

## NSFG Cycle 6 Main Study FEMALE Questionnaire

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### SECTION A

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

##### INTRO\_1

AA\_0. Now we can begin.

{ THIS ITALICIZED TEXT APPEARS ON SCREEN, BUT IS NOT READ.  
{ THIS TEXT COMPLIES WITH OMB GUIDELINES.

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I'll begin with some basic questions about your background.

{ NOTE:

{ FOR **EVERY** ITEM IN THE QUESTIONNAIRE, RESPONDENTS CAN REFUSE TO ANSWER OR CAN  
{ ANSWER AS "DON'T KNOW." THE INTERVIEWER ENTERS "Control-R" FOR A REFUSAL  
{ AND "Control-D" FOR A "DON'T KNOW" RESPONSE.

#### Age and Date of Birth (AA)

##### AGE\_A

AA-1. First, I'd like to know your age and date of birth. How old are you?

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

##### BIRTHDAY

AA-2. What is the date of your birth?

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

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

{ IF R IS BETWEEN THE AGES OF 15 and 44, GO TO AB SERIES

TERMINATION SCRIPT:

**TERM** In this survey we are only interviewing women who are between the ages of 15 and 44. Therefore, that's all the questions I have for you. Thank you for your time.

ENTER [1] TO EXIT INTERVIEW

**Marital/Cohabiting Status (AB)**

**INTROCARD**

AB-0. 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.

**MARSTAT**

AB-1. Now I'd like to ask about your marital status. Please look at Card 1. What is your current marital status?

- Married .....1
- Not married but living together with a partner  
of the opposite sex .....2
- Widowed .....3
- Divorced .....4
- Separated, because you and your spouse are  
not getting along .....5
- Never been married .....6

{ ASKED IF COHABITING

**FMARSTAT**

AB-2. What is your formal marital status? That is, are you widowed, divorced, separated, or have you never been married?

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

**Hispanic Origin and Race (AC)**

**HISP**

AC-1. Now I have some questions about your ethnic background and your race. (You may have already told me this, but) Are you Hispanic or Latino, or of Spanish origin?

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

{ ASKED IF HISPANIC

**HISGRP**

AC-2. Are you Puerto Rican, Cuban, Mexican, or a member of some other group?

- Puerto Rican.....1
- Cuban.....2
- Mexican.....3

Member of some other group.....4

**RRACE**

AC-3. Which of the groups on Card 2 describe your racial background?  
 Please select one or more groups.

ENTER all that apply

NOTE: If R reports a mixture of several races (biracial, mixed, mulatto, etc.), ENTER all groups that are part of the mixture.

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

{ ASKED ONLY IF MULTIPLE RACE GROUPS MENTIONED

**RACEBEST**

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

{ DISPLAY ONLY THOSE GROUPS MENTIONED IN RRACE AC-3

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

**OBSERVE**

AC-5. ENTER race of respondent by observation

- Black.....1
- White.....2
- Other.....3

**Household Roster (AD)**

{THE BELOW TABLE WILL BE PRE-FILLED (EXCEPT FOR "Relar" and "RowDone") WITH INFORMATION ON EACH HOUSEHOLD MEMBER MENTIONED IN THE SCREENER.

{QUESTIONS AD-0 THROUGH AD-6 APPEAR WHEN THE CURSOR IS IN THE CORRESPONDING CELL OF THE TABLE.

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

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

HHL [7]							
HHL [8]							
HHL [9]							

{ASKED OF ALL RESPONDENTS:

**Verify [X]**

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

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

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

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

*If no, GO TO AD-7 ENDROSTER  
 If yes, CONTINUE*

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

**Name [X]**

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

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

**UsualRes [X]**

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

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

**Sex [X]**

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

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

**Age [X]**

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

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

Age \_\_\_\_\_

**Relar [X]**

AD-5. Please look at Card (3/4). What is (Name[X])'s relationship to you?

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

(IF HOUSEHOLD MEMBER IS MALE, DISPLAY:)

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

(IF HOUSEHOLD MEMBER IS FEMALE, DISPLAY:)

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

**RowDone [X]**

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

**ENDROSTER**

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

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

AD-8. Please look at Card 4. Where is your (husband/partner) currently living?

- Friend's home.....1
- Relative's home.....2
- College/university.....3
- Armed forces.....4
- Employed in another city.....5
- Medical institution (hospital, rehabilitational facility).....6
- Correctional institution (jail, prison)...7
- Other .....8

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

**RELMAN [X]**

AD-9. I need to find out about [HUSBAND/PARTNER'S NAME]'s relationship to the children who live here. Please look at Card 5. What is [HUSBAND/PARTNER'S NAME]'s relationship to [CHILD'S NAME]?

If [HUSBAND/PARTNER] is a foster parent or a legal guardian, ENTER [4].

- Biological father .....1
- Stepfather .....2
- Adoptive father .....3
- Some other relation .....4
- Not related .....5

**Calendar Intro (AE)**

**CALENDAR\_1**

AE\_1. Many people we have talked to have found that having a calendar to look at helped them to remember when something happened to them.

**CALENDAR\_2**

AE\_2. We will be talking about dates during the interview, and getting accurate dates is very important. At times I will ask you to enter specific events on the calendar. You may find it helps to mark other important events on the calendar as we go along. You may also find it helpful to make a line through several months or years to show a period of time, such as when you were in school or when you were working.

**CALENDAR\_3**

AE\_3. Now I'd like you to locate on the calendar the month and year of your most recent birthday, and in the box above it, write your current age. Fill in your age for each previous year on the calendar.

INTERVIEWER: Demonstrate, monitor, and help when needed.

**CALENDAR\_4**

AE\_4. Next, I'd like you to think of two or three things that happened in your life that really stand out in your memory.

These can be any events, such as graduating from school, starting your first job, a wedding, a death, the birth of a child, vacations, or anything else.

**CALENDAR\_5**

AE\_5. The important thing is that you be able to remember accurately when these events happened. Please write these events on the calendar below the year or the year and month they happened on the "Important Events" line.

**CALENDAR\_6**

AE\_6. The events and time periods that are marked on the calendar should act as reminders to help you remember other dates later in the interview.

Sometimes we'll be asking how old you were at a particular event in your life. Remember that your age will depend on whether the event happened before or after your birthday in that year. You can use the calendar to help figure that out.

Now let's continue with the interview.

**Regular school and GED (AF)**

**GOSCHOL**

AF-1. I'd like to talk about your education. I'd like to talk only about regular school. By regular school I mean elementary, junior high, high school, college, or graduates school.

Are you now going to, or on vacation from, regular school?

*ENTER [No] if R says she is taking GED courses now.*

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

**VACA**

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

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

**HIGRADE**

AF-3. Please look at Card A\_3. What (is the highest grade or year of (regular) school you have ever attended?) / (grade or year of school are you in/were you in before vacation began)?

- No formal schooling .....0
- 1st grade .....1
- 2nd grade .....2
- 3rd grade .....3
- 4th grade .....4
- 5th grade .....5
- 6th grade .....6
- 7th grade .....7
- 8th grade .....8
- 9th grade .....9
- 10th grade .....10
- 11th grade .....11
- 12th grade .....12
- 1 year of college or less .....13
- 2 years of college .....14
- 3 years of college .....15
- 4 years of college/grad school .....16
- 5 years of college/grad school .....17
- 6 years of college/grad school .....18

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

{ IF HIGHEST GRADE ATTENDED IS 0, DON'T KNOW, OR REFUSED, GO TO AF-5 HAVEDIP

{ASKED IF HIGHEST GRADE ATTENDED IS 1 THROUGH 19

**COMPGRD**

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

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

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

{ASKED IF R HAS COMPLETED 12 YEARS OR IS NOT IN SCHOOL AND HAS NOT COMPLETED  
12 YEARS

**HAVEDIP**

AF-5. Do you have either a high school diploma or a GED certificate, or  
both?

- Yes .....1
- No .....5 (GO TO AF-8 HISCHGRD)

**DIPGED**

AF-6. (Which one do you have?)

- High school diploma ...1
- GED .....2 (GO TO AF-8 HISCHGRD)
- Both .....3

**EARNHS\_M, EARNHS\_Y**

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

Please record this in the appropriate box on the "Education" row  
of your calendar. You might use "HS" or some other notation that  
you will recognize later.

{ASKED IF R DOES NOT HAVE A H.S. DIPLOMA AND HIGHEST GRADE IS > 12

**HISCHGRD**

AF-8. (Not counting your GED classes,) what is the highest grade of  
elementary, junior high, or high school you have ever attended?

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

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

**MYSCHOL\_M, MYSCHOL\_Y**

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

Please record this in the appropriate box on the "Education" row of your calendar. You can use an abbreviation or notation that you will recognize later.

{ASKED IF HIGHEST GRADE >12

**HAVEDEG**

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

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

{ASKED IF R HAS A COLLEGE DEGREE

**DEGREES**

AF-11. Please look at Card 7. What is the highest college or university degree you have?

Associate's degree .....1  
Bachelor's degree .....2  
Master's degree .....3  
Doctorate degree .....4  
Professional School degree ...5

**Childhood Background (AG)**

**AGINTRO**

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

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

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

**ONOWN**

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

Please include times you were away at college or in the Armed Forces. But, do not include times you were away at boarding school for elementary, middle, or high school, or living in an institution or jail or group home.

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

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

**INTACT**

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

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

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

**PARMARR**

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

were born?

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

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

**LVSIT14F**

AG-3. Now, think about when you were 14 years old. Looking at Card 9, what female and male parents or parent-figures were you living with at age 14?

*ENTER female adult first*

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

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

**LVSIT14M**

AG-4. *Ask if necessary:*

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

*ENTER male adult*

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

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

**WOMRASDU**

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

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

{IF R DID NOT HAVE A MOTHER OR MOTHER-FIGURE, GO TO AG-8 MOMCHILD

**MOMDEGRE**

AG-6. Please look at Card 17. What is the highest level of education

(she/your mother) completed?

PROBE: What is your best guess?

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

**MOMWORKD**

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

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

**MOMCHILD**

AG-8. (Including yourself/Altogether), how many children did (she/your mother/your biological mother) have who were born alive to her?

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

{ASKED IF R'S MOTHER/MOTHER-FIGURE HAD AT LEAST ONE CHILD

**MOMFSTCH**

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

Age \_\_\_\_\_

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

**MOM18**

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

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

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

**MANRASDU**

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

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

{IF R DID NOT HAVE A FATHER OR FATHER-FIGURE, GO TO SECTION B

**DADDEGRE**

AG-12. Please look at Card 17. What is the highest level of education  
(he/your father) completed?

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

**SECTION B**

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

**BINTRO\_1**

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

**MENARCHE AND CURRENT PREGNANCY (BA)**

**MENARCHE**

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

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

{ IF R HASN'T HAD 1<sup>st</sup> MENSTRUAL PERIOD YET AND AGE UNDER 18, GO TO SECTION C.  
{ IF R HASN'T HAD 1<sup>st</sup> MENSTRUAL PERIOD YET AND AGE 18 OR UP, GO TO BJ SERIES.

{ IF R HAS HAS REACHED MENARCHE OR AGE AT 1<sup>st</sup> MENSTRUAL PERIOD IS DK/RF

**PREGNOWQ**

BA-2. Are you pregnant now?

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

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

**MAYBPREG**

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

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

{ ALL RESPONDENTS WHO HAVE REACHED MENARCHE

**BINTRO\_2**

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

**NUMBER OF PREGNANCIES (BB)**

{ ALL RESPONDENTS WHO HAVE REACHED MENARCHE

**NUMPREGS**

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

Number \_\_\_\_\_

{ ASKED IF CURRENTLY PREGNANT  
{ R CAN ANSWER IN WEEKS OR MONTHS

**HOWPREG\_N**

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

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

{ IF DK HOW MANY MONTHS OR WEEKS PREGNANT  
**NOWPRGDK**

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

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

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

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

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

**BINTRO\_3**

BC-0. Now I'd like to ask some questions specifically about your (PREGFILL) pregnancy.

**PREGEN**

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

*ENTER all that apply.*

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

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

{ IF PREGNANCY ENDED IN ANY LIVE BIRTH

**NBRNALIV**

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

Number \_\_\_\_\_

{ IF MORE THAN 1 LIVEBORN BABY REPORTED FROM THIS PREGNANCY

**MULTBRTH**

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

- Yes .....1
- No .....5 (RETURN TO CORRECT BC-2 NBRNALIV)

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

{ IF THIS PREGNANCY DID NOT RESULT IN LIVEBIRTH

**DATPRGEN\_M, DATPRGEN\_Y**

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

Record "S" for a stillbirth, "M" for miscarriage, or "A" for abortion in the appropriate box on the "Pregnancy/Outcome" line.

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

**AGEATEND**

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

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

{ IF THIS PREGNANCY DID NOT RESULT IN LIVEBIRTH

**HPAGEEND**

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

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

{ ASKED FOR EACH COMPLETED PREGNANCY, REGARDLESS OF OUTCOME

**GESTASUN\_M, GESTASUN\_W**

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

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

{ IF GESTATIONAL LENGTH REPORTED, GO TO BD SERIES.

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

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

**DK1GEST**

BC-6. Was it...

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

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

**DK2GEST**

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

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

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

**DK3GEST**

BC-8. Was it...

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

{ IF PREGNANCY ENDED IN LIVEBIRTH, CONTINUE WITH BD SERIES.

{ IF PREGNANCY ENDED ONLY IN ABORTION, GO TO BI SERIES.

{ IF PREGNANCY ENDED ONLY IN MISCARR, ECTOPIC, OR STILLBIRTH, GO TO BE SERIES.

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

**BABYNAME**

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

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

{ IF MORE THAN 3 BABIES BORN ALIVE FROM THIS PREGNANCY

**BINTRO 4**

BD-1b. IF BC-2 NBRNALIV > 3 SAY, "In order to save time during the interview, I will only ask you specific questions about the first three babies from this pregnancy."

{ ASKED FOR EACH LIVEBORN BABY FROM THIS PREGNANCY

**BABYSEX**

BD-2. ASK IF NECESSARY: (Is/Was) (BABYNAME/the [BABYFILL] baby) male or female?

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

{ ASKED FOR EACH LIVEBORN BABY FROM THIS PREGNANCY

{ INTERVIEWER ENTERS BOTH POUNDS & OUNCES

**BIRTHWGT LB, BIRTHWGT OZ**

BD-3. How much did (BABYNAME/this (NTH) baby) weigh at birth?

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

{ ASKED FOR EACH LIVEBORN BABY FROM THIS PREGNANCY

{ IF BIRTHWEIGHT IS NOT KNOWN OR REFUSED

**LOBTHWGT**

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

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

{ IF ALL BABIES FROM THIS PREGNANCY HAVE BEEN DESCRIBED,

{ CONTINUE WITH BD-5 BABYDOB.

{ ELSE RETURN TO BD-1 BABYNAME FOR NEXT BABY FROM THIS PREGNANCY.

{ ASKED FOR THE DELIVERY

**BABYDOB M, BABYDOB Y**

BD-5. IF NUMBER OF BABIES BORN ALIVE IS NOT DK OR RF, ASK:

In what month and year (was she/was he/were the [MULT]) born?

ELSE IF NUMBER OF BABIES BORN ALIVE = DK OR RF, ASK:

In what month and year did this pregnancy end?

{ ASKED FOR ALL PREGNANCIES RESULTING IN LIVEBIRTH

**HPAGELB**

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

Age \_\_\_\_\_

{ IF DELIVERY OCCURRED EARLIER THAN JANUARY 1997, GO TO BG SERIES.

{ IF DELIVERY OCCURRED IN JAN 1997 OR LATER, CONTINUE WITH BD-7 BIRTHPLC.

{ IF DELIVERY OCCURRED IN JAN 1997 OR LATER

**BIRTHPLC**

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

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

**PAYBIRTH**

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

ENTER all that apply.

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

{ IF BABY(IES) BORN FROM THIS PREGNANCY WERE ALL PLACED FOR ADOPTION,  
{ GO TO BI SERIES.  
{ ELSE IF PREGNANCY ENDED IN JAN 1997 OR LATER, CONTINUE WITH BE SERIES.  
{ ELSE IF PREGNANCY ENDED EARLIER THAN JAN 1997, GO TO BG SERIES.

**SELECTED INFORMATION FOR RECENT PREGNANCIES (JANUARY 1997 OR LATER) (BE)**

**KNEWPREG**

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

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

{ IF BE-1 KNEWPREG = DK OR RF AND PREGNANCY LASTED LESS THAN 3 MONTHS,  
{ GO TO BI SERIES.

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

**TRIMESTR**

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

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

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

**LTRIMEST**

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

Less than 3 months.....1  
More than 3 months.....2

{ ASKED FOR EACH RECENT PREGNANCY

**PRIORSMK**

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

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

{ ASKED FOR EACH RECENT PREGNANCY

**POSTSMKS**

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

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

{ ASKED IF SMOKED AT ALL AFTER LEARNING SHE WAS PREGNANT

**NPOSTSMK**

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

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

{ ASKED FOR EACH RECENT PREGNANCY

**GETPRENA**

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

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

{ IF WENT FOR PRENATAL CARE

**BGNPRENA**

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

Number \_\_\_\_\_

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

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

**PNCTRIM**

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

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

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

**LPNCTRI**

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

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

{ IF PREGNANCY DID NOT END IN LIVE BIRTH JAN 1997 OR LATER, GO TO BG SERIES.  
{ ELSE CONTINUE WITH BF SERIES.

**MATERNITY LEAVE -- ALL RECENT LIVE BIRTHS (JANUARY 1997 OR LATER) (BF)**

{ IF THIS PREGNANCY RESULTED ONLY IN BABY OR BABIES WHO DIED SHORTLY AFTER  
{ BIRTH (AND WERE UNNAMED BY R), GO TO BI SERIES.  
{ ELSE IF ANY NAMED BABIES WERE REPORTED, CONTINUE.

{ ASKED FOR EACH DELIVERY RESULTING IN A LIVEBORN, NAMED BABY

**WORKPREG**

BF-1. Maternity leave is any leave, paid or unpaid, due to pregnancy and childbirth that a woman takes from a job to which she expects to return, at least when she starts the leave. At any time while you were pregnant with ([BABYFILL]/this baby/your [MULT]), were you employed at a job for pay?

- Yes .....1
- No .....5 (BG Series)
- R VOLUNTEERS THAT SHE WORKED DURING PREGNANCY,  
BUT QUIT JOB BEFORE DELIVERY .....6 (BG Series)

{ ASKED IF R WAS EMPLOYED DURING PREGNANCY

**WORKBORN**

BF-2. Did you ever take maternity leave, paid or unpaid, from a job you held when you were pregnant with ([BABYFILL]/this baby/your[MULT])?

*ENTER "Yes" if R was already on maternity leave when baby was born.*

- Yes .....1 (BF-4 MATWEEKS)
- No .....5 (BF-3 DIDWORK)

**DIDWORK**

BF-3. Was this because you did not need to take maternity leave, you were not offered or allowed to take leave, or for some other reason?

- Did not need to take maternity leave .....1
- Were not offered or allowed to take maternity leave .....2
- Some other reason .....3

{ IF R DID NOT TAKE MATERNITY LEAVE, GO TO BG SERIES.

{ ASKED IF R TOOK MATERNITY LEAVE

**MATWEEKS**

BF-4. In total, how many weeks of maternity leave, paid or unpaid, did you take?

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

{ IF A NUMBER IS REPORTED, GO TO BF-6 MATLEAVE.

{ ASKED IF BF-4 MATWEEKS = DK OR RF

**WEEKSDK**

BF-5. Did you take 4 weeks or less or longer than 4 weeks?

- 4 weeks or less,.....1
- Longer than 4 weeks.....2

{ ASKED IF R TOOK MATERNITY LEAVE

**MATLEAVE**

BF-6. Some women receive pay from their jobs during their maternity leave, through vacation pay, sick pay, maternity benefits, and other kinds of paid leave. In total, how many weeks of paid leave did you receive from your job while you were on maternity leave?

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

{ IF CHILD'S CURRENT AGE IS 18 YEARS OR YOUNGER, CONTINUE WITH BG SERIES.

{ ELSE IF CHILD IS OLDER THAN 18, GO TO BI SERIES.

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

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

{ ASKED IF NOT ALREADY APPARENT THAT CHILD LIVES WITH R  
**LIVEHERE**

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

ENTER "Yes" if child usually lives with R.

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

{ ASKED IF CHILD NOT LIVING WITH R  
**ALIVENOW**

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

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

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

{ ASKED IF CHILD IS DECEASED

**WHENDIED\_M, WHENDIED\_Y**

BG-3. When did (BABYFILL) die?

{ ASKED IF CHILD IS ALIVE BUT NOT LIVING WITH R

**WHENLEFT\_M, WHENLEFT\_Y**

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

{ ASKED IF CHILD IS ALIVE BUT NOT LIVING WITH R

**WHERE NOW**

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

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

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

{ WITH R, GO TO BI SERIES.

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

{ MONTHS WITH R, GO TO BH SERIES.

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

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

**LEGAGREE**

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

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

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

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

**PARENEND**

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

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

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

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

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

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

**ANYNURSE**

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

ENTER "Yes" for any amount of breastfeeding by R.

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

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

{ ASKED IF CHILD IS LESS THAN 1 YEAR OLD

**FEDSOLID**

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

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

{ IF CHILD WAS EVER FED SOMETHING OTHER THAN BREAST MILK OR

{ IF CHILD OLDER THAN 1 YEAR.

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

**FRSTEATD\_N**

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

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

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

{ ASKED IF CHILD AGED 2 YEARS OR YOUNGER

**QUITNURS**

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

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

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

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

**AGEQTNUR\_N**

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

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

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

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

**CHILDREN PLACED FOR ADOPTION (BI)**

{ BI SERIES ONLY ASKED IF R HAS HAD HER 1<sup>st</sup> MENSTRUAL PERIOD.

**BINTRO\_5**

BI-0. Now I'd like to ask you some questions about your experience with adoption.

**GIVEADPT**

BI-1. IF R HAS REPORTED PLACING ANY CHILD FOR ADOPTION, ASK:  
Not including the (number) child(ren) that you already told me about, have you ever placed another child born to you for adoption?

ELSE R HAS NOT REPORTED PLACING A CHILD FOR ADOPTION, ASK:  
Have you ever placed a child born to you for adoption?

*ENTER "Yes" even if R does not know if child was actually adopted.*

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

{ ASKED IF R PLACED ANY CHILD FOR ADOPTION

**NGIVENAD**

BI-2. (Not including the child(ren) that you already told me about,) how many (other) children have you placed for adoption?

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

{ ASKED IF R PLACED ANY PREVIOUSLY REPORTED CHILD FOR ADOPTION

**WHCRELNQ**

BI-3. Which child(ren) did you place for adoption?

*(DISPLAYS A LIST OF PREVIOUSLY REPORTED CHILDREN, AND R CAN INDICATE WITH ONLY THE NUMBERS CORRESPONDING TO HER RESPONSE. NO NAMES OR INITIALS ARE PLACED ON THE DATA FILE.)*

{ IF R IS UNDER 18 YEARS OLD, GO TO SECTION C.

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

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

**OTHERKID**

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

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

**NOTHRKID**

BJ-2. How many children?

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

**OKDNAME**

BJ-3. So that I can refer to (this child/these children) during the interview,

what (is/are) the name(s) or initials of the child(ren) who lived with you under your care?

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

{ BEGIN LOOP TO ASK ABOUT EACH CHILD REPORTED

**SEXOTHKD**

BJ-4. [ASK IF NECESSARY:] Is (OKDNAME) male or female?

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

**RELOTHKD**

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

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

**ADPTOTKD**

BJ-6. Did you legally adopt (OKDNAME) or become (OKDNAME)'s legal guardian?

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

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

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

{ ASKED IF R BECAME LEGAL GUARDIAN TO THIS CHILD

**TRYADOPT**

BJ-7a. Are you in the process of trying to legally adopt [OKDNAME]?

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

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

**TRYEITHR**

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

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

{ ASKED IF NOT ALREADY APPARENT THAT CHILD IS LIVING IN WITH R

**STILHERE**

BJ-8. Is (OKDNAME) still living with you?

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

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

{ ASKED IF CHILD LIVES WITH R

**DATKDCAM\_M, DATKDCAM\_Y**

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

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

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

**OTHKDFOS**

BJ-10. Was (OKDNAME) a foster or related child who was placed in your home by a court, child welfare department, or social service agency?

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

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

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

{ ASKED IF CHILD IS LIVES WITH R OR WAS ADOPTED BY R

**OKDDOB\_M, OKDDOB\_Y**

BJ-11. In what month and year was (OKDNAME) born?

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

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

**OTHKDSPN**

BJ-12. Is (OKDNAME) Hispanic or Latino, or of Spanish origin?

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

**OTHKDRAC**

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

*ENTER all that apply*

*NOTE: If R reports a mixture of several races (biracial, mixed, mulatto, etc.), ENTER all groups that are part of the mixture.*

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

{ ASKED IF MORE THAN 1 RACE REPORTED

**KDBSTRAC**

BJ-14. Which of these groups, that is (RESPONSES FROM BJ-23 OTHKDRAC), would you say best describes (his/her) racial background?

{ Display only those categories reported in BJ-23 OTHKDRAC

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

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

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

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

BJ-16. Does (OKDNAME) have a physical disability, an emotional disturbance, or mental retardation?

*ENTER all that apply*

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

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

**CURRENT PLANS TO ADOPT (BK)**

{ BK SERIES ASKED IF R IS 18 YEARS OR OLDER

**BINTRO\_6**

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

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

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

**SEEKADPT**

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

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

**CONTAGEM**

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

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

**TRYLONG**

BK-3.

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

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

**KNOWADPT**

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

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

{ ASKED IF R NOT SEEKING TO ADOPT A CHILD SHE KNOWS

**CHOSESEX**

BK-5. If you could choose exactly the child you wanted, would you prefer to adopt a boy or a girl?

*ENTER [3] if R says "it doesn't matter" or "either one."*

- Boy.....1
- Girl.....2
- Indifferent.....3 (BK-7 CHOSRACE)

{ ASKED IF R SAID SHE PREFERRED A BOY

**TYPESEXF**

BK-6a. Would you accept a girl?

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

{ ASKED IF R SAID SHE PREFERRED A GIRL

**TYPESEXM**

BK-6b. Would you accept a boy?

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

{ ASKED IF R NOT SEEKING TO ADOPT A CHILD SHE KNOWS

**CHOSRACE**

BK-7. If you could choose exactly the child you wanted, would you prefer to adopt a black child, a white child, or a child of some other race?

*ENTER [4] if R says "it doesn't matter" or "any one."*

- Black.....1
- White.....2
- Some other race.....3
- Indifferent.....4 (BK-9 CHOSEAGE)

{ ASKED IF R SAID SHE PREFERRED SOMETHING OTHER THAN BLACK

**TYPRACBK**

BK-8a. Would you accept a black child?

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

{ ASKED IF R SAID SHE PREFERRED SOMETHING OTHER THAN WHITE

**TYPRACWH**

BK-8b. Would you accept a white child?

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

{ ASKED IF R SAID SHE PREFERRED SOMETHING OTHER THAN "OTHER RACE"

**TYPACOT**

BK-8c. Would you accept a child of some other race, neither black nor white?

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

{ ASKED IF R NOT SEEKING TO ADOPT A CHILD SHE KNOWS

**CHOSEAGE**

BK-9. (If you could choose exactly the child you wanted),  
Would you prefer to adopt a child younger than 2 years, a child 2 to 5 years old, a child 6 to 12 years old, or a child 13 years old or older?

*ENTER [5] if R says "it doesn't matter" or "any one."*

A child younger than 2 years ..... 1  
A child 2-5 years old ..... 2  
A child 6-12 years old ..... 3  
A child 13 years old or older..... 4  
Indifferent..... 5 (BK-11 CHOSDISB)

{ ASKED IF R SAID SHE PREFERRED SOMETHING OTHER THAN "YOUNGER THAN 2"

**TYPAGE2M**

BK-10a. Would you accept a child younger than 2 years?

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

{ ASKED IF R SAID SHE PREFERRED SOMETHING OTHER THAN "2-5 YEARS"

**TYPAGE5M**

BK-10b. Would you accept a child 2 to 5 years old?

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

{ ASKED IF R SAID SHE PREFERRED SOMETHING OTHER THAN "6-12 YEARS"

**TYPAG12M**

BK-10c. Would you accept a child 6 to 12 years old?

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

{ ASKED IF R SAID SHE PREFERRED SOMETHING OTHER THAN "13 OR OLDER"

**TYPAG13M**

BK-10d. Would you accept a child 13 years old or older?

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

{ ASKED IF R NOT SEEKING TO ADOPT A CHILD SHE KNOWS

**CHOSDISB**

BK-11. (If you could choose exactly the child you wanted),  
Would you prefer to adopt a child with no disability, a child with a mild disability, or a child with a severe disability?

*ENTER [4] if R says "it doesn't matter" or "any one."*

A child with no disability.....1

A child with a mild disability.....2  
A child with a severe disability...3  
Indifferent.....4 (BK-13 CHOSENUM)

{ ASKED IF R SAID SHE PREFERRED SOMETHING OTHER THAN "NO DISABILITY"

**TYPDISBN**

BK-12a. Would you accept a child with no disability?

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

{ ASKED IF R SAID SHE PREFERRED SOMETHING OTHER THAN "MILD DISABILITY"

**TYPDISBM**

BK-12b. Would you accept a child with a mild disability?

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

{ ASKED IF R SAID SHE PREFERRED SOMETHING OTHER THAN "SEVERE DISABILITY"

**TYPDISBS**

BK-12c. Would you accept a child with a severe disability?

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

{ ASKED IF R NOT SEEKING TO ADOPT A CHILD SHE KNOWS

**CHOSENUM**

BK-13. (If you could choose exactly the child you wanted),  
Would you prefer to adopt a single child or 2 or more brothers and  
sisters at once?

*ENTER [3] if R says "it doesn't matter" or "any one."*

A single child ..... 1  
2 or more brothers and  
sisters at once..... 2  
Indifferent.....3 (Flow Check C-1)

{ ASKED IF R SAID SHE PREFERRED 2 OR MORE SIBS AT ONCE

**TYPNUM1M**

BK-14a. Would you accept a single child?

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

{ ASKED IF R SAID SHE PREFERRED A SINGLE CHILD

**TYPNUM2M**

BK-14b. Would you accept 2 or more brothers and sisters at once?

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

**PREVIOUS PLANS TO ADOPT (BL)**

{ IF R IS CURRENTLY SEEKING TO ADOPT, GO TO SECTION C.

**EVWNTANO**

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

Yes ..... 1

No ..... 5 (GO TO SECTION C)

**EVCONTAG**

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

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

**TURNDOWN**

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

Turned down .....1 (GO TO SECTION C)  
Unable to find child ....2 (GO TO SECTION C)  
Decided not to pursue ...3

{ ASKED IF R SAID SHE "DECIDED NOT TO PURSUE"

**YQUITTRY**

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

Adoption process only .....1  
Own situation only .....2 (GO TO SECTION C)  
Both .....3

{ ASKED IF "ADOPTION PROCESS" CITED AT ALL

**PROCESS**

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

*ENTER all that apply*

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

**SECTION C**

**Marital and Relationship History**

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

**NUMBER OF MARRIAGES (CA)**

{ CA SERIES ASKED IF R HAS EVER BEEN MARRIED.

**C\_INTRO1**

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

**TIMESMAR**

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

Number \_\_\_\_\_

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

**HUSBNAMEX**

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

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

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

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

**HSBVERIF**

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

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

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

**CHVERIFY**

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

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

**HUSBANDS (CB)**

{ CB SERIES IS A LOOP FOR EACH HUSBAND REPORTED

**C\_INTRO2**

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

{ ASKED FOR EACH MARRIAGE

**WHMARHX\_M, WHMARHX\_Y**

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

Record husband's initials in the appropriate boxes on the "Marriage"  
line of the calendar.

{ ASKED IF MO/YR OF MARRIAGE NOT REPORTED

**AGEMARHX**

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

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

**HXAGEMAR**

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

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

**DOBHUSBX\_M, DOBHUSBX\_Y**

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

**LVTOGHX**

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

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

{ ASKED IF R COHABITED PREMARITALLY WITH THIS MAN

**STRTOGHX\_M, STRTOGHX\_Y**

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

{ ASKED IF R COHABITED PREMARITALLY WITH THIS MAN

**ENGAGHX**

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

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

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

**HISPX**

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

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

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

**RACEHX**

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

*ENTER all that apply*

*NOTE: If R reports a mixture of several races (biracial, mixed,  
mulatto, etc.), ENTER all groups that are part of the mixture.*

American Indian or Alaska Native .....1  
Asian .....2

Native Hawaiian or Other Pacific Islander .....3  
Black or African American .....4  
White .....5

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

**BSTRACHX**

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

{ Display only those categories reported in CB-9 RACEHX

{ ASKED ONLY FOR CURRENT OR SEPARATED HUSBANDS

**CHEDMARN**

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

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

{ ASKED FOR EACH HUSBAND

**MARBEFHX**

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

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

{ ASKED FOR EACH HUSBAND

**KIDSHX**

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

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

{ ASKED IF HE HAD ANY CHILDREN

**NUMKDSHX**

CB-14. How many children did he have?

Number \_\_\_\_\_

{ ASKED IF HE HAD ANY CHILDREN

**KIDLIVHX**

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

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

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

**CHKID18A**

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

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

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

**CHKID18B**

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

Number \_\_\_\_\_

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

**WHRCHKDS**

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

*ENTER all that apply*

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

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

**SUPPORCH**

CB-18. Does (CURRENT HUSBAND) regularly contribute to the financial support of (this child/these children) aged 18 or under?

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

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

{ IF R IS CURRENTLY MARRIED TO THIS HUSBAND, GO TO CC SERIES.  
{ ELSE IF R IS SEPARATED FROM THIS HUSBAND, GO TO CB-22 WNSTPHX.

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

**MARENDHX**

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

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

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

{ ASKED IF MARRIAGE ENDED BY DEATH OF HUSBAND

**WNDIEHX\_M, WNDIEHX\_Y**

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

{ ASKED IF MARRIAGE ENDED IN DIVORCE OR ANNULMENT

**DIVDATHX\_M, DIVDATHX\_Y**

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

{ ASKED IF MARRIAGE ENDED IN DIVORCE OR ANNULMENT,

{ OR IF R IS SEPARATED FROM THIS HUSBAND

{ OR IF DK/RF FOR HOW MARRIAGE ENDED

**WNSTPHX\_M, WNSTPHX\_Y**

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

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

**CURRENT COHABITING PARTNER (CC)**

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

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

**CPNAME**

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

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

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

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

**C\_INTRO3**

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

**WNSTRTCP\_M, WNSTRTCP\_Y**

CC-1. In what month and year did you and (CURR COHAB PARTNER) begin living  
together?

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

**CPHERAGE**

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

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

{ ASKED FOR ALL WHO ARE CURRENTLY COHABITING

**CPHISAGE**

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

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

**WNCBORN\_M, WNCBORN\_Y**

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

**CPENGAG1**

CC-6. At the time you began living together, were you and he engaged to be  
married or have definite plans to get married?

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

**WILLMARR**

CC-7. Please look at Card 21. What is the chance that you and [CURR COHAB  
PARTNER] will marry each other?

No chance .....1  
A little chance .....2  
50-50 chance .....3

A pretty good chance .....4  
An almost certain chance .....5

**CPHISP**

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

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

**CPRACE**

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

*ENTER all that apply*

*NOTE: If R reports a mixture of several races (biracial, mixed, mulatto, etc.), ENTER all groups that are part of the mixture.*

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

{ ASKED IF MORE THAN 1 RACE WAS REPORTED

**CPBESTR**

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

{ Display only those categories reported in CC-9 CPRACE

**CPEDUC**

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

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

**CPMARBEF**

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

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

**CPKIDS**

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

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

{ ASKED IF HE HAD ANY CHILDREN

**CPNUMKDS**

CC-14. How many children did he have?

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

{ ASKED IF HE HAD ANY CHILDREN

**CPKIDLIV**

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

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

{ ASKED IF ONLY 1 CHILD

**CPKID18A**

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

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

{ ASKED IF MORE THAN 1 CHILD

**CPKID18B**

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

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

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

{ ASKED IF ANY CHILDREN ARE AGED 18 OR UNDER

**WHRCPKDS**

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

*ENTER all that apply*

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

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

**SUPPORTCP**

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

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

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

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

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

**C\_INTRO4**

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

**LIVEOTH**

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

Not counting anyone we've already talked about, have you ever lived

together with any other man?

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

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

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

**HMOTHMEN**

CD-2. With how many (other) men have you ever lived?

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

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

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

**OTHMANX**

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

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

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

{ OTHER VARIANTS BASED ON NUMBER OF FORMER COHAB PARTNERS

{ BEGIN LOOP FOR ASKING ABOUT EACH FORMER COHABITING PARTNER

{ ASKED FOR EACH FORMER COHAB PARTNER

**STRTOTHX\_M, STRTOTHX\_Y**

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

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

**HERAGECX**

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

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

{ ASKED FOR EACH FORMER COHAB PARTNER

**HISAGECX**

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

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

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

**WNBRNCX\_M, WNBRNCX\_Y**

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

**ENGAG1CX**

CD-8. At the time you began living together in (mo/yr from CD-4), were you and he engaged to be married or have definite plans to get married?

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

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

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

**HISPCX**

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

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

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

**RACECX**

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

*ENTER all that apply*

*NOTE: If R reports a mixture of several races (biracial, mixed, mulatto, etc.), ENTER all groups that are part of the mixture.*

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

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

**BSTRACX**

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

{ Display only those categories reported in CD-10 RACECX

{ ASKED FOR EACH FORMER COHAB PARTNER

**MAREVCX**

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

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

{ ASKED FOR EACH FORMER COHAB PARTNER

**CXKIDS**

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

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

{ ASKED FOR EACH FORMER COHAB PARTNER

**STPTOGCX\_M, STPTOGCX\_Y**

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

{ IF ANY MORE FORMER COHAB PARTNERS TO DISCUSS, RETURN TO CD-4 STRTOTHX.

{ ELSE, CONTINUE WITH CE SERIES.

**EVER HAD INTERCOURSE (CE)**

{ IF R HAS EVER BEEN MARRIED, EVER COHABITED, OR EVER BEEN PREGNANT,

{ GO TO CE-3 WNFSTSEX.

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

**EVERSEX**

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

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

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

{ ASKED IF R HAS NEVER HAD SEX

**YNOSEX**

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

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

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

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

{ ASKED IF R HAS EVER HAD SEX

**WNFSTSEX\_M, WNFSTSEX\_Y**

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

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

*NOTE: This is one of the most important questions in the survey! It marks the beginning of R's exposure to the risk of pregnancy. If R refuses, stress the importance of the questions and the confidential nature of her response. If R does not know the date, probe extensively using the calendar and other reference dates.*

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

{ ASKED IF R HAS EVER HAD SEX

**AGEFSTSX**

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

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

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

{ ASKED IF DK/RF ON AGEFSTSX

**SEX18**

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

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

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

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

**SEX15**

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

- Less than 15 years.....1
- 15 years or older.....2

{ ASKED IF SEX18 = "18 years or older"

**SEX20**

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

- Less than 20 years.....1
- 20 years or older.....2

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

**GRFSTSX**

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

Grade/year in school \_\_\_\_\_

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

**SXMTONCE**

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

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

**Sex Communication (CF)**

{ CF SERIES IS ONLY ASKED OF TEENS.

{ IF R IS OLDER THAN 19 YEARS, GO TO CG SERIES.

**TALKPAR**

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

*ENTER all that apply.*

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

**SEDNO**

CF-2. Now I'm interested in knowing about formal sex education you may have had. (Before you were 18, did you ever have/ Have you ever had) any formal instruction at school, church, a community center or some other place ...

About how to say no to sex?

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

{ ASKED IF R REPORTED HAVING SEX ED ON THIS TOPIC

**SEDNOG**

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

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

{ IF R HAS NEVER HAD SEX, GO TO CF-5 SEDBC.  
{ ELSE IF IT IS APPARENT WHICH CAME FIRST (this sex ed or R's 1<sup>st</sup> sex),  
{ GO TO CF-5 SEDBC.

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

**SEDNOSX**

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

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

**SEDBC**

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

About methods of birth control?

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

{ ASKED IF R REPORTED HAVING SEX ED ON THIS TOPIC

**SEBCCG**

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

1st grade .....1  
2nd grade .....2  
3rd grade .....3  
4th grade .....4  
5th grade .....5  
6th grade .....6  
7th grade .....7  
8th grade .....8  
9th grade .....9

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

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

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

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

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

{ ASKED ONLY FOR TEENS

**PLEDGE**

CF-8. IF R HAS EVER BEEN MARRIED, ASK:

Did you ever take a public or written pledge to remain a virgin until marriage?

ELSE IF R HAS NEVER BEEN MARRIED, ASK:

Have you ever taken a public or written pledge to remain a virgin until marriage?

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

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

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

**FIRST INTERCOURSE PARTNER (CG)**

**FRSTPART**

CG-1. Please tell me the first name or the initials of your first sexual partner so that I can refer to him during the interview.

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

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

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

**SAMEMAN**

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

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

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

**WHOFSTPR**

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

{ RESPONSE BASED ON CODE NUMBERS ATTACHED TO EACH MAN LISTED ONSCREEN

{ ASKED ONLY IF R IS 18 YEARS OR OLDER

**FPAGE**

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

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

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

**FPRELAGE**

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

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

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

**FPRELYRS**

CG-4c. By how many years?

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

**KNOWFP**

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

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

{ ASKED ONLY IF R IS NOT CURRENTLY MARRIED OR COHABITING

**STILFPSX**

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

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

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

**LSTSEAFP\_M, LSTSEAFP\_Y**

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

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

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

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

**C\_INTRO6**

CG-7b.

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

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

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

{ ASKED IF 2 AGES WERE THE SAME

**WHICH1ST**

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

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

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

**SEXAFMEN**

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

*NOTE: If R refuses to answer, emphasize importance of the information and that it is completely confidential. Only then should you accept a refusal. Do not count oral sex, anal sex, heavy petting, or other forms of sexual activity that do not involve vaginal penetration. Do not count sex with a female partner.*

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

**WNSEXAFM\_M, WNSEXAFM\_Y**

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

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

*NOTE: If R refuses to answer, emphasize importance of the information and that it is completely confidential. Only then should you accept a refusal. Do not count oral sex, anal sex, heavy petting, or other forms of sexual activity that do not involve vaginal penetration. Do not count sex with a female partner.*

{ ASKED IF MO/YR NOT REPORTED

**AGESXAFM**

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

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

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

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

{ ASKED IF AGESXAFM = DK

**AFMEN18**

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

Less than 18 years.....1

18 years or older.....2

{ IF AFMEN18 = RF, GO TO CH SERIES

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

**AFMEN15**

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

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

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

{ ASKED IF AFMEN18 = "18 years or older"

**AFMEN20**

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

Less than 20 years.....1

20 years or older.....2

**NUMBERS OF SEXUAL PARTNERS (CH)**

**LIFEPRT**

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

Number \_\_\_\_\_

{ IF NUMBER WAS REPORTED, GO TO CH-2 MON12PRT

{ ASKED IF LIFEPRT = DK OR RF

**LIFEPRT\_LO**

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

Number \_\_\_\_\_

{ ASKED IF LIFEPRT = DK OR RF

**LIFEPRT\_HI**

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

Number \_\_\_\_\_

**MON12PRT**

CH-2. During the last 12 months, that is, since (INTERVIEW MONTH, 2001), how many men, if any, have you had sexual intercourse with? Please count every male sexual partner, even those you had sex with only once.

Number \_\_\_\_\_

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

{ ASKED IF MON12PRT = DK OR RF

**MON12PRT\_LO**

CH-2b. (ENTER LOWER BOUND OF RANGE FOR NUMBER OF MALE PARTNERS IN LAST 12 MONTHS.)

Number \_\_\_\_\_

{ ASKED IF MON12PRT = DK OR RF

**MON12PRT\_HI**

CH-2c. (ENTER UPPER BOUND OF RANGE FOR NUMBER OF MALE PARTNERS IN LAST 12 MONTHS.)

Number \_\_\_\_\_

{ ASKED IF R HAS EVER BEEN MARRIED

**PTSB4MAR**

CH-3. Including your (former) husband, how many male sexual partners did you have before you got married (the first time)?

Number \_\_\_\_\_

{ IF NUMBER WAS REPORTED, GO TO CI SERIES.

{ ASKED IF PTSB4MAR = DK OR RF

**PTSB4MAR\_LO**

CH-3b. (ENTER LOWER BOUND OF RANGE FOR NUMBER OF MALE PARTNERS BEFORE MARRIAGE.)

Number \_\_\_\_\_

{ ASKED IF PTSB4MAR = DK OR RF

**PTSB4MAR\_HI**

CH-3c. (ENTER UPPER BOUND OF RANGE FOR NUMBER OF MALE PARTNERS BEFORE MARRIAGE.)

Number \_\_\_\_\_

**RECENT SEXUAL PARTNERS IN LAST 12 MONTHS (CI)**

{ IF R HAS HAD SEX IN THE LAST 12 MONTHS WITH HER FIRST SEXUAL PARTNER EVER, AND SHE MARRIED OR COHABITED WITH THIS MAN, GO TO SECTION D.

{ (ALL INFORMATION FOR THIS PARTNER HAS ALREADY BEEN OBTAINED)

{ ELSE IF R HAS HAD SEX IN THE LAST 12 MONTHS WITH HER FIRST SEXUAL PARTNER EVER, BUT SHE NEVER MARRIED OR COHABITED WITH THIS MAN, PROCEED THROUGH CI SERIES AS APPLICABLE.

{ (WILL COLLECT ADDITIONAL DETAIL IF FIRST PARTNER IS STILL "CURRENT" -- specifically education, race, and Hispanic origin)

{ ELSE IF R HAS HAD MORE THAN 1 PARTNER IN LIFETIME, BUT HAS HAD NO PARTNERS IN LAST 12 MONTHS, GO TO CI-18 DATELAST.

{ ELSE IF R HAS HAD 1 OR MORE PARTNERS IN LAST 12 MONTHS, CONTINUE.

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

{ MARRIED OR COHABITING

**WHOSNC1Y**

CI-1. You mentioned that you have had one sexual partner since (INTERVIEW MONTH, 2001). Is that (CURRENT H/P)?

YES.....1 (CI-5 P1YRAGE)

NO.....5 (CI-2 PRT1YNMX)

**PRT1YNMX**

CI-2. Please tell me the name(s) or initials of your (NUMBER) male sexual partner(s) since (INTERVIEW MONTH, 2001) so that I can refer to (him/them) in the next few questions.

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

{ IF WHOSNC1Y WAS ASKED, GO TO CI-5 P1YRAGE.

**TALKALL**

CI-3. IF 1 PARTNER IN LAST 12 MONTHS, ASK:  
Have we already talked about (PRT1YNM1)? That is, is he your first partner, (or have you been married to or lived with him)?

{ OTHER VARIANTS BASED ON NUMBER OF PARTNERS IN LAST 12 MONTHS

Yes .....1  
No .....5 (START OF PARTNER LOOP)

{ ASKED IF ANY PARTNER WAS PREVIOUSLY DISCUSSED IN INTERVIEW

**WHICH1Y**

CI-4. (A SUMMARY SCREEN DISPLAYS NAMES OR INITIALS OF ALL REPORTED HUSBANDS AND PARTNERS, INCLUDING FIRST SEXUAL PARTNER, JUST AS WAS DONE IN CG-2 SAMEMAN.)  
Which of the men that we have already talked about have you had sexual intercourse with since (INTERVIEW MONTH, 2001)?

{ CODE NUMBERS ARE ATTACHED TO EACH MAN ON SUMMARY SCREEN.

*ENTER all that apply*

{ BASED ON RESPONSES TO CI-4 WHICH1Y, R IS ASKED ABOUT EACH PARTNER IN LAST 12 MONTHS AS APPROPRIATE.

{ BEGINNING OF PARTNER LOOP: CI-5 P1YRAGE THROUGH CI-15 P1YRN  
{ ARE ASKED AS APPROPRIATE

{ IF PARTNER BEING DESCRIBED IS R'S FIRST SEXUAL PARTNER, GO TO CI-11 P1YEDUC.

{ ASKED FOR EACH RECENT PARTNER WHO IS NOT HER FIRST PARTNER

**P1YRAGE**

CI-5. Thinking now of (RECENT PARTNER), how old were you when you first had sexual intercourse with him?

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

{ ASKED ONLY IF R IS 18 YEARS OR OLDER

**P1YHSAGE**

CI-6. And how old was he when you first had sexual intercourse with him?

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

{ ASKED FOR EACH RECENT PARTNER WHO IS NOT HER FIRST PARTNER

**P1YRF**

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

Married to him .....1  
Engaged to him .....2

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

{ ASKED FOR EACH RECENT PARTNER WHO IS NOT HER FIRST PARTNER

**PIYFSEX\_M, PIYFSEX\_Y**

CI-8. In what month and year did you have sexual intercourse with him for the first time?

*NOTE: If R refuses to answer, emphasize importance of the information and that it is completely confidential. Only then should you accept a refusal. Do not count oral sex, anal sex, heavy petting, or other forms of sexual activity that do not involve vaginal penetration. Do not count sex with a female partner.*

{ IF PARTNER BEING DESCRIBED IS R'S CURRENT H/P OR  
{ IF CI-1 WHOSNCLY = YES, GO TO CI-10 PIYLSEX.

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

**PIYCURRP**

CI-9. Do you consider (RECENT PARTNER) to be a current sexual partner?

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

{ ASKED FOR EACH RECENT PARTNER

**PIYLSEX\_M, PIYLSEX\_Y**

CI-10. In what month and year did you last have sexual intercourse with him?

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

{ ASKED IF THIS IS A CURRENT SEXUAL PARTNER, BUT NOT R'S CURRENT H/P.  
{ CURRENT PARTNERS MAY BE FIRST PARTNERS.

**PIYEDUC**

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

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

{ ASKED IF THIS IS A CURRENT SEXUAL PARTNER, BUT NOT R'S CURRENT H/P.  
{ CURRENT PARTNERS MAY BE FIRST PARTNERS.

**PIYHISP**

CI-12. Is (RECENT PARTNER) Hispanic or Latino, or of Spanish origin?

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

{ ASKED IF THIS IS A CURRENT SEXUAL PARTNER, BUT NOT R'S CURRENT H/P.  
{ CURRENT PARTNERS MAY BE FIRST PARTNERS.

**P1YRACE**

CI-13. Which of the groups on Card 2 describes (RECENT PARTNER)'s racial background? Please select one or more groups.

ENTER all that apply

NOTE: If R reports a mixture of several races (biracial, mixed, mulatto, etc.), ENTER all groups that are part of the mixture.

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

{ ASKED IF THIS IS A CURRENT SEXUAL PARTNER, BUT NOT R'S CURRENT H/P  
{ AND IF MORE THAN 1 RACE MENTIONED.  
{ CURRENT PARTNERS MAY BE FIRST PARTNERS.

**P1YRACEB**

CI-14. Which of these groups, that is (RESPONSES FROM P1YRACE), would you say best describes his racial background?

{ Display only those categories reported in CI-13 P1YRACE

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

**P1YRN**

CI-15. Please look at Card 24. How would you describe your current relationship with (RECENT PARTNER)?

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

{ IF ANY OTHER RECENT PARTNER TO DESCRIBE, RETURN TO CI-5 P1YRAGE.  
{ OTHERWISE:  
{ IF R'S LAST SEX Mo/Yr IS NOT SHARED BY 2 OR MORE PARTNERS, GO TO SECTION D.

{ ASKED IF R's LAST SEX Mo/Yr IS SAME FOR 2 OR MORE RECENT PARTNERS

**LASTSEX**

CI-16. Before we move on to the next section of the interview, let me make sure I have everything correct so far. You reported that you last had sex with (LIST NAMES OF RECENT PARTNERS) in (MO/YR OF LAST SEX WITH THEM). Is that correct?

- Yes ....1
- No .....5 (should back up to CI-10 P1YLSEX to make any necessary correction)

{ ASKED IF CI-16 LASTSEX = YES

**LASTSEXW**

CI-17. Please think about the very last time you had sexual intercourse in (MO/YR OF LAST SEX). With which of these men (repeat names from RECENT PARTNER) was that last sexual intercourse?

- RECENT PARTNER 1 .....1
- RECENT PARTNER 2 .....2

Etc.

{ IF CI-16 LASTSEX WAS ASKED, GO TO SECTION D

{ ASKED IF R HAD NO PARTNERS IN LAST 12 MONTHS

**DATELAST\_M, DATELAST\_Y**

CI-18. In what month and year did you last have sexual intercourse with a male?

{ ASKED IF R HAD NO PARTNERS IN LAST 12 MONTHS

**WHOLAST**

CI-19. Who was this last sexual partner?

*NOTE: These response choices are meant to be mutually exclusive.  
Code "former cohabiting partner" only if R never married him.  
Code "first sexual partner" only if R was never married to him and never cohabited with him.*

A former husband .....1  
A former cohabiting partner .....2  
Your first sexual partner .....3  
Some other man .....4

SECTION D

Sterilizing Operations and Impaired Fecundity

STERILIZATION OPERATIONS (DA)

**INTRO\_D1**

INTRO-D1. The next questions are about your physical ability to have (a/another) baby.

**EVERTUBS**

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

YES.....1  
IF VOL: Operation failed .....3  
NO.....5  
IF VOL: Operation already reversed ..6

{ ASKED IF R IS NOT CURRENTLY PREGNANT

**EVERHYST**

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

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

{ ASKED IF R IS NOT CURRENTLY PREGNANT

**EVEROVRS**

DA-3. Have you ever had both of your ovaries removed?

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

{ ASKED FOR ALL

**EVEROTHR**

DA-4. Have you ever had any other operation that makes it impossible for you to have (a/another) baby?

Yes .....1  
No .....5 (GO TO DA-8 ANYOPSMN)

{ ASKED IF EVEROTHR = YES

**WHTOOPRS**

DA-5. What operation did you have that makes it impossible for you to have (a/another) baby? If you do not know its name, please describe the operation.

RECORD answer verbatim

{ INTERVIEWER CODES IF EVEROTHR = YES AND R VOLUNTEERS ANY OF THESE

**WHTOOPRC**

DA-5a. INTERVIEWER: CODE If any of the following mentioned:

OPERATION AFFECTS ONLY ONE TUBE...1  
OPERATION AFFECTS ONLY ONE OVARY..2  
SOME OTHER OPERATION.....3  
OTHER STERILIZING OPERATION.....4

{ IF "SOME OTHER OPERATION" GO TO DA-7 DFNLSTRL.

{ ELSE IF "OTHER STERILIZING OPERATION" GO TO DA-8 ANYOPSMN.

{ ASKED IF R MENTIONS THAT ONLY 1 TUBE OR OVARY WAS AFFECTED

**ONOTFUNC**

DA-6. Many women who have only one (tube tied/ovary removed) can still have babies because they are not completely sterile. As far as you know, are you completely sterile from this operation, that is, does it make it impossible for you to have a baby in the future?

Yes .....1 (DA-8 ANYOPSMN)  
No .....5 (DA-8 ANYOPSMN)

{ ASKED IF WHTOOPRC = 3 (SOME OTHER OPERATION)

**DFNLSTRL**

DA-7. As far as you know, are you completely sterile from this operation, that is, does it make it impossible for you to have a baby in the future?

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

{ IF R IS NOT CURRENTLY MARRIED OR COHABITING, GO TO DB SERIED.

{ ASKED IF R IS CURRENTLY MARRIED OR COHABITING

**ANYOPSMN**

DA-8. Has (HUSBAND/PARTNER) ever had a vasectomy or any other operation that would make it impossible for him to father a baby in the future?

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

**WHATOPSM**

DA-9. What type of operation did (HUSBAND/PARTNER) have?

Vasectomy .....1 (DB SERIES)  
Other operation .....3  
*IF VOL: Operation failed* .....5 (DB SERIES)  
*IF VOL: Operation already reversed* .....6 (DB SERIES)

{ ASKED IF "OTHER OPERATION" MENTIONED IN WHATOPSM

**DFNLSTRM**

DA-10. As far as you know, is he completely sterile from this operation, that is, does it make it impossible for him to father a baby in the future?

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

**OPERATION BY OPERATION SERIES (DB)**

{ LOOP FOR FEMALE OPERATIONS GOES FROM DB-1 DATFEMOP THROUGH DB-6 MINCDNNR.

{ ASK DB SERIES FOR EACH FEMALE OPERATION REPORTED (could be up to 4)

{ ASK DB SERIES FOR SINGLE MALE OPERATION (vasectomy or "other")

{ ASKED FOR EACH FEMALE STERILIZING OPERATION REPORTED

**DATFEMOP\_M, DATFEMOP\_Y**

DB-1. When did you have your [OPERATION]?

{ ASKED FOR EACH FEMALE OPERATION OCCURRING IN JAN 1997 OR LATER

**PLCFEMOP**

DB-2. Looking at Card 25, please tell me where this operation was performed.

- Private doctor's office.....1
- HMO facility .....2
- Community health clinic, community clinic,  
public health clinic .....3
- Family planning or Planned Parenthood clinic .....4
- Employer or company clinic .....5
- School or school-based clinic .....6
- Hospital outpatient clinic .....7
- Hospital emergency room .....8
- Hospital regular room .....9
- Urgent care center, urgi-care, or walk-in facility ..10
- Some other place .....20

{ ASKED FOR EACH TUBAL STERILIZATION OCCURRING IN JAN 1997 OR LATER  
**INPATIEN**

DB-2a. When you had your tubal sterilization, did you stay overnight in the hospital?

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

{ ASKED FOR EACH FEMALE OPERATION OCCURRING IN JAN 1997 OR LATER  
**PAYRSTER**

DB-2b. Looking at Card 16, please tell me all of the ways in which the bill for this operation was paid.

*ENTER all that apply*

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

{ ASKED FOR EACH FEMALE OPERATION OCCURRING IN JAN 1997 OR LATER  
**RHADALL**

DB-3a. At the time you had your (OPERATION) in (mo/yr), had you, yourself, had all the children you wanted?

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

{ ASKED FOR EACH FEMALE OPERATION OCCURRING IN JAN 1997 OR LATER  
**HHADALL**

DB-3b. And what about your (husband/partner) (at the time)? At the time you had your (OPERATION) in (mo/yr), had he had all the children he wanted?

- Yes .....1
- No .....5
- IF VOL: R was not in a relationship with  
a man at the time she had this operation ....6

{ ASKED FOR EACH FEMALE OPERATION OCCURRING IN JAN 1997 OR LATER  
**FMEDREAS**

DB-4. Please look at Card 26. Did you have any of these medical reasons for having your (OPERATION)?

*ENTER all that apply*

- Medical problems with your female organs.....1
- Pregnancy would be dangerous to your health.....2
- You would probably lose a pregnancy.....3
- You would probably have an unhealthy child.....4
- Some other medical reason .....5
- No medical reason for operation .....6

{ ASKED FOR EACH FEMALE OPERATION OCCURRING IN JAN 1997 OR LATER

**BCREAS**

DB-5a.

IF R DID NOT VOLUNTEER (IN HHADALL) THAT SHE WAS NOT IN A RELATIONSHIP WITH A MAN AT THE TIME OF THE OPERATION, ASK:  
At the time you had your (OPERATION), had you or your (husband/partner/husband or partner) been having problems with your method or methods of birth control?

ELSE IF R DID VOLUNTEER (IN HHADALL) THAT SHE WAS NOT IN A RELATIONSHIP WITH A MAN AT THE TIME OF THE OPERATION, ASK:  
At the time you had your (OPERATION), had you been having problems with your method or methods of birth control?

- Yes .....1
- No .....5 (DB-6 MINCDNNR)
- No, not using any method at the time ....6 (DB-6 MINCDNNR)

{ ASKED IF R REPORTED PROBLEMS WITH BIRTH CONTROL

**BCWHYF**

DB-5b.

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

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

{ IF R REPORTED ONLY 1 REASON FOR THIS OPERATION, GO TO NEXT OPERATION.  
{ IF NO MORE OPERATIONS TO DESCRIBE, GO TO DB-6b OPERSAME.

{ ASKED IF R REPORTED MORE THAN 1 REASON FOR THIS OPERATION

**MINCDNNR**

DB-6. You mentioned that the reasons for your [OPERATION] were that... [ONLY DISPLAY REASONS THAT R REPORTED ABOVE]. Which one of these was the main reason that you had your [OPERATION]?

*ENTER 3 if any medical reasons reported as her main reason.  
ENTER 5 if R reports that her main reason was something other than a reason she reported previously.*

*READ list of all mentioned above*

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

{ RETURN TO DB-1 DATFEMOP TO ASK ABOUT NEXT OPERATION.  
{ IF NO MORE OPERATIONS TO DESCRIBE, GO TO DB-6b OPERSAME.

{ ASKED IF 2 OR MORE OPERATIONS OCCURRED IN SAME MO/YR

**OPERSAME**

DB-6b.

Did you have the (OPERATIONS OCCURRING IN SAME MO/YR) in the same operation in (mo/yr), or were these separate operations?

Same operation .....1  
Separate operations .....5

{ IF NO MALE OPERATION REPORTED, GO TO DC SERIES.

{ ASKED FOR MALE OPERATION

**DATEOPMN\_M, DATEOPMN\_Y**

DB-7. When did [HUSBAND/PARTNER] have his [OPERATION]?

{ IF OPERATION OCCURRED EARLIER THAN JAN 1997, GO TO DC SERIES.

{ IF OPERATION OCCURRED AFTER MO/YR WHEN R MARRIED HER CURRENT HUSBAND, AND  
{ OCCURRED IN JAN 1997 OR LATER, GO TO DB-9 PLACOPMN.

{ IF OPERATION OCCURRED BEFORE MARRIAGE DATE OR R IS COHABITING WITH THIS MAN,  
{ AND OPERATION OCCURRED IN JAN 1997 OR LATER

**WITHIMOP**

DB-8. You may have already told me this, but were you in a relationship with  
him at the time he had his [OPERATION]?

Yes ..... 1  
No ..... 5 (DC Series)

{ ASKED FOR MALE OPERATIONS OCCURRING IN JAN 1997 OR LATER AND OCCURRING  
{ DURING THEIR RELATIONSHIP

**PLACOPMN**

DB-9. Looking at Card 25, please tell me where this operation was performed.

Private doctor's office.....1  
HMO facility .....2  
Community health clinic, community clinic,  
public health clinic .....3  
Family planning or Planned Parenthood clinic .....4  
Employer or company clinic .....5  
School or school-based clinic .....6  
Hospital outpatient clinic .....7  
Hospital emergency room .....8  
Hospital regular room .....9  
Urgent care center, urgi-care, or walk-in facility ..10  
Some other place .....20

{ ASKED FOR MALE OPERATIONS OCCURRING IN JAN 1997 OR LATER AND OCCURRING  
{ DURING THEIR RELATIONSHIP

**PAYMSTER**

DB-10. Looking at Card 16, please tell me all of the ways in which the  
bill for [HUSBAND/PARTNER]'s operation was paid.

*ENTER all that apply*

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

{ ASKED FOR MALE OPERATIONS OCCURRING IN JAN 1997 OR LATER AND OCCURRING  
{ DURING THEIR RELATIONSHIP

**RHADALLM**

DB-11a. At the time [HUSBAND/PARTNER] had his [OPERATION] in (MO/YR), had  
you, yourself, had all the children you wanted?

Yes .....1

No .....5

{ ASKED FOR MALE OPERATIONS OCCURRING IN JAN 1997 OR LATER AND OCCURRING  
{ DURING THEIR RELATIONSHIP

**HHADALLM**

DB-11b. And what about him? At the time he had his [OPERATION], had he had all the children he wanted?

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

{ ASKED FOR MALE OPERATIONS OCCURRING IN JAN 1997 OR LATER AND OCCURRING  
{ DURING THEIR RELATIONSHIP

**MEDREAS**

DB-12. Please look at Card 27. Did he have any of these medical reasons for having his (OPERATION)?

*ENTER all that apply*

Pregnancy would be dangerous to your health.....1  
You would probably lose a pregnancy .....2  
You would probably have an unhealthy child.....3  
He had health problem that required the  
operation.....4  
Some other medical reason .....5  
No medical reason for operation .....6

6, DK, OR RF CANNOT BE ENTERED WITH CODES 1-5

{ ASKED FOR MALE OPERATIONS OCCURRING IN JAN 1997 OR LATER AND OCCURRING  
{ DURING THEIR RELATIONSHIP

**BCREASM**

DB-13a. At the time he had his [OPERATION], had you or [HUSBAND/PARTNER] been having problems with your method or methods of birth control?

Yes .....1  
No .....5 (DB-14 MINCDNMN)  
No, not using any method at the time ....6 (DB-14 MINCDNMN)

{ ASKED IF BIRTH CONTROL PROBLEMS REPORTED

**BCWHYM**

DB-13b. Was there a health or medical problem with the method of birth control you or he was using, or did you not like the method for some other reason?

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

{ IF ONLY 1 REASON REPORTED FOR THE MALE OPERATION, GO TO DC SERIES.

{ ASKED IF MORE THAN 1 REASON REPORTED FOR THE MALE OPERATION

**MINCDNMN**

DB-14. You mentioned that the reasons that [HUSBAND/PARTNER] had [OPERATION] were that... [ONLY DISPLAY THOSE REASONS THAT R REPORTED FOR HUSBAND/PARTNER ABOVE]. Which one of these was the main reason that he had [OPERATION]?

*ENTER 3 if any medical reasons reported as main reason.  
ENTER 5 if R reports that his main reason was something other than a reason she reported previously.*

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

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

{ IF TUBAL LIGATION NOT REPORTED, GO TO DC-3 REVSVASX.

{ ASKED IF TUBAL LIGATION WAS REPORTED

**REVSTUBL**

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

Have you ever had surgery to reverse your tubal sterilization?

ELSE IF REVERSAL OPERATION WAS ALREADY REPORTED, ASK:

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

Yes .....1

No .....5 (GO TO DC-3 REVSVASX)

{ ASKED IF R HAD REVERSAL OF TUBAL STERILIZATION

**DATRVSTB\_M, DATRVSTB\_Y**

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

*If R cannot recall month and year, REFER her to the life history calendar.*

{ IF R DID NOT REPORT A VASECTOMY FOR HER CURRENT H/P, GO TO DC-5 RWANTRVT.

{ ASKED IF R REPORTED THAT HER CURRENT H/P HAD A VASECTOMY

**REVSVASX**

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

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

ELSE IF VASECTOMY REVERSAL WAS PREVIOUSLY REPORTED, ASK:

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

Yes .....1

No .....5 (GO TO DC-5 RWANTRVT)

{ ASKED IF R REPORTED THAT HER CURRENT H/P HAD A VASECTOMY REVERSAL

**DATRVVEX\_M, DATRVVEX\_Y**

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

*If R cannot recall month and year, REFER her to the life history calendar.*

{ IF R HAD ANY OPERATION BESIDES TUBAL STERILIZATION OR HER CURRENT H/P HAD AN

{ OPERATION OTHER THAN VASECTOMY, GO TO DD SERIES.

{ THE REMAINING ITEMS IN THE DC SERIES ARE ASKED IF R'S (OR COUPLE'S) ONLY

{ STERILIZATION OPERATIONS ARE A TUBAL OR A VASECTOMY.

{ ASKED IF R REPORTED AN UNREVERSED TUBAL

**RWANTRVT**

DC-5. As things look to you now, if your tubal sterilization could be reversed safely, would you want to have it reversed? Would you say definitely yes, probably yes, probably no, or definitely no?

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

{ ASKED IF R IS CURRENTLY MARRIED OR COHABITING

**MANWANTT**

DC-6. Would [HUSBAND/PARTNER] like you to have your tubal sterilization reversed? Would you say definitely yes, probably yes, probably no, or definitely no?

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

{ IF NO VASECTOMY REPORTED, GO TO DD SERIES.

{ ASKED IF R REPORTED AN UNREVERSED VASECTOMY FOR HER CURRENT H/P

**RWANTREV**

DC-7. As things look to you now, if [HUSBAND/PARTNER]'s vasectomy could be reversed safely, would you want to have it reversed? Would you say definitely yes, probably yes, probably no, or definitely no?

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

**MANWANTR**

DC-8. Would [HUSBAND/PARTNER] like to have his vasectomy reversed? Would you say definitely yes, probably yes, probably no, or definitely no?

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

**STERILIZING OPERATIONS OF PREVIOUS HUSBANDS/COHAB PARTNERS (DD)**

{ IF R HAS NO FORMER HUSBANDS OR COHABITING PARTNERS, GO TO DE SERIES.

{ ASKED IF R HAS ANY FORMER HUSBANDS OR COHABITING PARTNERS.

**VASANY**

DD-1. IF ONLY 1 FORMER HUSBAND OR COHABITING PARTNER, ASK:

Did (your former husband/ the man you used to live with) ever have a vasectomy -- either before you began living together or during the time you lived together?

{ OTHER QUESTION WORDING VARIANTS BASED ON NUMBERS OF FORMER HUSBANDS OR  
{ COHABITING PARTNERS

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

{ IF ANY FORMER H/P HAD A VASECTOMY

**WHICHVAS**

DD-2. Which former husband(s) or cohabiting partner(s)?

*ENTER all that apply*

{ SCREEN DISPLAYS LIST OF FORMER HUSBANDS & COHABITING PARTNERS, AND R CAN  
{ INDICATE HER ANSWER USING CODE NUMBERS

{ LOOP IS SET UP TO ASK ABOUT EACH FORMER H/P WHO HAD A VASECTOMY:  
{ BEGINS WITH DD-3 WHENVAS AND GOES THROUGH DD-6 WHENVREV

{ ASKED FOR EACH VASECTOMY HAD BY A FORMER H/P

**WHENVAS\_M, WHENVAS\_Y**

DD-3. In what month and year did (FORMER H/P) have his vasectomy?

*If R cannot recall month and year, REFER her to the life history  
calendar.*

{ ASKED VASECTOMY OCCURRED AFTER MO/YR WHEN R MARRIED THIS MAN,  
{ GO TO DD-5 VASREV.

{ ASKED IF VASECTOMY OCCURRED BEFORE MARRIAGE TO THIS MAN OR R ONLY COHABITED  
{ WITH THIS MAN

**VASTOGTH**

DD-4. Were you in a relationship with (FORMER H/P) at the time he had his  
vasectomy in (mo/yr)?

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

{ ASKED FOR EACH VASECTOMY HAD BY A FORMER H/P

**VASREV**

DD-5. Did [FORMER H/P] have surgery to reverse his vasectomy during your  
relationship with him?

Yes .....1  
No .....5 (RETURN TO DD-3 WHENVAS IF MORE VASECTOMIES)

{ ASKED IF THIS FORMER H/P HAD A VASECTOMY REVERSAL

**WHENVREV\_M, WHENVREV\_Y**

DD-6. In what month and year did he have the surgery to reverse his vasectomy?

*If R cannot recall month and year, REFER her to the life history  
calendar.*

{ IF MORE VASECTOMIES TO DESCRIBE FOR FORMER H/P's, RETURN TO DD-3 WHENREV.  
{ ELSE GO TO DE SERIES.

**NON-SURGICAL STERILITY (DE)**

{ IF R IS SURGICALLY STERILE, GO TO SECTION E.  
{ ELSE IF R IS CURRENTLY PREGNANT, GO TO DF-1 CANHAVER.

{ ASKED IF R IS NEITHER SURGICALLY STERILE NOR PREGNANT.

**POSIBLPG**

DE-1. Now I have a few more questions about your physical ability to have  
(a/another) baby at some time in the future.

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

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

{ IF PHYSICALLY POSSIBLE, GO TO DE-3 POSIBLMN.

{ ASKED IF NOT PHYSICALLY POSSIBLE

**REASIMPR**

DE-2. What is the reason it is impossible for you to have a baby in the future? Is it ...

- Impossible due to an accident or illness .....1
- Impossible due to menopause .....2
- Impossible for some other reason .....3
- Impossible for you to have a baby,  
for unknown reasons .....4

{ ASKED IF R HAS A CURRENT H/P AND HE IS NOT SURGICALLY STERILE.

**POSIBLMN**

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

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

{ASKED IF PHYSICALLY IMPOSSIBLE FOR HIM

**REASIMPP**

DE-4. What is the reason it is impossible for [HUSBAND/PARTNER] to father a baby in the future? Is it ...

- Impossible due to an accident or illness .....1
- Impossible for some other reason .....2
- Impossible for him to father a baby,  
for unknown reasons .....3

{ IF PHYSICALLY IMPOSSIBLE FOR R TO HAVE A BABY, GO TO DF-3 CANHAVEM.

**PREGNANCY DIFFICULTY SERIES (DF)**

{ ASKED IF PHYSICALLY POSSIBLE FOR R TO HAVE A BABY

**CANHAVER**

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

- Yes .....1
- No .....5 (GO TO DF-3 CANHAVEM)

{ ASKED IF R HAS DIFFICULTY

**READIFF**

DF-2. Please look at Card 28. What is the reason that it would be difficult for you to have (a/another) baby?

*ENTER all that apply*

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

{ ASKED IF R HAS A CURRENT H/P WHO IS PHYSICALLY ABLE TO FATHER A CHILD

**CANHAVEM**

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

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

{ ASKED IF PHYSICALLY POSSIBLE FOR R TO HAVE A BABY

**PREGNONO**

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

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

{ ASKED IF PREGNONO = YES

**REASNONO**

DF-5. Please look at Card 29 and tell me why the doctor advised you not to become pregnant?

*ENTER all that apply*

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

**SECTION E**

**Contraceptive History and Pregnancy Wantedness**

**CONTRACEPTIVE METHODS EVER USED (EA)**

**INTR-EA1**

EA-0. Card 30 lists methods that some people use to prevent pregnancy or to prevent sexually transmitted disease. As I read each one, please tell me if you have ever used it for any reason. Just give me a "yes" or "no" answer. Please answer yes even if you have only used the method once.

**PILL**

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

*If R answers "Yes", read the following:  
Please circle "pill" on the life history calendar.*

*If R volunteers she never used a (another) method, probe to make sure R has read the entire card and is sure of her answer.*

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

{IF R HAS NEVER HAD SEX GO TO DEPOPROV EA-5

**CONDOM**

EA-2. Have you ever used condoms or rubbers with a partner?

*If R answers "Yes", read the following:  
Please circle "condom" on the life history calendar.*

*If R volunteers she never used a (another) method, probe to make sure R has read the entire card and is sure of her answer.*

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

**VASECTOMY**

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

*If R answers "Yes", read the following:  
Please circle "male sterilization" on the life history calendar.*

*If R volunteers she never used a (another) method, probe to make sure R has read the entire card and is sure of her answer.*

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

**WIDRAWAL**

EA-4. Have you ever had sex with a partner who used withdrawal or "pulling out"?

*If R answers "Yes", read the following:  
Please write "withdrawal" on the life history calendar in one of the rows marked "Other", and circle "Other".*

*If R volunteers she never used a (another) method, probe to make sure R*

has read the entire card and is sure of her answer.

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

**DEPOPROV**

EA-5. (Have you ever used) Depo-Provera or injectables (or shots)?

If R answers "Yes", read the following:  
Please circle "Depo-Provera, injectable" on the life history calendar.

If R volunteers she never used a (another) method, probe to make sure R has read the entire card and is sure of her answer.

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

**NORPLANT**

EA-6. (Have you ever used) Norplant (implants)?

If R answers "Yes", read the following:  
Please write "Norplant" on the life history calendar in one of the rows marked "Other", and circle "Other".

If R volunteers she never used a (another) method, probe to make sure R has read the entire card and is sure of her answer.

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

{ IF R HAS NEVER HAD SEX GO TO EA-18 LUNELLE

**RHYTHM**

EA-7. Have you ever used rhythm or safe period by calendar to prevent pregnancy?

If R answers "Yes", read the following:  
Please write this method name on the life history calendar in one of the rows marked "Other", and circle "Other".

If R volunteers she never used a (another) method, probe to make sure R has read the entire card and is sure of her answer.

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

**TEMPSAFE**

EA-8. (Have you ever used) Natural family planning or safe period by temperature or cervical mucus test to prevent pregnancy?

If R answers "Yes", read the following:  
Please write this method name on the life history calendar in one of the rows marked "Other", and circle "Other".

If R volunteers she never used a (another) method, probe to make sure R has read the entire card and is sure of her answer.

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

**MORNPILL**

EA-9. (Have you ever used) "Morning after" pills or Emergency Contraception?

If R answers "Yes", read the following:

Please write this method name on the life history calendar in one of the rows marked "Other", and circle "Other".

Read if necessary: This is a series of regular birth control pills taken within 72 hours after unprotected sex to help a woman avoid pregnancy. It is also called "Plan B" or "Preven".

If R volunteers she never used a (another) method, probe to make sure R has read the entire card and is sure of her answer.

If R insists no (other) methods were used, answer "no" for the remaining methods on the card.

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

{ IF R HAS NEVER USED EMERGENCY CONTRACEPTION GO TO EA-10 DIAFRAGM

**ECTIMESX**

EA-9a. How many different times have you used emergency contraception?

Number \_\_\_\_\_

**ECREASON**

EA-9b. Did you use emergency contraception because you were worried your birth control method would not work, you didn't use birth control that time, or for some other reason?

ENTER all that apply

You were worried your birth control method would not work.....1  
You didn't use birth control that time.....2  
Some other reason.....3

**DIAFRAGM**

EA-10. (Have you ever used) a diaphragm with or without jelly or cream?

If R answers "Yes", read the following:

Please write "diaphragm" on the life history calendar in one of the rows marked "Other", and circle "Other".

If R volunteers she never used a (another) method, probe to make sure R has read the entire card and is sure of her answer.

If R insists no (other) methods were used, answer "no" for the remaining methods on the card.

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

**WOCONDOM**

EA-11. (Have you ever used) Female condoms or vaginal pouches?

If R answers "Yes", read the following:

Please write "female condom" on the life history calendar in one of the rows marked "Other", and circle "Other".

If R volunteers she never used a (another) method, probe to make sure R has read the entire card and is sure of her answer.

If R insists no (other) methods were used, answer "no" for the remaining methods on the card.

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

**FOAMALON**

EA-12. (Have you ever used) Foam?

If R answers "Yes", read the following:  
Please write "foam" on the life history calendar in one of the rows marked "Other", and circle "Other".

If R volunteers she never used a (another) method, probe to make sure R has read the entire card and is sure of her answer.

If R insists no (other) methods were used, answer "no" for the remaining methods on the card.

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

**JELCRMAL**

EA-13. (Have you ever used) Jelly or cream (other than with a diaphragm)?

If R answers "Yes", read the following:  
Please write "jelly" on the life history calendar in one of the rows marked "Other", and circle "Other".

If R volunteers she never used a (another) method, probe to make sure R has read the entire card and is sure of her answer.

If R insists no (other) methods were used, answer "no" for the remaining methods on the card.

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

**CERVLCAP**

EA-14. (Have you ever used) A Cervical cap?

If R answers "Yes", read the following:  
Please write "cervical cap" on the life history calendar in one of the rows marked "Other", and circle "Other".

If R volunteers she never used a (another) method, probe to make sure R has read the entire card and is sure of her answer.

If R insists no (other) methods were used, answer "no" for the remaining methods on the card.

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

**SUPPOSIT**

EA-15. (Have you ever used) A Suppository or an insert?

If R answers "Yes", read the following:  
Please write this method name on the life history calendar in one of the rows marked "Other", and circle "Other".

If R volunteers she never used a (another) method, probe to make sure R has read the entire card and is sure of her answer.

If R insists no (other) methods were used, answer "no" for the remaining methods on the card.

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

**TODAYSPG**

EA-16. (Have you ever used) The Today™ sponge?

If R answers "Yes", read the following:  
Please write "sponge" on the life history calendar in one of the rows marked "Other", and circle "Other".

If R volunteers she never used a (another) method, probe to make sure R has read the entire card and is sure of her answer.

If R insists no (other) methods were used, answer "no" for the remaining methods on the card.

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

**IUD**

EA-17. (Have you ever used) An IUD, coil, or loop?

If R answers "Yes", read the following:  
Please write "IUD" on the life history calendar in one of the rows marked "Other", and circle "Other".

If R volunteers she never used a (another) method, probe to make sure R has read the entire card and is sure of her answer.

If R insists no (other) methods were used, answer "no" for the remaining methods on the card.

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

**LUNELLE**

EA-18. (Have you ever used) Lunelle, a once-a-month injection?

If R answers "Yes", read the following:  
Please write "Lunelle" on the life history calendar in one of the rows marked "Other", and circle "Other".

If R volunteers she never used a (another) method, probe to make sure R has read the entire card and is sure of her answer.

If R insists no (other) methods were used, answer "no" for the remaining methods on the card.

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

**PATCH**

EA-19. (Have you ever used) The contraceptive patch?

If R answers "Yes", read the following:  
Please write "patch" on the life history calendar in one of the rows

marked "Other", and circle "Other".

*If R volunteers she never used a (another) method, probe to make sure R has read the entire card and is sure of her answer.*

*If R insists no (other) methods were used, answer "no" for the remaining methods on the card.*

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

**OTHRMETH**

EA-20. Have you used any other methods?

*Do not count partner being sterile for reasons other than a vasectomy as a birth control method.*

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

{ASKED IF R USED AN "OTHER" METHOD OF CONTRACEPTION

**SP\_OTHRMETH**

EA-21. (Have you used any other methods?)

*If R answers "Yes", read the following:  
Please write the method name on the life history calendar in one of the rows marked "Other", and circle "Other".*

*Specify*

{IF R HAS NEVER USED A METHOD, GO TO EC SERIES

**METHDISS**

EA-22. Some people try a method and then don't use it again, or stop using it, because they are not satisfied with the method. Did you ever stop using a method because you were not satisfied with it in some way?

*Do not count stopping a method for reasons other than dissatisfaction, for example, stopped to get pregnant or because not having intercourse*

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

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

**METHSTOP**

EA-23. Please look at Card 31. What method or methods did you stop because you were not satisfied?

*ENTER all that apply*

- Office use only.....1
- Office use only.....2
- Birth control pills.....3
- Condom.....4
- Partner's vasectomy.....5
- Sterilizing operation/tubal ligation.....6
- Withdrawal, pulling out.....7
- Depo-Provera, injectables (shots).....8
- Norplant™ implants.....9
- Rhythm or safe period by calendar.....10

Safe period by temperature or cervical mucus  
test, natural family planning.....11  
Diaphragm.....12  
Female condom, vaginal pouch.....13  
Foam.....14  
Jelly or cream.....15  
Cervical cap.....16  
Suppository, insert.....17  
Today™ sponge.....18  
IUD, coil, loop.....19  
Other method.....20  
Lunelle injectable (monthly shot).....24  
Contraceptive patch.....25

{ASKED IF R STOPPED USING THE FOLLOWING METHODS: Pill, Condom, Depo-Provera,  
AND/OR Norplant

**READISS**

EA-24. Looking at Card 32, What was the reason or reasons you were not  
satisfied with [the Pill/the condom/Norplant/Depo-Provera]?

*ENTER all that apply*

Too expensive.....1  
Too difficult to use.....2  
Too messy.....3  
Your partner did not like it.....4  
You had side effects.....5  
You were worried you might have side effects.....6  
You worried the method would not work.....7  
The method failed, you became pregnant.....8  
The method did not protect against disease.....9  
Because of other health problems, a doctor  
told you that you should not use the method again....10  
The method decreased your sexual pleasure.....11  
Too difficult to obtain the method.....12  
Did not like the changes to your menstrual cycle.....13  
Other.....14

{IF R HAS NEVER USED A CONTRACEPTIVE METHOD, BUT HAS HAD SEX, GO TO EC SERIES.  
IF R HAS NEVER USED A CONTRACEPTIVE METHOD AND HAS NEVER HAD SEX, GO TO  
SECTION F

**FIRST METHOD SERIES (EB)**

**INTR-EB1**

EB-0. Now I need to ask a few questions about the very first time in  
your life that you used a birth control method for any reason.

**FIRSMETH**

EB-1. The very first time you ever used a birth control method, which method  
on Card 33 did you use? If you used more than one method that first  
time, please tell me about each one. For example, a woman's partner  
might use a condom and she might use the pill on the same occasion.

*ENTER all that apply*

*If R spontaneously mentions she was sterile (aside from sterilizing  
operation listed among categories), ENTER 22.*

*If R spontaneously mentions her partner was sterile (aside from  
vasectomy listed in categories), ENTER 23.*

Office use only.....1  
Office use only.....2  
Birth control pills.....3  
Condom.....4  
Partner's vasectomy.....5  
Sterilizing operation/tubal ligation.....6  
Withdrawal, pulling out.....7  
Depo-Provera, injectables.....8  
Norplant™.....9  
Rhythm or safe period by calendar.....10  
Safe period by temperature or cervical mucus  
test, natural family planning.....11  
Diaphragm.....12  
Female condom, vaginal pouch.....13  
Foam.....14  
Jelly or cream.....15  
Cervical cap.....16  
Suppository, insert.....17  
Today™ sponge.....18  
IUD, coil, loop.....19  
"Morning after" pills or emergency  
contraception.....20  
Other method .....21  
  
Respondent was sterile.....22  
Respondent's partner was sterile.....23  
Lunelle injectable (monthly shot).....24  
Contraceptive patch.....25

{ASKED IF FIRST METHOD USED WAS "OTHER"

**SP FIRSMETH**

EB-1. (The very first time you ever used a birth control method, which method on Card 33 did you use? If you used more than one method that first time, please tell me about each one. For example, a woman's partner might use a condom and she might use the pill on the same occasion.)

*Specify*

{IF R HAS NEVER HAD SEX, GO TO EB-3 WNFSTUSE\_MO

{ASKED IF R'S FIRST METHOD WAS NOT A CONTINUOUS METHOD

**FIRSTIME1**

EB-2. Please look at Card 34. Thinking again of the very first time you ever used a method of birth control, when was it? Was it the first time you had intercourse, less than a month after your first intercourse, one to three months after your first intercourse, four to twelve months after your first intercourse, or more than twelve months after your first intercourse?

Office use only.....1  
The first time you had  
intercourse.....2 (GO TO PLACGOTF1 EB-5)  
Less than a month after  
your first intercourse.....3  
One to three months after  
first intercourse.....4  
Four to twelve months after  
first intercourse.....5  
More than twelve months after  
first intercourse.....6

{ASKED IF R'S FIRST METHOD WAS A CONTINUOUS METHOD

**FIRSTIME2**

EB\_2. Please look at Card 35. Thinking again of the very first time you ever used a method of birth control, when was it? Was it before your first intercourse, the first time you had intercourse, less than a month after your first intercourse, one to three months after your first intercourse, four to twelve months after your first intercourse, or more than twelve months after your first intercourse?

- Before your first intercourse.....1 (GO TO WNFSTUSE\_M EB-3)
- The first time you had intercourse .....2 (GO TO PLACGOTF1 EB-5)
- Less than a month after your first intercourse.....3
- One to three months after first intercourse.....4
- Four to twelve months after first intercourse.....5
- More than twelve months after first intercourse.....6

{ ASKED IF FIRST METHOD USE WAS AFTER FIRST SEX

**NOMETH**

EB-2a. Including your first sex, how many times did you have sexual intercourse before you used a method of birth control?

Number \_\_\_\_\_

*If R used a method at second sex, response should be "1".*

{ ASKED IF FIRST METHOD USE WAS NOT AT FIRST SEX

**WNFSTUSE\_M/WNFSTUSE\_Y**

EB-3. Now, please look at your calendar, and tell me in what month and year you first used a method (for any reason).

Display if R HAS EVER HAD SEX:  
*If respondent needs help, remind her of the date of her first intercourse which was in [DATE].*

*After R has given the year, SAY: Please record an "x" in the appropriate box in one of the "Contraceptive use" rows of your calendar. If the method you used is not listed in the contraceptive use rows write the method name in the row marked "Other" and mark the method use on that row.*

{ ASKED IF FIRST METHOD USE WAS NOT AT FIRST SEX

**AGEFSTUS**

EB-4. How old were you the first time you used a method for any reason?

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

{IF R IS 25 OR OLDER, OR IF FIRST METHOD USED WAS NOT A DRUG OR DEVICE, GO TO USEFRSTS EB-6

{ASKED IF R IS UNDER 25, IF FIRST METHOD WAS A DRUG OR DEVICE, AND IF FIRST METHOD WAS NON-PRESCRIPTION

**PLACGOTF1**

EB-5. Please look at Card 36. Where did you get the [FIRST METHOD]?

Private doctor's office.....1

HMO facility.....	2
Community health clinic, Community clinic, Public health clinic....	3
Family planning or Planned Parenthood Clinic.....	4
Employer or company clinic.....	5
School or school-based clinic.....	6
Hospital outpatient clinic.....	7
Hospital emergency room.....	8
Hospital regular room.....	9
Urgent care center, urgi-care or walk-in facility.....	10
Friend.....	11
Partner or spouse.....	12
Drug store.....	13
Some other place.....	20

{ASKED IF R IS UNDER 25, IF FIRST METHOD WAS A DRUG OR DEVICE, AND FIRST METHOD WAS PRESCRIPTION

**PLACGOTF2**

EB\_5. Please look at Card 36. Where did you get the prescription for the [FIRST METHOD]?

Private doctor's office.....	1
HMO facility.....	2
Community health clinic, Community clinic, Public health clinic....	3
Family planning or Planned Parenthood Clinic.....	4
Employer or company clinic.....	5
School or school-based clinic.....	6
Hospital outpatient clinic.....	7
Hospital emergency room.....	8
Hospital regular room.....	9
Urgent care center, urgi-care or walk-in facility.....	10
Some other place.....	20

{IF FIRST METHOD USE WAS AT OR AFTER FIRST INTERCOURSE, GO TO EC SERIES

{ASKED IF FIRST METHOD USE WAS BEFORE FIRST INTERCOURSE

**USEFRSTS**

EB-6. Did you use any birth control method the first time you had intercourse?

- Yes.....1 (GO TO MTHFRSTS EB-8)
- No.....5

{ASKED IF FIRST METHOD USE WAS BEFORE FIRST INTERCOURSE AND NO METHOD USED AT FIRST INTERCOURSE

**NOMETH2**

EB-7. Including your first sex, how many times did you have sexual intercourse before you used a method of birth control during sexual intercourse?

Number \_\_\_\_\_

*If R used a method at second sex, response should be "1".*

{ASKED IF FIRST METHOD USE WAS BEFORE FIRST INTERCOURSE AND A METHOD WAS ALSO USED AT FIRST INTERCOURSE

**MTHFRSTS**

EB-8. Which method did you use the first time you had intercourse? The methods are listed on Card 33. If you used more than one method at the same time, please tell me about that.

*ENTER all that apply*

*If R spontaneously mentions she was sterile (aside from sterilizing operation listed in categories), code 22.*

If R spontaneously mentions her partner was sterile (aside from vasectomy listed in categories), code 23.

Office use only.....	1
Office use only.....	2
Birth control pills.....	3
Condom.....	4
Partner's vasectomy.....	5
Sterilizing operation/tubal ligation.....	6
Withdrawal, pulling out.....	7
Depo-Provera, injectables.....	8
Norplant™.....	9
Rhythm or safe period by calendar.....	10
Safe period by temperature or cervical mucus test, natural family planning.....	11
Diaphragm.....	12
Female condom, vaginal pouch.....	13
Foam.....	14
Jelly or cream.....	15
Cervical cap.....	16
Suppository, insert.....	17
Today™ sponge.....	18
IUD, coil, loop.....	19
"Morning after" pills or emergency contraception.....	20
Other method (Specify).....	21
Respondent was sterile.....	22
Respondent's partner was sterile.....	23
Lunelle injectable (monthly shot).....	24
Contraceptive patch.....	25

{ASKED IF METHOD USED AT FIRST SEX WAS "OTHER"

**SP\_MTHFRSTS**

EB-8. (Which method did you use the first time you had intercourse? The methods are listed on Card 33. If you used more than one method at the same time, please tell me about that. )

*Specify*

**PERIODS OF NON INTERCOURSE (EC)**

{IF R NEVER HAD SEX, GO TO ED SERIES

{IF R'S FIRST SEX WAS THE MONTH OF INTERVIEW, ASSIGN "YES" TO INTERCOURSE IN CURRENT MONTH, AND GO TO ED SERIES

**INTR-EC1**

EC-1. Many women have times when they are not having intercourse at all, for example, because of pregnancy, separation, not dating anyone, illness, or other reasons. I'd like to know the months since (the first time you had intercourse, which was in [DATE OF FIRST SEX]/ January, 1998) that you did not have intercourse at all for the entire month. First, let's make sure you have other information on your calendar.

{INFORMATION ABOUT PREGNANCIES, IF ANY, APPEARS ON SCREEN THAT RESPONDENT HAS PROVIDED IN PRIOR SECTIONS, AS AN AID FOR ENTERING THE CURRENT INFORMATION

**INTR-EC2**

EC-2. (Many women have times when they are not having intercourse at all, for example, because of pregnancy, separation, not dating

anyone, illness, or other reasons. I'd like to know the months since (the first time you had intercourse, which was in [DATE OF FIRST SEX]/ January, 1998) that you did not have intercourse at all for the entire month. First, let's make sure you have other information on your calendar.)

{INFORMATION ABOUT DATES OF SEXUAL PARTNERS IF ANY, APPEARS ON SCREEN THAT RESPONDENT HAS PROVIDED IN PRIOR SECTIONS, AS AN AID FOR ENTERING THE CURRENT INFORMATION

**INTR-EC3**

EC-3. Since ([DATE OF FIRST SEX]/January 1998), have there been any times when you were not having intercourse at all for one month or more?

*Remember,  
'Yes' means the respondent had at least one month of no intercourse, and  
'No' means R had intercourse every month.*

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

{IF R HAD INTERCOURSE EVERY MONTH, GO TO ED SERIES

**INTR-EC4**

EC-4. Start with the current month, [MONTH OF INTERVIEW], and think about each month one at a time, going back to (January, 2002/[DATE OF FIRST SEX]). On the row labeled "Intercourse", please mark an "x" in the box for each month during which you had intercourse at least once. So the boxes in this row that are blank will be the ones during which you did not have intercourse at all for the whole month.

{IF R'S DATE OF FIRST SEX WAS ON OR AFTER JANUARY 2002, GO TO INTR-EC7

**INTR-EC5**

EC-5. Now think about last year, 2001. Start with December, and think about each month one at a time, going back to (January, 2001/[DATE OF FIRST SEX]). Please mark an "x" in the box for each month during which you had intercourse at least once.

{IF R'S DATE OF FIRST SEX WAS ON OR AFTER JANUARY 2001, GO TO INTR-EC7

**INTR-EC6**

EC-6. Finally, start with December 2000, and think about each month one at a time, going back to (January, 1998/[DATE OF FIRST SEX]). Please mark an "x" in the box for each month during which you had intercourse at least once.

**INTR-EC7**

EC-7. Now I need to enter those months into the computer. Would you prefer that I look at your calendar, or would you rather tell me the months?

*If Respondent is reading the months:*

Please tell me the months that you had intercourse, starting with [January 1998/DATE OF FIRST SEX].

*MAKE SURE you know whether she is telling you the months she did NOT have intercourse or the months she DID have intercourse.*

{A ROW OF BOXES APPEARS FOR EACH MONTH OF 1998, AND EC-8 MONSX IS DISPLAYED  
{ FOR EACH BOX. THE NEXT SCREEN DISPLAYS A ROW OF BOXES FOR 1999, AND SO ON  
{ FOR 2000, 2001, AND UP TO MONTH OF INTERVIEW FOR 2002. IF THE RESPONDENT'S  
{ DATE OF FIRST SEX IS AFTER JANUARY 1998, THE ROWS AND BOXES BEGIN AT THE  
{ DATE OF FIRST SEX.

**MONSX**

EC-8. [HEADER: DATE CORRESPONDING TO WHERE THE CURSOR IS IN THE GRID]

*ENTER 1 if the Respondent marked an X in this month or mentions it as a  
month that intercourse occurred. Otherwise,*

*PRESS [Enter] to continue.*

**CONTRACEPTIVE METHOD HISTORY (ED)**

{IF R HAS NEVER USED A CONTRACEPTIVE METHOD, GO TO EG SERIES

**INTR-ED1**

ED-1. Before we begin this next section on your birth control use, I  
need to make sure all of the information we need is on your  
calendar.

{INFORMATION ABOUT PREGNANCIES, IF ANY, APPEARS ON SCREEN THAT RESPONDENT HAS  
PROVIDED IN PRIOR SECTIONS, AS AN AID FOR ENTERING THE CURRENT INFORMATION

**INTR-ED2**

ED-2. (Before we begin this next section on your birth control use, I  
need to make sure all of the information we need is on your  
calendar.)

{MONTHS OF NONINTERCOURSE, IF ANY, APPEAR ON SCREEN THAT RESPONDENT HAS  
PROVIDED IN PRIOR SERIES, AS AN AID FOR ENTERING THE CURRENT INFORMATION

**INTR-ED3**

ED-3. (Before we begin this next section on your birth control use, I  
need to make sure all of the information we need is on your  
calendar.)

{INFORMATION ON STERILIZING OPERATIONS, IF ANY, APPEAR ON SCREEN THAT  
RESPONDENT HAS PROVIDED IN PRIOR SECTION, AS AN AID FOR ENTERING THE CURRENT  
INFORMATION

*Once R has entered all information and/or verified that it is correct,  
continue.*

**INTR-ED4**

ED-4. I need to find out about the birth control methods you used each  
month between (DATE OF FIRST METHOD USE OR 1/98) and (DATE OF  
INTERVIEW). Remember to include methods men use -- such as  
condoms, vasectomy, and withdrawal -- in your answer.

*Mark method history start and end dates on calendar for R.*

Looking at the methods on Card 43, please write the methods you  
used each month on the calendar. I need to know about all the  
methods you used, so if you used more than one method in a month,  
please record all the methods you used that month.

To do this, write an "X" in each month since January, 1999 that

you used a method, on the appropriate contraceptive method line on the calendar. If the method used is not listed on the calendar, write the method name or names in the row or rows marked "Other" and write the X's on that row.

{IF R HAS HAD A STERILIZING OPERATION

Even though we've marked the month that your sterilization began, if you used any methods after that time, please mark an "x" on the appropriate row, in the months you used them.

**INTR-ED5**

ED-5. Take your time.

*Help her record methods on calendar.*

*When R has recorded all methods on the calendar, SAY:*

Now I need to enter the methods in the computer. It is important that we get these methods correct, If you notice that I have entered something incorrectly, please let me know.

*Have R read methods to you if possible. Verify methods with R as you enter them.*

**METHHIST**

ED-6. *METHHIST is recorded for each method used in each month of the calendar. Up to 4 different methods may be recorded for each month.*

No method used.....	1
Same as previous month.....	2
Birth control pills.....	3
Condom.....	4
Partner's vasectomy.....	5
Sterilizing operation/tubal ligation.....	6
Withdrawal, pulling out.....	7
Depo-Provera, injectables.....	8
Norplant™.....	9
Rhythm or safe period by calendar.....	10
Safe period by temperature or cervical mucus test, natural family planning.....	11
Diaphragm.....	12
Female condom, vaginal pouch.....	13
Foam.....	14
Jelly or cream.....	15
Cervical cap.....	16
Suppository, insert.....	17
Today™ sponge.....	18
IUD, coil, loop.....	19
"Morning after" pills or emergency contraception.....	20
Other method.....)	21
Respondent sterile.....	22
Respondent's partner sterile.....	23
Same method used through the end of the year.....	55
Lunelle injectable (monthly shot).....	24
Contraceptive patch.....	25

{ASKED IF METHOD WAS "OTHER"

**SP METHHIST**

ED-7. (ENTER method(s) used in (MONTH OF METH.CALENDAR):)

*Specify*

{ASKED IF R SAID SHE USED THE SAME METHOD FOR THE WHOLE YEAR  
**SAMEAllYear**

ED-8. I'm about to enter that you used [METHOD] every month from [THIS MONTH] through [DECEMBER OF THAT YEAR or INTERVIEW if this is the interview year]. Is that correct?

yes.....1  
No.....5

{ ASKED FOR THE METHOD(S) REPORTED IN THE FIRST MONTH OF THE METHOD CALENDAR (JAN 1998)

**DATBEGIN M/DATBEGIN Y**

ED-9. IF ONLY ONE METHOD REPORTED IN 1ST MONTH OF MC, ASK:  
When did you start using (this method/that method combination)? If you used (this method/that method combination) on and off prior to (DATE OF START OF CALENDAR), please tell me when you started using the method (combination) most recently prior to (DATE OF START OF CALENDAR).

{IF MORE THAN ONE METHOD IN THE MONTH, AND ONE IS THE PILL, SAY:  
If you used the methods at different times during that month, please tell me when you started using the pill most recently before (CMSTRTMC\_FILL).

{IF R USED ONLY ONE METHOD IN FIRST MONTH OF CALENDAR, GO BACK TO ED-1 METHHIST UNTIL THERE ARE NO MORE MONTHS OF METHOD CALENDAR

{ASKED IF R USED TWO METHODS IN ONE MONTH OF CALENDAR

**SIMSEQ**

ED-10. Did you use those methods together, that is, at the same time, or did you use them at different times during the month?

Same time.....1  
Different times.....2

{ASKED IF R USED THREE OR MORE METHODS IN ONE MONTH OF CALENDAR

**MTHUSIMX**

ED-11. During that month, which (of those methods/other methods), if any, did you use at the same time?

*Select next set of methods used simultaneously. Code all that apply.*

None.....1  
Office use only.....2  
Birth control pills.....3  
Condom.....4  
Partner's vasectomy.....5  
Sterilizing operation/tubal ligation.....6  
Withdrawal, pulling out.....7  
Depo-Provera, injectables.....8  
Norplant™.....9  
Rhythm or safe period by calendar.....10  
Safe period by temperature or cervical mucus test, natural family planning.....11  
Diaphragm.....12  
Female condom, vaginal pouch.....13  
Foam.....14  
Jelly or cream.....15  
Cervical cap.....16  
Suppository, insert.....17  
Today™ sponge.....18  
IUD, coil, loop.....19

"Morning after" pills or emergency  
contraception.....20  
Other method (Display specified response)..21  
  
R's sterility.....22  
R's partner's sterility.....23  
Lunelle injectable (monthly shot).....24  
Contraceptive patch.....25

{IF THERE ARE MONTHS REMAINING IN THE METHOD CALENDAR TO RECORD, GO BACK TO  
ED-1 METHHIST.

{IF R HAS NEVER HAD SEX:  
AND CURRENT METHOD IS PILL, GO TO EJ SERIES  
AND CURRENT METHOD IS NOT PILL, GO TO SECTION F

**METHOD USE AT LAST (AND FIRST) SEX WITH THE 3 MOST RECENT PARTNERS IN THE PAST  
12 MONTHS (EF)**

{IF R HAS NOT HAD SEX IN THE PAST 12 MONTHS, GO TO EG SERIES

**INTRBC12**

EF\_0. Now I have some questions about your use of birth control with your  
(sexual partner(s)/3 most recent sexual partners) within the past year,  
that is, since (CMLSTYR\_FILL). It will be helpful to refer to your  
calendar for any information on sexual partners, months you did not have  
intercourse, and birth control methods you used.

{ASKED FOR EACH PARTNER IN THE PAST 12 MONTHS UNLESS ALREADY KNOWN (FROM FIRST  
METHOD USE SERIES)

**USELSTP**

EF-1. Looking at Card 33, the (last) time you had intercourse with [PARTNER]  
in [DATE], did you or he use any method?

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

{ASKED IF USED A METHOD AT LAST INTERCOURSE WITH PARTNER

**LSTMTHP**

EF-2. Which method or methods on Card 33 did you use?

Office use only.....1  
Office use only.....2  
Birth control pills.....3  
Condom.....4  
Partner's vasectomy.....5  
Sterilizing operation/tubal ligation.....6  
Withdrawal, pulling out.....7  
Depo-Provera, injectables.....8  
Norplant<sup>tm</sup>.....9  
Rhythm or safe period by calendar.....10  
Safe period by temperature or cervical mucus  
test, natural family planning.....11  
Diaphragm.....12  
Female condom, vaginal pouch.....13  
Foam.....14  
Jelly or cream.....15  
Cervical cap.....16  
Suppository, insert.....17  
Today<sup>tm</sup> sponge.....18

IUD, coil, loop.....	19
"Morning after" pills or emergency contraception.....	20
Other method.....	21
Respondent was sterile.....	22
Respondent's partner was sterile.....	23
Lunelle injectable (monthly shot).....	24
Contraceptive patch.....	25

{ASKED FOR EACH PARTNER IN THE PAST 12 MONTHS UNLESS ALREADY KNOWN (FROM FIRST METHOD USE SERIES) OR UNLESS ONLY HAD SEX WITH HIM ONCE

**USEFSTP**

EF-3. Looking at Card 33, the first time you had intercourse with [PARTNER] in [DATE], did you or he use any method?

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

{ASKED IF USED A METHOD AT FIRST INTERCOURSE WITH PARTNER

**FSTMTHP**

EF-4. Which method or methods on Card 33 did you use?

Office use only.....	1
Office use only.....	2
Birth control pills.....	3
Condom.....	4
Partner's vasectomy.....	5
Sterilizing operation/tubal ligation.....	6
Withdrawal, pulling out.....	7
Depo-Provera, injectables.....	8
Norplant <sup>tm</sup> .....	9
Rhythm or safe period by calendar.....	10
Safe period by temperature or cervical mucus test, natural family planning.....	11
Diaphragm.....	12
Female condom, vaginal pouch.....	13
Foam.....	14
Jelly or cream.....	15
Cervical cap.....	16
Suppository, insert.....	17
Today <sup>tm</sup> sponge.....	18
IUD, coil, loop.....	19
"Morning after" pills or emergency contraception.....	20
Other method.....	21
Respondent was sterile.....	22
Respondent's partner was sterile.....	23
Lunelle injectable (monthly shot).....	24
Contraceptive patch.....	25

{GO TO BEGINNING OF LOOP (EF-1 USELSTFP) FOR NEXT PARTNER IF ANY

{IF R HAS HAD NO PREGNANCIES GO TO SECTION EH

**CONDITIONS SURROUNDING R's PREGNANCIES:**

**WANTEDNESS; PARTNER(S); MOTIVATION; REASONS (EG)**

{REPEAT INTR\_EG1 THROUGH WHYNOUSE EG-24 FOR EACH PREGNANCY

**INTR-EG1**

INTR\_EG1. Now let's talk about the period of time from (your first

intercourse/[BABY NAME]s birth in [DATE]/your nth pregnancy which ended in [DATE]) until you became pregnant (this time/with your (Nth+1) pregnancy (which ended in [DATE])).

{ASKED IF PREGNANCY BEGAN BEFORE JANUARY 1999 AND WE DON'T ALREADY KNOW THIS FROM DATE OF FIRST METHOD USE

**EVUSEINT**

EG-1. Did you ever use any method of birth control between (your first intercourse/[BABY NAME's] birth in [DATE]/your [Nth] pregnancy which ended in [DATE]) and (DATE OF Nth pregnancy)/[BABY NAME's] birth)? Remember to include methods men use--that is condoms, vasectomy, and withdrawal--in your answer.

- Yes..... 1
- No..... 5 (GO TO EG-5 RESNOUSE)

{ASKED IF R WAS USING A METHOD IN MONTH PREGNANCY BEGAN

**STOPDUSE**

EG-2. Before you became pregnant with your (NTH) pregnancy which ended in (DATE), had you stopped using all methods of birth control?

- Yes.....1
- No.....5 (GO TO EG-4 WHATMETH)

{ASKED IF STOPPED USING METHOD(S) IN MONTH PREGNANCY BEGAN

**WHYSTOPD**

EG-3. Was the reason you stopped using all methods of birth control because you yourself wanted to become pregnant?

- Yes.....1 (GO TO EG-10 TIMINGOK)
- No.....5 (GO TO INTR-EG2)

{ASKED IF R WAS USING A METHOD IN MONTH PREGNANCY BEGAN AND MONTH AFTER PREGNANCY BEGAN

**WHATMETH**

EG-4. You may have already told me, but looking at Card 38, what methods were you using at the time you became pregnant (with your (NTH) pregnancy which ended in (DATE)/this time)?

*If R spontaneously mentions "thought I was sterile" or "thought partner was sterile", ascertain whether any above methods were used. If not, code "none" (1)*

- None.....1
- Office use only.....2
- Birth control pills.....3
- Condom.....4
- Partner's vasectomy.....5
- Sterilizing operation/tubal ligation.....6
- Withdrawal, pulling out.....7
- Depo-Provera, injectables.....8
- Norplant<sup>tm</sup>.....9
- Rhythm or safe period by calendar.....10
- Safe period by temperature or cervical mucus test, natural family planning.....11
- Diaphragm.....12
- Female condom, vaginal pouch.....13
- Foam.....14
- Jelly or cream.....15
- Cervical cap.....16
- Suppository, insert.....17
- Today<sup>tm</sup> sponge.....18

IUD, coil, loop.....19  
"Morning after" pills or emergency  
contraception.....20  
Other method.....21  
Lunelle injectable (monthly shot).....24  
Contraceptive patch.....25

{ASKED IF R USED "OTHER" METHOD

**WHATMETH\_SP**

EG-4. What method was that?

*Specify*

**RESNOUSE**

EG-5. (IF NEVER USED A METHOD)

Before you became pregnant (with your (NTH) pregnancy which ended in (DATE)/this time), was the reason you did not use any birth control methods because you, yourself, wanted to become pregnant?

(IF USED A METHOD BETWEEN FIRST SEX/LAST PREGNANCY AND THIS ONE)  
You told me you had stopped using a birth control method before you became pregnant (with your (NTH) pregnancy which ended in (DATE)/this time). Was the reason you had stopped using any methods because you yourself wanted to become pregnant?

(IF DID NOT USE A METHOD BETWEEN FIRST SEX/LAST PREGNANCY AND THIS ONE)  
You did not use any method of birth control from (your first intercourse/[BABY NAME's] birth in [DATE]/your [Nth] pregnancy which ended in [DATE]) until you became pregnant (with your (NTH) pregnancy which ended in (DATE)/this time). Was the reason you were not using any methods because you yourself wanted to become pregnant?

Yes..... 1 (GO TO EG-10 TIMINGOK)  
No..... 5

**INTR-EG2**

INTR\_EG2. The next few questions are important. They are about how you felt right before you became pregnant (with your pregnancy which ended in (DATE)/this time).

**WANTBOLD**

EG-6. Right before you became pregnant (with your (NTH) pregnancy which ended in (DATE)/this time), did you yourself want to have a(nother) baby at any time in the future?

Yes.....1 (GO TO TIMINGOK EG-10)  
No.....5 (GO TO CNFRMNO EG-8)  
Not sure, don't know.....6

**PROBBABE**

EG-7. It is sometimes difficult to recall these things but, right before (this/that) pregnancy began, would you say you probably wanted a(nother) baby at some time in the future or probably not?

Probably yes..... 1 (GO TO TIMINGOK EG-10)  
Probably not..... 5  
Didn't care..... 6 (GO TO TIMINGOK EG-10)

(IF R IS AGE 20 OR OLDER, GO TO INTROWTH)

**CNFRMNO**

EG-8. So right before you became pregnant (this time/that time), you thought

you did not want to have (any children/a Nth child) at any time in the future, is that correct?

Correct.....1 (GO TO INTROWTH)  
Incorrect.....5

**INCORTXT**

EGINCO\_1. I must have gotten something wrong. Let me ask this question again.

**WANTBLD2**

EG-9. Right before you became pregnant (with your (Nth) pregnancy (which ended in (DATE)/this time), did you yourself want to have a(nother) baby at any time in the future?

Yes.....1  
No.....5 (GO TO INTROWTH)  
Not sure, don't know.....6 (GO TO INTROWTH)  
Didn't care.....7 (GO TO INTROWTH)

{ASKED IF R WANTED TO HAVE A(NOTHER) BABY IN THE FUTURE

**TIMINGOK**

EG-10. So would you say you became pregnant too soon, at about the right time, or later than you wanted?

Too soon..... 1  
Right time.....2  
Later.....3  
Didn't care.....4

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

**TOOSOONQ**

EG-11. How much sooner than you wanted did you become pregnant?

Month/years \_\_\_\_\_

**INTROWTH**

INTROWTH\_1. Sometimes how people feel about having a baby in general can be different from how they feel about having a baby with a certain partner.

{ASKED IF R BECAME PREGNANT AT THE RIGHT TIME OR LATER THAN SHE WANTED

**WTHPART1**

EG-12a. Right before (the/this/that) pregnancy, did you want to have a(nother) baby with that partner?

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

{GO TO FEELINPG EG-13

{ASKED IF PREGNANCY CAME TOO SOON OR WHEN R WANTED NO FUTURE BIRTHS

**WTHPART2**

EG-12b. Right before (the/this/that) pregnancy, did you think you might ever want to have a(nother) baby with that partner?

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

Definitely no.....4

{IF PREGNANCY ENDED BEFORE JANUARY 1999, GO TO HPWNOLD EG-16

**FEELINPG**

EG-13. Please look at the scale on Card 39. On this scale, a one means that you were very unhappy to be pregnant and a ten means that you were very happy to be pregnant. Tell me which number on the card best describes how you felt when you found out you were pregnant.

Number \_\_\_\_\_

**HPWNOLD**

EG-16. Right before you became pregnant (this time/that (Nth) time,) did the father want you to have a(nother) baby at any time in the future?

Yes.....1  
No.....5  
Not sure, don't know.....6

{ASKED IF ABOVE IS 'YES'

**TIMOKHP**

EG-17. So would you say you became pregnant sooner than he wanted, at about the right time, or later than he wanted?

Sooner..... 1  
Right time.....2  
Later..... 3  
Didn't care..... 4

{ASK COHPBEG EG-18a THROUGH WHENTELL EG-20 FOR ALL PREGNANCIES EXCEPT IF:  
R MARRIED ONLY ONCE, AND MARR. DATE <= 2 MONTHS PRIOR TO  
BEGINNING OF PREGNANCY, AND  
. NO DISSOLUTION (STILL MARRIED) OR  
. STOPPED LIVING WITH DATE IS LATER THAN END OF  
PREGNANCY

**COHPBEG**

EG-18a. Were you living with the father of (the pregnancy/this pregnancy/your (Nth) pregnancy which ended in (DATE)) at the beginning of the pregnancy?

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

{ASKED IF PREGNANCY IS NOT CURRENT

**COHPEND**

EG-18b. Were you living with the father of (the/that) pregnancy when ([BABY NAME] was born/the pregnancy ended)?

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

{IF R HAD A LIVE BIRTH AND WAS LIVING WITH THE BABY'S FATHER AT THE TIME OF BIRTH, GO TO EG-21 TRYSSCALE

**TELLFATH**

EG-19. Did you tell the father of (the pregnancy/that (Nth) pregnancy/your current pregnancy) that you (were/are) pregnant?

Yes.....1

No.....5

{IF R IS CURRENTLY PREGNANT, GO TO TRYSCALE EG-21

**WHENTELL**

EG-20. When did you tell him that you were pregnant - during the pregnancy or after the baby was born/after the pregnancy ended?

(IF NON-LIVE BIRTH)

During the pregnancy.....1

After the pregnancy ended.....2

(IF LIVE BIRTH)

During the pregnancy.....1

After the baby was born.....2

{IF PREGNANCY ENDED BEFORE JANUARY 1999, GO TO EH SERIES

**TRYSCALE**

EG-21. Look at the scale on Card 40, where a 0 means trying hard not to get pregnant, and a 10 means trying hard to get pregnant. If you had to rate how much you were trying to get pregnant or avoid pregnancy right before you got pregnant (this time/that time), how would you rate yourself?

Number \_\_\_\_\_

**WANTSCAL**

EG-22. Look at the scale on Card 41, where a 0 means you wanted to avoid a pregnancy and a 10 means you wanted to get pregnant. If you had to rate how much you wanted or didn't want a pregnancy right before you got pregnant (this time/that time), how would you rate yourself?

Number \_\_\_\_\_

{IF PREGNANCY OCCURRED AT THE RIGHT TIME OR LATER THAN R WANTED, OR R DIDN'T CARE ABOUT TIMING:

GO BACK TO EGINTR\_1 IF THERE ARE MORE PREGNANCIES TO DISCUSS, OTHERWISE GO TO EH SERIES

{ASK THE NEXT TWO QUESTIONS FOR MISTIMED OR UNWANTED PREGNANCIES

{ASK IF R USED A METHOD IN MONTH PREGNANCY BEGAN

**WHYPRG**

EG-23. (IF PREGNANCY OCCURRED TOO SOON)  
Please look at Card 42. Earlier you told me your pregnancy occurred too soon. Which of the following statements applies to you right before you became pregnant (this time/that time (that is, with the pregnancy that ended in DATE)?

(IF PREGNANCY OCCURRED WHEN R WANTED NO FUTURE BIRTHS)

Please look at Card 42. Earlier you told me that your pregnancy occurred at a time when you wanted no future pregnancies. Which of the following statements applies to you right before you became pregnant (this time/that time (that is, with the pregnancy that ended in DATE)?

*ENTER all that apply*

*If Respondent volunteers she wasn't using a method, ENTER 3*

Your birth control method failed.....1  
You did not use your birth control  
method properly.....2  
Respondent wasn't using a method.....3

{GO TO EH SERIES

{ASKED IF R DID NOT USE A METHOD IN MONTH PREGNANCY BEGAN

**WHYNOUSE**

EG-24.

(IF PREGNANCY OCCURRED TOO SOON)  
Please look at Card 43. Earlier you told me your pregnancy occurred at a time when you wanted no future pregnancies. Which of the following statements applies to you right before you became pregnant (this time/that time (that is, with the pregnancy that ended in DATE)? You did not use birth control because...

(IF PREGNANCY OCCURRED WHEN R WANTED NO FUTURE BIRTHS)  
Please look at Card 43. Earlier you told me that your pregnancy occurred at a time when you wanted no future pregnancies. Which of the following statements applies to you right before you became pregnant (this time/that time (that is, with the pregnancy that ended in DATE)? You did not use birth control because...

*ENTER all that apply*

*If Respondent volunteers sex was forced, code 1.*

*If Respondent volunteers she was using a method, ENTER 7*

You did not expect to have sex.....1  
You did not think you could get pregnant.....2  
You didn't really mind if you got pregnant.....3  
  
You were worried about the side effects of birth control...4  
Your male partner did not want you to use a birth control method.....5  
Your male partner did not want to use a birth control method.....6  
Respondent was using a method.....7

{GO TO BEGINNING OF LOOP (INTR-EG1) FOR NEXT PREGNANCY IF ANY

**OPEN INTERVAL QUESTIONS (EH)**

{IF R IS CURRENTLY PREGNANT GO TO EJ SERIES  
{IF R DID NOT HAVE SEX IN CURRENT MONTH, OR IS STERILE (NOT AT RISK OF PREGNANCY) GO TO EJ SERIES

**INTR-EH1**

INTR\_EH1. Now, I have a few more questions about birth control.

{IF R USED NO METHODS IN THE CURRENT MONTH, GO TO PLACCUR1

**WYNOTUSE**

EH-1. Is the reason you are not using a method of birth control now because you, yourself, want to become pregnant as soon as possible?

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

**HPPREGQ**

EH-2. And your partner, does he want you to become pregnant as soon as possible?

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

{ASKED IF R IS TRYING TO BECOME PREGNANT  
{R CAN SUPPLY EITHER MONTHS OR YEARS

**DURTRY**

EH-2a. How long have you been trying to become pregnant?

Months/Years \_\_\_\_\_

*If R has been trying for less than a month ENTER 1  
If R says she is / they are not trying, ENTER 95*

{IF R WAS NOT USING A METHOD IN THE MONTH PRIOR TO INTERVIEW, OR  
IF R WAS USING A METHOD BUT IT WAS NOT A DRUG OR DEVICE,  
GO TO YUSEPILL EJ-1

{ASKED IF R WAS USING A METHOD IN MONTH PRIOR TO INTERVIEW AND IT WAS DRUG OR  
DEVICE, AND IT WAS NON-PRESCRIPTION

**PLACCUR1**

EH-3. Please look at Card 36. You may have already told me, but where did you get the [METHOD] you used last month?

- Private doctor's office.....1
- HMO facility.....2
- Community health clinic, Community clinic, Public health clinic...3
- Family planning or Planned Parenthood Clinic.....4
- Employer or company clinic.....5
- School or school-based clinic.....6
- Hospital outpatient clinic.....7
- Hospital emergency room.....8
- Hospital regular room.....9
- Urgent care center, urgi-care or walk-in facility.....10
- Friend.....11
- Partner or spouse.....12
- Drug store.....13
- Some other place.....20

{GO TO EH-3 STATE\_NAME

{ASKED IF R WAS USING A METHOD IN MONTH PRIOR TO INTERVIEW AND IT WAS DRUG OR  
DEVICE, AND IT WAS PRESCRIPTION

**PLACCUR2**

EH\_3. Please look at Card 36. You may have already told me, but where did you get the prescription for the [METHOD] you used last month?

- Private doctor's office.....1
- HMO facility.....2
- Community health clinic, Community clinic, Public health clinic...3
- Family planning or Planned Parenthood Clinic.....4
- Employer or company clinic.....5
- School or school-based clinic.....6
- Hospital outpatient clinic.....7
- Hospital emergency room.....8
- Hospital regular room.....9
- Urgent care center, urgi-care or walk-in facility.....10
- Some other place.....20

{IF R DID NOT OBTAIN METHOD AT A CLINIC GO TO SECTION EJ

**State\_name**

EH-3. What is the name and address of the place where you received [METHOD]?

What state is the place in?

*Either press <BackSpace> to see the lookup table or start typing the name of the state.*

**CLINFST**

EH-3. What is the name and address of the place where you received [METHOD]?

*Either press <BackSpace> to see the lookup table or start typing the name of the city where the clinic is located.*

- 1) TYPE OR SELECT A CITY NAME
- 2) SELECT A CLINIC BY SCROLLING UP OR DOWN
- 3) PRESS ENTER

**CityName**

**ClinicName**

**ClinicCode**

**Confirm**

I have found a clinic (by that name/in that city) at:

(Name and address of clinic)

Is this correct?

- Yes.....1
- No.....5
- Clinic not in database.....7

{ASKED IF CLINIC WAS NOT FOUND IN DATABASE

**CLINFSTN**

EH-3b. *ENTER name and address of clinic you were unable to find in database*

*If necessary: (REFER R to personal records or area phone books to obtain clinic name and address. If R is unable to provide the full address, record as much information as she can provide.)*

**PILL FOR HEALTH REASONS (EJ)**

{ASKED IF R USED THE PILL IN CURRENT MONTH OR IN PRIOR MONTH

**YUSEPILL**

EJ-1. Now I would like to know all of the reasons for your recent pill use. Have you used it for birth control, cramps or pain during menstrual period, treatment for acne, treatment for endometriosis, or for some other reason?

*ENTER all that apply*

- Birth control.....1
- Cramps, or pain during menstrual periods...2
- Treatment for acne.....3
- Treatment for endometriosis.....4
- Other reasons.....5

{ASKED IF R USED THE PILL IN CURRENT MONTH OR IN EITHER OF 2 MONTHS PRIOR TO CURRENT

**TYPEPILL**

EJ-2. This chart shows types of oral contraceptive pills that are available for women today. Please tell me the number next to the type that you are currently using or used most recently.

Pill number \_\_\_\_\_

**CONDOM CONSISTENCY: PAST 4 WEEKS & PAST 12 MONTHS (EL)**

{ ASKED IF R HAD SEXUAL INTERCOURSE IN THE PAST 12 MONTHS

**PST4WKSX**

EL-1. Now please think about the last four weeks. How many times have you had sexual intercourse with a male in the last four weeks?

*If R says "not at all" or "none", ENTER 0*

Number \_\_\_\_\_

{ ASKED IF R EVER USED THE CONDOM AND HAD SEXUAL INTERCOURSE ONLY ONCE IN  
{ THE PAST 4 WKS

**PSWKCOND1**

EL-2. Did you use a condom?

Yes.....1 (GO TO EL-4 P12MOCON)

No.....0 (GO TO EL-4 P12MOCON)

{ ASKED IF R EVER USED THE CONDOM AND HAD SEXUAL INTERCOURSE MORE THAN ONCE IN  
{ THE PAST 4 WKS

**PSWKCOND2**

EL-3. How many of those times did you use a condom?

*If R says "every time", enter number that was reported in PST4WKSX*

*If R says "not at all" or "never", enter 0*

Number \_\_\_\_\_

{ ASKED IF R EVER USED THE CONDOM AND HAD SEXUAL INTERCOURSE IN THE PAST  
{ 12 MONTHS

**P12MOCON**

EL-4. Please look at the Card 48. Thinking back over the past 12 months, that is, since (DATE OF INTERVIEW MINUS 12 MONS), would you say you used a condom with your partner for sexual intercourse every time, most of the time, about half of the time, some of the time, or none of the time?

Every time.....1

Most of the time.....2

About half of the time.....3

Some of the time.....4

None of the time.....5

**SECTION F**

**Family Planning and Medical Services**

**INTRSVC**

FA-0. (We have already asked you a few questions about sterilizing operations. The questions in this section are about your medical visits for these and other types of birth control, pregnancy, and health care services for women.

**Birth Control and Medical Services in Past 12 Months (FA)**

**INTRO\_FA**

FA-1. Now let's talk about the past 12 months, that is, since [MONTH/YEAR].

In the past 12 months, (in addition to your sterilizing operation ) have you received any of the following birth control services shown on Card 49 from a doctor or other medical care provider:

{ SHOW CARD 49 IS DISPLAYED FOR FA-1b through FA-1g

**BTHCON12**

FA-1b. (In the past 12 months, have you received) A method of birth control or a prescription for a method?

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

**MEDTST12**

FA-1c. (In the past 12 months, have you received) A check-up or medical test related to using a birth control method?

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

**BCCNS12**

FA-1d. (In the past 12 months, have you received) Counseling or information about birth control?

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

**STCNS12**

FA-1e. (In the past 12 months, have you received) Counseling or information about getting sterilized?

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

{ IF R REPORTED EVER USING EMERGENCY CONTRACEPTION PREVIOUSLY

**EMCON12**

FA-1f. (In the past 12 months, have you received) Emergency contraception or the 'Morning-after pill,' or a prescription for it?

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

**ECCNS12**

FA-1g. (In the past 12 months, have you received) Counseling or

information about Emergency contraception or the 'Morning-after pill?'

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

{ IF R REPORTED NOT RECEIVING ANY SERVICES IN PAST 12 MONTHS, BUT REPORTED  
{ EARLIER SHE USED A DRUG OR DEVICE METHOD IN THE PAST 12 MONTHS

**FOLLOW12**

FA-2. Earlier you mentioned you have used the [METHOD(S) FROM SECTION E] in the past 12 months. Did you receive (it/any/either) of them at a visit to a doctor or medical care provider within the past 12 months?

Yes.....1  
No.....5  
Didn't use the medical method(s) in 12 months after all  
as reported in section E.....3

**INTR\_MED**

FA-3. We're also interested in where women go to get other kinds of reproductive health care. Please look at Card 50.

In the past 12 months, that is, since (MONTH/YEAR), have you received any of the following medical services from a doctor or other medical care provider:

{ SHOW CARD 29 IS DISPLAYED FOR FA-3a through FA-3g

**PRGTST12**

FA-3a. (You may have already told me, but/In the past 12 months have you received) A pregnancy test?

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

**ABORT12**

FA-3b. (In the past 12 months have you received) An abortion?

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

**PAP12**

FA-3c. (In the past 12 months have you received) A Pap smear?

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

**PELVIC12**

FA-3d. (In the past 12 months have you received) A pelvic exam?

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

{ IF R HAD A PREGNANCY ENDING WITHIN THE LAST 12 MONTHS

**PRENAT12**

FA-3e (In the past 12 months have your received) prenatal care?

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

{ IF R HAD A PREGNANCY ENDING WITHIN THE LAST 12 MONTHS

**PARTUM12**

FA-3f. (In the past 12 months have you received) Post-pregnancy care?

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

**STDTST12**

FA-3g. In the past 12 months, have you received counseling for, or been tested or treated for a sexually transmitted disease?

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

{ IF R HAD NO BIRTH CONTROL OR MEDICAL SERVICES IN THE PAST 12 MONTHS,  
{ GO TO FB SERIES.

{ IF MORE THAN 1 SERVICE RECEIVED IN THE PAST 12 MONTHS)

**NUMBCVIS**

FA-4. You said that in the past 12 months you received the following services: (DISPLAY ABBREVIATED LIST OF SERVICES REPORTED IN STEROP12-ECCNS12 AND PRGTST12-INFECT12). Did you receive those services during a single visit, or in more than one visit?

Single visit.....1  
More than one visit....5

{ ASKED FOR EACH SERVICE RECEIVED IF HAD MORE THAN ONE VISIT IN PAST 12 MONTHS

**BC12PLCX**

FA-5. Please look at Card 25. During the past 12 months, that is since (MONTH/YEAR), where did you receive (DISPLAY (Nth) SERVICE(S) REPORTED IN STEROP12-ECCNS12 AND PRGTST12-INFECT12)?

Private doctor's office.....1  
HMO facility,.....2  
Community health clinic, community clinic, public health clinic.3  
Family Planning or Planned Parenthood.....4  
Employer or company clinic .....5  
School or School-based clinic.....6  
Hospital outpatient clinic.....7  
Hospital emergency room.....8  
Hospital regular room.....9  
Urgent care center, urgi-care or walk-in facility.....10  
Some other place.....20

{ IF R RECEIVED A PREGNANCY TEST FROM A MEDICAL PROVIDER IN LAST 12 MONTHS

**PGTSTBC2**

FA-5a. During your visit in the past 12 months when you received a pregnancy test, did a doctor or medical provider talk to you about using birth control?

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

{ IF R RECEIVED A PAP SMEAR OR PELVIC EXAM IN LAST 12 MONTHS

**PAPPLBC2**

FA-5b. During your visit in the past 12 months when you received a Pap test or a pelvic exam, did a doctor or medical provider talk to you about using birth control?

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

**PAPPELEC**

FA-5c. During your visit in the past 12 months when you received a Pap test or a pelvic exam, did a doctor or medical provider talk to you about using emergency contraception or the "morning after pill"?

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

**STDTSCON**

(IF R RECEIVED STD TESTING/TREATMENT IN LAST 12 MONTHS)

FA-5d. During your visit in the past 12 months when you received STD testing or treatment, did a doctor or medical provider talk to you about using condoms to prevent disease?

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

{ ASKED FOR EACH SERVICE RECEIVED IF HAD MORE THAN 1 VISIT IN LAST 12 MONTHS

**BC12PAYX**

FA-6. Looking at Card 16, please tell me all of the ways in which the bill for (that service/those services/[Nth SERVICE IN PAST 12 MONTHS]) was paid.

*ENTER all that apply*

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

**STATE\_NAME**

FA-8. What is the name and address of the clinic where you received (DISPLAY (ALL SERVICES/Nth SERVICE) REPORTED IN STEROP12-ECCNS12 AND PRGTST12-INFECT12 THAT WERE RECEIVED AT A CLINIC)?

**CLINIC12**

FA-8a. What is the name and address of the place where you received (DISPLAY ALL SERVICES REPORTED)

**CONFIRM**

I found a clinic (by that name/in that city) at (LIST CLINIC SELECTED). Is this correct?

Yes.....1  
No.....5  
Clinic not in database.....6

{ IF CLINIC NOT FOUND IN DATABASE

**ADCLIN12**

FA-8a. Interviewer: record name and address of clinic you were unable to find in database.

\_\_\_\_\_  
\_\_\_\_\_

{ IF CLINIC MENTIONED IN FB-8 IS DIFFERENT FROM CLINICS MENTIONED BEFORE

**REGCAR12**

FA-9. Is this clinic your regular place for medical care, or do you usually go somewhere else for medical care?

- Regular place.....1
- Regular place, but go to more than 1 place regularly...2
- Usually go somewhere else.....3
- No usual place.....4

{ IF ONE CLINIC PREVIOUSLY IDENTIFIED

**STCLSAME**

FA-10. Did you receive your sterilizing operation from the same clinic you named earlier or from a different clinic?

- Same clinic.....1 (GO TO INTR\_CLN)
- Different clinic.....2

**STERCLIN**

FA-10a. What is the name and address of the clinic where you received your sterilizing operation?

CONFIRM

I have found a clinic (by that name/in that city) at (LIST SELECTED CLINIC). Is this correct?

- Yes.....1
- No.....5
- Clinic not in database..6

{ IF CLINIC NOT FOUND IN DATABASE

**STCLNAME**

FA-11. Interviewer: record name and address of clinic you were unable to find in database.

\_\_\_\_\_  
\_\_\_\_\_

If necessary, refer R to personal records or area phone books to obtain clinic name and address. If R is unable to provide the full address, record as much address information as she can provide.

{ IF CLINIC MENTIONED IN FA-10a IS DIFFERENT THAN ONES MENTIONED PREVIOUSLY

**STREGCAR**

FA-12. Is this clinic your regular place for medical care, or do you usually go somewhere else for medical care?

- Regular place.....1
- Regular place, but go to more than 1 place regularly....2
- Usually go somewhere else.....3
- No usual place.....4

(IF R REPORTED A CLINIC IN LAST 12 MONTHS TO FC SERIES)

**INTR\_CLN**

In the past 12 months, have you received any of the following from a clinic:

**FCONDOM**

FA-13a. (In the past 12 months, have you received) Free condoms (from a clinic)?

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

**FFOAM**

FA-13b. (In the past 12 months, have you received)  
Free foam or jelly (from a clinic)?  
  
Yes.....1  
No.....5

**FORAL**

FA-13c. (In the past 12 months, have you received)  
Free oral contraceptive pills (from a clinic)?  
  
Yes.....1  
No.....5

**RORAL**

FA-13d. (In the past 12 months, have you received)  
Reduced-price oral contraceptive pills (from a clinic)?  
  
Yes.....1  
No.....5

{ IF PAYMENT FOR FIRST OR PAST 12 MONTHS SERVICES WAS CO-PAYMENT OR OUT OF  
{ POCKET PAYMENT

**SLSCSRV**

FA-14. In the past 12 months, have you paid for any clinic services on a  
sliding scale based on your income?  
  
Yes.....1  
No.....5

**First Service Ever Received (FB)**

{ IF MEDICAL SERVICES REPORTED IN LAST 12 MONTHS

**FSTSV12**

FB-1. You told me that in the last 12 months you received a birth control  
service from a doctor or medical care provider. (Were any of these  
services/Was this) the first birth control service you ever received in  
your life?  
  
Yes.....1  
No.....5

{ IF ONE OR MORE DRUG/DEVICE BIRTH CONTROL METHOD EVER USED

**WNFSTSV12\_M, WNFSTSV12\_Y**

FB-2. Now I'd like to know about the very first time you received a birth  
control service from a doctor or medical care provider. In what month  
and year did you receive your first birth control service?

{ IF ANSWER CANNOT BE DETERMINED BASED ON REPORTED DATES OR ONE OF THE DATES  
{ IS MISSING

**B4AFSTIN**

FB-4. Was it before or after the first time you had intercourse (in [DATE OF  
FIRST INTERCOURSE])?  
  
Before.....1 (GO TO BCPLCFST FB-7)  
After.....2

{ IF FIRST TIME RECEIVED BIRTH CONTROL SERVICE WAS AFTER FIRST INTERCOURSE

**TMAFTIN**

FB-5. How long after your first intercourse did you receive your first birth  
control service? Was it...

- Less than a month after your first intercourse.....1
- One to three months after your first intercourse....2
- Four to twelve months after your first intercourse..3
- More than a year after your first intercourse.....4

{ IF ONLY ONE SERVICE EVER RECEIVED, GO TO BCPLCFST FB-7

**FSTSERV**

FB-6. Which service or services did you get that first time? Did you get  
(LIST METHODS EVER USED REPORTED IN SECTION E)

**BCPLCFST**

FB-7. Please look at Card 25. Where did you receive your first birth control  
service(s)?

- Private doctor's office.....1
- HMO facility.....2
- Community health clinic, Community clinic, Public Health clinic.....3
- Family planning or Planned Parenthood Clinic.....4
- Employer or company clinic.....5
- School or school-based clinic.....6
- Hospital outpatient clinic.....7
- Hospital emergency room.....8
- Hospital regular room.....9
- Urgent care center, urgi-care or walk-in facility.....10
- Some other place.....20

**Clinic Series (FC)**

{ IF R IS 25 OR OLDER, GO TO SECTION G.  
{ IF R RECEIVED ANY SERVICES (FIRST OR PAST 12 MONTHS) AT A CLINIC, GO TO  
{ SECTION G.

**EVERFPC**

FC-1. Since your first menstrual period (when you were (AGE AT MENARCHE)),  
have you ever visited a clinic for any kind of medical or birth control  
service?

- Yes.....1
- No.....2 (GO TO SECTION G)

Read if necessary:

A clinic is a medical facility that provides birth control or other  
health services. Clinics can be sponsored by a private organization,  
such as planned parenthood, or a government agency, such as public  
health departments. Examples of a "clinic" are family planning clinics,  
hospital clinics and satellites, abortion centers, public health  
department clinics, community health center clinics, military health  
service clinics, student health service clinics, etc.

**KNMDHLP**

FC-2. What kind of medical help did you receive at the clinic?

- A method of birth control (or prescription).....1
- Birth control counseling.....2
- Emergency contraception.....3
- Counseling about emergency contraception.....4
- A check-up or test for birth control.....5
- Pregnancy test.....6
- An abortion.....7
- A pap smear or pelvic exam.....8

Post-natal care.....	9
STD or HIV testing/treatment/counseling.....	10
Other.....	20

**SECTION G**

**Birth Desires and Intentions**

**Birth Desires (GA)**

**GAINTR01**

GA-0. Now, I would like to know your feelings about having (a/nother) baby, whether or not you are able to, or plan to have one.

**RWANT**

GA-1. (Looking to the future, do/If it were possible would) you, yourself, want to have (a/nother) baby at some time (after this pregnancy is over/in the future)?

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

{ IF R SAID 'DON'T KNOW' FOR WANTING TO HAVE A/NOTHER BABY

**PROBWANT**

GA-1a. (Do you think you probably want or probably do not want/If it were possible do you think you would probably want or probably not want) to have (a/nother) baby at some time (after this pregnancy is over/in the future)?

Probably want .....1  
Probably do not want .....5

{ IF R IS CURRENTLY MARRIED OR COHABITING

**PWANT**

GA-2. (If it were possible, would/Looking to the future, does/Does) (HUSBAND/PARTNER) want to have (a/nother) baby at some time (after this pregnancy is over/in the future)? Would you say...(READ LIST)

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

**Joint Birth Intentions (Married/Cohabiting) (GB)**

{ ASKED IF R IS CURRENTLY MARRIED OR COHABITING AND BOTH PARTNERS ARE  
{ PHYSICALLY ABLE TO HAVE CHILDREN

**GBINTRO1**

GB-0. Sometimes what people want and what they intend are different because they are not able to do what they want. The next questions are about your and [husband/partner]'s intentions for (a/nother) baby in the future.

**JINTEND**

GB-1. Do you and (HUSBAND/PARTNER) intend to have (a/nother) baby at some time (after this pregnancy is over/in the future)?

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

IF NECESSARY SAY: "Intend" refers to what R and her husband are actually going to try to do. Do not count intended adoptions or stepchildren.

**JSUREINT**

GB-2. Of course, sometimes things do not work out exactly as we intend them to, or something makes us change our minds. In your case, how sure are you that you and (HUSBAND/PARTNER) will (not) have (a/nother) baby (after this pregnancy is over)? Would you say ... (READ LIST)

- Very sure.....1
- Somewhat sure.....2
- Not at all sure.....3

(IF INTEND NO BABIES, GO TO GD SERIES)

**JINTENDN**

GB-3. (Not counting your current pregnancy,) How many (more) babies do you and (HUSBAND/PARTNER) intend to have?

IF NECESSARY SAY: "Intend" refers to what R and her husband are actually going to try to do. Do not count intended adoptions or stepchildren.

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

{ IF DON'T KNOW HOW MANY (MORE) BABIES INTENDED

**JEXPECTL**

GB-4. Many people aren't sure, but still have some idea about the future. As you expect things to work out for you and (HUSBAND/PARTNER), what is the largest number of (additional) babies you and he expect to have (after this pregnancy is over)?

Number of babies \_\_\_\_\_ (IF 0, GO TO SECTION H)

{ IF NUMBER OF (ADDITIONAL) BABIES EXPECTED IS > ZERO

**JEXPECTS**

GB-5. What is the smallest number of (additional) babies you and he expect to have (after this pregnancy is over)?

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

**Individual Intentions Series (GC)**

(IF R IS NOT MARRIED OR COHABITING AND PHYSICALLY ABLE TO HAVE CHILDREN AND WANTS A/NOTHER BABY)

**GCINTRO1**

GC-0. Sometimes what people want and what they intend are different because they are not able to do what they want. The next questions are about your intentions for (a/nother) baby in the future.

**INTEND**

GC-1. Looking to the future, do you intend to have (a/nother) baby at some time (after this pregnancy is over)?

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

NOTE: "Intend" refers to what the R is actually going to try to do. Do not count intended adoptions or stepchildren.

**SUREINT**

GC-2. Of course, sometimes things do not work out exactly as we intend them to, or something makes us change our minds. In your case, how sure are

you that you will (not) have (a/nother) baby (after this pregnancy is over)? Would you say ... (READ LIST)

- Very sure.....1
- Somewhat sure.....2
- Not at all sure.....3

**INTENDN**

GC-3. (Not counting your current pregnancy,) How many (more) babies do you intend to have?

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

NOTE: Attempt to get the exact number of babies R intends to have. If "don't know", probe for an exact number or range.

IF NECESSRY, SAY "Intend" refers to what the R is actually going to try to do. Do not count intended adoptions or stepchildren.

{ R DOESN'T KNOW IF SHE INTENDS TO HAVE A/NOTHER BABY OR DOESN'T KNOW THE  
{ NUMBER SHE INTENDS TO HAVE

EXPECTL

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

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

(IF THE LARGEST NUMBER OF BABIES R EXPECTS = ZERO, GO TO SECTION H)

**EXPECTS**

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

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

**SECTION H**

**Infertility Services and Reproductive Health**

{ IF R HAS NOT HAD SEX WITH A MALE AND SHE IS UNDER 18, GO TO HB-5 INTRO\_H3.

{ SAID FOR ALL WHO HAVE HAD SEX WITH A MALE OR WHO ARE 18 YEARS OR OLDER

**INTRO\_H1**

HA-0. The next questions are about any infertility services you may have ever received. This includes medical help to become pregnant or to prevent miscarriage. I will ask you about each type of help separately.

**EVER RECEIVED MEDICAL HELP TO GET PREGNANT (HA)**

**HLPPRG**

HA-1. IF R HAS EVER BEEN MARRIED AND HAS ONLY 1 MALE SEXUAL PARTNER IN LIFETIME, ASK:  
(Have/Did) you or your husband ever been to a doctor or other medical care provider to talk about ways to help you become pregnant?

ELSE IF R HAS NEVER BEEN MARRIED AND HAS NEVER HAD A MALE SEXUAL PARTNER, ASK:  
Have you ever been to a doctor or other medical care provider to talk about ways to help you become pregnant?

ELSE ASK:  
(During any of your relationships,) have you or your (husband or) partner at the time ever been to a doctor or other medical care provider to talk about ways to help you become pregnant?

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

{ IF R HAS HAD ONLY 1 MALE SEXUAL PARTNER IN LIFETIME, GO TO HA-5 TYPALLPG.

{ ASKED IF R HAS HAD MORE THAN 1 SEXUAL PARTNER IN LIFETIME

**HOWMANYR**

HA-2. In how many of your relationships did you seek medical help in order to become pregnant?

One.....1  
More than one...5

{ IF R IS NOT CURRENTLY MARRIED, COHABITING, OR SEPARATED, GO TO HA-5 TYPALLPG

{ ASKED IF R IS MARRIED, COHABITING, OR SEPARATED, AND HOWMANYR = 1

**SEEKWHO1**

HA-3. IF R IS MARRIED OR SEPARATED, ASK:  
Was that with your current husband or another partner?

Current husband.....1  
Another partner.....5

ELSE IF R IS COHABITING, ASK:  
Was that with your current partner or another partner?

Current partner.....1  
Another partner.....5

{ IF HA-3 SEEKWHO1 WAS ASKED, GO TO HA-5 TYPALLPG.

{ ASKED IF R IS MARRIED, COHABITING, OR SEPARATED, AND HOWMANYR NE 1  
**SEEKWHO2**

HA-4. Have you sought help with your current (husband/partner)?

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

{ ASKED IF R REPORTED SEEKING ANY MEDICAL HELP TO GET PREGNANT  
**TYPALLPG**

HA-5. IF R HAS ONLY HAD 1 LIFETIME PARTNER OR IF R ONLY SOUGHT MEDICAL HELP IN ONE RELATIONSHIP, ASK:

Which of the services shown on Card 52 (have/did) you or your (husband/partner/previous partner (had/have) to help you become pregnant?

ELSE IF R SOUGHT MEDICAL HELP IN MORE THAN ONE RELATIONSHIP, ASK:  
Think about all of the medical help you or your partners have ever received to help you become pregnant. Which of the services shown on Card 54 have you or they had (to help you become pregnant)?

*ENTER all that apply*

Advice .....1  
Infertility testing .....2  
Drugs to improve your ovulation .....3  
Surgery to correct blocked tubes .....4  
Artificial insemination .....5  
Other types of medical help .....6

{ ASKED IF INFERTILITY TESTING MENTIONED

**WHOTEST**

HA-5a. Who was it that had infertility testing? Was it you, him, or both of you?

You .....1  
Him .....3  
Both of you .....5

{ ASKED IF ARTIFICIAL INSEMINATION MENTIONED

**WHARTIN**

HA-5b. Were you inseminated with sperm from your husband or partner only, from some other donor only, or from both?

Husband or partner.....1  
Donor.....3  
Both husband or partner and donor.....5

{ ASKED IF "OTHER TYPES OF MEDICAL HELP" MENTIONED

**OTMEDHEP**

HA-5c. Which of these other types of medical help listed on Card 53 did either of you receive for becoming pregnant?

*ENTER all that apply*

You had surgery or drug treatment for endometriosis .....1  
In vitro fertilization (IVF) .....2  
You had surgery or drug treatment for uterine fibroids ..3  
You had some other pelvic surgery .....4  
Other medical help .....5

{ ASKED IF R REPORTED SEEKING ANY MEDICAL HELP TO GET PREGNANT  
**INSCOVPG**

HA-6. Did either of you have private health insurance to cover any of the costs of medical help for becoming pregnant?

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

{ ASKED IF R REPORTED SEEKING ANY MEDICAL HELP TO GET PREGNANT  
**FSTHLPPG\_M, FSTHLPPG\_Y**

HA-7. Please look at the calendar to help you remember when you (or your (husband/partner)) made your first visit to seek medical help for becoming pregnant. In what month and year was that?

{ ASKED IF R REPORTED SEEKING ANY MEDICAL HELP TO GET PREGNANT  
{ R can answer in months or years

**TRYLONG**

HA-8. When you first went for medical help (in mo/yr from HA-7), how many months or years had you (and your (husband/partner)) been trying to become pregnant?

Number of months/years \_\_\_\_\_

{ ASKED IF R REPORTED SEEKING ANY MEDICAL HELP TO GET PREGNANT  
**HLPPGNOW**

HA-9. Are you currently pursuing medical help to become pregnant?

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

**RCNTPGH\_M, RCNTPGH\_Y**

HA-10. Again, please look at your calendar to help you remember. In what month and year was your (most recent/last) visit for help to become pregnant?

{ IF NEITHER DATE (1<sup>st</sup> or most recent/last visit) IS WITHIN LAST 12 MONTHS,  
{ GO TO HB SERIES.

{ IF EITHER DATE (1<sup>st</sup> or most recent/last visit) IS WITHIN LAST 12 MONTHS

**NUMVSTPG**

HA-11. During the last 12 months, that is, since (INTERVIEW MONTH, 2001), how many visits have you (or your (husband/partner)) made to a doctor or other medical care provider to help you get pregnant?

Number of visits \_\_\_\_\_

**EVER RECEIVED MEDICAL HELP TO PREVENT MISCARRIAGE (HB)**

{ ASKED FOR ALL

**INTRO\_H2**

HB-0. Now a few questions about medical help you may have received to prevent miscarriage or pregnancy loss.

**HLPMC**

HB-1. (Not counting routine check-ups, prenatal care, or advice about a pregnancy,) have you ever been to a doctor or other medical care provider to talk about ways to help you prevent miscarriage or pregnancy loss?

Yes ..... 1  
No ..... 5 (GO TO HB-4 INFRTPRB)

{ ASKED IF R REPORTED MISCARRIAGE SERVICES

**TYPALLMC**

HB-2. Which of the services shown on Card 54 have you ever received to help you prevent miscarriage or pregnancy loss?

*ENTER all that apply.*

- Instructions to take complete bed rest .....1
- Instructions to limit your physical activity .....2
- Testing to diagnose problems related to miscarriage .....3
- Drugs to prevent miscarriage, such as progesterone suppositories .....4
- Stitches in your cervix, also known as the "purse-string" procedure .....5
- Other types of medical help ..... 6

{ ASKED IF R REPORTED MISCARRIAGE SERVICES

**MISCNUM**

HB-3. When you first went for medical help for preventing miscarriage, how many pregnancies had you lost, if any?

*INCLUDE any spontaneous pregnancy losses -- miscarriages, ectopic pregnancies, stillbirths.*

Number \_\_\_\_\_

{ IF R REPORTED NEITHER INFERTILITY NOR MISCARRIAGE SERVICES, GO TO INTRO-H3.

{ ASKED IF R REPORTED MEDICAL HELP TO GET PREGNANT OR TO PREVENT MISCARRIAGE

**INFRTPRB**

HB-4. Looking at Card 55, when you went for medical help to (become pregnant/ prevent miscarriage/ to become pregnant and prevent miscarriage), were you ever told that you or your husband or partner had any of the following infertility problems shown on the card?

*ENTER all that apply*

- Problems with ovulation .....1
- Blocked tubes .....2
- Other tube or pelvic problems .....3
- Endometriosis .....4
- Semen or sperm problems .....5
- Any other infertility problems .....6
- None of these problems.....7

{ ASKED FOR ALL

**INTRO\_H3**

HB-5. The remaining questions in this section will ask about a variety of things that can affect a woman's health and her ability to have children.

**VAGINAL DOUCHING (HC)**

**DUCHFREQ**

HC-1. Some women douche after intercourse or at other times, while other women do not. Looking at Card 56, during the past 12 months, that is, since (INTERVIEW MONTH, 2001), how often, if at all, did you douche? Did you

... [READ LIST]

- Never douche? .....1 (HD-1 PID)
- Or did you douche: Once a month or less? .....2
- 2-3 times a month? .....3
- Once a week? .....4
- 2-3 times a week? .....5
- 4-6 times a week? .....6
- Or every day? .....7

{ ASKED IF R REPORTED ANY DOUCHING

**DUCHWHEN**

HC-2. When you douched in the past 12 months, was it only after sexual intercourse, only at other times, or both?

- Only after sexual intercourse .....1
- Only at other times .....2
- Both .....3

**PID AND OTHER HEALTH PROBLEMS RELATED TO CHILDBEARING (HD)**

{ ASKED FOR ALL

**PID**

HD-1. Have you ever been treated for an infection in your fallopian tubes, womb, or ovaries, also called a pelvic infection, pelvic inflammatory disease, or P.I.D.?

*If don't know, PROBE: "This is a female infection that sometimes causes abdominal pain or lower stomach cramps."*

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

{ IF PID = NO OR RF, GO TO HD-5 DIABETES.

{ ASKED IF PID = YES OR DK

**PIDSYMPT**

HD-2. Were you having any symptoms, such as pain or vaginal discharge or bleeding, that caused you to go for treatment?

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

{ IF HD-1 PID = DK, GO TO HD-5 DIABETES

{ ASKED ONLY IF PID = YES

**PIDTX**

HD-3. How many different times have you been treated for a pelvic infection or P.I.D.?

Number \_\_\_\_\_

{ ASKED ONLY IF PID = YES

**LSTPIDTX\_M, LSTPIDTX\_Y**

HD-4. In what month and year did you last receive treatment for a pelvic infection or P.I.D.?

{ ASKED FOR ALL

**DIABETES**

HD-5. Has a doctor or other medical care provider ever told you that you had diabetes or "sugar"?

Yes .....1  
No .....5 (HD-7 OVACYST)

{ ASKED IF R WAS EVER PREGNANT AND REPORTED DIABETES

**GESTDIAB**

HD-6. Were you ever told you had diabetes when you were not pregnant?

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

{ ASKED FOR ALL

**OVACYST**

HD-7. (You may have already told me this, but) has a doctor or other medical care provider ever told you had an ovarian cyst?

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

**UF**

HD-8. (You may have already told me this, but) has a doctor or other medical care provider ever told you had fibroid tumors or myomas in your uterus?

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

**ENDO**

HD-9. (You may have already told me this, but) has a doctor or other medical care provider ever told you had endometriosis?

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

**OVUPROB**

HD-10. (You may have already told me this, but) has a doctor or other medical care provider ever told you had problems with ovulation or menstruation?

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

**LIMITED**

HD-11. The following 2 questions are about other health problems or impairments you may have.

Are you limited in any way in any activities because of physical, mental, or emotional problems?

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

**EQUIPMNT**

HD-12. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

*NOTE: Include occasional use or use in certain circumstances.*

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

**HIV TESTING AND AIDS KNOWLEDGE/COUNSELING (HE)**

**INTRO\_H4**

HE-0. Now I would like to ask you about blood tests for HIV, the virus that causes AIDS.

**DONBLD85**

HE-1. First, I'll ask you about blood donations you may have made to the Red Cross or other blood banks because all blood donated in recent years has been routinely tested for HIV before it can be used. (Since March 1985,) have you (ever) donated blood at the Red Cross, at a bloodmobile, at a blood drive, or at other blood banks?

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

**HIVTEST**

HE-2. (Apart from testing that may have been done with your blood donations,) have you ever had your blood tested for HIV, the virus that causes AIDS?

Yes ..... 1  
No ..... 5 (HE-8 RETROVIR)

{ ASKED IF R REPORTED ANY HIV TESTING APART FROM BLOOD DONATION

**WHENHIV\_M, WHENHIV\_Y**

HE-3. When did you have that test for HIV, the virus that causes AIDS? If you have had more than one test, please tell me the date of the most recent one.

{ ASKED IF R REPORTED ANY HIV TESTING APART FROM BLOOD DONATION

**PLCHIV**

HE-4. Please look at Card 72. Where did you have that blood test for HIV in (mo/yr)?

*RECORD site of most recent HIV test if R has had more than one test.*

Private doctor's office.....1  
HMO facility .....2  
Community health clinic, community clinic,  
public health clinic .....3  
Family planning or Planned Parenthood clinic .....4  
Employer or company clinic .....5  
School or school-based clinic .....6  
Hospital outpatient clinic .....7  
Hospital emergency room .....8  
Hospital regular room .....9  
Urgent care center, urgi-care, or walk-in facility ..10  
Your worksite .....11  
Your home .....12  
Some other place .....20

{ ASKED IF R REPORTED ANY HIV TESTING APART FROM BLOOD DONATION

**HIVTST**

HE-5. Please look at Card 73. Why did you have that HIV test?

*ENTER all that apply*

For a hospitalization or surgical procedure...1  
To apply for health or life insurance.....2  
Just to find out if you were infected.....3

- Because of a referral by a doctor.....4
- To apply for a marriage license.....5
- Because you were pregnant or because it was  
part of prenatal care.....6
- Some other reason .....7

{ ASKED IF R REPORTED ANY HIV TESTING APART FROM BLOOD DONATION

**TALKDOCT**

HE-6. Did a doctor or other medical care provider talk with you about AIDS  
after you had this HIV test?

- Yes .....1
- No .....5 (HE-8 RETROVIR)

{ IF R REPORTED TALKING WITH A DOCTOR OR MEDICAL CARE PROVIDER

**AIDSTALK**

HE-7. Looking at Card 74, what topics related to HIV or AIDS were covered in  
the discussion you had with the doctor or other health professional?

*ENTER all that apply*

- How HIV/AIDS is transmitted .....1
- How to prevent transmission of HIV/AIDS .....2
- Other sexually transmitted diseases like  
gonorrhea, syphilis, or herpes .....3
- The correct use of condoms .....4
- Needle cleaning/using clean needles .....5
- Dangers of needle sharing .....6
- Abstinence from sex (not having sex) .....7
- Birth control methods .....8
- Safe sex practices .....9
- Other .....10

{ ASKED FOR ALL

**RETROVIR**

HE-8. Please tell me if you think the following statement is definitely true,  
probably true, probably false, or definitely false, or if you don't know  
whether it is true or false.

"There is a treatment available for pregnant women who are  
infected with the HIV virus to prevent passing the virus to their  
baby."

- Definitely true .....1
- Probably true .....2
- Probably false .....3
- Definitely false .....4
- Don't know if true or false ...5

{ IF R HAS NEVER BEEN PREGNANT OR HER LAST PREGNANCY ENDED MORE THAN 12 MONTHS

{     AGO, GO TO SECTION I.

{ ASKED IF R'S LAST COMPLETED PREGNANCY WAS WITHIN LAST 12 MONTHS

**PREGHIV**

HE-9.

The last time you were pregnant (before you became pregnant this time),  
were you tested for the HIV virus when you visited the doctor for  
prenatal care?

- Yes .....1
- No .....5
- Never went for prenatal care ...6

SECTION I

Insurance; Residence and Place of Birth; Religion;  
Past and Current Work (R and Current H/P); Child Care; Attitudes

Insurance (IA)

**COVER12**

IA-1. Now I have some questions about health insurance and coverage of medical expenses in the past year.

Card 75 lists some examples of types of health care coverage. In the past 12 months, that is, since [INTERVIEW MONTH, 2001], was there any time that you did not have any health insurance or coverage?

- Yes .....1
- No .....5 (GO TO IA-3 COVERHOW)

**NUMNOCOV**

IA-2. In how many of the past 12 months were you without coverage?

Number of months \_\_\_\_\_ (IF 12, GO TO IB SERIES)

{ASKED IF HAD INSURANCE COVERAGE IN ANY OF PAST 12 MONTHS

**COVERHOW**

IA-3. Card 76 shows different types of health care coverage. In the past 12 months, that is since [INTERVIEW MONTH, 2001], which of these were you covered by?

*ENTER all that apply*

- A private health insurance plan .....1  
(from employer or workplace; purchased directly;  
through a state or local government program or  
community program)
- Medicaid.....2  
additional name(s) for Medicaid in this state: [name(s)]
- Medicare.....3
- Medi-Gap.....4
- Military health care, including: .....5  
the VA, CHAMPUS / TRICARE / CHAMP-VA
- Indian Health Service .....6
- CHIP (Children's Health Insurance Program) .....7  
additional name(s) for CHIP in this state: [name(s)]
- Single-service plan (eg. dental, vision, prescriptions) ....8
- State-sponsored health plan.....9  
(such as [state program fill])
- Other government health care.....10

{ASKED IF LACKED COVERAGE AT ANY TIME IN THE LAST 12 MONTHS OR R HAS MORE THAN ONE TYPE OF COVERAGE

**NOWCOVER**

IA-4. Which of these, if any, are you covered by now?

*READ list and ENTER all that apply*

- [SCREEN DISPLAYS RESPONSES FROM IA-3 COVERHOW]
- Not covered by any insurance.....11

**Residence and Place of birth (IB)**

**SAMEADD**

IB-1. Now I have some questions about where you live.

Were you living at this same address on April 1, 2000?

Yes.....1 (GO TO BRNOUT IB-8)  
No.....5

**CNTRY00**

IB-2. Were you living in the United States on April 1, 2000?

Yes.....1  
No.....5 (GO TO BRNOUT IB-8)

**ASTREET**

IB-3. Please tell me the address where you were living on April 1, 2000.

Street number and street name \_\_\_\_\_

**ACITY**

IB-4. (Please tell me the address where you were living on April 1, 2000.)

City \_\_\_\_\_

**ASTATE**

IB-5. (Please tell me the address where you were living on April 1, 2000.)

[LINK STATE DATABASE]

State \_\_\_\_\_

**AZIP**

IB-6. (Please tell me the address where you were living on April 1, 2000.)

Zip code\_\_\_\_\_

**CNTY2000**

IB-7. What county did you live in then?

County \_\_\_\_\_

**BRNOUT**

IB-8. Were you born outside of the United States?

Yes .....1  
No .....5 (GO TO PAYDU IB-10)

{ASKED IF R WAS BORN OUTSIDE THE U.S.

**STRUS\_MO/STRUS\_YR**

IB-9. In what month and year did you come to the United States to stay?

{ ASKED FOR ALL

**PAYDU**

IB-10. This next question is about your residence. Are your current living quarters owned or being bought by you or someone in your household, rented for cash, or occupied without payment of cash rent?

Owned or being bought by you or

- someone in your household.....1
- Rented for cash.....2
- Occupied without payment of cash rent.....3
- R lives in a dormitory .....4

**Religion (IC)**

**RELRS D**

IC-1. Now I have a few questions about religion.

Please look at Card 77. In what religion were you raised, if any?

*If R says Protestant, ASK for the complete name of the denomination. If necessary, ENTER [11].*

*ENTER [1] if R was raised "atheist" or "agnostic"*

- None.....1
- Catholic.....2
- Jewish.....3
- Southern Baptist.....4
- Baptist.....5
- Methodist, African Methodist.....6
- Lutheran.....7
- Presbyterian.....8
- Episcopal.....9
- Church of Jesus Christ of Latter Day Saints (LDS/Mormon).10
- Other .....11

{ ASKED IF R'S RELIGION RAISED WAS "OTHER"

**RELRS D1**

IC-2. Please look at Card 78. In what religion were you raised?

- Church of Christ.....12
- United Church of Christ.....13
- Assemblies of God.....14
- Church of Nazarene.....15
- The Church of God.....16
- The Church of God (Cleveland, TN).....17
- The Church of God in Christ.....18
- 7<sup>th</sup> Day Adventist.....19
- United Pentecostal Church.....20
- Pentecostal Assemblies.....21
- Jehovah's Witness.....22
- Protestant or Christian -  
another denomination not listed.....23
- Protestant or Christian -  
no specific denomination.....24
- Muslim.....25
- Unitarian-Universalist.....26
- Greek Orthodox.....27
- (Other) Orthodox .....28
- Another Religion Not Listed.....29

{ASKED IF R IS UNDER AGE 25

**ATTND14**

IC-3. Please look at Card 79. When you were 14, about how often did you usually attend religious services?

- More than once a week.....1
- Once a week.....2
- 1-3 times per month.....3
- Less than once a month.....4
- Never.....5

**RELNOW**

IC-4. Please look at Card 77. What religion are you now, if any?

*If R says Protestant, ASK: (What is the complete name of the denomination?) If necessary, ENTER [11].*

*ENTER the religion respondent identified with most, if R identifies with more than one religion*

*ENTER [1] if R was raised "atheist" or "agnostic"*

- None.....1
- Catholic.....2
- Jewish.....3
- Southern Baptist.....4
- Baptist.....5
- Methodist, African Methodist.....6
- Lutheran.....7
- Presbyterian.....8
- Episcopal.....9
- Church of Jesus Christ of Latter Day Saints (LDS/Mormon).10
- Other .....11

{ ASKED IF R ANSWERS "OTHER" RELIGION

**RELNOW1**

IC-5. Please look at Card 78. What religion are you now?

- Church of Christ.....12
- United Church of Christ.....13
  
- Assemblies of God.....14
- Church of Nazarene.....15
- The Church of God.....16
- The Church of God (Cleveland, TN).....17
- The Church of God in Christ.....18
- 7<sup>th</sup> Day Adventist.....19
- United Pentecostal Church.....20
- Pentecostal Assemblies.....21
- Jehovah's Witness.....22
  
- Protestant or Christian -  
  another denomination not listed.....23
- Protestant or Christian -  
  no specific denomination.....24
  
- Muslim.....25
- Unitarian-Universalist.....26
- Greek Orthodox.....27
- (Other) Orthodox .....28
- Another Religion Not Listed.....29

{ IF R'S RELIGION IS JEWISH OR MUSLIM OR DON'T KNOW OR REFUSE,  
{ GO TO IC-7 RELDLIFE  
{ ELSE IF R'S RELIGION IS NONE, GO TO IC-8 ATTNDNOW

**FUNDAM**

IC-6. Please look at Card 80. Which of these do you consider yourself to be, if any?

- A born again Christian.....1
- A charismatic.....2
- An evangelical.....3
- A fundamentalist .....4
- None of the above.....5

**RELDLIFE**

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

- Very important.....1
- Somewhat important.....2
- Not important.....3

**ATTNDNOW**

IC-8. Please look at Card 79. About how often do you attend religious services?

*If R has difficulty answering, HAVE him think in terms of the past year.*

- More than once a week.....1
- Once a week.....2
- 1-3 times per month.....3
- Less than once a month.....4
- Never.....5

**Work (ID)**

**EVWRK6MO**

ID-1. Now I'm interested in knowing if you've ever worked full-time, for 6 months or longer. If you've ever taken leave from work, such as family leave, vacations, disability leave, strikes, and temporary layoffs, that counts as still working, as long as you were still officially employed.

Have you ever worked for pay, full-time, for six months or longer?

*NOTE: A period of employment is not necessarily the same as a job. If she went from one job right to a different job, that is still one period of employment.*

- Yes.....1
- No.....5 (WRK12MOS ID-4)

**BEGFSTWK\_MO/BEGFSTWK\_YR**

ID-2. When, in what month and year, did you start your first period of full-time work that lasted 6 months or longer altogether?

*If R has difficulty recalling month and/or year, REFER her to the life history calendar.*

**EVRNTWRK**

ID-3. Since you started that first period of work, has there ever been a time lasting 6 months or longer when you weren't working full-time?

*IF Necessary, SAY: (Remember, family leave, disability leave, strikes, temporary layoffs, paternity leave, and similar situations count as*

working if your employer considered you as still employed there.)

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

**WRK12MOS**

ID-4. Now I'd like to ask about your work experience in the last 12 months. By work, I mean any job for pay that was regularly scheduled, for which you were expected to show up. Please include full-time, part-time, and temporary or summer jobs.

In the last 12 months, that is since [INTERVIEW MONTH, 2001], for how many months did you have any job for pay?

Number of months \_\_\_\_\_ (IF ZERO, DK, RF, GO TO IE SERIES)

**FPT12MOS**

ID-5. In the last 12 months, did you work all full-time, all part-time or some of each?

Full-time.....1  
Part time.....2  
Some of each.....3

**Current/last job series (IE)**

**DOLASTWK**

IE-1. Please look at Card 81. Last week, what were you doing? Were you working, keeping house, going to school, or something else?

*ENTER all that apply*

Working..... 1  
Not working at job due to temporary illness,  
vacation, strike, etc..... 2  
On maternity or family leave from job..... 3  
Unemployed, laid off, or looking for work..... 4  
Keeping house..... 5  
Taking care of family .....6  
Going to school..... 7  
On permanent disability..... 8  
Something else ..... 9

{ IF R IS CURRENTLY EMPLOYED OR EVER WORKED, GO TO IE-3 RNUMJOB.

{ ASKED IF R NEVER WORKED FULL-TIME AND DIDN'T WORK IN THE LAST 12 MONTHS  
{ AND WASN'T WORKING LAST WEEK

**RPAYJOB**

IE-2. Did you ever work at a job or business for pay on a regular basis?

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

**RNUMJOB**

IE-3. How many jobs did you work (last week / during the last week you worked)?

Number of jobs \_\_\_\_\_

**RFTPTX**

IE-4. (Please think about the last week you worked on your (primary) job. Did / At your primary job, do/ Do) you work part-time or full-time, or some of each? By full-time I mean 35 or more hours a week.

- Full time.....1
- Part time.....2
- Some of each.....3

**Spouse/partner's current/last job series (IF)**

{ IF R IS NOT CURRENTLY MARRIED OR COHABITING, GO TO IG SERIES

**SPLSTWK**

IF-1. Please look at Card 82. Last week, what was (HUSBAND/PARTNER) doing? Was he working, keeping house, going to school, or something else?

ENTER all that apply

- Working..... 1
- Not working at job due to temporary illness, vacation, strike, etc..... 2
- On paternity or family leave from job..... 3
- Unemployed, laid off, or looking for work..... 4
- Keeping house..... 5
- Taking care of family .....6
- Going to school..... 7
- On permanent disability..... 8
- Something else .....9

{IF HUSBAND/PARTNER WORKED OR WAS EMPLOYED LAST WEEK, GO TO IF-3 SPNUMJOB

{ASKED IF HUSBAND/PARTNER NOT EMPLOYED/WORKING LAST WEEK

**SPPAYJOB**

IF-2. Did he ever work at a job or business for pay on a regular basis?

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

**SPNUMJOB**

IF-3. How many jobs did he work (last week/ during the last week he worked)?

Number of jobs \_\_\_\_\_

**SPFTPTX**

IF-4. (Please think about the last week he worked on his (primary) job. Did / At his primary job, does / Does) he work part time or full time, or some of each? By full time I mean 35 or more hours a week.

- Full-time.....1
- Part time.....2
- Some of each.....3

**Child care (IG)**

{IF R HAS NO CHILDREN UNDER 13 IN THE HOUSEHOLD (includes bio child, step-child, adopted child, legal ward, foster child, partner's child) GO TO IH/II SERIES

**INTROCHC**

IG-0. The next questions are about child care for children aged 12 or under who live with you.

**CHCARANY**

IG-1. In the past four weeks (has your child/have any of your children, aged 12 or under,) been cared for in any regular arrangement such as a day care, nursery school, play group, babysitter, after school care, relative, or some other child care arrangement?

*READ if necessary: (By "regular" I mean at least once a week for a month or more.)*

Yes.....1  
No.....5 (GO TO IH/II SERIES)

**CHCARTYP**

IG-2. Please look at Card 83. Which of these, if any, have you used for (any of your children/your child) in the past four weeks?

*ENTER all that apply*

- Child's other parent/stepparent.....1
- child's brother/sister 13+.....2
- child's brother/sister under 13.....3
- child's grandparent.....4
- Other relative.....5
- Nonrelative or babysitter.....6
- Day care center.....7
- Nursery/preschool.....8
- Family day care.....9
- Federally-funded Head Start program.10
- Kindergarten/school (grades 1-12)...11
- Before or after school care.....12
- Child cares for self.....13
- Other.....14

**Attitudes towards Sex, Contraception, Marriage, Gender, and Parenthood (IH/II)**

**IHINTRO1**

IH-0. Next, I would like to get your opinion on some matters concerning family life. I will read you some statements, and I would like you to tell me if you strongly agree, agree, disagree, or strongly disagree. The first is:

**BETTER**

IH-1. It is better for a person to get married than to go through life being single. Do you strongly agree, agree, disagree, or strongly disagree?

*PROBE if R says Neither agree nor disagree.*

- Strongly Agree .....1
- Agree .....2
- Disagree .....3
- Strongly Disagree .....4
- IF R INSISTS: Neither agree nor disagree .....5

**STAYTOG**

IH-2. Divorce is usually the best solution when a couple can't seem to work out their marriage problems.

*PROBE if R says Neither agree nor disagree.*

Strongly Agree .....1  
Agree .....2  
Disagree .....3  
Strongly Disagree .....4  
IF R INSISTS: Neither agree nor disagree .....5

**SAMESEX**

IH-3. Sexual relations between two adults of the same sex are all right. Do you strongly agree, agree, disagree, or strongly disagree?

*PROBE if R says Neither agree nor disagree.*

Strongly Agree .....1  
Agree .....2  
Disagree .....3  
Strongly Disagree .....4  
IF R INSISTS: Neither agree nor disagree .....5

**ANYACT**

IH-4. Any sexual act between two consenting adults is all right.

*PROBE if R says Neither agree nor disagree.*

Strongly Agree .....1  
Agree .....2  
Disagree .....3  
Strongly Disagree .....4  
IF R INSISTS: Neither agree nor disagree .....5

**SXOK18**

IH-5. It is all right for unmarried 18 year olds to have sexual intercourse if they have strong affection for each other.

*PROBE if R says Neither agree nor disagree.*

Strongly Agree .....1  
Agree .....2  
Disagree .....3  
Strongly Disagree .....4  
IF R INSISTS: Neither agree nor disagree .....5

**SXOK16**

IH-6. It is all right for unmarried 16 year olds to have sexual intercourse if they have strong affection for each other.

*PROBE if R says Neither agree nor disagree.*

Strongly Agree .....1  
Agree .....2  
Disagree .....3  
Strongly Disagree .....4  
IF R INSISTS: Neither agree nor disagree .....5

**CHREWARD**

IH-7. The rewards of being a parent are worth it, despite the cost and the work it takes.

*Probe if R says Neither agree nor disagree.*

Strongly Agree .....1

Agree .....2  
Disagree .....3  
Strongly Disagree .....4  
IF R INSISTS: Neither agree nor disagree .....5

**CHSUPPOR**

IH-8. It is okay for an unmarried female to have a child. Would you say you strongly agree, agree, disagree, or strongly disagree?)

*PROBE if R says Neither agree nor disagree.*

Strongly Agree .....1  
Agree .....2  
Disagree .....3  
Strongly Disagree .....4  
IF R INSISTS: Neither agree nor disagree .....5

**GAYADOPT**

IH-9. Gay or lesbian adults should have the right to adopt children.

*PROBE if R says Neither agree nor disagree.*

Strongly Agree .....1  
Agree .....2  
Disagree .....3  
Strongly Disagree .....4  
IF R INSISTS: Neither agree nor disagree .....5

**OKCOHAB**

IH-10. A young couple should not live together unless they are married.

*PROBE if R says Neither agree nor disagree.*

Strongly Agree .....1  
Agree .....2  
Disagree .....3  
Strongly Disagree .....4  
IF R INSISTS: Neither agree nor disagree .....5

**WARM**

IH-11. A working mother can establish just as warm and secure a relationship with her children as a mother who does not work.

*PROBE if R says Neither agree nor disagree.*

Strongly Agree .....1  
Agree .....2  
Disagree .....3  
Strongly Disagree .....4  
IF R INSISTS: Neither agree nor disagree .....5

**ACHIEVE**

IH-12. It is much better for everyone if the man earns the main living and the woman takes care of the home and family.

*PROBE if R says Neither agree nor disagree.*

Strongly Agree .....1  
Agree .....2  
Disagree .....3  
Strongly Disagree .....4  
IF R INSISTS: Neither agree nor disagree .....5

**FAMILY**

IH-13. It is more important for a man to spend a lot of time with his family than to be successful at his career. Do you strongly agree, agree, disagree, or strongly disagree?

*PROBE if R says Neither agree nor disagree.*

- Strongly Agree .....1
- Agree .....2
- Disagree .....3
- Strongly Disagree .....4
- IF R INSISTS: Neither agree nor disagree .....5

{ ASKED IF R IS UNDER 20 YEARS OF AGE.

**REACTSLF**

IH-14. If you got pregnant now how would you feel? Would you be very upset, a little upset, a little pleased, or very pleased?

*Probe if R says they wouldn't care*

- Very Upset .....1
- A little Upset .....2
- A little Pleased .....3
- Very Pleased .....4
- IF R INSISTS: She wouldn't care..5

{ ASKED IF R HAS NOT HAD ANY BIOLOGICAL OR ADOPTED CHILDREN

**CHBOTHER**

IH-15. If it turns out that you do not have any children, would that bother you a great deal, some, a little, or not at all?

- A great deal .....1
- Some .....2
- A little .....3
- Not at all .....4

{ IF R IS 25 OR OLDER, GO TO II-6 ACASILANG.

**IIINTRO1**

II-1. The next question is about what might happen if you had sex and your partner used a condom. (Even if you have never had sex or used a condom, you can think about what might happen if you did.)

**LESSPLSR**

II-2. Please look at Card 21. What is the chance that if your partner used a condom during sex, you would feel less physical pleasure?

- No chance.....1
- A little chance.....2
- A 50-50 chance.....3
- A pretty good chance.....4
- An almost certain chance.....5

**IIINTRO2**

II-3. IF NOT CURRENTLY MARRIED OR COHABITING, SAY:

Now think about what might happen if you are with a person with whom you are about to have sexual intercourse for the first time.

ELSE IF CURRENTLY MARRIED OR COHABITING, SAY:

Now imagine that you are no longer in your current relationship, for whatever reason, and you are with a person with whom you are about to have sexual intercourse for the first time.

**EMBARRAS**

II-4. Please look at Card 21. What is the chance that it would be embarrassing for you and a new partner to discuss using a condom?

- No chance.....1
- A little chance.....2
- A 50-50 chance.....3
- A pretty good chance.....4
- An almost certain chance.....5

**APPREC1**

II-5. Please look at Card 21. What is the chance that if a new partner used a condom, you would appreciate it?

- No chance.....1
- A little chance.....2
- A 50-50 chance.....3
- A pretty good chance.....4
- An almost certain chance.....5

{ Question only intended for interviewer.

**ACASILANG**

II-6. Interviewer: *Should ACASI be conducted in English or Spanish?*

- English.....1
- Spanish.....2

## SECTION J

### Audio CASI

{ READ BY INTERVIEWER FROM THE SCREEN.

#### **INTRO\_J1**

INTRO-J1. For this last part of the interview, I'll turn the computer over to you so that you can enter your answers yourself. We have these headphones so that you can listen to the questions in privacy, and you can also read the questions on the computer screen. I will not be able to hear the questions or see the answers you type into the computer. After I explain a few of the keys that you'll be using, I'll help you with the first few questions, just to get you familiar with how this will work. Then I'll leave you on your own to answer the rest of the questions in privacy.

When you are done with this section, a screen will come up that will instruct you in how to lock away your responses so that no one can see how you answered the questions. Then you can return the computer to me.

#### **INTRO\_J1b**

INTRO-J1b. INTERVIEWER: Explain the following things to R:

Connect the headphones to the laptop.  
Give the computer to Respondent.  
Show Respondent where to find number keys, Enter, Backspace, F11, F12, and Hyphen keys.

Show Respondent the Aid Card.  
Explain how to adjust the volume.

Explain that you will be doing an unrelated task while Respondent completes Audio CASI, but Respondent should feel free to interrupt with questions.

The next screen is for the Respondent.

### **A-CASI PRACTICE QUESTIONS (JA)**

{ MACHINE AUDIO BEGINS HERE.

#### **INTRO\_J2**

INTRO-J2. These questions are just for practice. The interviewer is going to help you do this.

Press the [BACKSPACE] key to erase an answer you want to change or when the computer asks you to correct an answer.

Please press the large [Enter] key on the right side of the keyboard to see the first question.

#### **PRACYEAR**

JA-1. In what year were you born?

Please enter the 4-digit year you were born and press the [Enter] key.

Year \_\_\_\_\_

#### **PRACMNTH**

JA-2. In what month in [PRACYEAR] were you born?

Please enter the number for the month.

January .....1  
February .....2  
March .....3  
April .....4  
May .....5  
June .....6  
July .....7  
August .....8  
September .....9  
October .....10  
November .....11  
December .....12

**PRACCNFM**

JA-3. The computer has recorded that you were born in [PRACMnth, PRACYEAR]. Is this correct?

Yes .....1 (JA-3a INTROJ3a)  
No .....5 (RETURN TO CORRECT INFORMATION AS NEEDED)

**INTROJ3a**

JA-3a. Thank you. Now we will go over a few keystrokes which will help you complete the survey.

Please press [Enter] to continue

**INTROJ3ab**

JA-3ab. If you want to replay the audio, press the [F11] key. It is located near the top right side of the keyboard.

Please press [Enter] to continue.

**INTROJ3b**

JA-3b. If you want to hide the question for a moment, press the [F12] key. To make the question reappear, simply press [F12] again. The [F12] key is located near the [F11] key on the top right side of the keyboard.

Please press [Enter] to continue

**INTROJ3c**

JA-3c. If you do not know the answer to a question, press the [CTRL] and [D] keys at the same time.

The [CTRL] key is at the bottom left of the keyboard. It is labeled "Ctrl".

Please press [Enter] to continue

**INTROJ3d**

JA-3d. If you do not wish to answer a particular question, press the [CTRL] and [R] keys at the same time.

Please press [Enter] to continue

**INTROJ3e**

JA-3e. If you have any questions about how to use the computer, please ask your interviewer now. Otherwise, please press the [Enter] key

to continue.

**INTRO\_J4**

INTRO-J4. These first questions are about your general health.

Please press [Enter] to continue

**GENHEALT**

JA-4. In general, how is your health? Would you say it is...

- Excellent .....1
- Very good .....2
- Good .....3
- Fair .....4
- Poor .....5

**RHEIGHT\_FT**

JA-5. How tall are you?

First, please select the number of feet, then press [Enter].

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

{ IF RHEIGHT = DK OR RF, GO TO JA-6 RWEIGHT.

**RHEIGHT\_IN**

JA-5. Now please select the number of inches and then press [Enter].

- 0 inches .....0
- 1 inch .....1
- 2 inches .....2
- 3 inches .....3
- 4 inches .....4
- 5 inches .....5
- 6 inches .....6
- 7 inches .....7
- 8 inches .....8
- 9 inches .....9
- 10 inches .....10
- 11 inches .....11

**RWEIGHT**

JA-6. How much do you weigh?

Please answer in pounds and then press [Enter].

Pounds \_\_\_\_\_

**PREGNANCY REPORTING (JB)**

**INTRO\_J5**

INTRO-J5. The information you provide about the outcome of any pregnancies you may have had is very important for this study. Sometimes women who take part in the study are reluctant to tell an interviewer about some of their pregnancies.

Remember, your interviewer will not know how you answer these

questions, and will not ask you any questions about your answers.

Please press [Enter] to continue.

**CASICURP**

JB-1. First, are you pregnant now?

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

**CASILIVB**

JB-2. How many pregnancies have you had that resulted in live birth, that is, a baby born alive?

*Having twins or triplets should be counted as 1 pregnancy.*

Number \_\_\_\_\_

**CASIMISC**

JB-3. How many pregnancies have you had that ended in miscarriage, stillbirth, or ectopic pregnancy?

Number \_\_\_\_\_

**CASIABOR**

JB-4. How many pregnancies have you had that ended in abortion?

Number \_\_\_\_\_

{ IF TOTAL NUMBER OF PREGNANCIES = 0, GO TO JC SERIES.

{ ASKED IF TOTAL NUMBER OF PREGNANCIES > 0

**CASICHEK**

JB-5. Based on these last 4 questions, you have been pregnant (TOTAL #) times. Is this correct?

{ OTHER VARIANTS BASED ON CURRENT PREGNANCY STATUS AND TOTAL # OF PREGS

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

{ IF CASICHEK = YES, DK, OR RF, GO TO JC SERIES.

{ ASKED IF JB-5 CASICHEK = NO

**CASIPREG**

JB-6. Please think of all the times you have been pregnant, whether you are currently pregnant or the pregnancy ended in live birth, miscarriage, stillbirth, abortion, or ectopic pregnancy?

How many times have you been pregnant in your life?

Number \_\_\_\_\_

**Substance Use (JC)**

**INTRO\_J6**

INTRO-J6. These next questions are about your use of alcohol and other substances.

Please press [Enter] to continue.

**SMK100**

JC-1. In your entire life, have you smoked at least 100 cigarettes?

100 cigarettes is about 5 packs.

Yes..... 1  
No.....5 (JC-4 DRINK12)

{ ASKED IF SMOKED AT LEAST 100 CIGARETTES IN LIFETIME

**AGESMK**

JC-2. How old were you when you first started smoking fairly regularly?

Please enter your age in years.  
If you never smoked regularly, enter 0.

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

{ ASKED IF SMOKED AT LEAST 100 CIGARETTES IN LIFETIME

**SMOKE12**

JC-3. During the last 12 months, that is, since (INTERVIEW MONTH, 2001), how often have you smoked cigarettes?

Never .....1  
Once or twice during the year .....2  
Several times during the year .....3  
About once a month .....4  
About once a week .....5  
About once a day .....6

**DRINK12**

JC-4. During the last 12 months, that is, since (INTERVIEW MONTH, 2001), how often have you had beer, wine, hard liquor, or other alcoholic beverages?

Never .....1  
Once or twice during the year .....2  
Several times during the year .....3  
About once a month .....4  
About once a week .....5  
About once a day .....6

{ ASKED IF R REPORTED ANY AMOUNT OF DRINKING IN LAST YEAR OR SAID DK

**BINGE12**

JC-5. During the last 12 months, how often did you have 5 or more drinks within a couple of hours?

Never .....1  
Once or twice during the year .....2  
Several times during the year .....3  
About once a month .....4  
About once a week .....5  
About once a day .....6

**POT12**

JC-6. During the last 12 months, how often have you smoked marijuana?

Never .....1  
Once or twice during the year .....2  
Several times during the year .....3  
About once a month .....4  
About once a week .....5  
About once a day .....6

**COC12**

JC-7. During the last 12 months, how often have you used cocaine?

- Never .....1
- Once or twice during the year .....2
- Several times during the year .....3
- About once a month .....4
- About once a week .....5
- About once a day .....6

**CRACK12**

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

- Never .....1
- Once or twice during the year .....2
- Several times during the year .....3
- About once a month .....4
- About once a week .....5
- About once a day .....6

**INJECT12**

JC-9. During the last 12 months, how often have you taken non-prescription drugs using a needle, that is, you took them only for the experience or feeling it caused. This includes "shooting up" and "skin-popping."

- Never .....1
- Once or twice during the year .....2
- Several times during the year .....3
- About once a month .....4
- About once a week .....5
- About once a day .....6

**EVRSARE**

JC-10. At any time in your life, have you ever used a needle that you knew or suspected someone else had used before you?

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

**Sex with Males (JD)**

**INTRO\_J7**

INTRO-J7. The next questions are about sexual experiences you may have had.

Please press [Enter] to continue.

**INTRO\_J8**

INTRO-J8. Here are some things you may have done with a male. For each activity, answer yes if you have ever done it with a male even once. Answer no if you have never done it with a male.

Please press [Enter] to continue.

**VAGSEX**

JD-1. Has a male ever put his penis in your vagina (also known as vaginal intercourse)?

- Yes .....1
- No .....5 (JD-6 ORALSEX1)

**AGEVAGR**

JD-2. The first time this occurred, how old were you?

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

{ IF R IS 18 OR OLDER, GO TO JD-4 CONDVAG.

{ ASKED ONLY IF R IS UNDER 18

**AGEVAGM**

JD-3. The first time this occurred, how old was he?

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

{ ASKED FOR ALL WHO REPORTED EVER HAVING VAGINAL INTERCOURSE

**CONDVAG**

JD-4. Was a condom used the last time you had vaginal intercourse with a male?

Yes .....1  
No .....5 (JD-6 ORALSEX1)

**WHYCONDL**

JD-5. The last time you had vaginal intercourse with a male, did you use the condom to...

To prevent pregnancy, .....1  
To prevent diseases like syphilis, gonorrhea or AIDS, ..2  
For both reasons, .....3  
Or for some other reason .....4

**ORALSEX1**

JD-6. Has a male ever put his mouth on your vagina (also known as cunnilingus or oral sex)?

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

**ORALSEX2**

JD-7. Have you ever put your mouth on a male's penis (also known as fellatio or oral sex)?

Yes .....1  
No .....5 (JD-9 ANALSEX)

**CONDFELL**

JD-8. Was a condom used the last time you put your mouth on a male's penis?

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

**ANALSEX**

JD-9. Has a male ever put his penis in your rectum or butt (also known as anal sex)?

Yes .....1  
No .....5 (JD-11 CONDSEXL)

**CONDANAL**

JD-10. Was a condom used the last time you had anal sex with a male?

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

{ ASKED IF R REPORTED MORE THAN 1 FORM OF MALE-GENITAL-INVOLVING SEX

**CONDSEX1**

JD-11. The very last time you had any type of sex -- that is, vaginal intercourse or anal sex or oral sex -- with a male partner, was a condom used?

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

{ IF R IS 18 OR OLDER, CONTINUE WITH JE SERIES.  
{ ELSE IF R IS YOUNGER THAN 18, GO TO JF SERIES.

**Non Voluntary Intercourse: Male - Female (JE)**

{ JE SERIES ONLY ASKED FOR R'S AGED 18 YEARS OR OLDER

{ IF R DID NOT REPORT HAVING VAGINAL SEX (IN AUDIO CASI), GO TO JE-5 EVRFORCD

{ ASKED IF R REPORTED EVER HAVING VAGINAL SEX

**WANTSEX1**

JE-1. Think back to the very first time you had vaginal intercourse with a male. Which would you say comes closest to describing how much you wanted that first vaginal intercourse to happen?

I really didn't want it to happen at the time .....1  
I had mixed feelings -- part of me wanted it to  
happen at the time and part of me didn't .....2  
I really wanted it to happen at the time .....3

**VOLSEX1**

JE-2. Would you say then that this first vaginal intercourse was voluntary or not voluntary, that is, did you choose to have sex of your own free will or not?

Voluntary.....1  
Not voluntary.....5

**HOWOLD**

JE-3. How old were you when this first vaginal intercourse happened?

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

{ IF R'S FIRST VAGINAL SEX WAS WANTED AND VOLUNTARY, GO TO JF-5 EVRFORCD

{ ASKED ONLY IF R REPORTED HER 1<sup>st</sup> VAGINAL SEX AS "Not voluntary"  
{ OR DIDN'T WANT IT TO HAPPEN OR HAD MIXED FEELINGS (WANTSEX1 = 1 or 2)

**INTRO-J9**

INTRO-J9. Were any of these kinds of force used?

Please press [Enter] to continue.

{ JE-4a THROUGH JE-4g ASKED ONLY IF R REPORTED HER 1<sup>st</sup> VAGINAL SEX AS "Not  
{ voluntary" OR DIDN'T WANT IT TO HAPPEN OR HAD MIXED FEELINGS (WANTSEX1 = 1  
{ or 2)

**GIVNDRUG**

JE-4a. Were you given alcohol or drugs?

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

**HEBIGOLD**

JE-4b. Did you do what he said because he was bigger than you or a grown-up, and you were young?  
Yes.....1  
No.....5

**ENDRELAT**

JE-4c. Were you told that the relationship would end if you didn't have sex?  
Yes.....1  
No.....5

**WORDPRES**

JE-4d. Were you pressured into it by his words or actions, but without threats of harm?  
Yes.....1  
No.....5

**THRTPHYS**

JE-4e. Were you threatened with physical hurt or injury?  
Yes.....1  
No.....5

**PHYSHURT**

JE-4f. Were you physically hurt or injured?  
Yes.....1  
No.....5

**HELDDOWN**

JE-4g. Were you physically held down?  
Yes.....1  
No.....5

**EVRFORCD**

JE-5. (Besides the time you already reported,) have you ever been forced by a male to have vaginal intercourse against your will?  
Yes.....1  
No.....5 (GO TO JF SERIES)

**AGEFORC1**

JE-6. (After the time you already reported, when you were age (JE-3 HOWOLD),) how old were you the next time you were forced by a male to have vaginal intercourse against your will?

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

{ IF R'S 1<sup>st</sup> VAGINAL SEX WAS "not voluntary" GO TO JF SERIES.  
{ REMAINDER OF JE SERIES ASKED ONLY IF R'S 1<sup>st</sup> VAGINAL SEX WAS VOLUNTARY BUT  
{ SHE REPORTED HAVING EVER BEEN FORCED AT ANOTHER TIME BY A MALE TO HAVE  
{ VAGINAL SEX

**INTROJ10**

INTROJ10. Were any of these kinds of force used?

Please press [Enter] to continue.

**GIVNDRG2**

JE-7a. Were you given alcohol or drugs?

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

**HEBIGOL2**

JE-7b. Did you do what he said because he was bigger than you or a grown-up, and you were young?

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

**ENDRELA2**

JE-7c. Were you told that the relationship would end if you didn't have sex?

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

**WRDPRES2**

JE-7d. Were you pressured into it by his words or actions, but without threats of harm?

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

**THRTPHY2**

JE-7e. Were you threatened with physical hurt or injury?

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

**PHYSHRT2**

JE-7f. Were you physically hurt or injured?

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

**HELDDWN2**

JE-7g. Were you physically held down?

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

**STD/HIV Risk Behaviors (JF)**

{ IF R DID NOT REPORT (IN A-CASI) ANY VAGINAL, ORAL, OR ANAL SEX WITH A MALE,  
{ GO TO JG SERIES.

**INTROJ11**

INTROJ11. This next section is also about your male sex partners. This time, think about any male with whom you have had vaginal intercourse, oral sex, or anal sex -- any of these.

Please press [Enter] to continue.

**PARTSLIF**

JF-1. Thinking about your entire life, how many male sex partners have you had? Please count every partner, even those you had sex with only once.

Number \_\_\_\_\_

**PARTS12M**

JF-2. Thinking about the last 12 months, that is, since (INTERVIEW MONTH, 2001), how many male sex partners have you had? Please count every partner, even those you had sex with only once.

Number \_\_\_\_\_

{ IF R IS UNDER AGE 18 AND HAS 1 OR MORE CURRENT SEXUAL PARTNER, CONTINUE.  
{ ELSE IF R REPORTED 0 MALE PARTNERS IN LAST 12 MONTHS, GO TO JG SERIES.  
{ ELSE GO TO JF-3 BISEXPRT.

**INTROJ12**

INTROJ12. You indicated in the interview that you have (NUMBER) current sexual partner(s). Here is an additional question about (him/each of those partners/some of those partners).

Please press [Enter] to continue.

{ SCREEN WILL DISPLAY UP TO 3 CURRENT SEXUAL PARTNERS FOR R's UNDER 18 YEARS.  
{ R WILL BE LOOPED FROM CURRPAGE THROUGH HOWMUCH as applicable.

**CURRPAGE**

JF-2a. Earlier you reported that you last had sexual intercourse with the (blank/first/second/third) person shown on the screen in (mo/yr). How old was he at that time?

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

{ IF AGE REPORTED OR RF, GO TO NEXT PARTNER IF THERE IS ONE.  
{ ELSE GO TO JF-3 BISEXPRT.

{ ASKED IF CURRPAGE = DK

**RELAGE**

JF-2b. Is he older than you, younger than you or the same age?

Older .....1  
Younger .....2  
Same age .....3

{ IF R SAID "same age" GO TO NEXT PARTNER IF THERE IS ONE.  
{ IF NO MORE PARTNERS TO LOOP THROUGH, GO TO JF-3 BISEXPRT.

{ ASKED IF RELAGE = older or younger

**HOWMUCH**

JF-2c. By how many years?

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

{ IF ANY MORE CURRENT PARTNERS, RETURN TO CURRPAGE.

{ IF R REPORTED 0 MALE PARTNERS IN LAST 12 MONTHS, GO TO JG SERIES.

{ REMAINDER OF JF SERIES ASKED IF R REPORTED ANY MALE PARTNERS IN LAST 12  
{ MONTHS OR SAID DK

**BISEXPRT**

JF-3. (Now please think about all of your male sexual partners in the last 12

months, that is since (INTERVIEW MONTH, 2001).)  
Have any of your male partners in the last 12 months ever had sex with other males?

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

**NONMONOG**

JF-4. In the last 12 months, did you have sex with any males who were also having sex with other people at around the same time?

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

**HIGHSX12**

JF-5. In the last 12 months, how often were you "high" on alcohol or drugs when you had sex with a male?

Never .....1  
Sometimes .....2  
About half the time ....3  
Often .....4  
Always .....5

**MALSHT12**

JF-6. In the last 12 months, have you had sex with a male who takes or shoots street drugs using a needle?

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

**PROSTFRQ**

JF-7. In the last 12 months, has a male given you money or drugs to have sex with him?

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

**JOHNFREQ**

JF-8. In the last 12 months, have you given a male money or drugs to have sex with you?

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

**HIVMAL12**

JF-9. In the last 12 months, have you had sex with a male who you knew was infected with the AIDS virus?

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

**Sex with Females (JG)**

{ ASKED FOR ALL

**FEMSEX**

JG-1. The next question asks about sexual experience you may have had with another female. Have you ever had any sexual experience of any kind with another female?

Yes .....1

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

**FEMPARTS**

JG-2. Thinking about your entire life, how many female sex partners have you had?

Number \_\_\_\_\_

**FEMPRT12**

JG-3. Thinking about the last 12 months, that is, since (INTERVIEW MONTH, 2001), how many female sex partners have you had?

Number \_\_\_\_\_

**Sexual Attraction, Orientation, & Experience with STDs (JH)**

{ ASKED ONLY IF R REPORTED HAVING SEX WITH BOTH MALES & FEMALES

**MFLASTP**

JH-1. The very last time you had any type of sex -- that is vaginal intercourse or anal sex or oral sex -- was that last sexual partner male or female?

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

{ ASKED FOR ALL

**ATTRACT**

JH-2. People are different in their sexual attraction to other people. Which best describes your feelings? Are you...

Only attracted to males .....1  
Mostly attracted to males .....2  
Equally attracted to males and females .....3  
Mostly attracted to females .....4  
Only attracted to females .....5  
Not sure .....6

{ ASKED FOR ALL

**ORIENT**

JH-3. Do you think of yourself as ...

Heterosexual, .....1  
Homosexual, .....2  
Bisexual, .....3  
Or something else? .....4

**INTROJ13**

INTROJ13. The next questions are about your sexual and reproductive health.

Please press [Enter] to continue.

**STDST12**

JH-4. In the last 12 months, that is, since (INTERVIEW MONTH, 2001), have you been tested by a doctor or other medical care provider for a sexually transmitted disease like gonorrhea, chlamydia, herpes, or syphilis?

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

**STDTRT12**

JH-5. In the last 12 months, have you been treated or received medication from a doctor or other medical care provider for a sexually transmitted disease like gonorrhea, chlamydia, herpes, or syphilis?

Yes .....1  
No .....5 (JH-8 HERPES)

{ ASKED ONLY IF R WAS TREATED FOR STD IN LAST 12 MONTHS

**GON**

JH-6. In the last 12 months, have you been told by a doctor or other medical care provider that you had gonorrhea?

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

{ ASKED ONLY IF R WAS TREATED FOR STD IN LAST 12 MONTHS

**CHLAM**

JH-7. In the last 12 months, have you been told by a doctor or other medical care provider that you had chlamydia?

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

{ ASKED FOR ALL

**HERPES**

JH-8. At any time in your life, have you ever been told by a doctor or other medical care provider that you had genital herpes?

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

{ ASKED FOR ALL

**GENWARTS**

JH-9. At any time in your life, have you ever been told by a doctor or other medical care provider that you had genital warts?

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

{ ASKED FOR ALL

**SYPHILIS**

JH-10. At any time in your life, have you ever been told by a doctor or other medical care provider that you had syphilis?

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

**Family Income and Public Assistance (JI)**

**INTROJ14**

INTROJ14. Income is important in analyzing the information we collect. For example, this information helps us to learn whether persons in one income group use health services more or less often than those in another group.

Please press [Enter] to continue.

{ READ IF HOUSEHOLD INCLUDES MORE THAN JUST R.

**INTROJ15**

INTROJ15. 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 2001. When answering these questions, please remember that "combined family income" means your income plus your husband's income, income from any of your family members that live here, and income from any of your husband's family members that live here, before taxes.

{THERE ARE OTHER WORDING VARIANTS, DETERMINED BY HOUSEHOLD SIZE & COMPOSITION

Please press [Enter] to continue.

**WAGE**

JI-1a. In the year 2001, did you (or any members of your family living here) receive any wages and salaries, including tips, bonuses and overtime?

*Wages and salaries (including tips, bonuses, and overtime) are paid by employers in compensation for work performed by the employee. This includes wages to armed forces personnel.*

Yes.....1

No.....5

**SELFINC**

JI-1b. In the year 2001, did you (or any members of your family living here) receive any income from self employment including business and farm income?

*Self employment means being a full or part owner in a business or farm.*

Yes.....1

No.....5

**SOCSEC**

JI-1c. (In the year 2001, did you (or any members of your family living here) receive...)

Any income from Social Security or Railroad Retirement?

*Railroad Retirement benefits are administered by the Railroad Retirement Board and are paid to retired railroad workers and their families*

Yes.....1

No.....5

**DISABIL**

JI-1d. (In the year 2001, did you (or any members of your family living here) receive...)

Any income from any disability pension (other than Social Security or Railroad Retirement)?

Yes.....1

No.....5

**RETIRE**

JI-1e. (In the year 2001, did you (or any members of your family living here) receive...)

Any income from any retirement or survivor pension (other than Social Security or Railroad Retirement)?

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

**SSI**

JI-1f. (In the year 2001, did you (or any members of your family living here) receive...)

Any income from Supplemental Security Income (SSI)?

*Supplemental Security Income is paid to persons aged 65 and over and to blind or disabled persons with incomes below specified levels. The benefits are administered by the Social Security Administration.*

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

**UNEMP**

JI-1g. (In the year 2001, did you (or any members of your family living here) receive...)

Any income from unemployment compensation?

*Unemployment compensation is payment made by states to involuntarily unemployed workers who are able to work, available to work, and meet other state requirements.*

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

**CHLDSUPP**

JI-1h. (In the year 2001, did you (or any members of your family living here) receive...)

Any income from child support?

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

**INTEREST**

JI-1i. (In the year 2001, did you (or any members of your family living here) receive...)

Any income from interest from savings or other bank accounts?

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

**DIVIDEND**

JI-1j. (In the year 2001, did you (or any members of your family living here) receive...)

Any income from dividends received from stocks or mutual funds, or net rental income from property, royalties, estates or trusts?

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

**OTHINC**

JI-1k. In the year 2001, did you (or any members of your family living here) receive any income from any other source, such as alimony, contributions from family or others, Veteran's Administration (VA)

payments, or Worker's Compensation?

*Any other source could include alimony, VA payments, worker's compensation, foster care payments, and other retirement income. Also include cash awards, education stipends, trust funds from other relatives, and anything else adding to family income.*

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

**TOTINCWMY**

JI-2. The next question will ask about (your total income/ the total combined income of your family) in the year 2001.

Remember, this item is important and your answers will be kept confidential. Will it be easier for you to report the total income per week, per month, or per year?

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

**TOTINC**

JI-3. Which category on represents (your total (weekly/monthly/yearly) income/ the total combined (weekly/monthly/yearly) income of your family) in the year 2001, including income from all the sources you just went through, such as wages, salaries, Social Security or retirement benefits, help from relatives, and so forth? 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 or more.....14

(MONTHLY INCOME CATEGORIES)

MONTHLY INCOME

UNDER \$417.....1  
\$ 417-624.....2  
\$ 625-832.....3  
\$ 833-1041.....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 or more.....	14

(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 or more.....	14

{ IF TOTINC IS REPORTED, GO TO JI-5 PUBASST.

{ ASKED IF TOTINC = DK OR RF

**FMINCDK1**

JI-3a. Was it \$20,000 or more last year?

- Yes.....1
- No.....5 (JI-4 PUBASST)

{ ASKED IF TOTAL INCOME WAS \$20,000 OR MORE

**FMINCDK2**

JI-3b. Was it \$50,000 or more last year?

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

{ ASKED FOR ALL

**PUBASST**

JI-4. At any time in the year 2001, even for one month, did you or any members of your family living here receive any government payments because your income was low, such as public assistance or welfare?

- Yes .....1
- No .....5 (JI-6 FOODSTMP)

{ ASKED IF ANY GOVT PAYMENTS WERE REPORTED

**PUBASTYP**

JI-5. In the year 2001, did you or any members of your family living here receive welfare or public assistance payments sometimes called Aid to Families with Dependent Children (AFDC), Aid to Dependent Children (ADC), or some other type of assistance payments?

Please enter all that apply.

To enter multiple answers, enter the number of the first answer, press the space bar, enter the number of the next answer, and so forth. The

space bar is the long key at the bottom of the keyboard, in the middle.  
Press [Enter] once you're finished entering all your answers.

Your state's public assistance program, possibly referred  
to as AFDC or ADC .....1  
General assistance/Emergency Assistance .....2  
Other assistance .....3

{ ASKED FOR ALL

**FOODSTMP**

JI-6. In the year 2001, did you or any members of your family living here  
receive food stamps?

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

{ ASKED FOR ALL

**WIC**

JI-7. In the year 2001, did you or any members of your family living here  
receive WIC, the Women, Infants, and Children Nutrition Program?

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

{ ASKED FOR ALL

**HLPTRANS**

JI-8a. In the year 2001, did you or any members of your family living  
here receive the following type of government assistance because  
your income was low...

Transportation assistance, such as gas vouchers, bus passes, or  
help registering, repairing, or insuring a car?

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

{ ASKED FOR ALL

**HLPCHLDC**

JI-8b. *(In the year 2001, did you or any members of your family living  
here receive the following type of government assistance because  
your income was low...)*

Any child care services or assistance so you or they could go to  
work or school or training?

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

{ ASKED FOR ALL

**HLPJOB**

JI-8c. *(In the year 2001, did you or any members of your family living  
here receive the following type of government assistance because  
your income was low...)*

A social services or Welfare office's help with job training, a  
Job Club, a job search program, or anything else to help you or  
anyone in the household try to find a job?

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

**Lock**

The responses you have given in this section will now be locked away to maintain your privacy. In order to activate the lock, please enter a number between 1 and 100 and press [Enter].

**CONCLUSN**

CONCLUSN. Thank you again for your participation in this study. Your responses to this special section have been successfully locked away. Please turn the computer back to the interviewer.

**INTVCLOSE**

INTVCLOSE. INTERVIEWER: *PLEASE ENTER [1] TO END THE INTERVIEW.*