Were you pressured into it by his words or actions, but without threats of harm?

Yes.....1

No.....5

**THRTPHY2**

JE-7e. Were you threatened with physical hurt or injury?

Yes.....1

No.....5

**PHYSHRT2**

JE-7f. Were you physically hurt or injured?

Yes.....1

No.....5

**HELDDWN2**

JE-7g. Were you physically held down?

Yes.....1

No.....5

**STD/HIV Risk-Related Behaviors (JF)**

[IF R HAS NEVER HAD VAGINAL, ORAL, OR ANAL SEX WITH A MALE, SHE SKIPS TO JG SERIES.]

{ Asked if R has ever had vaginal, oral, or anal sex with a male

**INTROJ11**

JF\_0. This next section is also about your male sex partners. This time, think about any male with whom you have had vaginal intercourse, oral sex, or anal sex -- any of these.

**PARTSLIF**

JF-1. Thinking about your entire life, how many male sex partners have you had? Please count every partner, even those you had sex with only once.

ENTER NUMBER \_\_\_\_\_

**PARTS12M**

JF-2. Thinking about the last 12 months, how many male sex partners have you had in the 12 months since (CMLSTYR\_FILL)? Please count every partner, even those you had sex with only once in those 12 months.

ENTER NUMBER \_\_\_\_\_

{ NEWYEAR and NEWLIFE asked if R reports more male partners in last 12 months than in lifetime

**NEWYEAR**

JF-2YR. Earlier you reported having more male partners in the last 12 months than you have had in your life. One or both of these

numbers appear to be entered incorrectly, so those questions will be asked again. Your previous answers are displayed below:

\_\_\_ *male partners in last 12 months*

\_\_\_ *male partners in lifetime*

How many male partners did you have in the last 12 months?

ENTER NUMBER \_\_\_\_\_

# **NEWLIFE**

JF-2LF. How many male partners did you have in your lifetime?

ENTER NUMBER \_\_\_\_\_

{ Asked if R had any male partner in past year and ever had vaginal intercourse

## **VAGNUM12**

JF-2YRa. (Your number of male partners in the last 12 months is displayed below.) Thinking of your male partners in the last 12 months, with how many of them did you have vaginal intercourse?

\_\_\_ *male partners in last 12 months*

ENTER NUMBER \_\_\_\_\_

{ Asked if R had any male partner in past year and ever had oral sex

## **ORALNUM12**

JF-2YRb. (Your number of male partners in the last 12 months is displayed below.) Thinking of your male partners in the last 12 months, with how many of them did you have oral sex, either giving or receiving?

\_\_\_ *male partners in last 12 months*

ENTER number \_\_\_\_\_

{ Asked if R had any male partner in past year and ever had anal sex

## **ANALNUM12**

JF-2YRc. (Your number of male partners in the last 12 months is displayed below.) Thinking of your male partners in the last 12 months, with how many of them did you have anal sex?

\_\_\_ *male partners in last 12 months*

ENTER number \_\_\_\_\_

{ Asked if R has had at least 2 partners in past 12 months

## **RNONMONOG**

JF-2d. In the last 12 months, did you have sex - that is, vaginal, oral, or anal sex - with a male partner in a time period when you were also having sex with other people?

Yes .....1

No .....5

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

- IF SHE HAS HAD NO MALE PARTNERS IN PAST 12 MONTHS, SHE SKIPS TO JG

**SERIES.**

- IF HAS HAD 1 OR MORE MALE PARTNER IN PAST 12 MONTHS, SHE SKIPS TO JF-3 BISEXPRT.]

{ Asked if FTF interview and R age < 18 and she has any current male partners  
**INTROJ12**

INTROJ12. You indicated earlier in the interview that you have (NUMBER) current sexual partner(s). Here is (an additional question about him/a couple of questions about (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**

JF-2e. Earlier you reported that you last had sexual intercourse with the (blank/first/second/third) person shown on the screen in (mo/yr). How old was he at that time?

ENTER AGE \_\_\_\_\_

[IF PARTNER'S AGE REPORTED OR REFUSED, GO TO NEXT CURRENT PARTNER IF THERE IS ONE. ELSE GO TO JF-3 BISEXPRT.]

{ Asked if CURRPAGE = DK

**RELAGE**

JF-2f. Is he older than you, younger than you or the same age?

Older .....1  
Younger .....2  
Same age .....3

[IF R ANSWERED "same age" SHE GOES TO NEXT CURRENT PARTNER IF THERE IS ONE.]  
[IF NO MORE PARTNERS TO LOOP THROUGH, SHE GOES TO JF-3 BISEXPRT.]

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

**HOWMUCH**

JF-2g. By how many years?

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

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

[IF R REPORTED 0 MALE PARTNERS IN LAST 12 MONTHS, SHE SKIPS TO JG SERIES.]  
[REMAINDER OF JF SERIES ASKED IF R REPORTED ANY MALE PARTNERS IN LAST 12 MONTHS OR SAID DK/RF]

{ Asked if R reported any male partners in last 12 months or said DK for this number

**BISEXPRT**

JF-3.

(Now please think about all of your male sexual partners in the last 12 months, that is since (CMLSTYR\_FILL). Think of any partners with whom you had vaginal, oral, or anal sex.)

Have any of your male partners in the last 12 months, (that is since (CMLSTYR\_FILL)), ever had sex with other males?

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

{ Asked if R reported any male partners in last 12 months or said DK for this number

**NONMONOG**

JF-4. In the last 12 months, did you have sex with any males who were also having sex with other people at around the same time?

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

**Sex and Relationships with Females (JG)**

{ Asked for all Rs

**GIVORALF**

JG-1a. The next questions ask about sexual experiences you may have had with another female. Have you ever performed oral sex on another female?

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

**GETORALF**

JG-1b. Has another female ever performed oral sex on you?

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

{ ASKED IF R HAS NOT ALREADY REPORTED ORAL SEX WITH A FEMALE

**FEMSEX**

JG-1c. Have you ever had any sexual experience of any kind with another female?

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

*[IF R HAS NOT REPORTED ANY SEXUAL EXPERIENCE WITH A FEMALE PARTNER IN JG SERIES, BUT IS COHABITING WITH OR MARRIED TO A WOMAN, SHE SKIPS TO JG-FEMLEGSTAT. ELSE IF R REPORTED NO SEXUAL EXPERIENCE WITH A FEMALE PARTNER IN JG SERIES AND IS NOT COHABITING WITH OR MARRIED TO A WOMAN, SHE SKIPS TO JH SERIES.]*

{ Asked if R has ever had sexual experience with a female partner

**FEMPARTNERS**

JG-2. Thinking about your entire life, how many female sex partners have you had?

Number \_\_\_\_\_

**FEMPRT12**

JG-3. Thinking about the last 12 months, how many female sex partners have you had in the 12 months since (CMLSTYR\_FILL)? Please count every partner, even those you had sex with only once in those 12 months.

Number \_\_\_\_\_

**SAMESEX1**

JG-4. Thinking back to the first time you ever had oral sex or another kind of sexual experience with a female partner, how old were you?

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

**FSAMEREL**

JG-5. At the time you first had any sexual experience with a female partner, how would you describe your relationship with her?

Married to her .....1  
 Engaged to her, and living together.....2  
 Engaged to her, but not living together.....3  
 Living together in a sexual relationship, but not engaged .....4  
 In a steady relationship, but not living together or engaged ...5  
 Going out with her once in a while .....6  
 Just friends .....7  
 Had just met her .....8  
 Something else .....9

[IF R IS CURRENTLY MARRIED TO A WOMAN SHE SKIPS TO JG-7 FEMMARRN. ELSE IF (R IS UNDER AGE 18 AND HAS NOT REPORTED ANY SAME-SEX EXPERIENCE IN JG SERIES) OR R IS NOT CURRENTLY COHABITING WITH A WOMAN, SHE SKIPS TO JH SERIES.]

{ Asked if (R is currently cohabiting with a woman OR she has reported same-sex experience in JG series) and is at least age 18

**FEMLEGSTAT**

JG-6. (Earlier you reported you are currently living together with a female partner.) What is your current legal marital status with regard to women? That is, are you widowed, divorced, separated, or have you never been married to a woman?

Widowed.....2  
 Divorced or annulled.....3  
 Separated.....4  
 Never been married.....5

{ Asked if R has been previously married to a woman or is currently married to a woman

**FEMMARRN**

JG-7. (Including your current marriage,) how many times have you been married to a woman?

\_\_\_\_\_ number of times

{ Asked if R is at least age 18 and either has reported same-sex experience or is currently married to or cohabiting with a woman

**FEMCOHN**

JG-8. (Including your current cohabitation,) how many times (if any) have you (ever) lived together with a woman without being married? Living together here means having a sexual relationship while sharing the same usual residence.

\_\_\_\_\_ NUMBER OF TIMES

**Sexual Attraction, Orientation, & Experience with STDs (JH)**

[R SKIPS TO JH-2 ATTRACT IF:

■ SHE REPORTED NO SEXUAL ACTIVITY WITH MALES OR FEMALES, OR

- SHE HAD SEXUAL ACTIVITY WITH ONLY MALES OR WITH ONLY FEMALES IN HER LIFE, OR
- SHE HAD SEXUAL ACTIVITY WITH BOTH MALES AND FEMALES IN HER 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

**MFLASTP**

JH-1. The very last time you had any type of sex -- that is vaginal intercourse or anal sex or oral sex -- was that last sexual partner male or female?

Male .....1

Female .....2

{ Asked for all Rs

**ATTRACT**

JH-2. People are different in their sexual attraction to other people. Which best describes your feelings? Are you...

Only attracted to males .....1

Mostly attracted to males .....2

Equally attracted to males and females .....3

Mostly attracted to females .....4

Only attracted to females .....5

Not sure .....6

**ORIENT**

JH-3. Which of the following best represents how you think of yourself?

Lesbian or gay .....1

Straight, that is, not lesbian or gay.....2

Bisexual .....3

Something else .....4

**INTROJ13a**

INTROJ13a. The next questions are about your sexual and reproductive health.

{ Asked for all Rs aged 15-17 or for Rs aged 18-25 with PARINSUR=1

**CONFCNC**

JH-3a. Would you ever not go for sexual or reproductive health care because your parents might find out?

Yes .....1

No .....5

{ Asked if R is 15-17 years old

**TIMALON**

JH-3b. The last time you had a health care visit in the past 12 months, did a doctor or other health provider spend any time alone with you without a parent, relative or guardian in the room?

Yes .....1

No .....5

Did not have a health care visit in the past 12 months....6

**CHLAMTST**

JH-4. In the last 12 months, that is, since (CMLSTYR\_FILL), have you been tested for chlamydia?

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

**STDTHR12**

JH-4b. In the last 12 months, have you been tested for any other sexually transmitted disease like gonorrhea, herpes, or syphilis?

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

**STDTRT12**

JH-5. In the last 12 months, have you been treated or received medication from a doctor or other medical care provider for a sexually transmitted disease like gonorrhea, chlamydia, herpes, or syphilis?

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

**GON**

JH-6. In the last 12 months, have you been told by a doctor or other medical care provider that you had gonorrhea?

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

**CHLAM**

JH-7. In the last 12 months, have you been told by a doctor or other medical care provider that you had chlamydia?

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

**HERPES**

JH-8. At any time in your life, have you ever been told by a doctor or other medical care provider that you had genital herpes?

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

**GENWARTS**

JH-9. At any time in your life, have you ever been told by a doctor or other medical care provider that you had genital warts, a condition caused by human papillomavirus (HPV)?

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

**ABNHPV**

JH-9a. At any time in the last 5 years, that is, since [CMFIVYR\_fill], have you had a positive HPV test as part of cervical cancer screening?

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

**SYPHILIS**

JH-10. At any time in your life, have you ever been told by a doctor or other medical care provider that you had syphilis?

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

**INTROJ13b**

INTROJ13b. 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 and websites for organizations that can provide information and referral for these issues. You may also click [?] now to see a list of resources and hotline numbers that can provide assistance. To print that page, select [Ctrl+P]. 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**

JH-13. IF AGE\_R < 18, ASK:  
During your life, how often has a parent or other adult in your home 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 insult you or put you down?

Never .....1  
Rarely .....2  
Sometimes ...3  
Often .....4  
Always .....5

{ Asked for all Rs

**PHYSABUSE**

JH-14. 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?

Never .....1  
Rarely .....2  
Sometimes ...3  
Often .....4  
Always .....5

{ Asked for all Rs

**SEXABUSE**

JH-15. 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.)

Never .....1  
Rarely .....2  
Sometimes ...3  
Often .....4  
Always .....5

{ Asked for all Rs

**REVPHYSNEG**

JH-16. (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?

Never .....1  
Rarely .....2  
Sometimes ...3  
Often .....4  
Always .....5

{ Asked for all Rs

**REVMOTNEG**

JH-17. (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?

Never .....1  
Rarely .....2  
Sometimes ...3  
Often .....4  
Always .....5

{ Asked for all Rs

**WITNESSIPV**

JH-18. IF AGE\_R < 18, ASK:  
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?

Never .....1  
Rarely .....2  
Sometimes ...3  
Often .....4  
Always .....5

{ Asked for all Rs

**LIVDRUGS**

JH-19. (Have you ever lived/Before you were 18, did you ever live) with a parent or guardian who was having a problem with alcohol or drug use?

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

{ Asked for all Rs

**LIVDEPRESS**

JH-20. (Have you ever lived/Before you were 18, did you ever live) with a parent or guardian who had severe depression, anxiety, or another mental illness, or was suicidal?

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

{ Asked for all Rs

**SEPJAIL**

JH-21. (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?

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

{ Asked for all Rs

**RACEDESCRIM**

JH-22. (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?

Never .....1  
Rarely .....2  
Sometimes ...3  
Often .....4  
Always .....5

*[There is no question JH-23.]*

{ Asked for all Rs

**WITVIOL**

JH-24. IF AGE\_R < 18, ASK:  
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?

Never .....1  
Rarely .....2  
Sometimes ...3  
Often .....4  
Always .....5

{ Asked for all Rs

**SUIDEATION**

JH-25. 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?

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

### Individual Earnings and Family Income and Public Assistance (JI)

{ ASKED FOR ALL

#### **INTROJ14**

INTROJ14. Income is important in analyzing the information we collect. For example, this information helps us to learn whether persons in each income group get the health services they need.

[IF R HAS NOT WORKED IN THE PAST YEAR SHE SKIPS TO JI-1 INTROJ15]

{ Asked if R worked in the past year

#### **EARNTYPE**

JI-0a. Next, please enter your total earnings before taxes (on your last job). Will it be easier for you to enter your total earnings per week, per month, or per year?

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

#### **EARN**

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

(WEEKLY INCOME CATEGORIES)  
WEEKLY INCOME

UNDER \$96.....1  
 \$ 96-143.....2  
 \$ 144-191.....3  
 \$ 192-239.....4  
 \$ 240-288.....5  
 \$ 289-384.....6  
 \$ 385-480.....7  
 \$ 481-576.....8  
 \$ 577-672.....9  
 \$ 673-768.....10  
 \$ 769-961.....11  
 \$ 962-1,153.....12  
 \$1,154-1,441.....13  
 \$1,442-1,922.....14  
 \$1,923 or more.....15

(MONTHLY INCOME CATEGORIES)  
MONTHLY INCOME

UNDER \$417.....1  
 \$ 417-624.....2  
 \$ 625-832.....3  
 \$ 833-1,041.....4  
 \$1,042-1,249.....5  
 \$1,250-1,666.....6  
 \$1,667-2,082.....7  
 \$2,083-2,499.....8  
 \$2,500-2,916.....9  
 \$2,917-3,332.....10  
 \$3,333-4,166.....11  
 \$4,167-4,999.....12  
 \$5,000-6,249.....13

\$6,250-8,332.....14  
 \$8,333 or more.....15

## (YEARLY INCOME CATEGORIES)

YEARLY INCOME

UNDER \$5,000.....1  
 \$ 5,000- 7,499.....2  
 \$ 7,500- 9,999.....3  
 \$10,000-12,499.....4  
 \$12,500-14,999.....5  
 \$15,000-19,999.....6  
 \$20,000-24,999.....7  
 \$25,000-29,999.....8  
 \$30,000-34,999.....9  
 \$35,000-39,999.....10  
 \$40,000-49,999.....11  
 \$50,000-59,999.....12  
 \$60,000-74,999.....13  
 \$75,000-99,999..... 14  
 \$100,000 or more.....15

{ Asked if EARN=DK/RF

**EARNDK1**

JI-0c. Was it \$20,000 or more per year?

Yes .....1

No .....5 (JI-1 INTROJ15)

{ Asked if JI-0c EARNDK1=YES

**EARNDK2**

JI-0d. Was it \$50,000 or more per year?

Yes .....1

No .....5 (JI-1 INTROJ15)

{ Asked if JI-0d EARNDK2=YES

**EARNDK3**

JI-0e. Was it \$75,000 or more per year?

Yes .....1

No .....5 (JI-1 INTROJ15)

{ Asked if JI-0e EARNDK3=YES

**EARNDK4**

JI-0f. Was it \$100,000 or more per year?

Yes .....1

No .....5

{ ASKED IF HOUSEHOLD INCLUDES MORE THAN JUST RESPONDENT

**INTROJ15**

JI\_1.

IF R IS MARRIED AND HOUSEHOLD SIZE &gt; 2, SAY:

The next questions are about your combined family income last year, that is, in the year (LASTYEAR\_FILL). When answering these questions, please remember that "combined family income" means your income plus your spouse's income, income from any of your family members that live here, and income from any of your spouse's family members that live here, before taxes.

{THERE ARE OTHER WORDING VARIANTS, DETERMINED BY MARITAL STATUS, HOUSEHOLD SIZE & COMPOSITION

{ ASKED FOR ALL

**SOURCES**

JI-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 from any of those sources last year.

[HELP AVAILABLE]

**TOINCWMY**

JI-2. Remember, this item is important and your answers will be kept confidential. Will it be easier for you to report (your/the) total (LASTYEAR\_FILL) (combined) income (of your family) per week, per month, or per year?

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

**TOTINC**

JI-3. Which category represents (your total (weekly/monthly/yearly) income/ the total combined (weekly/monthly/yearly) income of your family) in the year (year of interview - 1). Please enter the amount before taxes.

{ ONSCREEN NOTES REMIND R OF WHOSE INCOME TO INCLUDE

(WEEKLY INCOME CATEGORIES)

WEEKLY INCOME

UNDER \$96.....1  
 \$ 96-143.....2  
 \$ 144-191.....3  
 \$ 192-239.....4  
 \$ 240-288.....5  
 \$ 289-384.....6  
 \$ 385-480.....7  
 \$ 481-576.....8  
 \$ 577-672.....9  
 \$ 673-768.....10  
 \$ 769-961.....11  
 \$ 962-1,153.....12  
 \$1,154-1,441.....13  
 \$1,442-1,922.....14  
 \$1,923 or more.....15

(MONTHLY INCOME CATEGORIES)

MONTHLY INCOME

UNDER \$417.....1  
 \$ 417-624.....2  
 \$ 625-832.....3  
 \$ 833-1,041.....4  
 \$1,042-1,249.....5  
 \$1,250-1,666.....6  
 \$1,667-2,082.....7  
 \$2,083-2,499.....8  
 \$2,500-2,916.....9  
 \$2,917-3,332.....10  
 \$3,333-4,166.....11  
 \$4,167-4,999.....12  
 \$5,000-6,249.....13  
 \$6,250-8,332.....14

\$8,333 or more.....15

(YEARLY INCOME CATEGORIES)

YEARLY INCOME

UNDER \$5,000.....1  
 \$ 5,000- 7,499.....2  
 \$ 7,500- 9,999.....3  
 \$10,000-12,499.....4  
 \$12,500-14,999.....5  
 \$15,000-19,999.....6  
 \$20,000-24,999.....7  
 \$25,000-29,999.....8  
 \$30,000-34,999.....9  
 \$35,000-39,999.....10  
 \$40,000-49,999.....11  
 \$50,000-59,999.....12  
 \$60,000-74,999.....13  
 \$75,000-99,999..... 14  
 \$100,000 or more.....15

[IF R REPORTS AN INCOME SHE SKIPS TO JI-4 PUBASST].

{ ASKED IF JI-3 TOTINC = DK OR RF

**FMINCDK1**

JI-3a. Was it less than \$50,000 or \$50,000 or more in (LASTYEAR\_FILL)?

Less than \$50,000.....1  
 \$50,000 or more.....5 (JI-3d FMINCDK4)

{ ASKED IF FMINCDK1=1 (LESS THAN \$50,000)

**FMINCDK2**

JI-3b. Was it less than \$35,000?

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

{ ASKED IF FMINCDK2=1 (LESS THAN \$35,000)

**FMINCDK3**

JI-3c. Was it less than (POVTHRHLDFILL)<sup>i</sup>?

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

{ ASKED IF FMINCDK1=5 (MORE THAN \$50,000)

**FMINCDK4** Was it \$75,000 or more last year?

JI-3d

Yes .....1  
 No .....5 (JI-4 PUBASST)

{ ASKED IF FMINCDK4=1 (MORE THAN \$75,000)

**FMINCDK5**

JI-3e. Was it \$100,000 or more last year?

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

{ Asked for all Rs

**PUBASST**

JI-4. At any time during [LASTYEAR\_FILL], even for one month, did you or any members of your family living here receive any cash assistance from a state or county welfare program, such as Temporary Assistance for Needy

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.*

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

**FOODSTMP**

JI-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?

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

**WIC**

JI-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?

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

**HLPTRANS**

JI-7. 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?

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

**HLPCHLDC**

JI-8. *(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?

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

**HLPJOB**

JI-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?

Yes .....1

No .....5

**FREEFOOD**

JI-10. In the last 12 months, did you or any member of your family receive free or reduced-cost food or meals because you couldn't afford to buy food?

Yes.....1

No.....5

**HUNGRY**

JI-11. In the past 12 months, were you or any member of your family ever hungry, but you just couldn't afford more food?

Yes.....1

No.....5

**MED\_COST**

JI-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

{ Shown in FTF Mode only

**CONCLUSN**

CONCLUSN. Thank you again for your participation in this study. Your responses to this special section have been successfully locked away.

As a reminder, your survey answers are confidential and will be used for statistical purposes only. If you felt uncomfortable after answering any of the questions, please click [?] to see a list of resources and hotline numbers that can provide helpful information or assistance. Your interviewer can also provide you with a list of these resources and hotline numbers.

Please give the tablet back to the interviewer.

*[CLOSEOUT OF INTERVIEW OPERATES DIFFERENTLY BY MODE.]*

