

**Attachment 3 for Nonsubstantive Change Request:
NATIONAL SURVEY OF FAMILY GROWTH, YEARS 5-6 (2026-2027)
MALE 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
Demographic Characteristics; Household Roster; Childhood Background;
Marital/Cohabiting Status**

CONF_SC

AA-0a.

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

INTRO_1

AA-0b. Now we can begin. First are some basic questions about your background.

Age and Date of birth (AA)

{ 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?

Yes1 (RETURN TO AA-1 AGE_A)

No5 (GO TO TERMINATION SCRIPT AB-1 TERMAGE)

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

TERMAGE

AB-1. IF AGE NOT GIVEN, SAY:

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

TERM

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

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

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

{ 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.

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 Latino, 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

HISPGRP

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

♦ *SELECT ALL THAT APPLY.*

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

Yes1
 No5

Sex[X]

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

Male1
 Female2
 Did not answer this. 3

Age[X]

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

(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 partner2

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

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

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

(IF HOUSEHOLD MEMBER IS FEMALE, DISPLAY:)

Wife/spouse1
 Female unmarried partner2

 Biological daughter3
 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, ENTER [1] when ready to proceed.

{ ASKED OF ALL RESPONDENTS

MARSTAT

AD-7b. IF ANY RELAR[X]=1 and SEX[X]=2, THEN ASK:
 Earlier you indicated your wife is living in this household, please confirm your current marital or cohabiting status.

ELSE IF ANY RELAR[X]=1 and SEX[X]=1, THEN ASK:
 Earlier you indicated your husband is living in this household, please confirm your current marital or cohabiting status.

ELSE IF ANY RELAR[X]=2 and SEX[X]=2, THEN ASK:
 Earlier you indicated your female unmarried partner is living in this household, please confirm your current marital or cohabiting status.

ELSE IF ANY RELAR[X]=2 and SEX[X]=1, THEN ASK:
 Earlier you indicated your male unmarried partner is living in this household, please confirm your current marital or cohabiting status.

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

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

{ ASKED IF RESPONDENT IS NOT CURRENTLY MARRIED

LMARSTAT

AD-7c. If AD-7b MARSTAT=2 AND ANY RELAR[X]=2 AND SEX[X]=1, ASK:
 For some parts of this interview, the questions about marriage and

other sexual relationships are limited to those with opposite-sex partners. You will still be asked questions that may apply to you about your current cohabitation, children you have had, and health services you have received. In the final section of the interview, some questions will ask about sexual experience with same-sex spouses or partners. The next question about marital status is limited to opposite-sex spouses or partners. What is your legal marital status? That is, are you widowed, divorced, separated, or have you never been married to a person of the opposite sex?

ELSE, ASK:

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

[HELP AVAILABLE]

Widowed.....3
 Divorced or annulled.....4
 Separated, because you and your spouse are
 not getting along5
 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]?

(IF SPOUSE OR PARTNER IS FEMALE, DISPLAY)

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

(IF SPOUSE OR PARTNER IS MALE, DISPLAY)

Biological father1
 Stepfather2
 Adoptive father3
 Uncle, grandfather, or some other relation4
 Foster father or legal guardian.....5
 Not related (legally or by blood).....6

Regular school and GED (AE)

{ ASKED OF ALL RESPONDENTS

ATTAIN

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

[HELP AVAILABLE]

No formal schooling0
 Grade 1-11.....1
 12th 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

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

- ◆ ENTER MM/YYYY
- ◆ PROBE for month range if DK month.

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			

{ ASKED IF R HAS A HIGH SCHOOL DIPLOMA

EARNHS_Y

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

- ◆ ENTER [EARNHS_M]/YYYY

{ ASKED IF R IS AGES 15-24 AND R EARNED LESS THAN HS DIPLOMA OR GED

MYSCHOL_M/MYCHOL_Y

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

[HELP AVAILABLE]

- ◆ IF R VOLUNTEERS CURRENTLY IN SCHOOL ENTER 96.
- ◆ Do not include vocational training or GED classes as regular school.

{ ASKED IF BACHELOR'S DEGREE OR HIGHER ATTAINMENT

EARNBA_M/EARNBA_Y

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

Childhood background (AF)

{ ASKED OF ALL RESPONDENTS

AFINTRO

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

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

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

ONOWN

AF-0a. (Before you turned 18, did you ever live/Have you ever lived 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]

Yes1
No5

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

INTACT

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

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

{ ASKED OF ALL RESPONDENTS

PARMARR

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

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

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

LVSIT14F

AF-3. Now, think about when you were 14 years old. (Looking at Card 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 female9

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

LVSIT14M

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

[HELP AVAILABLE]

◆ *SELECT "No male parent present" if two female parents*

No male parent or parent figure present....1
 Biological father.....2
 Stepfather.....3
 Adoptive father.....4
 Mother's boyfriend.....5
 Foster father.....6
 Grandfather.....7
 Uncle.....8
 Other male9

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

WOMRASDU

AF-5. (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 consider 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
 Other10

{ ASKED IF R HAD A MOTHER OR ANY MOTHER FIGURE

MOMDEGRE

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

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

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

MOMWORKD

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

[HELP AVAILABLE]

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

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

MOMFSTCH

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

Under 18 years.....1
 18-192
 20-243
 25-294
 30-345
 35 years or older6
 Mother or mother figure did not have any children..96

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

MANRASDU

AF-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
 Stepfather3
 Mother's boyfriend.....4
 Foster father.....5
 Grandfather.....6
 Other male relative.....7
 Male nonrelative.....8
 No such person.....9
 Other10

{ ASKED OF ALL RESPONDENTS

FOSTEREV

AF-10. The next question is about foster care. Did you ever live in state-sponsored foster care? This includes settings such as a family foster home, a relative foster home, a group home, institution, or supervised independent living.

◆ SELECT [YES] if someone from the state or from family services arranged for you to live there.

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

{ ASKED IF R EVER LIVED IN FOSTER CARE

MNYFSTER

AF-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

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

Less than six months.....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

AF-13. The last time you exited the foster care system, how old were you? If adopted, give the age you were adopted.

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

Marriage and Cohabitation (AG)

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

AGINTRO

AG-1. Next are some more questions about marriage and cohabitation.

{ ASKED IF EVER MARRIED TO A PERSON OF THE OPPOSITE-SEX

TIMESMAR

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

[HELP AVAILABLE]

Number of times_____

{ ASKED IF EVER MARRIED (TIMESMAR GE 1)

EVCOHAB1

AG-3. Not including the (woman/women) you married, have you ever lived together with any other female 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

{ ASKED IF EVER MARRIED AND EVER COHABITED WITH ANY OTHER WOMEN

NUMCOH1

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

[HELP AVAILABLE]

Number of times_____

{ ASKED IF NEVER MARRIED AND NOT CURRENTLY COHABITING WITH A WOMAN

EVCOHAB2

AG-5. Have you ever lived together with a female sexual partner? Living together here means having a sexual relationship while sharing the same usual residence.

Yes.....1

No.....5

{ ASKED IF NEVER MARRIED AND EVER COHABITED

NUMCOH2

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

[HELP AVAILABLE]

Number of women_____

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

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

{ ASKED IF R IS CURRENTLY MARRIED TO A MAN

MARSTATB

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

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

Widowed.....3

Divorced or annulled.....4

Separated.....5

Never been married.....6

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

TIMESMARB

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

Number of times_____

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

EVCOHABB

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

Yes.....1

No.....5

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

NUMCOHB

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

Number of partners_____

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

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

EVERSEX

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

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

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

Yes.....1

No.....5

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

SXMTONCE

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

[HELP AVAILABLE]

Yes1

No5

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

YNOSEX

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

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

Against religion or morals.....1

Don't want to get a female pregnant.....2

Don't want to get a sexually transmitted disease.....3

Haven't found the right person yet.....4

In a relationship, but waiting for the right time.....5

Other6

[REST OF BA SERIES IS ONLY ASKED OF 15-24 YEAR OLDS]

[IF R IS OLDER THAN 24 YEARS, HE SKIPS TO BB-1 EVEROPER]

{ Asked if R is 15-24 years old

TALKPAR

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

(Please look at Card 17.)

◆ *SELECT ALL THAT APPLY.*

How to say no to sex1
 Methods of birth control2
 Where to get birth control3
 Sexually transmitted diseases ...4
 How to prevent HIV/AIDS.....5
 How to use a condom6
 Waiting until marriage to have
 sex.....7
 None of the above95

FORMSEXED

BA-5. (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 control2
 Where to get birth control3
 Sexually transmitted diseases4
 How to prevent HIV/AIDS.....5
 How to use a condom6
 Waiting until marriage to have sex 7

 None of the above95

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

{ ASKED OF ALL

EVEROPER

BB-1. Have you ever had a vasectomy or any other operation that makes it impossible for you to father a child?

[HELP AVAILABLE]

- ◆ *SELECT [YES] if you had a vasectomy for any reason.*
- ◆ *SELECT [YES] if you had a vasectomy and had a vasectomy reversal.*
- ◆ *SELECT [NO] if you had a vasectomy and it failed.*

Yes.....1

No.....5 (FLOW CHECK B-5)

{ ASKED IF EVEROPER=1

TYPEOPER

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

Vasectomy.....1
Other operation that made it impossible for you father a child .2
Vasectomy failed.....3
Vasectomy already surgically reversed.....4

{ ASKED IF TYPEOPER=1 OR 2

VASEC_Y

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

ENTER YEAR _____

{ ASKED IF VASECTOMY WAS IN LAST FIVE YEARS

PLCSTROP

BB-5. (Please look at Card 82.) Where your vasectomy was done?

Private doctor's office.....1
HMO facility2
Community health clinic or public health clinic3
Family planning or Planned Parenthood clinic4
Hospital outpatient clinic5
Some other place6

{ ASKED IF R HAD VASECTOMY, REGARDLESS OF RECENCY

RVRSVAS

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

[HELP AVAILABLE]

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

{ ASKED IF R HAD HIS VASECTOMY REVERSED

VASREV_Y

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

ENTER YEAR _____

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

FATHPOSS

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

[HELP AVAILABLE]

Yes1
No5

{ ASKED IF R DID NOT HAVE STERILIZING OPERATION AND IT IS PHYSICALLY POSSIBLE

(OR DK/RF) FOR HIM TO FATHER CHILD

FATHDIFF

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

[HELP AVAILABLE]

Yes1

No5

Number of Female Sexual Partners; Condom Use (BC)

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

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

LIFEPR

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

[HELP AVAILABLE]

ENTER number of partners in lifetime

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

LIFEPR_CAT

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

1-4 females.....1

5-9 females.....2

10-19 females.....3

20-49 females.....4

50 females or more.....5

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

SXMON12

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

[HELP AVAILABLE]

Yes.....1

No.....5

{ ASKED IF R HAD MORE THAN ONE FEMALE SEXUAL PARTNER IN LIFE

MON12PRT

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

[HELP AVAILABLE]

None0

One1
 Two2
 Three3
 Four4
 Five5
 Six6
 Seven or more7

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

MON12PRT_CAT

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

0 females1
 1-4 females 2
 5-9 females 3
 10-19 females..... 4
 20 females or more 5

{ ASKED IF R HAD FEMALE SEX PARTNER IN LAST 12 MONTHS AND ONLY HAD SEX ONCE IN LIFE

P12MOCONO

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

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

{ ASKED IF R HAD AT LEAST ONE FEMALE SEX PARTNER IN THE LAST 12 MONTHS AND HAS HAD SEX MORE THAN ONCE OR LIFETIME OR RECENT SEXUAL EXPERIENCE WAS NOT ASCERTAINED

P12MOCON

BC-8c. (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 or partners for sexual intercourse every time, most of the time, about half of the time, some of the time, or none of the time?

Every time.....1
 Most of the time.....2
 About half of the time.....3
 Some of the time.....4
 None of the time.....5

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

SEXFREQ

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

[HELP AVAILABLE]

ENTER number of times

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

CONFREQ

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

ENTER number of times

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

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

P1NAME

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

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

{ ASKED IF R WAS EVER MARRIED

P1RLTN1

BD-2. Were you ever married to (FEMALE PARTNER)?

Yes1
No5

{ ASKED IF R CURRENTLY MARRIED

P1CURRWIFE

BD-3. Is she your current wife?

Yes1
No5

{ ASKED IF R IS CURRENTLY SEPARATED

P1CURRSEP

BD-4. Is she the woman you are separated from now?

Yes1
No5

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

P1RLTN2

BD-5. Did you ever live together with (FEMALE PARTNER)? Living together means having a sexual relationship while sharing the same usual address.

◆ Do not count "dating" or "sleeping over" as living together.

Yes1
No5

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

P1COHABIT

BD-6. Is she the woman you live with now?

Yes1
No5

P1SXLAST_M/P1SXLAST_Y

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

[IF R HAD 0 OR 1 PARTNER IN LAST 12 MONTHS, HE SKIPS TO SECTION C]

P2NAME

BD-9. Now think of the last female with whom you had sexual intercourse before
(LAST FEMALE PARTNER). What is her first name or initials?

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

P2RLTN1

BD-10. Were you ever married to (FEMALE PARTNER)?

Yes1

No5

{ ASKED IF R IS CURRENTLY MARRIED AND CURRENT WIFE WAS NOT HIS MOST RECENT
PARTNER

P2CURRWIFE

BD-11. Is she your current wife?

Yes1

No5

{ ASKED IF R CURRENTLY SEPARATED AND THAT WIFE WAS NOT HIS MOST RECENT PARTNER

P2CURRSEP

BD-12. Is she the woman you are separated from now?

Yes1

No5

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

P2RLTN2

BD-13. Did you ever live together with (FEMALE PARTNER)? Living together
means having a sexual relationship while sharing the same usual
address.

◆ Do not count "dating" or "sleeping over" as living together.

Yes1

No5

{ ASKED IF R WAS NEVER MARRIED TO THIS PARTNER AND HE EVER LIVED WITH THIS
PARTNER AND HE IS CURRENTLY COHABITING AND THIS COHABITING PARTNER WAS NOT HIS
MOST RECENT PARTNER

P2COHABIT

BD-14. Is she the woman you live with now?

Yes1

No5

P2SXLAST_M/P2SXLAST_Y

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

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

P3NAME

BD-17. Think of the last female with whom you had sexual intercourse before (2ND TO LAST FEMALE PARTNER). What is her first name or initials?

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

P3RLTN1

BD-18. Were you ever married to (FEMALE PARTNER)?

Yes1

No5

{ ASKED IF R IS CURRENTLY MARRIED AND CURRENT WIFE WAS NOT ONE OF HIS TWO MOST RECENT PARTNERS IN PAST YEAR

P3CURRWIFE

BD-19. Is she your current wife?

Yes1

No5

{ ASKED IF R IS CURRENTLY SEPARATED AND THAT WIFE WAS NOT ONE OF HIS TWO MOST RECENT PARTNERS IN PAST YEAR

P3CURRSEP

BD-20. Is she the woman you are separated from now?

Yes1

No5

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

P3RLTN2

BD-21. Did you ever live together with (FEMALE PARTNER)? Living together means having a sexual relationship while sharing the same usual address.

◆ Do not count "dating" or "sleeping over" as living together.

Yes1

No5

{ ASKED IF R WAS NEVER MARRIED TO THIS PARTNER AND HE EVER LIVED WITH THIS PARTNER AND HE IS CURRENTLY COHABITING AND THIS COHABITING PARTNER WAS NOT ONE OF HIS TWO MOST RECENT PARTNERS IN PAST YEAR

P3COHABIT

BD-22. Is she the woman you live with now ?

Yes1

No5

P3SXLAST_M/P3SXLAST_Y

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

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

FIRST

BD-25. Were (either/any) of the females we've talked about, (DISPLAY

PARTNER NAMES HERE), the first female with whom you ever had sexual intercourse?

Yes, (PARTNER 1 NAME).....1

Yes, (PARTNER 2 NAME).....2

Yes, (PARTNER 3 NAME).....3

No.....4

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

FIRST2

BD-26.

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

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

SECTION C
Current Spouse or Cohabiting Partner

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

Key Dates in Current Marriage or Cohabitation (CA)

CAINTRO

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

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

MARRDATE_M/MARRDATE_Y

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

[HELP AVAILABLE]

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

HISAGEM

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

Age in years _____

{ ASKED IF R IS CURRENTLY MARRIED

LIVTOGSP

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

[HELP AVAILABLE]

Yes1

No5 (CB SERIES)

{ ASKED IF R LIVTOGSP=1 OR IF R IS CURRENTLY COHABITING

STRTSPCP_M/STRTSPCP_Y

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

[HELP AVAILABLE]

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

HISAGEC

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

ENTER age in years _____

{ ASKED IF LIVTOGSP=1 OR IF R IS CURRENTLY COHABITING

ENGATHEN

CA-7.

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

living together?

Engaged to be married1
 Not engaged but had definite plans to get married3
 Neither engaged nor had definite plans5

[IF R IS CURRENTLY MARRIED, HE SKIPS TO CB-2 CSPAGE.]

{ ASKED IF R IS CURRENTLY COHABITING

WILLMARR

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

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

Definitely yes1
 Probably yes2
 Probably no3
 Definitely no4

Characteristics of Spouse/Partner (CB)

{ ASKED IF CURRENTLY MARRIED OR COHABITING

CSPAGE

CB-1. You may have already answered this, but how old is (SPOUSE/PARTNER) now?

Age in years _____

CSPHISP

CB-2. Is (SPOUSE/PARTNER) Hispanic or Latino, or of Spanish origin?

Yes1
 No5

CSPRACE

CB-3. (Please look at Card 2b.)

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

[HELP AVAILABLE]

♦ SELECT ALL THAT APPLY.

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

CSPEDUCN

CB-4. (Please look at Card 14.)

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

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

CSPBORN

CB-5. Was (SPOUSE/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.

Yes1

No5

CSPMARB

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

[HELP AVAILABLE]

Yes1

No5

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

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

SSKIDTOG

CB-7. You may have already answered this, but do you and (SPOUSE/PARTNER) have any children together? This means you and he are their biological or legal parents.

Yes1

No5 (END OF SECTION CB)

{ Asked if SSKIDTOG=1

NSSKIDTOG

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

- ♦ ENTER number of children

{ Asked if SSKIDTOG=1

SSKIDTOG18

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

- ♦ ENTER number of children

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

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

First Sex with Current Wife/Female Partner (CC)

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

CWPSX1WN_M/CWPSX1WN_Y

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

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

{ ONLY ASKED IF DK/RF DATE OF FIRST SEX

CWPSX1AG

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

ENTER age in years

{ ONLY ASKED IF THIS WOMAN IS FIRST SEX PARTNER EVER

CWPSX1RL

CC-3. (Please look at Card 84.)

At the time you first had sexual intercourse with (WIFE/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

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

CWPFUSE

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

[HELP AVAILABLE]

Yes	1
No	5 (CD SERIES)

{ Asked if CWPFEUSE=1

CWPFMET

CC-5. (Please look at Card 86.) that first time, what methods did you and she use to prevent pregnancy or sexually transmitted disease?

♦ SELECT ALL THAT APPLY.

Condom or rubber.....	1
Withdrawal or pulling out.....	2
Vasectomy or male sterilization	3
Pill	4
Tubal sterilization or other female sterilization.....	5
Injection (Depo-Provera or Lunelle).....	6
Hormonal implant (Norplant, Implanon or Nexplanon).....	7
Rhythm or safe period or natural family planning.....	8
Contraceptive Patch (Ortho-Evra or Xulane).....	9
Vaginal contraceptive ring (NuvaRing).....	10
IUD.....	11
Something else	12

Sterilization and Impaired Fecundity (CD)

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

CWPOPSTR

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

Yes1

No5 (CE SERIES)

{ ASKED IF R's CWP HAD TUBAL STERILIZATION OR OTHER STERILIZING OPERATION

CWPREVST

CD-2. (Earlier you said you and your (wife/partner) has had a tubal sterilization or other sterilization.) As far as you know, has your (wife/partner) ever had surgery to reverse her tubal sterilization?

[HELP AVAILABLE]

Yes1

No5

She had a hysterectomy or other non-reversible operation.....96

{ ASKED IF CWP DID NOT HAVE STERILIZING OPERATION

CWPPOSS

CD-3. Some women are not physically able to have children. As far as you know, is it physically possible for (WIFE/FEMALE PARTNER) to have a baby?

[HELP AVAILABLE]

Yes1

No5

{ ASKED IF CWP IS NOT SURGICALLY STERILE AND CWPPOSS=YES, DK, OR RF

CWPDIFF

CD-4. Some women are physically able to have another baby, but have difficulty getting pregnant or carrying the baby to term. As far as you know, would (WIFE/FEMALE PARTNER) have any difficulty getting pregnant or carrying a baby?

[HELP AVAILABLE]

Yes1

No5

Most Recent Sex with Current Wife/Partner (CE)

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

CWPLSXWN_M/CWPLSXWN_Y

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

CWPLUSE1

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

Yes1
 No5 (CE-4 CWPLUSE2)

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

CWPLMET1

CE-3. (Please look at Card 88.) That last time, what methods did you use?

[HELP AVAILABLE]

♦ *SELECT ALL THAT APPLY.*

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

CWPLUSE2

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

[HELP AVAILABLE]

♦ *Do not probe a DK response*

Yes1
 No5

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

DKCWPLUSE

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

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

{ ASKED IF SHE USED A METHOD AT LAST SEX

CWPLMET2

CE-5. (Please look at Card 90.) That last time, what methods did she use?

[HELP AVAILABLE]

♦ *SELECT all that apply.*

Pill.....4
 Tubal sterilization or other female sterilization.....5
 Injection (Depo-Provera or Lunelle).....6
 Hormonal implant (Norplant, Implanon, or Nexplanon).....7
 Rhythm or safe period or natural family planning.....8
 Contraceptive Patch (Ortho-Evra or Xulane).....9
 Vaginal contraceptive ring (NuvaRing).....10
 IUD.....11
 Something else.....12

Methods Used in the Past 12 Months (CF)

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

{ ASKED IF R HAD SEX WITH CWP IN LAST 12 MONTHS

CFINTRO

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

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

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

CWPRECBC

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

[HELP AVAILABLE]

Yes1
No5 (CG SERIES)

{ Asked if CWPRECBC=1

CWPALLBC

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

[HELP AVAILABLE]

♦ *SELECT all that apply.*

Condom or rubber.....1
Withdrawal or pulling out2
Vasectomy or male sterilization3
Pill4
Tubal sterilization or other female
sterilization.....5
Injection (Depo-Provera or Lunelle).....6
Hormonal implant (Norplant, Implanon, or Nexplanon).....7
Rhythm or safe period or natural family planning.....8
Contraceptive Patch (Ortho-Evra or Xulane)..... 9
Vaginal contraceptive ring (NuvaRing).....10
IUD.....11
Something else.....12

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

CWPBCMST

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

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

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

CONDREQ

CF-4. During the last 12 months, what percent of the times that you and she had

sex together did you use a condom?

Percentage_____ (IF 100%, GO TO CG SERIES)

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

CWPNOFRQ

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

[HELP AVAILABLE]

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

Current Pregnancy (CG)

{ ASKED IF CWP NOT STERILE AND R HAD SEX WITH HER IN LAST 12 MONTHS

CWPPRGNW

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

Yes1 (CG-4 CWPCPWNT)
No5

{ ASKED IF CWPPRGNW NE 1

CWPTRYPG

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

Yes1
No5 (GO TO SECTION D)

{ ASKED IF R's CWP NOT PREGNANT NOW AND THEY'VE BEEN TRYING TO GET PREGNANT

CWPTRYLG

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

Number of months_____ (GO TO SECTION D)

{ ASKED IF R's CWP IS PREGNANT NOW

CWPCPWNT

CG-4. (Please look at Card 15.) Right before (WIFE/FEMALE PARTNER) became pregnant, did you, yourself, want to have a child at some time in the future?

♦ If you already have children, please answer if you, yourself, wanted to have another child at some time in the future.

Definitely yes1
Probably yes2
Probably no3 (CG-6 CWPCPHPY)
Definitely no4 (CG-6 CWPCPHPY)

{ ASKED IF R's CWP IS PREGNANT NOW AND R DEFINITELY OR PROBABLY WANTED CHILD

CWPCPSON

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

Too soon1
Right time2
Later3
Didn't care4

{ ASKED IF THE PREGNANCY CAME TOO SOON

{ R CAN ANSWER IN MONTHS OR YEARS

CWPCPSNN/CWPCPSNMY

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

Number and (Months/Years)_____

{ ASKED IF R's CWP IS PREGNANT NOW

CWPCPHPY

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

Number from 0 to 10

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

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

Key Dates for Former Wives & Cohabiting Partners (DA)

{ Asked if one of 3 most recent female partners in last year or last female partner ever
DINTRO_1

DA-0. Next are some questions about (FEMALE PARTNER).

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

{ ASKED IF R WAS EVER MARRIED TO THIS PARTNER

MARDATEN_M/MARDATEN_Y

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

[HELP AVAILABLE]

{ ASKED IF MARRIAGE DATE = DK/RF OR MONTH RANGE

AGEMARR

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

ENTER age in years _____

{ ASKED IF R WAS EVER MARRIED TO THIS PARTNER

AGEWIF_D

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

ENTER age in years _____

{ ASKED IF R WAS EVER MARRIED TO THIS PARTNER

LIVTOGN

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

[HELP AVAILABLE]

Yes1

No5 (DA-7 MARREND)

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

STRTLIVE_M/STRTLIVE_Y

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

[HELP AVAILABLE]

{ ASKED IF COHABITATION START DATE = DK/RF OR MONTH RANGE

AGELIV

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

ENTER age in years _____

{ ASKED IF R EVER COHABITED WITH THIS PARTNER

STRTL VHAG

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

ENTER age in years

{ ASKED IF R EVER COHABITED WITH THIS PARTNER

ENGAGTHN

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

Engaged to be married1
 Not engaged but had definite plans to get married3
 Neither engaged nor had definite plans5

{ ASKED IF R WAS EVER MARRIED TO THIS PARTNER

MARREND

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

Death of wife1
 Divorce2
 Annulment3
 Separation4

[IF R'S MARRIAGE ENDED IN SEPARATION, HE SKIPS TO DA-9 STOPLIVE.]

{ ASKED IF MARRIAGE ENDED IN DEATH, DIVORCE, OR ANNULMENT

ENDMARR_M/ENDMARR_Y

DA-8m/y. In what month and year did ((FEMALE PARTNER) die/your divorce become final/your marriage end)?

[HELP AVAILABLE]

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

STOPLIVE_M/STOPLIVE_Y

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

[HELP AVAILABLE]

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

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

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

PXCURR

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

[HELP AVAILABLE]

Yes1
 No5 (DC series)

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

PXMARRY

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

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

Definitely yes1
 Probably yes2
 Probably no3
 Definitely no4

Last Sex with Recent Female Partner (DC)*[IF PARTNER IS A WIFE WHO DIED, GO TO DC-10 PXHISP]*

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

PXLRUSEDC-1. That (last) time that you had sexual intercourse with (FEMALE PARTNER), did you, yourself, use any methods to prevent pregnancy or sexually transmitted disease? Please (look at Card 87 for/click ? to see) some examples of methods for males, before answering "yes" or "no".

[HELP AVAILABLE]

Yes1
 No5 (DC-3 PXLPUSE)

{ ASKED IF R USED METHOD AT LAST SEX WITH THIS PARTNER

PXLRMETH

DC-2. (Please look at Card 88.) That (last) time, what methods did you, yourself, use to prevent pregnancy or sexually transmitted disease?

[HELP AVAILABLE]

♦ *SELECT ALL THAT APPLY*

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

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

PXLPUSEDC-3. That (last) time that you had sexual intercourse with (FEMALE PARTNER), did she use any methods to prevent pregnancy or sexually transmitted disease? Please (look at Card 89 for/click ? to see) some examples of methods for females, before answering "yes" or "no".

[HELP AVAILABLE]

Yes1
 No5

{ ASKED IF PXLPUSE= DK

DKPXLPUSE

DC-3b. Is it that you don't recall right now, or that you never knew?

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

{ ASKED IF SHE USED A METHOD AT LAST SEX

PXLPMETH

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

[HELP AVAILABLE]

♦ SELECT ALL THAT APPLY.

Pill.....	4
Tubal sterilization or other female sterilization.....	5
Injection (Depo-Provera or Lunelle).....	6
Hormonal implant (Norplant, Implanon, or Nexplanon).....	7
Rhythm or safe period or natural family planning.....	8
Contraceptive Patch (Ortho-Evra or Xulane).....	9
Vaginal contraceptive ring (NuvaRing).....	10
IUD.....	11
Something else.....	12

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

PXMTONCE

DC-5. Have you had (did you have) sexual intercourse with (FEMALE PARTNER) more than once?

[HELP AVAILABLE]

Yes	1
No	5

{ ASKED IF R IS 18 OR OLDER OR (R IS <18 AND PARTNER NOT CURRENT) OR (R IS <18 AND INTERVIEW IS CAWI)

PXPAGE

DC-6. How old was (FEMALE PARTNER) when you (last) had sex with her?

ENTER age in years

{ ASKED IF PXPAGE=DK

PXRELAGE

DC-7. Is she older than you, younger than you, or about the same age?

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

{ ASKED IF PXRELAGE= YOUNGER OR OLDER

PXRELYRS

DC-8. By how many years?

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

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

PXFRLTN1

DC-9. (Please look at Card 84.) At the time you (last) had sexual intercourse

with (FEMALE PARTNER), how would you describe your relationship with her?

Married to her1
 Engaged to her, and living together2
 Engaged to her, but not living together3
 Living together in a sexual relationship, but not engaged4
 In a steady relationship, but not living together or engaged..5
 Going out with her once in a while6
 Just friends 7
 Had just met her 8
 Something else 9

{ ASKED IF PARTNER IS CURRENT, MOST RECENT, OR A FORMER WIFE/COHAB (even if deceased)

PXHISP

DC-10. Is/was (FEMALE PARTNER) Hispanic or Latino, or of Spanish origin?

Yes1
 No5

{ ASKED IF PARTNER IS CURRENT, MOST RECENT, OR A FORMER WIFE/COHAB (even if deceased)

PXRACE

DC-11. (Please look at Card 2b.) Which of these groups describes (FEMALE 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

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

{ ASKED IF THIS PARTNER IS CURRENT OR THE MOST RECENT (even if deceased)

PXEDUC

DD-1. (Please look at Card 14.) What is the highest level of education she (has) completed?

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

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

PXMARBF

DD-2. Has (FEMALE PARTNER) ever been married? (At the time you and (FEMALE PARTNER)) were married/started living together), had she been married

before?

[HELP AVAILABLE]

Yes1
No5

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

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

PXABLECH

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

[HELP AVAILABLE]

Yes1
No5

First Sex with Recent Partner (DE)

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

PXSXFRST_M/PXSXFRST_Y

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

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

{ ASKED IF DATE OF FIRST SEX DK OR RF

PXAGFRST

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

Age in years_____

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

PXFRLTN2

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

Married to her1
Engaged to her, and living together2
Engaged to her, but not living together3
Living together in a sexual relationship, but not engaged4
In a steady relationship, but not living together or engaged .5
Going out with her once in a while6
Just friends7
Had just met her8
Something else9

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

PXFUSE

DE-4. That first time that you had sexual intercourse with (FEMALE PARTNER), did you or she use any methods to prevent pregnancy or sexually

transmitted disease? Please (look at Card 85 for/click ? to see) some examples of methods, before answering "yes" or "no".

[HELP AVAILABLE]

Yes1
No5 (DF SERIES)

{ ASKED IF USED METHOD AT 1ST SEX WITH THIS PARTNER (PXFUSE=1)

PXFMETH

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

[HELP AVAILABLE]

♦ *SELECT ALL THAT APPLY.*

Condom or rubber1
Withdrawal or pulling out2
Vasectomy or male sterilization3
Pill4
Tubal sterilization or other female sterilization.....5
Injection (Depo-Provera or Lunelle)6
Hormonal implant (Norplant, Implanon, or Nexplanon).....7
Rhythm or safe period or natural family planning8
Contraceptive Patch (Ortho-Evra or Xulane).....9
Vaginal contraceptive ring (NuvaRing).....10
IUD.....11
Something else12

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

Methods Used in Past 12 Months (DF)

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

DGINTRO

DF-0. Next are some questions about methods that you and (FEMALE PARTNER) used in the past 12 months, that is since (CMLSTYR_FILL), to prevent pregnancy or sexually transmitted disease.

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

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

PXANYUSE

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

[HELP AVAILABLE]

Yes1
No5 (DG SERIES)

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

PXMETHOD

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

♦ SELECT ALL THAT APPLY.

Condom or rubber	1
Withdrawal or pulling out	2
Vasectomy or male sterilization	3
Pill	4
Tubal sterilization or other female sterilization.....	5
Injection (Depo-Provera or Lunelle)	6
Hormonal implant (Norplant, Implanon, or Nexplanon).....	7
Rhythm or safe period or natural family planning	8
Contraceptive Patch (Ortho-Evra or Xulane).....	9
Vaginal contraceptive ring (NuvaRing).....	10
IUD.....	11
Something else	12

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

PXMSTUSE

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

[DISPLAY ONLY METHODS REPORTED IN DF-2 PXMETHOD]

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

PXCONFREQ

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

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

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

PXNOFREQ

DF-5. (Please look at Card 52.) During the last 12 months, that is since (CMLSTYR_FILL), how often did you or she use any method to prevent pregnancy or disease when you had sex together?

Every time	1
Most of the time.....	2
About half of the time	3
Some of the time.....	4
None of the time.....	5

Current Pregnancy (DG)

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

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

PXCPREG

DG-1. Is (FEMALE PARTNER) pregnant with your child now?

Yes1 (DG-4 PXRWANT)
No5

PXTRYING

DG-2. Are you and (FEMALE PARTNER) currently trying to get pregnant?

Yes1
No5 (END OF DG SERIES)

PTRYLONG

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

Number of months_____ (END OF DG SERIES)

{ Asked if this partner is currently pregnant with R's child

PXRWANT

DG-4. (Please look at Card 15.) Right before (FEMALE PARTNER) became pregnant, did you, yourself, want to have a child at some time in the future?

♦ If you already have children, please answer if you, yourself, wanted to have another child at some time in the future.

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

{ IF R DEFINITELY OR PROBABLY WANTED A CHILD

PXRSOON

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

Too soon1
Right time2
Later3
Didn't care4

{ ASKED IF THE PREGNANCY CAME TOO SOON

{ R CAN ANSWER IN MONTHS OR YEARS

PXRSOONN/ PXRSOONMY

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

Number and (Months/years)_____

PXCPFEEL

DG-6. (Please look at Card 91.) On this scale, a zero means that you were very unhappy about this pregnancy, and a ten means that you were very happy about this pregnancy. Which number on the card best describes how you felt when you found out that (FEMALE PARTNER) was pregnant this time.

Number from 0 to 10

[RETURN TO BEGINNING OF SECTION D TO DISCUSS NEXT FEMALE PARTNER IN LAST 12 MONTHS. ELSE, IF NO MORE PARTNERS TO DISCUSS GO TO SECTION E]

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

Note:

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

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

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

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

EAINTR01

EA-0. *[EAINTR01 HAS VARIANTS BASED ON THE NUMBER OF FORMER WIVES OR FORMER FEMALE COHABITING PARTNERS R HAS HAD. REGARDLESS, R IS ASKED ONLY ABOUT HIS 1ST FORMER WIFE AND 1ST FORMER FEMALE COHABITING PARTNER.]*

For example:

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

{ ASKED IF R HAS AT LEAST ONE FORMER WIFE OR IS SEPARATED FROM HIS 1ST WIFE

FWNAME

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

◆ *ENTER name or initials* _____

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

FWVERIFY

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

Is (1ST FORMER WIFE) one of your recent sexual partners in the last 12 months who was already discussed?

Yes1

No5

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

FCNAME

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

◆ *ENTER name or initials.* _____

◆ *Do NOT count a woman if you were ever married to her.*

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

EA-4. This question checks whether you have already talked about (1st FORMER FEMALE COHABITING PARTNER). You about (your recent / some of your recent) sexual partners, that is, women you had sex with in the past 12 months. Is (1st FORMER FEMALE COHABITING PARTNER) one of your recent sexual partners who was already discussed?

Yes1

No5

[IF R HAS A 1st FORMER WIFE OR 1st COHABITING PARTNER TO DISCUSS HERE IN SECTION E, R CONTINUES; OTHERWISE HE SKIPS TO EC SERIES.]

Key Dates and Characteristics for First Former Wife & First Female Cohabiting Partner (EB)

EBINTRO

EB-1. The next questions are about your relationship with (1st FORMER WIFE/1st FORMER CP).

{ Asked if this is 1st former wife

FW1MARBEG_M/FW1MARBEG_Y

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

[HELP AVAILABLE]

{ ASKED IF MARRIAGE DATE = DK/RF OR MONTH RANGE

FW1MARAGE

EB-3. How old were you when you and (1st FORMER WIFE) got married?

◆ ENTER age in years _____

{ Asked if this is 1st former wife

LIVTOGN

EB-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 (1st FORMER WIFE) live together before you got married?

[HELP AVAILABLE]

Yes1

No5 (EB-8 MARREND)

{ Asked if LIVTOGN=1 or if this is 1st former female cohabiting partner

STRTLIVE_M/STRTLIVE_Y

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

[HELP AVAILABLE]

{ ASKED IF COHABITATION START DATE = DK/RF OR MONTH RANGE

AGELIV

EB-6. How old were you when you and (1st FORMER WIFE) first started living together?

◆ ENTER age in years _____

{ Asked if LIVTOGN=1 or if this is 1st former female cohabiting partner

ENGAGTHN

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

Engaged to be married1
 Not engaged but had definite plans to get married3
 Neither engaged nor had definite plans5

[IF THIS IS R's 1st FORMER FEMALE COHABITING PARTNER, R SKIPS TO EB-10 STOPLIVE.]

{ Asked if this is 1st former wife

MARREND

EB-8. How did your marriage end?

Death of wife1
 Divorce2
 Annulment3
 Separation4

[IF R'S MARRIAGE ENDED IN SEPARATION, HE SKIPS TO EB-10 STOPLIVE.]

{ Asked if this is 1st former wife and marriage ended in death, divorce, or annulment

FW1MAREND_M/FW1MAREND_Y

EB-9m/y. In what month and year did (your wife die/your divorce become final/your marriage end)?

[HELP AVAILABLE]

{ Asked if (R is separated from his 1st wife or 1st marriage ended in divorce or annulment) or if this is his 1st former female cohabiting partner

STOPLIVE_M/STOPLIVE_Y

EB-10m/y. In what month and year did you and (FWPNAME) last stop living together?

[HELP AVAILABLE]

{ ASKED FOR R's 1st FORMER WIFE OR 1st FORMER FEMALE COHABITING PARTNER

FWPHISP

EB-11. (Was/Is) (WIFE/PARTNER) Hispanic or Latino, or of Spanish origin?

Yes1
 No5

{ ASKED FOR R's 1st FORMER WIFE OR 1st FORMER FEMALE COHABITING PARTNER

FWPRACE

EB-12. (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 Native1
 Asian2
 Native Hawaiian or Other Pacific Islander3
 Black or African American4
 White5

{ ASKED FOR R's 1st FORMER WIFE OR 1st FORMER FEMALE COHABITING PARTNER

FWPEDUC

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

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

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

{ ASKED FOR R's 1st FORMER WIFE OR 1st FORMER FEMALE COHABITING PARTNER

FWPMARBF

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

[HELP AVAILABLE]

Yes1
 No5

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

First Sex Ever with a Female Partner (EC)

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

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

FPFIRST_M/FPFIRST_Y

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

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

[HELP AVAILABLE]

{ ASKED IF DID NOT REPORT A DATE

FPAGE

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

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

{ ASKED IF DID NOT REPORT A DATE OR AGE

RFSXAGEGP

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

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

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

FPNAME

EC-4. Please (tell me/enter) the first name or initials of your first sexual partner so (that I can refer to her/she can be referenced) during the interview.

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

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

FPPAGE

EC-5. How old was (FPNAME/your first partner) when you had sexual intercourse with her that first time?

ENTER age in years (IF REPORTED, GO TO EC-8 FPRLTN)

{ ASKED IF FPPAGE=DK

FPRELAGE

EC-6. Was she older than you, younger than you or about the same age?

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

{ ASKED IF FPRELAGE = OLDER OR YOUNGER

FPRELYRS

EC-7. By how many years?

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

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

FPRLTN

EC-8. (Please look at Card 84.)

At the time you first had sexual intercourse with (FPNAME/your first partner), how would you describe your relationship with her?

Married to her1
 Engaged to her, and living together2
 Engaged to her, but not living together3
 Living together in a sexual relationship, but not engaged ..4
 In a steady relationship, but not living together or engaged5
 Going out with her once in a while6
 Just friends7
 Had just met her8
 Something else9

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

FPUSE

EC-9. That first time that you had sexual intercourse with (FPNAME/your first partner), did you or she use any methods to prevent pregnancy or sexually transmitted disease? Please (look at Card 85 for some/click ? to see)

some examples of methods, before answering "yes" or "no".

[HELP AVAILABLE]

Yes1
No5 (EC-11 FPPROBE)

{ ASKED IF METHOD USED AT FIRST SEX EVER (FPUSE=1)

FPMETH

EC-10. (Please look at Card 86.)
That first time, what methods did you and she use to prevent
pregnancy or sexually transmitted disease?

[HELP AVAILABLE]

♦ *SELECT ALL THAT APPLY.*

Condom or rubber1
Withdrawal or pulling out2
Vasectomy or male sterilization3
Pill4
Tubal sterilization or other female sterilization.....5
Injection (Depo-Provera or Lunelle)6
Hormonal implant (Norplant, Implanon, or Nexplanon).....7
Rhythm or safe period or natural family planning.....8
Contraceptive Patch (Ortho-Evra or Xulane).....9
Vaginal contraceptive ring (NuvaRing).....10
IUD.....11
Something else12

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

FPPROBE

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

Yes1
No5

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

Biological Children Ever Fathered (FA)

{ASKED IF EVER HAD SEXUAL INTERCOURSE WITH A FEMALE

EVBIOKID

FA-1. These next questions ask about children you may have biologically fathered. Have you ever fathered a child?

Yes1

No5 (FB SERIES)

{ Asked R ever fathered a child (EVBIOKID=1)

NUMBIOKID

FA-2. Altogether, how many biological children have you fathered?

Number of children _____

{ Asked if NUMBIOKID GT 1

ONEMOM

FA-3. Do all your biological children have the same biological mother?

Yes1

No5 (FA-5 BIOKDNAME[x])

{ Asked if NUMBIOKID=1 OR ONEMOM=1

MOMWHO

FA-4. Looking at this screen, which of the women listed is their biological mother?

[SCREEN WILL ONLY DISPLAY THOSE CATEGORIES APPLICABLE FOR R. CATEGORY 7 ALWAYS DISPLAYED.]

Your current wife or cohabiting partner [CSPNAME].....1

Your most recent female partner (P1NAME).....2

Your 2nd most recent female partner (P2NAME)3

Your 3rd most recent female partner (P3NAME).....4

Your first wife [FWNAME].....5

Your first female cohabiting partner [FCNAME].....6

Another woman not listed.....7

{ Asked R ever fathered a child (EVBIOKID=1)

BIOKDNAME[x]

FA-5. IF NUMBIOKID =1, ASK:

What is your child's first name or initials?

ELSE IF NUMBIOKID >1, ASK:

What is the first name or initials of each of your children? Please report them in the order they were born.

Name or initials _____

{ BEGIN LOOP TO ASK ABOUT EACH CHILD (from 1 to NUMBIOKID)

{ INTRO ONLY USED IF MORE THAN ONE BIOLOGICAL CHILD (NUMBIOKID > 1)

TALKBC[x]

FA-5b. Next are some questions about (BIOKDNAM[x]).

{ Asked if R reported more than 1 biomom for his children (FA-3 ONEMOM NE 1)

BCMOMWHO[x]

FA-6. Looking at this screen, which of the women listed is (BIOKDNAM[x])'s biological mother?

[SCREEN WILL ONLY DISPLAY THOSE CATEGORIES APPLICABLE FOR R. CATEGORY 7 ALWAYS DISPLAYED.]

Your current wife or cohabiting partner (CSPNAME).....1
 Your most recent female partner (P1NAME).....2
 Your 2nd most recent female partner (P2NAME)3
 Your 3rd most recent female partner (P3NAME).....4
 Your first wife (FWNAME).....5
 Your first female cohabiting partner (FCNAME).....6
 Another woman not listed.....7

{ Asked once if ONEMOM=1, otherwise (if ONEMOM NE 1) asked for each child

BCMOMAGE[x]

FA-6a. How old was (BIOKDNAM)'s biological mother when he/she was born?

AGE IN YEARS _____

{ ASKED FOR EACH CHILD REPORTED IN FA-5 BIOKDNAM[x]

BCSEX[x]

FA-7. *If necessary, ASK:* (Is this child male or female?)

Male1
 Female2

{ ASKED FOR EACH CHILD REPORTED IN FA-5 BIOKDNAM[x]

BCDOB_M[x]/BCDOB_Y[x]

FA-8. In what month and year was (BIOKDNAM[x]) born?

{ Asked if child's date of birth = DK/RF

BCAGEGRP[x]

FA-8c. How old is (BIOKDNAM[x]) now? Is [he/she] less than 5 years old, 5 to 18 years old, or 19 years or older?

Less than 5 years old1
 5-18 years old2
 19 years or older3
 Child is deceased4

{ Asked if mo/yr of this child's birth matches mo/yr for previous child

MULTBIRT[x]

FA-9. The birthday of this child seems to be the same as (PREVIOUS CHILD). Was this child part of a multiple birth, such as twins or triplets?

Yes1 (FA-12c BCNOWLIV[x])
 No5

{ Asked if R has ever been married or ever cohabited with a woman

BCMARLIV[x]

FA-10. Were you married to or living with (BIOKDNAM[x])'s mother at the

time of [his/her] birth?

Married to her1 (FA-12c BCNOWLIV[x])
 Living with her, but not married ...2 (FA-12c BCNOWLIV[x])
 Neither3

{ Asked if R was not married to or living with this child's mother at time of child's birth (FA-10 BCMARLIV[x] = 3)

BCLRNPRG[x]

FA-11. When did you find out that she was pregnant? Was it during the pregnancy or after the child was born?

During the pregnancy1
 After the child was born2

{ Asked if this child is younger than 19 and was not reported in HH roster

LIVEHERE[x]

FA-12a. Earlier you did not mention (BIOKIDNAM[x]) when you reported who usually lives with you. Does (BIOKIDNAM[x]) usually live with you, at least half the time?

Yes1
 No5

{ Asked if this child is not in HH roster, was not already reported as deceased, and does not live with R

ALIVENOW[x]

FA-12b. Is (BIOKIDNAM[x]) still living?

Yes 1
 No 5

{ Asked if this child is younger than 19, not in household roster and not deceased

BCNOWLIV[x]

FA-12c. (Please look at Card 92.)
 Which best describes where (BIOKIDNAM[X]) usually live now?

Living with his/her mother1
 Living away at school or on own.....2
 Living with other relatives3
 Living with adoptive or foster family.....4
 Someplace else5

{ Asked if this child is younger than 19, born outside of marriage, but not deceased, adopted, or in foster care

BCSIGNBC[x]

FA-13. Did you ever sign the application for (BIOKIDNAM[X])'s birth certificate or sign a statement that legally says you are (BIOKIDNAM[X])'s father?

Yes1
 No5

{ Asked if this child is younger than 19, born outside of marriage, but not deceased, adopted, or in foster care

BCCOURT[x]

FA-14. Did you have to go to court to establish that you are

(BIOKDNAM[x])'s legal father?

Yes1
No5

{ Asked if this child is younger than 19, born outside of marriage, but not deceased, adopted, or in foster care

BCGENTST[x]

FA-15. Were you legally identified by a blood test or other genetic test as (BIOKDNAM[x])'s father?

Yes1
No5

{ Asked if this child is younger than 19, born outside of marriage, but not deceased, adopted, or in foster care, and R didn't live with child at birth and doesn't live with child now

LIVCHEVR[x]

FA-16. Did you ever live with (BIOKDNAM[x])?

Yes1
No5

[IF CHILD IS OLDER THAN 5, GO TO END OF CHILD LOOP]

{ Asked if this child is 5 or younger and (R was married to or living with child's mother at time of birth mother or R knew about the pregnancy before the birth)

BCWANT[x]

FA-17. (Please look at Card 15.)

Right before (BIOKDNAM[x])'s mother became pregnant with (her/him), did you, yourself, want to have (a/another) child at some time in the future?

Definitely yes1(FA-20 BCHPY[x])
Probably yes2(FA-20 BCHPY[x])
Probably no3
Definitely no4

{ Asked if BCWANT = 1, 2, DK, OR RF

BCTIMING[x]

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

Too soon1
Right time2 (FA-20 BCHPY[x])
Later3 (FA-20 BCHPY[x])
Didn't care4 (FA-20 BCHPY[x])

{ ASKED IF THE PREGNANCY CAME TOO SOON

{R CAN ANSWER IN MONTHS OR YEARS

BCSOONN[x]/BCSOONMY[x]

FA-19. How much sooner than you wanted did the pregnancy occur? You may answer in months or years.

♦ Number and (Month/years) _____

{ Asked if this child is 5 or younger and (R was married to or living with

child's mother at time of birth mother or R knew about the pregnancy before the birth)

BCHPY[X]

FA-20.

(Please look at Card 91.)

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

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

{ END LOOP TO ASK ABOUT R'S BIOLOGICAL CHILDREN

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

OTHER (NONBIOLOGICAL) CHILDREN LIVING WITH R (FB)

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

NBPARENT

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

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

Number of children _____

{ Asked if NBPARENT GE 1

NBKDLEGSTAT

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

[HELP AVAILABLE]

Yes1

No5

{ Asked if NBKDLEGSTAT=1 and NBPARENT=1

NBKADOP1

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

Yes1

No5

{ Asked if NBKDLEGSTAT=1 and NBPARENT > 1

NBKADOP2

FB-3b. How many of have of these [NBPARENT] children have you legally adopted?

NUMBER ____

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

NBKGUARD

FB-3c. For how many of the children that you did not adopt are you now the legal guardian?

NUMBER ____

{ASKED IF R IS 18 OR OLDER

EVERADOPT

FB-4. (Not counting any child currently living with you whom you said you adopted,) have you ever legally adopted a/another child?

Yes1

No5

Other Pregnancies Fathered and Total Number of Pregnancies (FC)-

{ ASKED IF R EVER HAD SEX WITH A FEMALE

OTPREG

FC-1. Sometimes pregnancies do not result in a live birth, but end in miscarriage, stillbirth, or abortion. As far as you know, have you ever had a pregnancy with a woman that ended in miscarriage, stillbirth, or abortion?

[HELP AVAILABLE]

Yes1

No5

{ ASKED IF OTPREG= NO OR DK/RF

OTPRGPRB

FC-2. Could you have ever had a pregnancy like this with a woman and you didn't know about it?

Yes1

No5

{ ASKED IF OTPREG= YES

OTPRGN

FC-3. How many pregnancies did you have that did not result in live birth?

NUMBER OF PREGNANCIES ____

{ ASKED IF R EVER HAD SEX WITH A FEMALE AND HIS TOTAL NUMBER OF PREGNANCIES IS NOT DK/RF

PREGCHK

FC-4. Altogether, including pregnancies that ended in live birth, pregnancies that did not result in live birth, and pregnancies that are ongoing, it appears you have made someone pregnant [SUM OF R'S REPORTED BIRTH FATHERED, NONLIVEBIRTHS FATHERED, AND CURRENT PREGNANCIES] times. Is that correct?

Yes.....1 (SECTION G)

No5

{ Asked if PREGCHK=5 OR DK/RF, or if PREGCHK was not asked

TOTPREG_R

FC-5. (To the best of your knowledge,) What is the correct number of times you have made someone pregnant/how many times have you made someone pregnant?

NUMBER OF PREGNANCIES _____

SECTION G
Activities with Coresidential and Non-Coresidential Children

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

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

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

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

Activities with Residential Focal Child (GA)

{FOR R WITH ANY RESIDENTIAL CHILD(REN)

GAINTRO

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

[IF RESIDENTIAL FOCAL CHILD IS AGED 0-4, ASK GA-1 ROUTG04.]

[IF RESIDENTIAL FOCAL CHILD IS AGED 5-18, GO TO GA-14 ROUTG518]

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

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

ROUTG04

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

Not at all	1
Less than once a week	2
About once a week	3
Several times a week	4
Every day (at least once a day)	5

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

RMEAL04

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

Not at all	1
Less than once a week	2
About once a week	3
Several times a week	4
Every day (at least once a day)	5

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

RERRAND04

GA-3. (In the last four weeks, how often did you...)

Take [CHILD] along while doing errands like going to the grocery store, post office, or bank?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

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

RPLAY04

GA-4. (In the last four weeks, how often did you...)

Play with [CHILD] or play games with [him/her]?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

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

RREAD04

GA-5. (In the last four weeks, how often did you...)

Read to [CHILD]?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

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

RAFFECT04

GA-6. (In the last four weeks, how often did you...)

Show [CHILD] physical affection (kiss, hug, stroke hair, etc.)?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

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

RPRAISE04

GA-7. (In the last four weeks, how often did you...)

Praise [CHILD] for doing something worthwhile?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

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

RFEED04

GA-8. (In the last four weeks, how often did you...)

Feed [CHILD]?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

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

RBATH04

GA-9. (In the last four weeks, how often did you...)
 Give [CHILD] a bath?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

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

RDIAPER04

GA-10. (In the last four weeks, how often did you...)
 Diaper or help [him/her] use the toilet?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

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

RBED04

GA-11. (In the last four weeks, how often did you...)
 Put [him/her] to bed?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

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

RAPPT04

GA-12. (In the last four weeks, how often did you...)
 Take [CHILD] to or from appointments such as a doctor's visit?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

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

RDISC04

GA-13. Most children misbehave from time to time. In the last 4 weeks, how often did you discipline [CHILD] by putting [him/her] in time out, taking away privileges, or spanking [him/her]?

Not at all1

Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF RESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD

ROUTG518

GA-14. (In the last four weeks, how often did you...)
 Spend time with [CHILD] on an outing away from home to places such
 as museums, zoos, movies, sports, playground, park, etc.?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF RESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD

RMEAL518

GA-15. (In the last four weeks, how often did you...)
 Eat evening meals together with [CHILD]?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF RESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD

RERRAND518

GA-16. (In the last four weeks, how often did you...)
 Take [CHILD] along while doing errands like going to the grocery
 store, post office, or bank?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF RESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD

RAFFECT518

GA-17. (In the last four weeks, how often did you...)
 Show [CHILD] physical affection (kiss, hug, stroke hair, etc.)?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF RESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD

RPRAISE518

GA-18. (In the last four weeks, how often did you...)
 Praise [CHILD] for doing something worthwhile?

Not at all1
 Less than once a week2

About once a week3
 Several times a week4
 Every day (at least once a day)5

{ F RESIDENTIAL FOCAL CHILD IS AGE 0-4, GO TO GB SERIES. }

{ ASKED IF RESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD

RTAKE518

GA-19. (In the last four weeks, how often did you...)
 Take [CHILD] to or from activities?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF RESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD

RAPPT518

GA-20. (In the last four weeks, how often did you...)
 Take [CHILD] to or from appointments such as doctor's visits?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF RESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD

RHELP518

GA-21. (In the last four weeks, how often did you...)
 Help your child with [his/her] homework or check that [he/she] did it?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF RESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD

RDISC518

GA-22. Most children misbehave from time to time. In last 4 weeks, how often did you discipline [CHILD] by putting [him/her] in time out, taking away privileges, or spanking [him/her]?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF RESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD

RCLFR518

GA-23. How much would you say that you know about [CHILD]'s close friends?

Knows everything1
 Knows most things2

Knows some things3
 Knows a little4
 Knows nothing5

{ ASKED IF RESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD

RD0518

GA-24. How much would you say that you know about what [CHILD] is doing when not at home?

Knows everything1
 Knows most things2
 Knows some things3
 Knows a little4
 Knows nothing5

Nonresidential Children - Visitation and Activities (GB)

[IF R HAS NO BIOLOGICAL CHILDREN YOUNGER THAN 19 WHO LIVE ELSEWHERE, HE SKIPS TO SECTION H.]

{ FOR R WITH ANY NONRESIDENTIAL BIOLOGICAL CHILD(REN)YOUNGER THAN 19

INTRO_G

GA-00. Now I would like to ask you some questions about the (child/children) who live(s) with you. (To make it easier for you, the computer will select 1 child to ask about.)

{ FOR R WITH ANY NONRESIDENTIAL BIOLOGICAL CHILD(REN)YOUNGER THAN 19

GBINTRO

GB-0. Here are some questions about your [AGE] son/daughter/child, [CHILD'S NAME], who does not live with you.

[IF NONRESIDENTIAL FOCAL CHILD IS AGED 0-4, ASK GB-1 NRVISIT04.]

[IF NONRESIDENTIAL FOCAL CHILD IS AGED 5-18, GO TO GB-17 NRVISIT518.]

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD

NRVISIT04

GB-1.

During the last four weeks, about how often did you see or have a visit with [CHILD]?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD

NRSATVIS04

GB-2. On this scale, 0 means very dissatisfied and 10 means very satisfied. Overall, how satisfied are you with how often you see or have a visit with [CHILD]?

[IF R HAS NOT SEEN OR VISITED NONRESIDENTIAL FOCAL CHILD IN LAST 4 WEEKS, THEN HE SKIPS TO GC-1 COPARENT.]

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NROUTG04

GB-3. In the last four weeks, how often did you spend time with [CHILD] on an outing away from home to places such as museums, zoos, movies, sports, playground, park, etc.?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRMEAL04

GB-4. (In the last four weeks, how often did you...)
 Eat evening meals together with [CHILD]?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRERRAND04

GB-5. (In the last four weeks, how often did you...)
 Take [CHILD] along while doing errands like going to the grocery store, post office, or bank?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NROVRNT04

GB-6. (In the last four weeks, how often did ...)
 [CHILD] stay overnight with you?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRPLAY04

GB-7. (In the last four weeks, how often did you...)
 Play with [CHILD] or play games with [him/her]?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4

Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRREAD04

GB-8. (In the last four weeks, how often did you...)
Read to [CHILD]?

Not at all1
Less than once a week2
About once a week3
Several times a week4
Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRAFFECT04

GB-9. (In the last four weeks, how often did you...)
Show [CHILD] physical affection (kiss, hug, stroke hair, etc.)?

Not at all1
Less than once a week2
About once a week3
Several times a week4
Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRPRAISE04

GB-10. (In the last four weeks, how often did you...)
Praise [CHILD] for doing something worthwhile?

Not at all1
Less than once a week2
About once a week3
Several times a week4
Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRFEED04

GB-11. (In the last four weeks, how often did you...)
Feed [CHILD]?

Not at all1
Less than once a week2
About once a week3
Several times a week4
Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRBATH04

GB-12. (In the last four weeks, how often did you...)
Give [CHILD] a bath?

Not at all1
Less than once a week2
About once a week3

Several times a week4
 Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRDIAPER04

GB-13. (In the last four weeks, how often did you...)
 Diaper or help [him/her] use the toilet?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRBED04

GB-14. (In the last four weeks, how often did you...)
 Put [him/her] to bed?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRAPPT04

GB-15. (In the last four weeks, how often did you...)
 Take [CHILD] to or from appointments such as a doctor's visit?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRDISC04

GB-16. Most children misbehave from time to time. In the last 4 weeks, how often did you discipline [CHILD] by putting [him/her] in time out, taking away privileges, or spanking [him/her]?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

[IF NONRESIDENTIAL FOCAL CHILD IS AGE 0-4, GO TO GC-1 COPARENT.]

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD

NRVISIT518

GB-17. During the last 4 weeks, about how often did you see or have a visit with [CHILD]?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD –

NRSATVIS518

GB-18. On this scale, 0 means very dissatisfied and 10 means very satisfied. Overall, how satisfied are you with how often you see or have a visit with [CHILD]?

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD AND R HAS HAD AT LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NROUTG518

GB-19.

(In the last four weeks, how often did you...)
 Spend time with [CHILD] on an outing away from home to places such as museums, zoos, movies, sports, playground, park, etc.?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD AND R HAS HAD AT LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRMEAL518

GB-20. (In the last four weeks, how often did you...)
 Eat evening meals together with [CHILD]?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD AND R HAS HAD AT LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRERRAND518

GB-21. (In the last four weeks, how often did you...)
 Take [CHILD] along while doing errands like going to the grocery store, post office, or bank?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD AND R HAS HAD AT LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NROVRT518

GB-22. (In the last four weeks, how often did...)
 [CHILD] stay overnight with you?

Not at all1

Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD AND R HAS HAD AT LEAST
 SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRAFFECT518

GB-23. (In the last four weeks, how often did you...)
 Show [CHILD] physical affection (kiss, hug, stroke hair, etc.)?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD AND R HAS HAD AT
 { LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRPRAISE518

GB-24. (In the last four weeks, how often did you...)
 Praise [CHILD] for doing something worthwhile?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD AND R HAS HAD AT LEAST
 SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRTAKE518

GB-25. (In the last four weeks, how often did you...)
 Take [CHILD] to or from activities?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD AND R HAS HAD AT LEAST
 SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRAPPT518

GB-26. (In the last four weeks, how often did you...)
 Take [CHILD] to or from appointments such as doctor's visits?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD AND R HAS HAD AT
 { LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRHELP518

GB-27. (In the last four weeks, how often did you...)
 Help your child with [his/her] homework or check that [he/she] did

it?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD AND R HAS HAD AT LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRDISC518

GB-28. Most children misbehave from time to time. In last 4 weeks, how often did you discipline [CHILD] by putting [him/her] in time out, taking away privileges, or spanking [him/her]?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD AND R HAS HAD AT LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRCLFR518

GB-29. How much would you say that you know about [CHILD]'s close friends?

Knows everything1
 Knows most things2
 Knows some things3
 Knows a little4
 Knows nothing5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD AND R HAS HAD AT LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRD0518

GB-30. How much would you say that you know about what [CHILD] is doing when not at home?

Knows everything1
 Knows most things2
 Knows some things3
 Knows a little4
 Knows nothing5

Nonresidential Focal Child - Parent's Relationship (GC)

{ ASKED IF R HAS ANY NONRESIDENTIAL BIOLOGICAL CHILD AGED 18 OR YOUNGER

COPARENT

GC-1. The next question is about you and [CHILD]'s mother as parents for [CHILD]. Please look at Card 95.

For the following statement, please tell me if you strongly agree, agree, disagree, or strongly disagree. [CHILD]'s mother and I are a good parenting team....

Strongly agree..... 1
 Agree..... 2
 Disagree..... 3

Strongly disagree..... 4
Neither agree nor disagree .5

SECTION H
Desires and Intentions for Future Biological Children

DESIRES FOR FUTURE CHILDREN (HA)

{ Asked for all Rs

HCINTR

HA-1. The next questions are about your feelings about having (a/another) child, whether or not you are able to, or plan to have one.

♦ *"Having a child," means that you are the biological father of that child.*

RWANT

HA-2. (Looking to the future, do/If it were possible, would) you, yourself, want to have (a/another) child at some time (after this pregnancy is over)?

Yes1
 No5

[IF RWANT= YES, NO, OR RF, R SKIPS TO HB SERIES]

{ Asked if RWANT=DK

PROBWANT

HA-3. (If it were possible,) do you think you (would) probably want or (would) probably (do) not want to have (a/another) child at some time (after this pregnancy is over)?

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

HA-4. (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

JOINT INTENTIONS FOR FUTURE CHILDREN (HB)

[HB SERIES IS ASKED IF R IS CURRENTLY MARRIED TO OR COHABITING WITH A FEMALE AND BOTH PARTNERS ARE PHYSICALLY ABLE TO HAVE CHILDREN. OTHERWISE R SKIPS TO HC SERIES.]

{ Asked if R is currently married to or cohabiting with a female and both partners are physically able to have children

HCINTRO2

HB-1. Sometimes what people want and what they intend are different because they are not able to do what they want. The next questions are about your and (WIFE/PARTNER)'s intentions to have (a/another) child in the future.

"Have a child" means that you are the biological father and she is the biological mother of that child.

JINTEND

HB-2. Do you and (WIFE/PARTNER) intend to have (a/another) child at some time (after this pregnancy is over)?

♦ INTEND REFERS TO WHAT YOU AND YOUR WIFE/PARTNER ARE ACTUALLY GOING TO TRY TO DO. DO NOT COUNT INTENDED ADOPTIONS OR STEPCHILDREN.

Yes1
No5

[IF JINTEND=DK, R SKIPS TO HB-5 JEXPECTL.]

[IF JINTEND=RF, R SKIPS TO SECTION I.]

{ Asked if JINTEND was answered "yes" or "no"

JSUREINT

HB-3. Of course, sometimes things do not work out exactly as we intend them to or something makes us change our minds. In your case, how sure are you that you and (WIFE/PARTNER) will (not) have (a/another) child (after this pregnancy is over)?

Very sure1
Somewhat sure2
Not at all sure3

[IF R REPORTS NO INTENTION TO HAVE A/ANOTHER BABY (HB-2 JINTEND=NO), HE SKIPS TO SECTION I.]

{ Asked if R reports intention to have a/another baby (HB-2 JINTEND=YES)

JINTENDN

HB-4. (Not counting her current pregnancy,) how many (more) children do you and (WIFE/PARTNER) intend to have?

♦INTEND REFERS TO WHAT YOU AND YOUR WIFE/PARTNER ARE ACTUALLY GOING TO TRY TO DO. DO NOT COUNT INTENDED ADOPTIONS OR STEPCHILDREN.

ENTER number of children _____

[IF JINTENDN=RF OR R GAVE A NUMBER, R SKIPS TO HB-7 JINTNEXT.]

{ Asked if JINTENDN=DK

JEXPECTL

HB-5. IF CURRPREG=YES, ASK:

Many people aren't sure, but still have some idea about the future. As you expect things to work out for you and (WIFE/PARTNER), what is the largest number of (additional) children you and she expect to have (after this pregnancy is over)?

ENTER number of children _____

[IF JEXPECTL=DK/RF, R SKIPS TO HB-7 JINTNEXT.]

[IF JEXPECTL=0, R SKIPS TO SECTION I.]

{ Asked if JEXPECTL > 0

JEXPECTS

HB-6. What is the smallest number of (additional) children you and (WIFE/PARTNER) expect to have (after this pregnancy is over)?

ENTER number of children _____

{ Asked if JINTENDN=RF or R gave a number, OR JEXPECTL=DK/RF or JEXPECTS>0

JINTNEXT

HB-7. When do you and [WIFE/PARTNER] expect your (first/next) child to be born (after this pregnancy)?

Within the next 2 years1

2 - 5 years from now2

More than 5 years from now3

INDIVIDUAL INTENTION FOR FUTURE CHILDREN (HC)

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

HCINTRO3

HC-1. Sometimes what people want and what they intend are different because they are not able to do what they want. The next questions are about your intentions to have (a/another) child in the future.

♦ "Have a child" means that you are the biological father of that child.

INTEND

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

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

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

Definitely Yes1

Probably Yes.....2

Probably No.....3

Definitely No.....4

[IF INTEND=DK, R SKIPS TO HC-4 EXPECTL.]

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

{ Asked if INTEND=1 OR 2 (YES)

INTENDN

HC-3. (Not counting the current pregnancy,) how many (more) children do you intend to have?

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

ENTER number of children _____

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

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

EXPECTL

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

ENTER number of children _____

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

[IF EXPECTL=0, R SKIPS TO SECTION I.]

{ Asked if EXPECTL > 0

EXPECTS

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

ENTER number of children _____

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

INTNEXT

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

Within the next 2 years1

2 - 5 years from now2

More than 5 years from now3

SECTION I
Health Conditions and Health Services

{ ASKED FOR ALL Rs

INTRO_I1

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

Access to Health Care (IA)

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 place1

No, there is NO place.....5 (IA-3 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 Clinic3

Employer or company clinic4

School or school-based clinic5

Hospital outpatient clinic or medical center,
including VA6

Hospital emergency room7

In-store health clinic (like CVS, Target, or Walmart)...8

Urgent care center, urgi-care, or walk-in facility9

Some other place20

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

USL12MOS

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

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

Yes1

No5

{ ASKED FOR ALL

CURRCOV

IA-3. 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]

Yes1

No5 (IA-6 COVER12)

{ASKED IF R IS CURRENTLY COVERED BY HEALTH INSURANCE

COVERHOW

IA-4. (Please look at Card 75b, which shows/Below are different types of health care coverage.)

Which of these are you covered by?

[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-6 COVER12.]

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

PARINSUR

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

Yes1
 No5

{ ASKED FOR ALL

COVER12

IA-6. In the past 12 months, that is, since (CMLSTYR_FILL), was there any time that you did not have **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]

Yes1
 No5 (IB-1 YUOGFPC)

{ ASKED IF R HAD NO HEALTH INSURANCE AT SOME TIME IN THE PAST YEAR

NUMNOCOV

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

ENTER number of months _____

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

Use of Family Planning Clinics (IB)

{ Asked of all Rs

YUOGFPC

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

Have you ever received services for yourself from a family planning clinic or Planned Parenthood clinic?

Yes1
No5 (IC SERIES)

{ ASKED IF RECEIVED SERVICES FROM A FAMILY PLANNING CLINIC

WHENGOFB

IB-2. When was the last time you received services from a family planning clinic or Planned Parenthood clinic? Was it within the last 12 months, that is, since (CMLSTYR_FILL), or more than 12 months ago?

Within the last 12 months1
More than 12 months ago2 (IC SERIES)

{ ASKED IF R RECEIVED SERVICES FROM A FAMILY PLANNING CLINIC WITHIN THE LAST 12 MONTHS

YOUFPSVC

IB-3. (Please look at Card 96b.)

Which of these services did **you** receive at that visit?

♦ *SELECT ALL THAT APPLY*

Physical exam1
HIV testing2
Testing for sexually transmitted diseases other than HIV.....3
Treatment for sexually transmitted diseases other than HIV4
Information or advice on strategies to prevent pregnancy, for example, birth control methods5
Information or advice on strategies to prevent STDs or HIV, for example, using condoms or reducing your number of partners.....6
Some other service.....7

Disabilities; Health Problems; Cancer (IC)

INTRO_I1b

IC-0. The next questions ask about difficulties you may have doing certain activities.

{ Asked for all Rs

VISION

IC-1. (Please look at Card 67a.)

Do you have difficulty seeing, even if wearing glasses or contact lenses?

No difficulty1
Some difficulty2
A lot of difficulty3
Cannot do at all4

{ Asked for all Rs

HEARING

IC-2. (Please look at Card 67a.)

Do you have difficulty hearing, even if using a hearing aid?

No difficulty1
Some difficulty2
A lot of difficulty3
Cannot do at all4

{ Asked for all Rs

MOBILITY

IC-3. (Please look at Card 67a.)

Do you have difficulty walking or climbing steps?

No difficulty1
Some difficulty2
A lot of difficulty3
Cannot do at all4

{ Asked for all Rs

COGNITION

IC-4. (Please look at Card 67a.)

Do you have difficulty remembering or concentrating?

No difficulty1
Some difficulty2
A lot of difficulty3
Cannot do at all4

{ Asked for all Rs

SELF CARE

IC-5. (Please look at Card 67a.)

Do you have difficulty with self-care, such as washing all over or dressing?

No difficulty1
Some difficulty2
A lot of difficulty3
Cannot do at all4

{ Asked for all Rs

COMMUNIC

IC-6. (Please look at Card 67a.)

Using your usual language, do have difficulty communicating, for example understanding or being understood?

No difficulty1
Some difficulty2
A lot of difficulty3
Cannot do at all4

{ Asked for all Rs

EVCANCER

IC-7. The next questions are about cancer. Have you **ever** been told by a doctor or other health care provider that you had cancer?

Yes1
No5 (IC-8 ALCORISK)

{ Asked if EVRCANCER=1

AGECANCER

IC-7a. At what age were you first told that you had cancer? (If you have had more than one type of cancer, please answer about your first diagnosis.)

ENTER AGE IN YEARS

{ Asked if EVRCANCER=1

CANCTYPE

IC-7b. (Please look at Card 97.)

What type of cancer was it? If you had more than one type of cancer, please indicate what your first cancer was.

Brain cancer or cancer of the central nervous system1
 Breast cancer2
 Colorectal cancer3
 Leukemia4
 Lymphoma5
 Melanoma (skin) cancer6
 Prostate cancer7
 Renal (kidney) cancer8
 Respiratory cancer (lung, laryngeal)9
 Testicular cancer10
 Thyroid cancer11
 Other12

{ ASKED FOR ALL Rs

ALCORISK

IC-8. Do you think that drinking more than 1 alcoholic beverages a day increases one's chances of getting cancer a lot, a little, or not at all or do you have no opinion?

A lot1
 A little2
 Not at all3
 No opinion4

Health Services (ID)

{ Asked for all Rs

VISIT12MO

ID-1. (Please look at Card 98.)

In the past 12 months, that is, since (CMLSTYR_FILL), did you have any visits to a doctor or health care provider.

♦ SELECT ALL THAT APPLY

Yes1
 No..... 5 (ID-11 BARRIER)

{ Asked if ID-1 VISIT12MO=1

SVC12MO

ID-2. (Please look at Card 99.)

Did you receive any of these services at those visits in the past 12 months?

♦ SELECT ALL THAT APPLY

A testicular exam (had your testicles examined)1
 Testing for sexually transmitted disease2
 Treatment for sexually transmitted disease3
 Information or advice about your partner using female
 methods of birth control4
 Information or advice about you getting a vasectomy
 (surgically sterilized)5

Information or advice about HIV or AIDS	6
Information or advice about other sexually transmitted diseases, such as gonorrhea, chlamydia, syphilis, or herpes.....	7
Information or advice about using condoms to prevent pregnancy.....	8
Information or advice about using condoms to prevent STDs.....	9
None of the above	10

{ Asked if ID-1 VISIT12M0=1

NUMVISIT

ID-3. How many visits did you have in the last 12 months with a doctor or other health care provider?

♦ ENTER NUMBER OF VISITS

{ Asked if ID-1 VISIT12M0=1

PLACEVIS

ID-4. (Please look at Card 74.)

What place or places did you go for these visit(s)?

♦ SELECT ALL THAT APPLY

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 ID-1 VISIT12M0=1

SVCPAY

ID-5. (Please look at Card 49.)

In which of the ways shown was the bill for these visits paid?

♦ 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 ID-1 VISIT12M0=1

TALKSA

ID-6. During your visit(s) in the past 12 months did a doctor or health care provider ask you if you were sexually active?

Yes.....	1
No.....	5
PROVIDER ALREADY KNEW YOUR STATUS.....	6

{ Asked if ID-1 VISIT12M0=1

TALKEC

ID-7. During your visit in the past 12 months, did a doctor or health care provider talk with you about emergency contraception?

Yes1

No5

{ Asked if ID-1 VISIT12M0=1

TALKDM

ID-8. During your visit in the past 12 months, did a doctor or health care provider talk with you about using a condom at the same time as a female method of contraception?

Yes1

No5

{ ASKED IF R RECEIVED AN STD TEST IN LAST 12 MONTHS (SVC12M0 includes code 2)

WHYPSTD

ID-9. (Please look at Card 57.)

In the past 12 months you received a test for a sexually transmitted disease from a [Display response to where received services in the last 12 months]. What is the **main** reason that you chose this place for care?

Could walk in or get same-day appointment.....1

Cost.....2

Privacy concern.....3

Expert care here.....4

Embarrassed to go to usual provider.....5

Other.....6

{Asked IF R DID NOT RECEIVE STD TEST IN LAST 12 MONTHS (responses to ID-2 SVC12M0 did not include 2)

WHYNOSTD

ID-10. (Please look at Show 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 tested4

Cost or lack of insurance.....5

Never had sex6

Did not need to get tested.....7

Other.....8

{ Asked if R had no visit with doctor in past 12 months (ID-1 VISIT12M0=5)

BARRIER

ID-11. You reported that you did not go to a doctor in the past 12 months. (Please look at Card 100.) Which of (the/these) reasons (shown on this card) explain why you did not see a doctor?

♦ *SELECT ALL THAT APPLY.*

I did not need to see a doctor in the last 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
 Time/busy.....9
 Didn't make an appointment.....10
 Don't like/trust doctors.....11
 Something else.....20

{ ASKED FOR ALL Rs

EVERVACC

ID-12. HPV is a common sexually transmitted virus that can cause genital warts and cervical and other types of cancer in men and women. Vaccines to prevent some HPV infections are available and recommended for men and women in some age groups. The vaccines are sometimes called the HPV shot, Cervarix, Gardasil or Gardasil 9.

Have you ever received any doses of the HPV vaccine?

Yes1
 No5 (ID-14 BLDPRESS)

{ Asked if R had the HPV vaccine

HPVSHOT1

ID-13. How old were you when you received your first HPV vaccine shot?

♦ ENTER AGE IN YEARS

{ Asked for all Rs

BLDPRESS

ID-14. The next couple of questions are about your blood pressure. In the past 12 months, that is, since (CMLSTYR_FILL), have you had your blood pressure checked by a doctor or other medical care provider?

Yes.....1
 No.....5 (ID-19 ASKSMOKE)

{ Asked if BLDPRESS=yes

HIGHBP

ID-15. During your visit in the past 12 months, did a doctor or other medical care provider tell you that you had hypertension, also called high blood pressure?

♦ If you take medication to control your hypertension, please answer yes

Yes.....1
 No.....5 (ID-19 ASKSMOKE)
 YOU WERE NOT TOLD RESULTS.....6 (ID-19 ASKSMOKE)

{ Asked if R was told his blood pressure was high (HIGHBP=1)

BPMEDS

ID-16. Are you currently taking any medicine prescribed by a doctor for your high blood pressure?

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

{ Asked for all Rs

ASKSMOKE

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

During the last 12 months, has a doctor or other medical care provider asked you whether you smoke cigarettes or use other kinds of tobacco?

Yes.....1

No.....5

Medical Services to Have a Baby (IE)

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

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

INFHELP

IE-1. The next questions are about medical services that help people have a baby.

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

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

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

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

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

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

ELSE FOR ALL OTHER Rs, ASK:

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

YES1

NO5 (IF-0 INTRO_I2)

{ Asked if INFHELP=1

INFSVCS

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

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

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

ELSE IF R HAS HAD 1 FEMALE PARTNER IN LIFE AND IS EITHER WIDOWED/DIVORCED OR HAS NEVER BEEN MARRIED TO A WOMAN, ASK:

Which of these medical services did you or your partner have to help you have a baby together?

ELSE ASK:

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

[HELP AVAILABLE]

♦ *SELECT ALL THAT APPLY*

Infertility testing on you.....1
 Infertility testing on your wife or partner....2
 Drugs to improve ovulation3
 Surgery to correct blocked tubes4
 Artificial insemination5
 Treatment for varicocele6
 Other types of medical help to have a baby.....7

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

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

IE-3. Are you and your (wife/partner) currently pursuing medical help to have a baby together?

♦ *"Currently pursuing help" means that you or your wife or partner plan to visit the doctor or infertility clinic again.*

Yes1
 No5

{ Asked if INFHELP=1

LASTHELP

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

Yes1
 No5

{ Asked if INFHELP=1

INFRTHIS

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

When you went for medical help to have a baby, were you ever told that you had any of these male infertility problems?

[HELP AVAILABLE]

♦ *SELECT ALL THAT APPLY*

Low sperm count or no sperm1
 Varicocele2
 Genetic disorder that alters sperm production ...3
 Low testosterone level4

Other5
 None of the above6

HIV TESTING AND AIDS KNOWLEDGE/COUNSELING (IF)

{ Asked for all Rs

INTRO_I2

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

{ Asked for all Rs

DONBLOOD

IF-1. This first question asks about blood and blood product donations you may have made to the Red Cross or other blood banks. Blood products include such things as plasma, platelets, and marrow. Have you ever donated blood or blood products at the Red Cross, at a bloodmobile, at a blood drive, or at other blood banks?

Yes 1
 No 5 (IF-2 HIVTEST)

{ Asked if DONBLOOD=1

DONBLDYR

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

Yes 1
 No 5

{ Asked for all Rs

HIVTEST

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

◆ *You will not be asked for the results of any test you may have ever had.*

Yes 1
 No 5 (IF-7 PREPHIV)

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

WHNHIVTST

IF-2b. (Not including tests you may have had as part of donating blood or blood products,) how long ago did you have this last HIV test?

3 months ago or less1
 4-6 months ago2
 7-12 months ago3
 More than 12 months ago4

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

PLCHIV

IF-3. (Please look at Card 69.)

(Not including tests you may have had as part of donating blood or blood products,) where did you have that last test for HIV?

Private doctor's office or HMO facility1
 Community health clinic, sexually transmitted
 disease (STD) clinic, or public health clinic2

Family planning or Planned Parenthood clinic3
 Your job or worksite (including military site)4
 School-based clinic (including college or
 university)5
 Hospital outpatient clinic6
 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 place10

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

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

RHHIVT1

IF-4. A rapid HIV self-test is a test you can use to test **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 (IF-6 HIVTST)

{ Asked if R reported a rapid HIV self-test in past 12 months

RHHIVT2

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

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

♦ *SELECT ALL THAT APPLY*

I didn't want to get tested by a doctor or
 at an HIV testing site1
 I didn't want other people to know I am getting tested ...2
 I wanted to get **tested together** with someone, **before**
 we had sex3
 I wanted to get tested **by myself, before** having sex4
 I wanted to get tested **by myself, after** having sex5
 A sex partner asked me to take a rapid HIV test6
 Other reason20

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

HIVTST

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

Here is a list of reasons why some people have been tested for HIV, the virus that causes AIDS.

(Not including tests you may have had as part of donating blood or blood products,) which of these would you say was the **main** reason for your last HIV test?

Part of a medical checkup or required before a surgical
 procedure.....1
 Required for health or life insurance coverage.....2
 Required for marriage license or to get married.....3
 Required for military service, job or school.....4
 Required for immigration or travel5
 You might have been exposed through sex or drug use6

You might have been exposed in some other way7
 You wanted to find out your HIV status8
 Some other reason9

{ ASKED FOR ALL Rs

PREPHIV

IF-7. 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?

Yes1
 No5 (SECTION J)

{ Asked if R has ever heard of PrEP (PREPHIV=1)

PREP12

IF-8. In the past 12 months, that is, since (CMLSTYR_FILL), have you taken PrEP to reduce the risk of getting HIV?

Yes1
 No5

SECTION J

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

Residence and Place of Birth (JA)

{ ASKED FOR ALL

SAMEADD

JA-0. Next are some questions about where you live.

Were you living at this same address on April 1, 2020?

Yes.....1 (JA-3 BRNOUT)
 No.....5

{ ASKED IF NOT LIVING AT THIS ADDRESS ON APRIL 1, 2020

CNTRY20

JA-1. Were you living in the United States on April 1, 2020?

♦ 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 (JA-3 BRNOUT)

ASTATE

JA-2. In which state you were living on April 1, 2020.

State _____

(THIS INFORMATION WILL NOT BE PLACED ON THE FINAL DATA FILE.)

{ ASKED FOR ALL

BRNOUT

JA-3. Were you born outside of the United States?

- ♦ 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 (JB-1 RELRSD)

{ ASKED IF BORN OUTSIDE THE U.S.

STRUS_M/STRUS_Y

JA-4m/y. In what month and year did you come to the United States to stay?

[HELP AVAILABLE]

Religion (JB)

{ ASKED FOR ALL

JBINTRO

JB-0. Next are some questions about religion.

{ ASKED FOR ALL

RELRSD

JB-1. (Please look at Card 76.)

In what religion were you raised, if any?

- ♦ *SELECT ALL THAT APPLY*

[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 R'S RELIGION RAISED WAS "OTHER RELIGION" (JB-1 RELRSD = 8)

OTHRLRSD

JB-2. What is the name of the religion in which you were raised?

{ ASKED IF R IS UNDER AGE 25

ATTND14

JB-3. (Please look at Card 77.)

When you were 14, about how often did you usually attend religious services?

[HELP AVAILABLE]

More than once a week.....1

Once a week.....2

2-3 times a month.....3
 Once a month (about 12 times a year).....4
 3-11 times a year.....5
 Once or twice a year.....6
 Never.....7

{ ASKED FOR ALL

RELNOW

JB-4. (Please look at Card 76.)

What religion are you now, if any?

[HELP AVAILABLE]

Protestant (for example: Christian-no denomination, Baptist, Methodist,
 Lutheran, Presbyterian, Pentecostal, Episcopalian, and others)....1
 Catholic.....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 R'S RELIGION WAS "OTHER RELIGION" (JB-4 RELNOW = 8)

OTHRLNOW

JB-5. What is the name of the religion you are now?

*[IF R'S RELIGION IS JEWISH, MUSLIM, BUDDHIST, HINDU, DON'T KNOW, OR REFUSED, HE
 SKIPS TO JB-7 RELDLIFE. IF R'S RELIGION IS NONE, HE SKIPS TO JB-8 ATTNDNOW.]*

{ Asked if RELNOW = 1-3 or 8

FUNDAM

JB-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 fundamentalist4
 None of the above.....5

{ Asked if R has a current religion (RELNOW NE 9)

RELDLIFE

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

[HELP AVAILABLE]

Very important.....1
 Somewhat important.....2
 Not important.....3

{ ASKED FOR ALL

ATTNDNOW

JB-8. (Please look at Card 77.)

About how often do you attend religious services?

[HELP AVAILABLE]

More than once a week.....1
 Once a week.....2
 2-3 times a month.....3
 Once a month (about 12 times a year).....4
 3-11 times a year.....5
 Once or twice a year.....6
 Never.....7

Work and Military Service (JC)

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

{ ASKED IF R WAS 18 OR OLDER AT TIME OF HH SCREENER

MILSVC

JC-1. (Please look at Card 79)

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

Yes, now on active duty1
 Yes, only on active duty for training
 in the Reserves or National Guard2
 Yes, on active duty in the past, but not now .3
 Never served on active duty.....4

{ ASKED FOR ALL

WRK12MOS

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

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

♦ *Active duty military is considered full-time work*

Yes.....1
 No.....5 (JC-4 DOLASTWK)

{ ASKED IF R WORKED IN THE PAST 12 MONTHS

FPT12MOS

JC-3. In the **last 12 months**, did you work all full-time, all part-time or 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

JC-4. (Please look at Card 80.)

Last week, what were you doing?

♦ *SELECT ALL THAT APPLY*

[HELP AVAILABLE]

Working at a job or business 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, HE
 SKIPS TO JD SERIES.]

{ ASK IF R IS CURRENTLY EMPLOYED OR WORKED IN THE LAST 12 MONTHS

RFTPTX

JC-5. (During the last week you worked,) how many hours did you work (last
 week) in total at **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, HE SKIPS TO JE SERIES.]

Spouse/Partner's Current/Last Job Series (JD)

{ ASKED IF R IS CURRENTLY MARRIED OR COHABITING (TO WOMAN OR MAN)

SPLSTWK

JD-1. (Please look at Card 80.)

Last week, what was (spouse/partner) doing?

♦ *SELECT ALL THAT APPLY.*

[HELP AVAILABLE]

Working at a job or business 1
 Temporarily not at work but still employed..... 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 JD-1
 SPLSTWK), R SKIPS TO JE SERIES.]

{ ASK IF R'S SPOUSE/PARTNER IS CURRENTLY EMPLOYED

SPFTPTX

JD-2. (During the last week worked,) how many hours did (SPOUSE/PARTNER) work
 (last week) in total at all jobs or businesses?

Fewer than 35 hours.....1
 35 hours or more.....2

Attitudes (JE)

{ ASKED FOR ALL

JEINTRO1

JE-0. Next are a few questions on your attitudes about different topics.

[IF R'S WIFE/PARTNER IS CURRENTLY PREGNANT, OR HE OR HIS WIFE/PARTNER ARE STERILE, HE SKIPS TO JE-2 CHBOTHER.]

{ ASKED IF NEITHER THE MAN NOR HIS CURRENT WIFE/PARTNER, IF ANY, ARE STERILE AND HIS WIFE/PARTNER IS NOT CURRENTLY PREGNANT

REACTSLF

JE-1. If you got (your wife/your partner/a female) pregnant now how would you feel? Would you be very upset, a little upset, a little pleased, or very pleased?

Very upset1
A little upset2
A little pleased3
Very pleased4
NEITHER UPSET NOR PLEASED.....5

{ ASKED OF ALL

CHBOTHER

JE-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?

♦"Have children" means that you are the biological or adoptive father.

A great deal1
Some2
A little3
Not at all4

SEXNEEDS

JE-3. (Please refer to Card 95 for the next 3 statements.)

Men have greater sexual needs than women.

Strongly agree1
Agree2
Disagree3
Strongly disagree.....4
NEITHER AGREE NOR DISAGREE5

WHENSICK

JE-4. (Please look at Card 95.)

Men only need to see a doctor when they are hurt or sick.

Strongly agree1
Agree2
Disagree3
Strongly disagree.....4
NEITHER AGREE NOR DISAGREE5

SHOWPAIN

JE-5. (Please look at Card 95.)

When a man is feeling pain he should not let it show.

Strongly agree1
Agree2
Disagree3
Strongly disagree.....4
NEITHER AGREE NOR DISAGREE5

{ QUESTION ONLY INTENDED FOR INTERVIEWER OF FACE-TO-FACE RS

CASILANG

JE-6. □

Should CASI be conducted in English or Spanish?

English.....1

Spanish.....2

SECTION K

**This section switches to Computer-Assisted Self-Interviewing (CASI) if FTF interviewing was used for Sections A-J.
If Sections A-J were conducted in CAWI, Section K continues with CAWI.**

[IF CAWI INTERVIEW, R SKIPS TO INTRO_K4.]

{ Read by interviewer from the screen.

INTRO_K1

KA-0a. For this last part of the interview, I'll give you the tablet so that you can enter your answers yourself. After I explain a few of the features that you'll be using, I'll turn the tablet over to you to answer the rest of the questions in private.

When you are done with this section, a screen will come up that will tell you how to lock away your responses so that no one can see how you answered the questions. Then you can return the tablet to me.

INTRO_K1b

KA-0b. *R Interviewer Checkpoint*

Explain the following things to R:

Give the tablet to Respondent.
Show Respondent the following navigation features.

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

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

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

INTROK3a

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

INTROK3ab

KA-3ab. Most questions in this section allow you to click on your response. Some questions will require you to type in a number for your response. For these questions, you can use the keyboard attached to the tablet or tap in the text box to bring up a keyboard on the screen. Type in your response using either keyboard and then touch [Next] or swipe left to continue.

INTROK3b

KA-3b. If you want to go back to a previous question, touch [Back] or swipe right.

INTROK3c

KA-3c. If you have questions about how to use the tablet, please ask your interviewer now. Otherwise, touch [Next] or swipe left to continue on your own.

{ ASKED OF ALL RESPONDENTS

INTRO_K4

INTRO-K4. IF FTF INTERVIEW, SAY:
These first questions in this section are about your general health.

ELSE IF CAWI INTERVIEW, SAY:
The next questions are about your general health and other experiences you may have had in your life.

GENHEALT

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

Excellent1
Very good2
Good3
Fair4
Poor5

RHEIGHT_FT

KA-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 feet4
5 feet5
6 feet6
7 feet7

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

RHEIGHT_IN

KA-2b. Now please select the number of inches. Click ? for help converting height in meters to feet and inches.

[HELP AVAILABLE]

0 inches00
1 inch01
2 inches02
3 inches03
4 inches04
5 inches05
6 inches06
7 inches07
8 inches08
9 inches09
10 inches10
11 inches11

RWEIGHT

KA-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

KA-4. The next couple of questions are about your weight. In the past 12 months, that is, since (CMLSTYR_FILL), did a doctor or other medical care provider weigh you?

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

{ Asked if DRWEIGH=yes

TELLWGHT

KA-5. During your visit in the past 12 months, did a doctor or other medical care provider tell you that you were underweight, normal weight, overweight, obese, or were you not told?

Underweight.....1
Normal weight.....2
Overweight.....3
Obese.....4
Not told.....5

{ Asked if R was told he was overweight or obese, or not told status
(TELLWGHT=3,4,5)

WGHTSCRN

KA-6. During your visit in the past 12 months, did a doctor or other medical care provider refer you to diet or exercise counseling?

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

{ Asked for all Rs

ENGSPK

KA-7. The next question is about your ability to speak English. How well do you speak English?

Very well1
Well2
Not well3
Not at all4

Experience with Housing Insecurity and School Suspension/Expulsion (KB)

{ Asked for all Rs

NOBEDYR

KB-1a. In the last 12 months, that is, since (CMLSTYR_FILL), was there ever a time when you did not have a permanent place to stay and had to stay at least overnight in a location such as a shelter, a car or someplace outdoors?

Yes1
No5

{ Asked for all Rs

STAYREL

KB-1b. In the last 12 months, was there ever a time when you did not have a permanent place to stay and had to stay at least overnight with a friend or relative?

Yes1
No5

{ Asked only if R is 15-24 years old

EVSUSPEN

KB-6. Have you ever been suspended or expelled from school?

Yes1
No5

Cigarettes, Alcohol, and Other Substance Use (KC)

INTRO_K6

KC-0. These next questions are about your use of cigarettes, alcohol and other substances.

{ Asked for all Rs

SMK100

KC-1. In your entire life, have you smoked at least 100 cigarettes?

100 cigarettes is about 5 packs.

Yes.....1
No.....5 (KC-3a ECIG12)

{ ASKED IF R SMOKED AT LEAST 100 CIGARETTES IN LIFETIME

AGESMK

KC-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

KC-3. During the last 30 days, how many cigarettes did you smoke a day, on average?

None1
About one cigarette a day or less2
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

KC-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.

Never1
 Once or twice during the year2
 Several times during the year3
 About once a month4
 About once a week5
 About once a day or more6

{ Asked for all Rs

DRINK12

KC-4. During the last 12 months, that is, since (CMLSTYR_FILL), how often have you had beer, wine, liquor, or other alcoholic beverages?

Never1
 Once or twice during the year2
 Several times during the year3
 About once a month4
 About once a week5
 About once a day or more.....6

{ Asked if R drank at all in the past 12 months or answered DK to DRINK12

BINGE12

KC-5. During the last 12 months, that is, since CMLSTYR_FILL), how often did you have 5 or more drinks within a couple of hours?

Never1
 Once or twice during the year2
 Several times during the year3
 About once a month4
 About once a week5
 About once a day or more.....6

{ Asked for all Rs

POT12

KC-6. During the last 12 months, how often have you used marijuana?

Never1
 Once or twice during the year2
 Several times during the year3
 About once a month4
 About once a week5
 About once a day or more6

OPIOID12

KC-11. During the last 12 months, how often have you taken a prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it? For this question, count drugs such as fentanyl, codeine, Vicodin, OxyContin, Hydrocodone, and Percocet (not drugs such as prescription strength ibuprofen, naproxen or acetaminophen).

Never1
 Once or twice during the year2
 Several times during the year3
 About once a month or more4

Sex with Females (KE)**INTRO_K8**

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

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

{ Intro only shown for CASI following FTF interview

INTRO_K9a

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

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

FEMTOUCH

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

Yes1

No5

{ Asked if AGESCRN GE 20 OR EVRMARRY=1 OR EVRCOHAB=1

INTRO_K9b

KE-1b. Here are some things you may have done with a female. If you have ever done this at least one time with a female, answer yes. If you have never done this, answer no.

{ ASKED FOR FACE-TO-FACE Rs IF R HAS NEVER MARRIED, NEVER COHABITED, NEVER FATHERED A PREGNANCY

VAGSEX

KE-2. Have you ever put your penis in a female's vagina (also known as vaginal intercourse)?

Yes1

No5 (KE-5 GETORALF)

{ Asked if CAWI respondent and VAGSEX=1

AGEVAGR

KE-2b. The first time this occurred, how old were you?

Age in years _____

{ Asked for CAWI Rs who reported vaginal intercourse in Section C, and for FTF Rs with VAGSEX=1 or SYSMIS

CONDVAG

KE-3. IF (CAWI INTERVIEW AND R REPORTED VAGINAL INTERCOURSE IN SECTION C) OR (FTF INTERVIEW AND AGE_R GE 18 AND KE-2 VAGSEX = SYSMIS), ASK:
The next question is about your last vaginal intercourse with a female partner. Did you use a condom the last time you had vaginal intercourse with a female?

ELSE ASK:

Did you use a condom the last time you had vaginal intercourse with a female?

Yes1
No5 (KE-5 GETORALF)

{ Asked if CONDVAG=1

COND1BRK

KE-3a. That time, did it break or completely fall off during intercourse or withdrawal?

Yes1
No5

{ Asked if CONDVAG=1

COND1OFF

KE-3b. That time, was the condom used for only part of the time during intercourse? That is, did you put it on after you started having sex, or take it off during sex but before ejaculation?

Yes1
No5

{ Asked if CONDVAG=1

WHYCONDL

KE-4. The last time you had vaginal intercourse with a female, 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 reason4

{ Asked for all Rs

GETORALF

KE-5. The next few questions are about oral sex. By oral sex, we mean stimulating the genitals with the mouth. Has a female ever performed oral sex on you, that is, stimulated your penis with her mouth?

Yes1
No5 (KE-7 GIVORALF)

{ Asked if female ever performed oral sex on you

CONDFELL

KE-6. Did you use a condom the last time a female performed oral sex on you?

Yes1
No5

{ Asked for all Rs

GIVORALF

KE-7. Have you ever performed oral sex on a female?

Yes1
No5

{ Asked if R < 25 and reported ever having both vaginal and oral sex with a female partner

TIMING

KE-7b. Thinking back to when you had oral sex with a female for the first time, was it before, after, or on the same occasion as your first vaginal intercourse with a female?

Before first vaginal intercourse1
 After first vaginal intercourse3
 Same occasion.....5

{ Asked for all Rs

ANALSEX

KE-8. Have you ever put your penis in a female's anus or butt (also known as anal sex)?

Yes1
 No5

{ Asked if R ever had anal sex with a female

CONDANAL

KE-9. Did you use a condom the last time you had anal sex with a female?

Yes1
 No5

{ ASKED IF R HAS HAD MORE THAN 1 FORM OF SEX INVOLVING FEMALE GENITALS, AND HE REPORTED USING A CONDOM AT LAST SEX FOR ANY SPECIFIC TYPE

CONDSEX1

KE-10. The very last time you had any type of sex -- that is, vaginal intercourse or anal sex or oral sex -- with a female partner, did you use a condom?

Yes1
 No5

Non Voluntary Intercourse: Female - Male (KF)

[IF R IS YOUNGER THAN 18, HE SKIPS TO KG SERIES. ELSE IF HE IS 18 OR OLDER AND HAS NEVER HAD VAGINAL INTERCOURSE, HE SKIPS TO KF-2 EVRFORCD.]

WANTSEX1

KF-1. Think back to the very first time you had vaginal intercourse with a female. Which would you say comes closest to describing how much you wanted that first vaginal intercourse to happen?

I really didn't want it to happen at the time1
 I had mixed feelings -- part of me wanted it to
 happen at the time and part of me didn't2
 I really wanted it to happen at the time3

[IF R's FIRST VAGINAL SEX WAS WANTED (WANTSEX1=3), HE SKIPS TO KF-2 EVRFORCD]

{ Asked if WANTSEX1 = 1 or 2

HOWOLD

KF-1b. How old were you when this first intercourse happened?

ENTER age in years _____

{ Asked if R is 18 or older and has either not reported having vaginal intercourse or reported his 1st intercourse as wanted

EVRFORCD

KF-2. At any time in your life, have you ever been forced by a female to have vaginal intercourse against your will?

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

{ Asked if EVRFORCD=1

AGEFORC1

KF-3. How old were you the very first time you were forced by a female to have vaginal intercourse against your will?

ENTER age in years _____

{ Asked if EVRFORCD=1

INTROK10

KF-4. The next questions are about kinds of force that may have been used:

[TYPES OF FORCE (KF-4a through KF-4g) ONLY ASKED IF EVRFORCD = 1]

GIVNDRG2

KF-4a. Were you given alcohol or drugs?

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

SHEBIGOL

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

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

ENDRELA2

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

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

WRDPRES2

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

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

THRTPHY2

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

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

PHYSHRT2

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

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

HELDDWN2

KF-4g. Were you physically held down?

Yes.....1

No.....5

STD/HIV Risk-Related Behaviors: Females (KG)*[IF R NEVER HAD ORAL, ANAL, VAGINAL SEX WITH FEMALE, HE SKIPS TO KH SERIES.]*

{ Asked if R has ever had vaginal, oral, or anal sex with a female

INTROK11KG-0. This next section is about your female sex partners. Now please think about any female with whom you have had vaginal intercourse, oral sex, or anal sex -- any of these.**PARTSLIF**KG-1. Thinking about your entire life, how many female sex partners have you had? Please count every partner even those you had sex with only once.*ENTER number _____***PARTS12M**KG-2. 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.*ENTER number _____*

{ NEWYEAR and NEWLIFE asked if R reports more female partners in last 12 months than in lifetime and neither are DK/RF

NEWYEAR

KG-2YR. Earlier you reported having more female partners in the last 12 months than you have had in your life. One or both of these numbers appear to be entered incorrectly, so those questions will be asked again. Your previous answers are displayed below:

*____ female partners in last 12 months**____ female partners in lifetime*

How many female partners did you have in the last 12 months?

*ENTER number _____***NEWLIFE**

KG-2LF. How many female partners did you have in your lifetime?

ENTER number _____

{ Asked if R had any female partner in past year and ever had vaginal intercourse

VAGNUM12KG-2YRa. (Your number of female partners in the last 12 months is displayed below.) Thinking of your female partners in the last 12 months, with how many of them did you have vaginal intercourse?*____ female partners in last 12 months*

ENTER number _____

{ Asked if R had any female partner in past year and ever had oral sex

ORALNUM12

KG-2YRb. (Your number of female partners in the last 12 months is displayed below.) Thinking of your female partners in the last 12 months, with how many of them did you have oral sex, either giving or receiving?

_____ female partners in last 12 months

ENTER number _____

{ Asked if R had any female partner in past year and ever had anal sex

ANALNUM12

KG-2YRc. (Your number of female partners in the last 12 months is displayed below.) Thinking of your female partners in the last 12 months, with how many of them did you have anal sex?

_____ female partners in last 12 months

ENTER number _____

{ Asked if R has had at least 2 partners in past 12 months

RNONMONOG

KG-2YRd. In the last 12 months, did you have sex - that is, vaginal, oral, or anal sex - with a female partner in a time period when you were also having sex with other people?

Yes1

No5

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

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

{ Asked if FTF interview and R age < 18 and he has any current female partners

INTROK12

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

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

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

CURRPAGE

KG-3a. Earlier you reported that you last had sexual intercourse with the (blank/first/second/third)person shown on the screen in (mo/yr).

How old was she at that time?

ENTER age in years _____

[IF PARTNER'S AGE REPORTED OR REFUSED, GO TO NEXT PARTNER IF THERE IS ONE.

ELSE GO TO KG-4 NONMONOG.]

{ Asked if CURRPAGE = DK

RELAGE

KG-3b. Is she older than you, younger than you or about the same age?

Older1

Younger2

Same age3

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

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

HOWMUCH

KG-3c. By how many years?

1-2 years1

3-5 years2

6-10 years3

More than 10 years4

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

[IF R REPORTED 0 FEMALE PARTNERS IN LAST 12 MONTHS, HE SKIPS TO KH SERIES.]

[REMAINDER OF KG SERIES ASKED IF R REPORTED ANY FEMALE PARTNERS IN LAST 12 MONTHS OR SAID DK/RF]

{ Asked if R reported any female partners in last 12 months or said DK for this number

NONMONOG

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

Now please think about **all** of your female 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.

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

ELSE ASK:

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

Yes1

No5

Sex with Males (KH)

{ Asked for all Rs

INTROK13

KH-0. The next questions ask about sexual experiences you may have had with another male.

GIVORALM

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

Yes1
No5

GETORALM

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

Yes1
No5

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

ORALCONDM

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

Yes1
No5

{ Asked for all Rs

ANALSEX2

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

Yes1
No5

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

ANALCONDM1

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

Yes1
No5

{ Asked for all Rs

ANALSEX3

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

Yes1
No5

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

ANALCONDM2

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

Yes1
No5

{ Asked for all Rs

MALESEX

KH-4c. Have you ever had any other sexual experience of any kind with another male?

Yes1
No5

[IF R HAS NOT REPORTED ANY SEXUAL EXPERIENCE WITH A MALE PARTNER IN KH SERIES,
HE SKIPS TO KI SERIES]

{ Asked for all who have ever had a male sexual partner

MALPRTAGE

KH-5. Thinking of your most recent or last male sex partner, that is, the man with whom you last had any sexual experience, was he older than you, younger than you, or about the same age?

Older1
 Younger2
 Same age3

{ Asked for all who have ever had a male sexual partner.

MALPRTHISP

KH-6. Thinking of this same male partner with whom you last had any sexual experience, is he Hispanic or Latino, or of Spanish origin?

Yes1
 No5

{ Asked for all who have ever had a male sexual partner.

MALPRTRACE

KH-7. Thinking of this same male sexual partner, which of the groups shown below describe his racial background?

SELECT ALL THAT APPLY.

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

American Indian or Alaska Native1
 Asian.....2
 Native Hawaiian or Other Pacific Islander..3
 Black or African American4
 White5

Non Voluntary Intercourse: Males (KI)

[IF R's AGE < 18 AND HE REPORTED NO SEXUAL EXPERIENCE WITH A MALE PARTNER HE SKIPS TO KK SERIES. ELSE IF R's AGE < 18 AND HE REPORTED ANY SEXUAL EXPERIENCE WITH A MALE PARTNER, HE SKIPS TO KJ-1 MALEPRTNRS.]

{ Asked if R is 18 or older

EVRFORC2

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

Yes.....1
 No.....5 (KJ series)

[REMAINDER OF KI SERIES ONLY ASKED IF R REPORTED EVER BEING FORCED BY A MALE]

{ Asked if EVRFORC2=1

AGEFORC2

KI-2. How old were you the very first time you were forced by a male to have oral or anal sex against your will?

Age in years _____

INTROK14

KI-3. The next questions are about kinds of force that may have been used:

GIVNDRG3

KI-3a. Were you given alcohol or drugs?

Yes.....1

No.....5

HEBIGOLD

KI-3b. Did you do what he said because he was bigger than you or a grown-up, and you were young?

Yes.....1

No.....5

ENDRELA3

KI-3c. Were you told that the relationship would end if you didn't have sex?

Yes.....1

No.....5

WRDPRES3

KI-3d. Were you pressured into it by his words or actions, but without threats of harm?

Yes.....1

No.....5

THRTPHY3

KI-3e. Were you threatened with physical hurt or injury?

Yes.....1

No.....5

PHYSHRT3

KI-3f. Were you physically hurt or injured?

Yes.....1

No.....5

HELDDWN3

KI-3g. Were you physically held down?

Yes.....1

No.....5

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

[IF R REPORTED NO SEXUAL EXPERIENCE AT ALL (with male or female partners) AND IS NOT COHABITING WITH OR MARRIED TO A MAN, HE SKIPS TO KK-4 ATTRACT.
ELSE IF R REPORTED NO SEXUAL EXPERIENCE WITH A MALE PARTNER BUT HE IS CURRENTLY COHABITING WITH OR MARRIED TO A MAN HE SKIPS TO KJ-3b MALEGSTAT.
ELSE IF HE REPORTED NO SEXUAL EXPERIENCE WITH A MALE PARTNER BUT HAS HAD SEXUAL

EXPERIENCE WITH A FEMALE PARTNER, HE SKIPS TO NEXT APPLICABLE QUESTION IN KK SERIES.] –

{ Asked for all who have ever had any sexual experience with a male partner

INTROK15

KJ-0. This next section is about males with whom you have had sexual contact.

Think about any male with whom you have had any sexual experience.

MALEPRTNRS

KJ-1. Thinking about your entire life, how many male sex partners have you had?

ENTER NUMBER _____

MALPRT12

KJ-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 _____

{ Asked if R has had at least 1 male sexual partner in past year and has ever had oral sex with a male

SAMORAL12

KJ-2YRa. (Your number of male partners in the last 12 months is displayed below.) Thinking of your male partners in the last 12 months, with how many of them did you have oral sex?

_____ male partners in last 12 months

ENTER number _____

{ Asked if R has had at least 1 male sexual partner in past year and has ever had receptive anal sex with a male

RECEPANAL12

KJ-2YRb. (Your number of male partners in the last 12 months is displayed below.) Thinking of your male partners in the last 12 months, with how many of them did you have receptive anal sex where he put his penis in your anus (butt)?

_____ male partners in last 12 months

ENTER number _____

{ Asked if R has had at least 1 male sexual partner in past year and has ever had insertive anal sex with a male

INSERANAL12

KJ-2YRc. (Your number of male partners in the last 12 months is displayed below.) Thinking of your male partners in the last 12 months, with how many of them did you have insertive anal sex where you put your penis in his anus (butt)?

_____ male partners in last 12 months

ENTER number _____

{ Asked for all who have ever had any sexual experience with a male partner

SAMESEX1

KJ-3. Thinking back to the first time you ever had any sexual experience with a male partner, how old were you?

ENTER AGE IN YEARS ____

{ Asked for all Rs who have ever had any sexual experience with a male partner
MSAMEREL

KJ-3a. At the time you first had any sexual experience with a male partner, how would you describe your relationship with him?

Married to him1
Engaged to him, and living together2
Engaged to him, but not living together3
Living together in a sexual relationship, but not engaged4
In a steady relationship, but not living together or engaged...5
Going out with him once in a while6
Just friends7
Had just met him8
Something else9

[IF R IS UNDER AGE 18 AND HAS NOT HAD ANY SAME-SEX EXPERIENCE, OR HE IS NOT CURRENTLY COHABITING WITH A MAN, HE SKIPS TO KK SERIES.]

{ Asked if R is currently cohabiting with a man OR (he has reported same-sex experience and is at least age 18)

MALEGSTAT

KJ-3b. (Earlier you reported you are currently living together with a male partner.) What is your current legal marital status with regard to men? That is, are you widowed, divorced, separated, or have you never been married to a man?

Widowed.....2
Divorced or annulled.....3
Separated.....4
Never been married.....5

{ Asked if R has been previously married to a man or is currently married to a man

MALMARRN

KJ-3c. (Including your current marriage,) how many times have you been married to a man?

ENTER 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 man

MALCOHN

KJ-3d. (Including your current cohabitation,) how many times (if any) have you (ever) lived together with a man without being married? Living together here means having a sexual relationship while sharing the same usual residence.

ENTER number of times ____

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

{ Asked for all who have had sex with a male partner

CNDLSMAL

KJ-12. Now think of the last time you had any sexual experience with a male partner. Was a condom used?

Yes1

No5

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

[R SKIPS TO KK-4 ATTRACT IF:

- HE REPORTED NO SEXUAL ACTIVITY WITH MALES OR FEMALES, OR
- HE HAD SEXUAL ACTIVITY WITH ONLY FEMALES OR WITH ONLY MALES IN HIS LIFE, OR
- HE HAD SEXUAL ACTIVITY WITH BOTH FEMALES AND MALES IN HIS LIFE, BUT ONLY WITH MALES OR ONLY WITH FEMALES IN LAST 12 MONTHS.] –

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

CONDALLS

KK-1. The very last time you had any type of sex -- that is vaginal intercourse or anal sex or oral sex -- with a male or female partner, was a condom used?

Yes1

No5

MFLASTP

KK-2. Was that last sexual partner male or female?

Male1

Female2

{ Asked if R's last partner was female and he used a condom at last sex

WHYCOND

KK-3. Was the condom used...

To prevent pregnancy1

To prevent diseases like gonorrhea, chlamydia, syphilis, herpes or AIDS.....2

For both reasons3

Or for some other reason4

{ Asked for all Rs

ATTRACT

KK-4. People are different in their sexual attraction to other people. Which best describes your feelings? Are you...

Only attracted to females1

Mostly attracted to females2

Equally attracted to females and males3

Mostly attracted to males4

Only attracted to males5

Not sure6

ORIENT

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

Gay.....1
Straight, that is, not gay.....2
Bisexual3
Something else4

INTROK15a

KK-6. These next questions are about your sexual and reproductive health.

Routing revised to ask this question of adults 18-25 only if they are on parents' insurance

{ Asked for all Rs aged 15-17 or for Rs aged 18-25 with PARINSUR=1

CONFCONC

KK-6a. Would you ever not go for sexual or reproductive health care because your parents might find out?

Yes1
No5

{ Asked for all Rs aged 15-17

TIMALON

KK-6b. The last time you had a health care visit in the past 12 months, did a doctor or other health provider spend any time alone with you without a parent, relative or guardian in the room?

Yes1
No5
Did not have a health care visit in the past 12 months....6

{ Asked for all Rs

STDST12

KK-7. In the past 12 months, that is, since (CMLSTYR_FILL), have you been tested by a doctor or other medical care provider for a sexually transmitted disease like gonorrhea, chlamydia, herpes, or syphilis?

Yes1
No5 (KK-8 STDTRT12)

{ Asked only for Rs who said "yes" to STDST12

STDSITE12

KK-7b. In the past 12 months, have you been tested by a doctor or other medical care provider for a sexually transmitted disease like gonorrhea or chlamydia in your throat or pharynx or your rectum (anus or butt)?

Yes1
No5

{ Asked for all Rs

STDTRT12

KK-8. In the past 12 months, have you been treated or received medication from a doctor or other medical care provider for a sexually transmitted disease like gonorrhea, chlamydia, herpes, or syphilis?

Yes1
No5

GON

KK-9. In the last 12 months, have you been told by a doctor or other provider that you had gonorrhea?

Yes1
No5

CHLAM

KK-10. In the last 12 months, have you been told by a doctor or other medical care provider that you had chlamydia?

Yes1
No5

HERPES

KK-11. At any time in your life, have you ever been told by a doctor or other medical care provider that you had genital herpes?

Yes1
No5

GENWARTS

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

Yes1
No5

SYPHILIS

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

Yes1
No5

INTROK15b

KK-15b. The next questions are about events that may have happened to you when you were younger. This information will allow us to better understand problems that may occur early in life and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, you will be (provided with/able to see) phone numbers 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

KK-16. 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?

Never1
Rarely2
Sometimes ...3
Often4
Always5

{ Asked for all Rs

PHYSABUSE

KK-17.

IF AGE_R < 18, ASK:

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

ELSE IF AGE_R GE 18, ASK:

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

Never1
Rarely2
Sometimes ...3
Often4
Always5

{ Asked for all Rs

SEXABUSE

KK-18.

IF AGE_R < 18, ASK:

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

ELSE IF AGE_R GE 18, ASK:

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

Never1
Rarely2
Sometimes ...3
Often4
Always5

{ Asked for all Rs

REVPHYSNEG

KK-19.

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

Never1
Rarely2
Sometimes ...3
Often4
Always5

{ Asked for all Rs

REVEMOTNEG

KK-20. (During your life Before you were 18), how often (has there been/was there) an adult in your household who tried hard to make sure you felt loved, supported, valued, and like you were special to them?

Never1
Rarely2
Sometimes ...3
Often4
Always5

{ Asked for all Rs

WITNESSIPV

KK-21. IF AGE_R < 18, ASK:
During your life, how often have your parents or other adults in your home slapped, hit, kicked, punched, or beat each other up?

ELSE IF AGE_R GE 18, ASK:
Before you were 18, how often did your parents or other adults in your home slap, hit, kick, punch, or beat each other up?

Never1
Rarely2
Sometimes ...3
Often4
Always5

{ Asked for all Rs

LIVDRUGS

KK-22. (Have you ever lived/Before you were 18, did you ever live) with a parent or guardian who was having a problem with alcohol or drug use?

Yes1
No5

{ Asked for all Rs

LIVDEPRESS

KK-23. (Have you ever lived/Before you were 18, did you ever live) with a parent or guardian who had severe depression, anxiety, or another mental illness, or was suicidal?

Yes1
No5

{ Asked for all Rs

SEPJAIL

KK-24. (Have you ever been/Before you were 18, were you ever) separated from a parent or guardian because they served time in a prison, jail, or other correctional facility?

Yes1
No5

{ Asked for all Rs

RACEDESCRIM

KK-25. (During your life, how often have you felt/Before you were 18, how often did you feel) that you were treated badly or unfairly because of your race or ethnicity?

Never1
Rarely2
Sometimes ...3
Often4
Always5

[There is no question KK-26.]

{ Aske for all Rs

WITVIOL

KK-27. 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?

Never1
Rarely2
Sometimes ...3
Often4
Always5

{ Asked for all Rs

SUIDEATION

KK-28. The next question asks about suicidal thoughts. Sometimes people feel so sad or depressed that they may consider attempting suicide, that is, taking some action to end their own life.

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

Yes1
No5

Individual Earnings and Family Income and Public Assistance (KL)

{ ASKED FOR ALL

INTROK17

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

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

{ Asked if R worked in the past year

EARNTYPE

KL-0a. Next, please enter your total earnings before taxes (on your last job). Will it be easier for you to enter your total earnings per week, per month, or per year?

Week.....1
Month.....2

Year.....3

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

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

KL-0c. Was it \$20,000 or more per year?

Yes1
 No5 (KL-1 INTROK18)

{ Asked if KL-0c EARNDK1=YES

EARNDK2

KL-0d. Was it \$50,000 or more per year?

Yes1
 No5 (KL-1 INTROK18)

{ Asked if KL-0d EARNDK2=YES

EARNDK3

KL-0e. Was it \$75,000 or more per year?

Yes1
 No5 (KL-1 INTROK18)

{ Asked if KL-0e EARNDK3=YES

EARNDK4

KL-0f. Was it \$100,000 or more per year?

Yes1
 No5

{ READ IF HOUSEHOLD INCLUDES MORE THAN JUST R.

INTROK18

KL-1. IF R IS MARRIED AND HOUSEHOLD SIZE > 2, SAY:
 The next questions are about your combined family income last year, that is, in the year (year of interview - 1). When answering these questions, please remember that "combined family income" means your income plus your 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

KL-1a. Please click ? to see a list of possible sources of income. In thinking about your (combined family) income, please include any income (you/anyone in your family) received last year from any of those sources.

[HELP AVAILABLE]

TOINCWMY

KL-2. Remember, this item is important and your answers will be kept confidential. Will it be easier for you to report (your/the) total (LASTYEAR_FILL) (combined) income (of your family) per week, per month, or per year?

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

TOTINC

KL-3.

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

{ ONSCREEN NOTES REMIND R OF WHOSE INCOME TO INCLUDE

(WEEKLY INCOME CATEGORIES)

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
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 \$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
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 \$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 HE SKIPS TO KL-4 PUBASST].

{ ASKED IF KL-3 TOTINC = DK OR RF

FMINCDK1

KL-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 (KL-3d FMINCDK4)

{ ASKED IF FMINCDK1=1 (LESS THAN \$50,000)

FMINCDK2

KL-3b. Was it less than \$35,000?

Yes1
 No5

{ ASKED IF FMINCDK2=1 (LESS THAN \$35,000)

FMINCDK3

KL-3c. Was it less than (POVTHRHLD_FILL)?

Yes1
 No5

{ ASKED IF FMINCDK1=5 (MORE THAN \$50,000)

FMINCDK4

KL-3d. Was it \$75,000 or more last year?

Yes1
 No5 (KL-4 PUBASST)

{ ASKED IF FMINCDK4=1 (MORE THAN \$75,000)

FMINCDK5

KL-3e. Was it \$100,000 or more last year?

Yes1
 No5

{ ASKED OF ALL

PUBASST

KL-4. At any time during [LASTYEAR_FILL], even for one month, did you or any members of your family living here receive any 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.

Yes1
No5 (KL-6 FOODSTMP)

FOODSTMP

KL-5. The next question is about SNAP, the Supplemental Nutrition Assistance Program, formerly known as the Food Stamp Program. SNAP benefits are provided on an electronic debit card called an EBT card. In the year [LASTYEAR_FILL], did you or any members of your family living here receive food stamps or SNAP benefits?

Yes1
No5

WIC

KL-6. In the year [LASTYEAR_FILL], did you or any members of your family living here receive WIC, the Women, Infants, and Children Nutrition Program?

Yes1
No5

HLPTRANS

KL-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?

Yes1
No5

HLPCHLDC

KL-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?

Yes1
No5

HLPJOB

KL-9. *(In the year [LASTYEAR_FILL], did you or any members of your family living here receive the following type of government assistance because your income was low ...)*

A social services or Welfare office's help with job training, a Job Club, a job search program, or anything else to help you or anyone in the household try to find a job?

Yes1
No5

FREEFOOD

KL-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

KL-11.

In the past 12 months, were you or any member of your family ever hungry, but you just couldn't afford more food?

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

MED_COST

KL-12.

In the past 12 months, was there anyone in your household who needed to see a doctor or go to the hospital but couldn't go because of the cost?

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

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 turn the computer back to the interviewer.

[CLOSEOUT OF INTERVIEW OPERATES DIFFERENTLY BY MODE.]