

Department of Health and Human Services
 Public Health Service
 National Center for Health Statistics

NATIONAL SURVEY OF FAMILY GROWTH CYCLE III

25 AND OLDER QUESTIONNAIRE

BEGIN CARD 02

a. Enter from Screener: PSU SEG DU CHECK DIGIT

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|--------------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | <input type="checkbox"/> |
|---|---|---|---|---|---|---|---|---|----|--------------------------|

18

b. ASK R: When were you born?

| | | | | | | | |
|-------|-----|------|--|--|--|--|--|
| MONTH | DAY | YEAR | | | | | |
|-------|-----|------|--|--|--|--|--|

19-24

c. Enter R's age from screener and verify with date of birth:

 AGE

d. Enter R's marital status from screener and verify with R:

- Currently married. 1
- Informally married (not married but living together with a partner) 2
- Widowed. 3
- Divorced/annulled. 4
- Separated. 5
- Never married. 6

If age or marital status does not verify, correct and enter explanation below. If R is under 25, use under 25 questionnaire.

ASSURANCE OF CONFIDENTIALITY:

Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence by the contractor and NCHS, will be used only for purposes stated in this study, and will not be disclosed or released to anyone other than authorized staff of NCHS, without the consent of the individual or establishment in accordance with Section 308(d) of the Public Health Service Act (42 U.S.C. 242m).

SECTION A

What we know about having babies and where we learned it can have an important effect on our lives. We hear many opinions, but no one is really sure what kinds of information young people are given about sex and childbearing or where they are taught about them.

A-1. Would you say that the amount of accurate information on sex and reproduction given to the average young person today is . . .

| | | |
|--------------------------------|---|----|
| More than is needed, | 1 | |
| Just about right, | 2 | 25 |
| Or not enough? | 3 | |

A-2. In your own case, did you ever talk with either or both of your parents before you were 18 about . . .

| | YES | NO | |
|--|-----|----|----|
| A. The female monthly cycle -- that is, the menstrual cycle? . . | 1 | 2 | 26 |
| B. How pregnancy occurs? | 1 | 2 | 27 |
| C. Venereal disease or VD? | 1 | 2 | 28 |
| D. Methods of birth control? | 1 | 2 | 29 |

BOX 1 AND A-3 OMITTED.

30 = 6

A-4. Before you were 18, did you ever have any formal instruction on . . . (IF R ASKS: By formal instruction we mean instruction given at school or as part of an organized program.)

| | YES | NO | |
|--|-----|----|--------------|
| A. The female monthly cycle, that is, the menstrual cycle? | 1 | 2 | 31 32-37 = 6 |
| B. How pregnancy occurs? | 1 | 2 | 38 39-44 = 6 |
| C. Venereal disease or VD? | 1 | 2 | 45 46-51 = 6 |
| D. Methods of birth control? | 1 | 2 | 52 53-60 = 6 |

A-5 AND A-6 OMITTED.

A-7. During the monthly menstrual cycle, that is, from one period to the next, would you say the average woman is most likely to become pregnant if she has intercourse . . .

HAND
CARD
2

| | | |
|--|---|----|
| A. Right before her menstrual period begins, | 1 | |
| B. During her period, | 2 | |
| C. About a week after her period begins, | 3 | 61 |
| D. About two weeks after her period begins, | 4 | |
| E. Or, it makes no difference; all times are the same? . . | 5 | |
| Don't know | 8 | |

A-8a. How old were you when you had your first menstrual period?

62-65 = 6

(A-8b)
AGE 66-67

R's periods have not started . . . 96 (SECTION D, PAGE 44)

A-8b. Was it before your _____ th birthday or after?

| | | |
|------------------|---|----|
| Before | 1 | |
| After | 2 | 68 |

A-9. Have you had your period within the last 30 days?

| | | |
|---------------|---|----|
| Yes | 1 | |
| No | 2 | 69 |

BIRTH AND PREGNANCY RECORD

| PREGNANCY # | B-19. | | | | B-21. CHILD'S NAME | B-22. | | |
|-------------|------------|-------|--------|---------|-----------------------|------------|-----|----|
| | HOW ENDED? | | | | | DATE ENDED | | |
| | STILL. | MISC. | ABORT. | LIVE B. | | MO | DAY | YR |
| 1 | 1 | 2 | 3 | 4 | | | | |
| 2 | 1 | 2 | 3 | 4 | | | | |
| 3 | 1 | 2 | 3 | 4 | | | | |
| 4 | 1 | 2 | 3 | 4 | | | | |
| 5 | 1 | 2 | 3 | 4 | | | | |
| 6 | 1 | 2 | 3 | 4 | | | | |
| 7 | 1 | 2 | 3 | 4 | | | | |
| 8 | 1 | 2 | 3 | 4 | | | | |
| 9 | 1 | 2 | 3 | 4 | | | | |
| 10 | 1 | 2 | 3 | 4 | | | | |
| 11 | 1 | 2 | 3 | 4 | | | | |
| 12 | 1 | 2 | 3 | 4 | | | | |
| 13 | 1 | 2 | 3 | 4 | | | | |
| 14 | 1 | 2 | 3 | 4 | | | | |
| 15 | 1 | 2 | 3 | 4 | | | | |
| 16 | 1 | 2 | 3 | 4 | | | | |
| 17 | 1 | 2 | 3 | 4 | | | | |
| 18 | 1 | 2 | 3 | 4 | | | | |
| 19 | 1 | 2 | 3 | 4 | | | | |
| 20 | 1 | 2 | 3 | 4 | | | | |

IF R CURRENTLY PREGNANT, CHECK HERE

EXPECTED OUTCOME: (CHECK ONE) } LIVE BIRTH
 MISCARRIAGE/ABORTION

In a survey about childbearing and women's health, it is important to talk about each pregnancy a woman has had. It is especially important to talk about pregnancies which ended in miscarriage, stillbirth or abortion, and about babies that were placed for adoption. This information is needed to provide adequate family planning and health services for women. So we ask everyone to take the time needed to recall all the facts about each pregnancy she has ever had.

BOX 2. HAS R HAD PERIOD WITHIN LAST 30 DAYS?

YES. 1 (BOX 3)
 NO 2 (B-1)
 DON'T KNOW 3 (B-1)

BEGIN CARD 03

B-1. Are you pregnant now? (IF YES, RECORD ON B&P RECORD.)

Yes. 1 (B-3)
 No 2 (BOX 3) 18
 Don't know 8 (B-2)

B-2. Well, do you think you are probably pregnant or not? (IF YES, RECORD ON B&P RECORD.)

Probably yes 1 (B-7)
 Probably no. 2 (BOX 3) 19
 Don't know 8 (BOX 3)

BOX 3. IF R:

NEVER MARRIED. 1 (B-9)
 EVER MARRIED 2 (B-8)

B-3. Have you visited a doctor or clinic for prenatal care?

Yes. 1 (B-4)
 No 2 (B-7) 20

B-4. How many months pregnant were you when you first visited a doctor or clinic for prenatal care?

_____ MONTHS 21-22

B-5. To which of the places on the card did you go for that first visit?

HAND CARD 3

A. Community health center clinic. 01
 B. Public health department clinic 02
 C. Family planning clinic. 03
 D. Abortion clinic 04
 E. Student health service clinic 05
 F. Military health service clinic. 06
 G. Hospital clinic 07
 H. Private doctor. 08
 J. Private group practice, co-op, or private clinic. 09
 K. Other (SPECIFY) _____ 10

23-24

B-6. Since your first visit, how often have you visited a doctor or clinic for prenatal care? Would you say it has been once a month or more, or less often than that?

- Once a month or more 1
- Or, less often than that 2
- Less than a month since first visit. 3

25

B-7. (If you are pregnant), as things look for you now, in which of the ways shown on this card do you think the pregnancy will probably end? Please tell me the letter next to the answer which best describes how this pregnancy will probably end. (RECORD HERE AND CHECK CIRCLE ON B&P RECORD.)

HAND
CARD
4

- A. Miscarriage 1
- B. Abortion. 2
- C. Live birth. 3
- D. Something else (SPECIFY) _____ 4

26

B-8. (Not counting this pregnancy), how many times, if any, have you been pregnant (before)? Be sure to count all your pregnancies, whether they ended in miscarriage, stillbirth, abortion, or live birth. (CIRCLE # ON B&P RECORD.)

None 00 (B-52, PAGE 22)

_____ (B-19)

NUMBER

BOX 4 OMITTED.

27-28

B-9. How many times, if any, have you been pregnant? Be sure to count all your pregnancies, whether they ended in miscarriage, stillbirth, abortion, or live birth. (CIRCLE # ON B&P RECORD.)

None 00 (B-10)

_____ (B-19)

NUMBER

B-10. Have you ever missed a period and thought you might be pregnant?

- Yes. 1 (SECTION C, PAGE 25)
- No 2 (B-11)

29

B-11. At any time in your life, have you ever had sexual intercourse (that is, making love, having sex, or going all the way)?

- Yes. 1 (SECTION C, PAGE 25)
- No 2 (SECTION D, PAGE 44)

30

B-12 THROUGH B-18 OMITTED.

31-68 = 38

ALL PREGNANCIES

| | FIRST PREGNANCY | SECOND PREGNANCY |
|---|------------------------------------|------------------------------------|
| <p>B-19. Thinking about your (1st/2nd/etc.) pregnancy, in which of the ways shown on this card did the pregnancy end? (CIRCLE CODE HERE <u>AND</u> ON B&P RECORD.)</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-bottom: 10px;"> HAND CARD 7 </div> <p> A. Stillbirth 1 (B-22) 1 (B-22) B. Miscarriage. 2 (B-22) 2 (B-22) C. Abortion 3 (B-22) 3 (B-22) D. Birth by Cesarean section. 4 (B-20) 4 (B-20) E. Birth by normal (vaginal) delivery 5 (B-20) 5 (B-20) </p> <p>IF MULTIPLE OUTCOME, CIRCLE FIRST OUTCOME ABOVE AND ENTER LETTER FOR OTHER OUTCOME(S) ON LINE</p> | | |
| <p>B-20. Was the baby a boy or a girl?</p> <p> Boy 1 1 Girl. 2 2 Twins, both boys. 3 3 Twins, both girls 4 4 Twins, one boy, one girl. 5 5 </p> | | |
| <p>B-21. What did you name (her/him)? (ENTER HERE <u>AND</u> ON B&P RECORD.)</p> | _____ NAME _____ NAME | _____ NAME _____ NAME |
| <p>B-22. On what date (was [CHILD] born/did that pregnancy end)? (ENTER HERE <u>AND</u> ON B&P RECORD.)</p> | _____ _____ _____ MO DAY YR | _____ _____ _____ MO DAY YR |

BOX 7. IF PREGNANCY ENDED BEFORE JANUARY 1979, SKIP TO BOX 8.
IF PREGNANCY ENDED JANUARY 1979 OR LATER, CONTINUE.

| | | |
|--|-----------------|-----------------|
| <p>B-23. During this pregnancy, did you ever visit a doctor or clinic for prenatal care?</p> <p> Yes 1 (B-24) 1 (B-24) No. 2 (BOX 8) 2 (BOX 8) </p> | | |
| <p>B-24. How many months pregnant were you when you first visited a doctor or clinic for prenatal care?</p> | _____ MONTHS | _____ MONTHS |

CODER USE ONLY:

| | | | |
|-------------------|---|-------------------|---|
| Live Births | <input type="text"/> <input type="text"/> | Current Pregnancy | <input type="checkbox"/> |
| | 69-70 | | 75 |
| Abortions | <input type="text"/> <input type="text"/> | Total Pregnancies | <input type="text"/> <input type="text"/> |
| | 71-72 | | 76-77 |
| Stillbirths/Misc. | <input type="text"/> <input type="text"/> | | |
| | 73-74 | | |

| THIRD PREGNANCY | FOURTH PREGNANCY | FIFTH PREGNANCY | SIXTH PREGNANCY |
|---|---|---|---|
| <p>..... 1 (B-22) 2 (B-22) 3 (B-22) 4 (B-20) 5 (B-20)</p> <hr/> | <p>..... 1 (B-22) 2 (B-22) 3 (B-22) 4 (B-20) 5 (B-20)</p> <hr/> | <p>..... 1 (B-22) 2 (B-22) 3 (B-22) 4 (B-20) 5 (B-20)</p> <hr/> | <p>..... 1 (B-22) 2 (B-22) 3 (B-22) 4 (B-20) 5 (B-20)</p> <hr/> |
| <p>..... 1 2 3 4 5</p> | <p>..... 1 2 3 4 5</p> | <p>..... 1 2 3 4 5</p> | <p>..... 1 2 3 4 5</p> |
| <hr/> <p>NAME</p> <hr/> <p>NAME</p> | <hr/> <p>NAME</p> <hr/> <p>NAME</p> | <hr/> <p>NAME</p> <hr/> <p>NAME</p> | <hr/> <p>NAME</p> <hr/> <p>NAME</p> |
| <hr/> <p>MO DAY YR</p> | <hr/> <p>MO DAY YR</p> | <hr/> <p>MO DAY YR</p> | <hr/> <p>MO DAY YR</p> |
| <p>.....</p> | | | |
| <p>..... 1 (B-24) 2 (BOX 8)</p> | <p>..... 1 (B-24) 2 (BOX 8)</p> | <p>..... 1 (B-24) 2 (BOX 8)</p> | <p>..... 1 (B-24) 2 (BOX 8)</p> |
| <hr/> <p>MONTHS</p> | <hr/> <p>MONTHS</p> | <hr/> <p>MONTHS</p> | <hr/> <p>MONTHS</p> |

| | FIRST PREGNANCY | SECOND PREGNANCY |
|--|-----------------|------------------|
| <p>B-25. To which of the places on the card did you go for your first visit?</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-bottom: 10px;"> HAND CARD 3 </div> <p>A. Community health center clinic 01</p> <p>B. Public health department clinic 02</p> <p>C. Family planning clinic 03</p> <p>D. Abortion clinic 04</p> <p>E. Student health service clinic 05</p> <p>F. Military health service clinic 06</p> <p>G. Hospital clinic 07</p> <p>H. Private doctor 08</p> <p>J. Private group practice, co-op, or private clinic 09</p> <p>K. Other (SPECIFY) 10</p> | | |
| <p>B-26. Between your first visit and the end of the pregnancy, how often did you visit a doctor or clinic for prenatal care? Was it once a month or more, or less often than that?</p> <p>Once a month or more 1</p> <p>Less often than once a month 2</p> <p>Pregnancy ended within month of first visit 3</p> | | |
| <p>B-27. During your pregnancy, did a doctor ever tell you to remain in bed for one or more <u>weeks</u> because of some problem related to your pregnancy?</p> <p>Yes 1</p> <p>No 2</p> | | |

BOX 8. IF PREGNANCY ENDED IN:

LIVE BIRTH, GO TO B-28, PAGE 10.
 ABORTION, GO TO B-39, PAGE 16.
 MISCARRIAGE OR STILLBIRTH, GO TO B-47, PAGE 20.

| THIRD PREGNANCY | FOURTH PREGNANCY | FIFTH PREGNANCY | SIXTH PREGNANCY |
|--|--|--|--|
| 01 02 03 04 05 06 07 08 09 10 | 01 02 03 04 05 06 07 08 09 10 | 01 02 03 04 05 06 07 08 09 10 | 01 02 03 04 05 06 07 08 09 10 |
| 1 2 3 | 1 2 3 | 1 2 3 | 1 2 3 |
| 1 2 | 1 2 | 1 2 | 1 2 |

LIVE BIRTHS

Pregnancy No. |__|__|

Pregnancy No. |__|__|

| CHILD'S NAME | FIRST BIRTH | SECOND BIRTH |
|--|---|---|
| B-28. How much did (CHILD) weigh at birth? | _____ (BOX 9) LBS. OZ. DK. 9898 (B-29) | _____ (BOX 9) LBS. OZ. DK. 9898 (B-29) |
| B-29. Did (s/he) weigh more than 5 1/2 pounds or less? | | |
| | More. 1 5 1/2 or less 2 | 1 2 |

BOX 9. IF CHILD BORN BEFORE JANUARY 1979, SKIP TO BOX 10.
IF CHILD BORN JANUARY 1979 OR LATER, CONTINUE.

| | | |
|---|--|--|
| <p>B-30. This card lists some of the ways in which medical bills can be paid. When (CHILD) was born, in which of these ways was the bill paid? (CIRCLE ALL THAT APPLY AND PROBE: What other ways?)</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-bottom: 10px;"> <p>HAND CARD 8</p> </div> <p>A. Your (or your husband's) own income 01</p> <p>B. Partner/boyfriend or his family. 02</p> <p>C. Insurance (which you carry or is carried for you). 03</p> <p>D. No charge -- paid by Medicaid. 04</p> <p>E. Government assistance other than Medicaid (state or local) 05</p> <p>F. Military 06</p> <p>G. Parents or other relatives 07</p> <p>H. Some other way (SPECIFY) 08</p> | | |
| <p>B-31. Did (CHILD) come home from the hospital at the same time you did, or did s/he have to stay longer for medical reasons?</p> <p>Came home with mother 1 (B-32)</p> <p>Stayed longer 2 (B-32)</p> <p>Child given up for adoption 3 (BOX 12, PAGE 14)</p> <p>Not born in hospital. 4 (B-32)</p> <p>Child died at hospital. 5 (B-36)</p> | | |
| <p>B-32. In the first six months of (her/his) life, did you ever take (CHILD) to the doctor or clinic for a well-baby or routine checkup?</p> <p>Yes 1</p> <p>No. 2</p> | | |

Pregnancy No. | | |

Pregnancy No. | | |

Pregnancy No. | | |

Pregnancy No. | | |

| THIRD BIRTH | FOURTH BIRTH | FIFTH BIRTH | SIXTH BIRTH |
|--|--|--|--|
| <p>_____ _____ (BOX 9) LBS. OZ. DK. 9898 (B-29)</p> | <p>_____ _____ (BOX 9) LBS. OZ. DK. 9898 (B-29)</p> | <p>_____ _____ (BOX 9) LBS. OZ. DK. 9898 (B-29)</p> | <p>_____ _____ (BOX 9) LBS. OZ. DK. 9898 (B-29)</p> |
| <p>. 1 2</p> | <p>. 1 2</p> | <p>. 1 2</p> | <p>. 1 2</p> |
| | | | |
| <p>. 01 02 03 04 05 06 07 08</p> | <p>. 01 02 03 04 05 06 07 08</p> | <p>. 01 02 03 04 05 06 07 08</p> | <p>. 01 02 03 04 05 06 07 08</p> |
| <p>. 1 (B-32) 2 (B-32) 3 (BOX 12, PAGE 14) 4 (B-32) 5 (B-36)</p> | <p>. 1 (B-32) 2 (B-32) 3 (BOX 12, PAGE 14) 4 (B-32) 5 (B-36)</p> | <p>. 1 (B-32) 2 (B-32) 3 (BOX 12, PAGE 14) 4 (B-32) 5 (B-36)</p> | <p>. 1 (B-32) 2 (B-32) 3 (BOX 12, PAGE 14) 4 (B-32) 5 (B-36)</p> |
| <p>. 1 2</p> | <p>. 1 2</p> | <p>. 1 2</p> | <p>. 1 2</p> |

| CHILD'S NAME | FIRST BIRTH | | SECOND BIRTH | |
|--|-------------|----|--------------|----|
| | YES | NO | YES | NO |
| B-33. At birth or during the first year of (her/his) life, did (CHILD) have any of the following health conditions? What about . . . | | | | |
| A. Pneumonia or flu? | 1 | 2 | 1 | 2 |
| B. Allergies, such as hay fever, asthma, allergies to pets, dust or food? | 1 | 2 | 1 | 2 |
| C. Respiratory infections, such as bronchitis, tonsillitis, croup? | 1 | 2 | 1 | 2 |
| D. Ear infections? | 1 | 2 | 1 | 2 |
| E. Diarrhea lasting more than one day? | 1 | 2 | 1 | 2 |
| F. Vitamin deficiencies or too little weight gain? | 1 | 2 | 1 | 2 |
| G. Skin diseases such as impetigo, ringworm, or scabies? | 1 | 2 | 1 | 2 |
| H. Injury, such as, broken bones, concussion, or accidental poisoning? | 1 | 2 | 1 | 2 |
| I. Health problems the child was born with, or congenital conditions? | 1 | 2 | 1 | 2 |
| J. Any other illnesses or conditions? (SPECIFY). | 1 | 2 | 1 | 2 |

BOX 10. CHECK SCREENER. IF CHILD LIVES IN HOUSEHOLD WITH R, GO TO B-37. OTHERWISE, CONTINUE.

| | | |
|---|--------------------------------|--------------------------------|
| B-34. I see (CHILD) is not listed in the household. Is (s/he) still living? | | |
| Yes | 1 (B-35) | 1 (B-35) |
| No | 2 (B-36) | 2 (B-36) |
| B-35. Where is (s/he) living now? | | |
| (His/Her) own household | 01 (B-37) | 01 (B-37) |
| Long term care institution. | 02 (B-37) | 02 (B-37) |
| At college/away at school | 03 (B-37) | 03 (B-37) |
| With (his/her) father | 04 (B-37) | 04 (B-37) |
| With other relatives. | 05 (B-37) | 05 (B-37) |
| In a foster home. | 06 (B-37) | 06 (B-37) |
| With adoptive parents | 07 (BOX 12, PAGE 14) | 07 (BOX 12, PAGE 14) |
| Other (SPECIFY) | 08 (B-37) | 08 (B-37) |
| B-36. When did (s/he) die? | | |
| | _____ _____ MONTH YEAR | _____ _____ MONTH YEAR |

BOX 11. IF CHILD DIED BEFORE TWO MONTHS OLD, GO TO BOX 12, PAGE 14. OTHERWISE, CONTINUE.

| THIRD BIRTH | FOURTH BIRTH | FIFTH BIRTH | SIXTH BIRTH |
|---|---|---|---|
| <p style="text-align: center;"><u>YES</u> <u>NO</u></p> <p>..... 1 2</p> <p>..... 1 2</p> <p>..... 1 2</p> <p>..... 1 2</p> <p>..... 1 2</p> <p>..... 1 2</p> <p>..... 1 2</p> <p>..... 1 2</p> <p>..... 1 2</p> <p>..... 1 2</p> | <p style="text-align: center;"><u>YES</u> <u>NO</u></p> <p>..... 1 2</p> <p>..... 1 2</p> <p>..... 1 2</p> <p>..... 1 2</p> <p>..... 1 2</p> <p>..... 1 2</p> <p>..... 1 2</p> <p>..... 1 2</p> <p>..... 1 2</p> <p>..... 1 2</p> | <p style="text-align: center;"><u>YES</u> <u>NO</u></p> <p>..... 1 2</p> <p>..... 1 2</p> <p>..... 1 2</p> <p>..... 1 2</p> <p>..... 1 2</p> <p>..... 1 2</p> <p>..... 1 2</p> <p>..... 1 2</p> <p>..... 1 2</p> <p>..... 1 2</p> | <p style="text-align: center;"><u>YES</u> <u>NO</u></p> <p>..... 1 2</p> <p>..... 1 2</p> <p>..... 1 2</p> <p>..... 1 2</p> <p>..... 1 2</p> <p>..... 1 2</p> <p>..... 1 2</p> <p>..... 1 2</p> <p>..... 1 2</p> <p>..... 1 2</p> |



| | | | |
|---|---|---|---|
| <p>..... 1 (B-35)</p> <p>..... 2 (B-36)</p> | <p>..... 1 (B-35)</p> <p>..... 2 (B-36)</p> | <p>..... 1 (B-35)</p> <p>..... 2 (B-36)</p> | <p>..... 1 (B-35)</p> <p>..... 2 (B-36)</p> |
|---|---|---|---|

| | | | |
|--|--|--|--|
| <p>..... 01 (B-37)</p> <p>..... 02 (B-37)</p> <p>..... 03 (B-37)</p> <p>..... 04 (B-37)</p> <p>..... 05 (B-37)</p> <p>..... 06 (B-37)</p> <p>..... 07 (BOX 12, PAGE 14)</p> <p>..... 08 (B-37)</p> | <p>..... 01 (B-37)</p> <p>..... 02 (B-37)</p> <p>..... 03 (B-37)</p> <p>..... 04 (B-37)</p> <p>..... 05 (B-37)</p> <p>..... 06 (B-37)</p> <p>..... 07 (BOX 12, PAGE 14)</p> <p>..... 08 (B-37)</p> | <p>..... 01 (B-37)</p> <p>..... 02 (B-37)</p> <p>..... 03 (B-37)</p> <p>..... 04 (B-37)</p> <p>..... 05 (B-37)</p> <p>..... 06 (B-37)</p> <p>..... 07 (BOX 12, PAGE 14)</p> <p>..... 08 (B-37)</p> | <p>..... 01 (B-37)</p> <p>..... 02 (B-37)</p> <p>..... 03 (B-37)</p> <p>..... 04 (B-37)</p> <p>..... 05 (B-37)</p> <p>..... 06 (B-37)</p> <p>..... 07 (BOX 12, PAGE 14)</p> <p>..... 08 (B-37)</p> |
|--|--|--|--|

| | | | |
|--|--|--|--|
| <p>_____ _____ MONTH YEAR</p> | <p>_____ _____ MONTH YEAR</p> | <p>_____ _____ MONTH YEAR</p> | <p>_____ _____ MONTH YEAR</p> |
|--|--|--|--|

| CHILD'S NAME | FIRST BIRTH | SECOND BIRTH |
|--|---|---|
| B-37. When (CHILD) was an infant, did you breast feed (her/him) at all? Yes No | 1 (B-38) 2 (BOX 12) | 1 (B-38) 2 (BOX 12) |
| B-38. How many weeks old was (s/he) when you stopped breast feeding (her/him) altogether? (RECORD VERBATIM IF R ANSWERS IN ANYTHING OTHER THAN WEEKS.) | WEEKS OLD Still breast feeding. . . 96 | WEEKS OLD Still breast feeding. . . 96 |

BOX 12. ● IF MORE LIVE BIRTHS FROM THIS PREGNANCY, RETURN TO B-28, PAGE 10.
 ● IF R HAS HAD MORE PREGNANCIES OTHER THAN A CURRENT PREGNANCY, RETURN TO B-19, PAGE 6. (USE CONTINUATION BOOKLET IF NECESSARY.)
 ● OTHERWISE, GO TO B-52, PAGE 22.

| THIRD BIRTH | FOURTH BIRTH | FIFTH BIRTH | SIXTH BIRTH |
|---|---|---|---|
| 1 (B-38) 2 (BOX 12) | 1 (B-38) 2 (BOX 12) | 1 (B-38) 2 (BOX 12) | 1 (B-38) 2 (BOX 12) |
| <hr/> WEEKS OLD Still breast feeding. . . 96 | <hr/> WEEKS OLD Still breast feeding. . . 96 | <hr/> WEEKS OLD Still breast feeding. . . 96 | <hr/> WEEKS OLD Still breast feeding. . . 96 |

ABORTIONS

Pregnancy No. |__|__|

Pregnancy No. |__|__|

| | FIRST ABORTION | SECOND ABORTION |
|---|--|--|
| B-39. How many weeks had you been pregnant at the time you had the abortion? | _____ (B-41) # OF WEEKS DK. 98 (B-40) | _____ (B-41) # OF WEEKS DK. 98 (B-40) |
| B-40. Would you say it was . . . Less than 3 months, 3 to 6 months, Or more than 6 months?. | 1 2 3 | 1 2 3 |
| B-41. This card lists some of the ways in which medical bills can be paid. When your pregnancy was ended, in which of these ways was the bill paid? (CIRCLE ALL THAT APPLY AND PROBE: What other ways?) | | |
| <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-bottom: 10px;"> HAND CARD 8 </div> A. Your (or your husband's) own income B. Partner/boyfriend or his family. C. Insurance (which you carry or is carried for you) D. No charge -- paid by Medicaid. E. Government assistance other than Medicaid (state or local) F. Military G. Parents or other relatives H. Some other way (SPECIFY) | 01 02 03 04 05 06 07 08 | 01 02 03 04 05 06 07 08 |
| B-42. Was that pregnancy ended in . . . A hospital or hospital clinic, An abortion clinic, Some other clinic, A doctor's office, Or some other place?. | 1 2 3 4 5 | 1 2 3 4 5 |
| B-43. Was this (PLACE) located . . . In your own city or town, In a different city or town but in your own state, Or in another state?. | 1 2 3 | 1 2 3 |

Pregnancy No. |__|__|

Pregnancy No. |__|__|

Pregnancy No. |__|__|

Pregnancy No. |__|__|

| THIRD ABORTION | FOURTH ABORTION | FIFTH ABORTION | SIXTH ABORTION |
|---|---|---|---|
| <p style="text-align: right;">(B-41)</p> <p style="text-align: center;"># OF WEEKS</p> <p>DK. 98 (B-40)</p> | <p style="text-align: right;">(B-41)</p> <p style="text-align: center;"># OF WEEKS</p> <p>DK. 98 (B-40)</p> | <p style="text-align: right;">(B-41)</p> <p style="text-align: center;"># OF WEEKS</p> <p>DK. 98 (B-40)</p> | <p style="text-align: right;">(B-41)</p> <p style="text-align: center;"># OF WEEKS</p> <p>DK. 98 (B-40)</p> |
| <p>. 1</p> <p>. 2</p> <p>. 3</p> | <p>. 1</p> <p>. 2</p> <p>. 3</p> | <p>. 1</p> <p>. 2</p> <p>. 3</p> | <p>. 1</p> <p>. 2</p> <p>. 3</p> |
| <p>. 01</p> <p>. 02</p> <p>. 03</p> <p>. 04</p> <p>. 05</p> <p>. 06</p> <p>. 07</p> <p>. 08</p> | <p>. 01</p> <p>. 02</p> <p>. 03</p> <p>. 04</p> <p>. 05</p> <p>. 06</p> <p>. 07</p> <p>. 08</p> | <p>. 01</p> <p>. 02</p> <p>. 03</p> <p>. 04</p> <p>. 05</p> <p>. 06</p> <p>. 07</p> <p>. 08</p> | <p>. 01</p> <p>. 02</p> <p>. 03</p> <p>. 04</p> <p>. 05</p> <p>. 07</p> <p>. 07</p> <p>. 08</p> |
| <p>. 1</p> <p>. 2</p> <p>. 3</p> <p>. 4</p> <p>. 5</p> | <p>. 1</p> <p>. 2</p> <p>. 3</p> <p>. 4</p> <p>. 5</p> | <p>. 1</p> <p>. 2</p> <p>. 3</p> <p>. 4</p> <p>. 5</p> | <p>. 1</p> <p>. 2</p> <p>. 3</p> <p>. 4</p> <p>. 5</p> |
| <p>. 1</p> <p>. 2</p> <p>. 3</p> | <p>. 1</p> <p>. 2</p> <p>. 3</p> | <p>. 1</p> <p>. 2</p> <p>. 3</p> | <p>. 1</p> <p>. 2</p> <p>. 3</p> |

| | FIRST ABORTION | SECOND ABORTION |
|---|-------------------|--------------------|
| <p>B-44. In which of the ways on this card did you learn about or were you referred to this (PLACE)? (CIRCLE ALL THAT APPLY.)</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-bottom: 10px;"> <p>HAND CARD 9</p> </div> <p>A. Private doctor or medical service. 01</p> <p>B. Family planning clinic 02</p> <p>C. Another kind of clinic 03</p> <p>D. School counselor or teacher. 04</p> <p>E. Husband, partner, or boyfriend 05</p> <p>F. (Other) friend 06</p> <p>G. Parents. 07</p> <p>H. Another relative 08</p> <p>I. Newspaper or magazine. 09</p> <p>J. Telephone directory. 10</p> <p>K. Other (SPECIFY). 11</p> | | |
| <p>B-45. At this place, before the abortion was done, did a doctor or other trained person offer you counseling or actually talk with you about whether or not to stop the pregnancy?</p> <p style="text-align: right;">Yes 1</p> <p style="text-align: right;">No. 2</p> | | |
| <p>B-46. Did you receive any method of family planning or birth control after the abortion from this doctor or clinic, or were you referred to another doctor or clinic for a method of family planning?</p> <p>Yes, received family planning method at this place 1</p> <p>Yes, was referred to another doctor or clinic for method 2</p> <p>No, neither received nor was referred for a method. 3</p> | | |

BOX 13. IF R HAS HAD MORE PREGNANCIES OTHER THAN A CURRENT PREGNANCY, RETURN TO B-19, PAGE 6. (USE CONTINUATION BOOKLET, IF NECESSARY.) OTHERWISE, SKIP TO B-52, PAGE 22.

| THIRD ABORTION | FOURTH ABORTION | FIFTH ABORTION | SIXTH ABORTION |
|---|---|---|---|
| 01 02 03 04 05 06 07 08 09 10 11 <hr/> | 01 02 03 04 05 06 07 08 09 10 11 <hr/> | 01 02 03 04 05 06 07 08 09 10 11 <hr/> | 01 02 03 04 05 06 07 08 09 10 11 <hr/> |
| 1 2 | 1 2 | 1 2 | 1 2 |
| 1 2 3 | 1 2 3 | 1 2 3 | 1 2 3 |

MISCARRIAGES OR STILLBIRTHS

Pregnancy No. |__|__|

Pregnancy No. |__|__|

| | FIRST MISCARRIAGE/STILLBIRTH | SECOND MISCARRIAGE/STILLBIRTH |
|--|--|--|
| B-47. How many months had you been pregnant at the time you had the (miscarriage/stillbirth)? | _____ (B-49) # OF MONTHS DK. 98 (B-48) | _____ (B-49) # OF MONTHS DK. 98 (B-48) |
| B-48. Would you say it was . . . Less than 3 months, 3 to 6 months, Or more than 6 months?. | 1 2 3 | 1 2 3 |
| B-49. At the time of the (miscarriage/stillbirth), what kind of medical care shown on this card did you have, if any? Just tell me the letters of the kinds of medical care you received. (CIRCLE ALL THAT APPLY.) | | |
| <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-bottom: 10px;">HAND CARD 10</div> A. A pelvic exam. B. A D&C or scraping inside C. A Cesarean section D. Induced labor. E. An injection in the abdomen or belly F. Other (SPECIFY). None | 01 (B-50) 02 (B-50) 03 (B-50) 04 (B-50) 05 (B-50) 06 (B-50) _____ 96 (BOX 14) | 01 (B-50) 02 (B-50) 03 (B-50) 04 (B-50) 05 (B-50) 06 (B-50) _____ 96 (BOX 14) |
| B-50. Did you receive this medical care in . . . A hospital or hospital clinic, Some other clinic, At a doctor's office, At home, Or somewhere else? (SPECIFY). | 1 2 3 4 5 | 1 2 3 4 5 |
| B-51. This card lists some of the ways in which medical bills can be paid. When you received this medical care for your (miscarriage/stillbirth) in which of these ways was the bill paid? (CIRCLE ALL THAT APPLY AND PROBE: What other ways?) | | |
| <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-bottom: 10px;">HAND CARD 8</div> A. Your (or your husband's) own income B. Partner/boyfriend or his family. C. Insurance (which you carry or is carried for you). D. No charge -- paid by Medicaid. E. Government assistance other than Medicaid (state or local) F. Military G. Parents or other relatives H. Some other way (SPECIFY) | 01 02 03 04 05 06 07 08 | 01 02 03 04 05 06 07 08 |

BOX 14. IF R HAS HAD MORE PREGNANCIES OTHER THAN A CURRENT PREGNANCY, RETURN TO B-19, PAGE 6. (USE CONTINUATION BOOKLET, IF NECESSARY.) OTHERWISE, CONTINUE.

Pregnancy No. |__|__|

Pregnancy No. |__|__|

Pregnancy No. |__|__|

Pregnancy No. |__|__|

| THIRD MISCARRIAGE/STILLBIRTH | FOURTH MISCARRIAGE/STILLBIRTH | FIFTH MISCARRIAGE/STILLBIRTH | SIXTH MISCARRIAGE/STILLBIRTH |
|---|---|---|---|
| <p style="text-align: right;">(B-49)</p> <p>_____</p> <p># OF MONTHS</p> <p>DK. 98 (B-48)</p> | <p style="text-align: right;">(B-49)</p> <p>_____</p> <p># OF MONTHS</p> <p>DK. 98 (B-48)</p> | <p style="text-align: right;">(B-49)</p> <p>_____</p> <p># OF MONTHS</p> <p>DK. 98 (B-48)</p> | <p style="text-align: right;">(B-49)</p> <p>_____</p> <p># OF MONTHS</p> <p>DK. 98 (B-48)</p> |
| <p>. 1</p> <p>. 2</p> <p>. 3</p> | <p>. 1</p> <p>. 2</p> <p>. 3</p> | <p>. 1</p> <p>. 2</p> <p>. 3</p> | <p>. 1</p> <p>. 2</p> <p>. 3</p> |
| <p>. 01 (B-50)</p> <p>. 02 (B-50)</p> <p>. 03 (B-50)</p> <p>. 04 (B-50)</p> <p>. 05 (B-50)</p> <p>. 06 (B-50)</p> <p>_____</p> <p>. 96 (BOX 14)</p> | <p>. 01 (B-50)</p> <p>. 02 (B-50)</p> <p>. 03 (B-50)</p> <p>. 04 (B-50)</p> <p>. 05 (B-50)</p> <p>. 06 (B-50)</p> <p>_____</p> <p>. 96 (BOX 14)</p> | <p>. 01 (B-50)</p> <p>. 02 (B-50)</p> <p>. 03 (B-50)</p> <p>. 04 (B-50)</p> <p>. 05 (B-50)</p> <p>. 06 (B-50)</p> <p>_____</p> <p>. 96 (BOX 14)</p> | <p>. 01 (B-50)</p> <p>. 02 (B-50)</p> <p>. 03 (B-50)</p> <p>. 04 (B-50)</p> <p>. 05 (B-50)</p> <p>. 06 (B-50)</p> <p>_____</p> <p>. 96 (BOX 14)</p> |
| <p>. 1</p> <p>. 2</p> <p>. 3</p> <p>. 4</p> <p>. 5</p> <p>_____</p> | <p>. 1</p> <p>. 2</p> <p>. 3</p> <p>. 4</p> <p>. 5</p> <p>_____</p> | <p>. 1</p> <p>. 2</p> <p>. 3</p> <p>. 4</p> <p>. 5</p> <p>_____</p> | <p>. 1</p> <p>. 2</p> <p>. 3</p> <p>. 4</p> <p>. 5</p> <p>_____</p> |
| <p>. 01</p> <p>. 02</p> <p>. 03</p> <p>. 04</p> <p>. 05</p> <p>. 06</p> <p>. 07</p> <p>. 08</p> <p>_____</p> | <p>. 01</p> <p>. 02</p> <p>. 03</p> <p>. 04</p> <p>. 05</p> <p>. 06</p> <p>. 07</p> <p>. 08</p> <p>_____</p> | <p>. 01</p> <p>. 02</p> <p>. 03</p> <p>. 04</p> <p>. 05</p> <p>. 06</p> <p>. 07</p> <p>. 08</p> <p>_____</p> | <p>. 01</p> <p>. 02</p> <p>. 03</p> <p>. 04</p> <p>. 05</p> <p>. 06</p> <p>. 07</p> <p>. 08</p> <p>_____</p> |

B-52. (In addition to the child/children born to you), have you adopted any children?

Yes 1 (B-53)
 No 2 (BOX 15)

21

B-53. How many children have you adopted? (ENTER HERE AND CIRCLE CHILD # IN CHART BELOW B-54 THROUGH B-57.)

_____ NUMBER

22-23

ASK B-54 THROUGH B-57 IN SEQUENCE FOR EACH ADOPTED CHILD, ENTERING RESPONSES IN TABLE BELOW QUESTIONS.

B-54. Thinking now about the (first/second/etc.) child you adopted, what was the child's date of birth?

B-55. What was the child's age when you took responsibility for him or her?

B-56. Before the adoption, what was this child's relationship to you, if any?

B-57. Was he or she born in the United States or a foreign country?

| | B-54. | B-55. | B-56. | B-57. |
|----------|--|--|---|--|
| CHILD #1 | MO YR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 24-27 | AGE <input type="text"/> <input type="text"/> 28-29 | RELATIONSHIP <input type="checkbox"/> 30 | U.S. 1 Foreign country . . . 2 31 |
| CHILD #2 | MO YR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 32-35 | AGE <input type="text"/> <input type="text"/> 36-37 | RELATIONSHIP <input type="checkbox"/> 38 | U.S. 1 Foreign country . . . 2 39 |
| CHILD #3 | MO YR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 40-43 | AGE <input type="text"/> <input type="text"/> 44-45 | RELATIONSHIP <input type="checkbox"/> 46 | U.S. 1 Foreign country . . . 2 47 |
| CHILD #4 | MO YR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 48-51 | AGE <input type="text"/> <input type="text"/> 52-53 | RELATIONSHIP <input type="checkbox"/> 54 | U.S. 1 Foreign country . . . 2 55 |
| CHILD #5 | MO YR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 56-59 | AGE <input type="text"/> <input type="text"/> 60-61 | RELATIONSHIP <input type="checkbox"/> 62 | U.S. 1 Foreign country . . . 2 63 |
| CHILD #6 | MO YR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 64-67 | AGE <input type="text"/> <input type="text"/> 68-69 | RELATIONSHIP <input type="checkbox"/> 70 | U.S. 1 Foreign country . . . 2 71 |
| CHILD #7 | MO YR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 72-75 | AGE <input type="text"/> <input type="text"/> 76-77 | RELATIONSHIP <input type="checkbox"/> 78 | U.S. 1 Foreign country . . . 2 79 |

BOX 15. IF R HAS NEVER BEEN PREGNANT, SKIP TO SECTION C. OTHERWISE, CONTINUE.

A. SET UP COLUMN HEADINGS FOR SECTION C.

- DRAW A WAVY LINE ON THE B&P RECORD JUST BELOW THE LAST PREGNANCY ENDING BEFORE JANUARY 1, 1979.
- IF FIRST PREGNANCY IS ABOVE THE WAVY LINE, START ON PAGE 26.
- IF FIRST PREGNANCY IS BELOW THE WAVY LINE, START ON PAGE 33.
- IF R HAS PREGNANCIES BOTH ABOVE AND BELOW THE WAVY LINE, YOU WILL NEED TO MAKE ENTRIES ON BOTH PAGES.

B. REVIEW PREGNANCY HISTORY WITH R WHILE COMPLETING COLUMN HEADINGS. THEN SAY:

You have had no other pregnancies. Do I have all of that right?

- Yes 1 (GO TO SECTION C)
- No. 2 (CORRECT SECTION B)

SECTION C

BEGIN CARD 08

Another important part of women's health is the use of methods to plan the number of children one has and when they are born.

C-1. This card lists methods that some people use for birth control and family planning. As I read each one, please tell me if you know how it is used. Just give me a "yes" or "no" answer. What about . . .

HAND
CARD
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| | YES | NO | |
|---|-----|----|----|
| A. Pill? | 1 | 2 | 18 |
| B. Condom, rubber? | 1 | 2 | 19 |
| C. Foam? | 1 | 2 | 20 |
| D. Jelly or cream, alone? | 1 | 2 | 21 |
| E. Suppository or insert? | 1 | 2 | 22 |
| F. Diaphragm with or without jelly or cream? | 1 | 2 | 23 |
| G. Douching after intercourse? | 1 | 2 | 24 |
| H. IUD, coil, loop? | 1 | 2 | 25 |
| I. Operation - female sterilization | 1 | 2 | 26 |
| J. Operation - male sterilization | 1 | 2 | 27 |
| K. Natural family planning, safe period by temperature or cervical mucus test? | 1 | 2 | 28 |
| L. Rhythm or safe period by calendar? | 1 | 2 | 29 |
| M. Withdrawal/pulling out? | 1 | 2 | 30 |
| N. Abstinence, not having intercourse for a month or more? | 1 | 2 | 31 |
| P. Do you know of any other method? (IF YES, SPECIFY _____) | 1 | 2 | 32 |

C-2. We are talking with women about the methods of birth control they have used, if any, since they began having sexual intercourse. Thinking back, after your first menstrual period, when did you have sexual intercourse for the first time -- what month and year was that?

_____ | _____ (BOX 17) □ □ □ □
 MONTH (SEASON) YEAR 33-36

Had intercourse but not since first menstrual period 9595 (SECTION D, PAGE 44)
 Never had intercourse. 9696 (SECTION D, PAGE 44)
 Don't know 9898 (C-2a)

C-2a. How old were you at that time?

_____ □ □
 AGE 37-38

C-2b. Was it before your _____ th birthday or after?

Before 1 39
 After 2

BOX 17. ● IF R NEVER PREGNANT, GO TO C-31, PAGE 34.
 ● IF R CURRENTLY PREGNANT WITH FIRST PREGNANCY, GO TO C-14, PAGE 29.
 ● IF R's FIRST PREGNANCY ENDED JANUARY 1979 OR LATER, GO TO C-14, PAGE 29.
 ● IF R's FIRST PREGNANCY ENDED BEFORE JANUARY 1979, CONTINUE WITH C-4.

C-3 OMITTED.

| | |
|--|--|
| | |
|--|--|

13-14

PREGNANCIES ENDING BEFORE JANUARY 1979

| | | Between A <u>First Intercourse</u> & B _____ | | | |
|-------|--|---|-------------|-------------|--------------|
| C-4. | Between (A and B) did you or your partner ever use any method of birth control or family planning for one month or more? Yes. No | | | | 18 |
| | | 1 (C-5) | | | |
| | | 2 (C-7) | | | |
| C-5. | Looking at the card and starting with the first method you used between (A and B), please tell me the letter for each method used for one month or more in the order you used them. PROBE: What other methods? (ENTER METHODS IN ORDER IN THE ANSWER AREA. CIRCLE METHODS ON METHOD CALENDAR.) | 1st Meth | 2nd Meth | 3rd Meth | Last Meth |
| | | 19-21 | 22-24 | 25-27 | 28-30 |
| | | | | | |
| C-6. | At the time you became pregnant with (B), had you stopped using all methods of birth control? Yes. No | | | | 31 |
| | | 1 (C-7) | | | |
| | | 2 (C-8) | | | |
| C-7. | Was the reason you (had stopped/were not) using any method because you yourself wanted to become pregnant? Yes. No | | | | 32 |
| | | 1 (C-10) | | | |
| | | 2 (C-8) | | | |
| C-8. | At the time you became pregnant with (B), did you yourself actually want to have a(nother) baby at <u>some</u> time? Yes. No Don't know | | | | 33 |
| | | 1 (C-10) | | | |
| | | 2 (C-11) | | | |
| | | 8 (C-9) | | | |
| C-9. | It is sometimes difficult to recall these things but, as you look back to just before that pregnancy began, would you say you probably wanted a(nother) baby at <u>some</u> time or probably not? Probably yes Probably no. Didn't care. | | | | 34 |
| | | 1 (C-10) | | | |
| | | 2 (C-11) | | | |
| | | 3 (C-11) | | | |
| C-10. | Did you become pregnant sooner than you wanted, later than you wanted, or at about the right time? Sooner Later. Right time Didn't care. | | | | 35 |
| | | 1 | | | |
| | | 2 | | | |
| | | 3 | | | |
| | | 4 | | | |
| C-11. | And what about your partner at the time you became pregnant with (B), did he want to have a(nother) baby at <u>some</u> time? Yes. No Don't know | | | | 36 |
| | | 1 (C-12) | | | |
| | | 2 (BOX 18) | | | |
| | | 8 (BOX 18) | | | |
| C-12. | Did you become pregnant sooner than he wanted, later than he wanted, or at about the right time? Sooner Later. Right time Didn't care. | | | | 37 |
| | | 1 | | | |
| | | 2 | | | |
| | | 3 | | | |
| | | 4 | | | |

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CARD
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13-14

13-14

13-14

13-14

| Between | | | | Between | | | | Between | | | | Between | | | |
|--|----------|----------|-----------|--|----------|----------|-----------|--|----------|----------|-----------|--|----------|----------|-----------|
| A _____ & B _____ | | | | A _____ & B _____ | | | | A _____ & B _____ | | | | A _____ & B _____ | | | |
| 1 (C-5) 2 (C-7) 18 | | | | 1 (C-5) 2 (C-7) 18 | | | | 1 (C-5) 2 (C-7) 18 | | | | 1 (C-5) 2 (C-7) 18 | | | |
| 1st Meth | 2nd Meth | 3rd Meth | Last Meth | 1st Meth | 2nd Meth | 3rd Meth | Last Meth | 1st Meth | 2nd Meth | 3rd Meth | Last Meth | 1st Meth | 2nd Meth | 3rd Meth | Last Meth |
| 19-21 | 22-24 | 25-27 | 28-30 | 19-21 | 22-24 | 25-27 | 28-30 | 19-21 | 22-24 | 25-27 | 28-30 | 19-21 | 22-24 | 25-27 | 28-30 |
| 1 (C-7) 31 2 (C-8) | | | | 1 (C-7) 31 2 (C-8) | | | | 1 (C-7) 31 2 (C-8) | | | | 1 (C-7) 31 2 (C-8) | | | |
| 1 (C-10) 32 2 (C-8) | | | | 1 (C-10) 32 2 (C-8) | | | | 1 (C-10) 32 2 (C-8) | | | | 1 (C-10) 32 2 (C-8) | | | |
| 1 (C-10) 33 2 (C-11) 8 (C-9) | | | | 1 (C-10) 33 2 (C-11) 8 (C-9) | | | | 1 (C-10) 33 2 (C-11) 8 (C-9) | | | | 1 (C-10) 33 2 (C-11) 8 (C-9) | | | |
| 1 (C-10) 34 2 (C-11) 3 (C-11) | | | | 1 (C-10) 34 2 (C-11) 3 (C-11) | | | | 1 (C-10) 34 2 (C-11) 3 (C-11) | | | | 1 (C-10) 34 2 (C-11) 3 (C-11) | | | |
| 1 35 2 3 4 | | | | 1 35 2 3 4 | | | | 1 35 2 3 4 | | | | 1 35 2 3 4 | | | |
| 1 (C-12) 36 2 (BOX 18) 8 (BOX 18) | | | | 1 (C-12) 36 2 (BOX 18) 8 (BOX 18) | | | | 1 (C-12) 36 2 (BOX 18) 8 (BOX 18) | | | | 1 (C-12) 36 2 (BOX 18) 8 (BOX 18) | | | |
| 1 } (BOX 18) 37 2 } 3 } 4 } | | | | 1 } (BOX 18) 37 2 } 3 } 4 } | | | | 1 } (BOX 18) 37 2 } 3 } 4 } | | | | 1 } (BOX 18) 37 2 } 3 } 4 } | | | |

BOX 18. ● IF NO ADDITIONAL PREGNANCIES, SAY:

To understand and compare the success of different methods of family planning, we are talking with women in more detail about methods used since their last pregnancy, if any, and about other matters which could affect the number of pregnancies they have and when they have them.

THEN GO TO C-32, PAGE 34.

● IF NEXT PREGNANCY ENDED:

- BEFORE JANUARY 1, 1979, RETURN TO C-4 FOR NEXT INTERVAL.
- ON OR SINCE JANUARY 1, 1979 OR IS A CURRENT PREGNANCY, SAY:

To understand and compare the success of different methods of family planning, we are talking with women in more detail about methods used in the last three years, if any, and about other matters which could affect the number of pregnancies they have and when they have them.

THEN GO TO C-15, PAGE 30.

C-14. 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. Between (January 1977/your first intercourse) and (this pregnancy/the end of your first pregnancy), please tell me the periods of one month or more, if any, in which you were not having intercourse at all. (PROBE: What other months?)

| <u>FROM</u> | <u>TO</u> | |
|--------------------------------|--------------------------------|----------|
| _____ _____ MONTH YEAR | _____ _____ MONTH YEAR | } (C-17) |
| _____ _____ MONTH YEAR | _____ _____ MONTH YEAR | |
| _____ _____ MONTH YEAR | _____ _____ MONTH YEAR | |

No months of no intercourse. 9696 (C-17)

PREGNANCIES ENDING JANUARY 1979 OR LATER

C-15. Between (A and B), were there any periods of one month or more in which you were not having intercourse at all, for example, because of pregnancy, separation, not dating anyone, illness, or other reasons?

Yes.
No

C-16. What months and years were those? PROBE: What other months?

C-17. Between (A and B), did you or your partner ever use any method of birth control or family planning for one month or more?

Yes.
No

C-18. Looking at the card and starting with the first method you used between (A and B), please tell me the letter for each method used for one month or more in the order you used them. PROBE: What other methods? (ENTER METHODS IN ORDER IN THE ANSWER AREA. CIRCLE NEW METHODS ON METHOD CALENDAR.)

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ASK C-19 THROUGH C-21 IN SEQUENCE FOR EACH METHOD USED IN AN INTERVAL.

C-19. Between (A and B), in what month and year did you start to use (METHOD)?

C-20. During the months when you were using (METHOD), how many times, if any, did you skip and not use any method? Would you say you skipped using a method . . .

Most times,
Often,
Sometimes,
Once or twice,
Or, not at all?

C-21. In what month and year did you stop using (METHOD)?

BOX 19. IF NO OTHER METHODS USED IN THIS INTERVAL, CONTINUE WITH C-22. OTHERWISE, GO BACK TO C-19 FOR NEXT METHOD.

| | | | | | | | | | | | | | | | |
|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| 1 (C-16) 2 (C-17) | | | | 1 (C-16) 2 (C-17) | | | | 1 (C-16) 2 (C-17) | | | | 1 (C-16) 2 (C-17) | | | |
| FROM MO YR | | TO MO YR | | FROM MO YR | | TO MO YR | | FROM MO YR | | TO MO YR | | FROM MO YR | | TO MO YR | |
| 1 (C-18) 2 (C-22) | | | | 1 (C-18) 2 (C-22) | | | | 1 (C-18) 2 (C-22) | | | | 1 (C-18) 2 (C-22) | | | |
| 1st Meth | 2nd Meth | 3rd Meth | Last Meth | 1st Meth | 2nd Meth | 3rd Meth | Last Meth | 1st Meth | 2nd Meth | 3rd Meth | Last Meth | 1st Meth | 2nd Meth | 3rd Meth | Last Meth |
| MO | MO | MO | MO | MO | MO | MO | MO | MO | MO | MO | MO | MO | MO | MO | MO |
| YR | YR | YR | YR | YR | YR | YR | YR | YR | YR | YR | YR | YR | YR | YR | YR |
| ...1 ...2 ...3 ...4 ...5 | ...1 ...2 ...3 ...4 ...5 | ...1 ...2 ...3 ...4 ...5 | ...1 ...2 ...3 ...4 ...5 | ...1 ...2 ...3 ...4 ...5 | ...1 ...2 ...3 ...4 ...5 | ...1 ...2 ...3 ...4 ...5 | ...1 ...2 ...3 ...4 ...5 | ...1 ...2 ...3 ...4 ...5 | ...1 ...2 ...3 ...4 ...5 | ...1 ...2 ...3 ...4 ...5 | ...1 ...2 ...3 ...4 ...5 | ...1 ...2 ...3 ...4 ...5 | ...1 ...2 ...3 ...4 ...5 | ...1 ...2 ...3 ...4 ...5 | ...1 ...2 ...3 ...4 ...5 |
| MO | MO | MO | MO | MO | MO | MO | MO | MO | MO | MO | MO | MO | MO | MO | MO |
| YR | YR | YR | YR | YR | YR | YR | YR | YR | YR | YR | YR | YR | YR | YR | YR |

C-22. In what month and year did you become pregnant with (B)?

BOX 20. IF NO METHODS USED IN THIS INTERVAL, GO TO C-24. OTHERWISE, CONTINUE.

C-23. Had you stopped using all methods before you became pregnant? Yes.
No

C-24. Was the reason you (had stopped/were not) using any methods because you yourself wanted to become pregnant? Yes.
No

C-25. At the time you became pregnant with (B) did you, yourself, actually want to have a(nother) baby at some time? Yes.
No
Don't know

C-26. It is sometimes difficult to recall these things but, as you look back to just before that pregnancy began, would you say you probably wanted a(nother) baby at some time or probably not? Probably yes
Probably no.
Didn't care.

C-27. Did you become pregnant sooner than you wanted, later than you wanted, or at about the right time? Sooner
Later.
Right time
Didn't care.

C-28. And what about your partner at the time you became pregnant with (B), did he want to have a(nother) baby at some time? Yes.
No
Don't know

C-29. Did you become pregnant sooner than he wanted, later than he wanted, or at about the right time? Sooner
Later.
Right time
Didn't care.

BOX 21. ● IF MORE PREGNANCIES SINCE JANUARY 1, 1979 (INCLUDING A CURRENT PREGNANCY), GO BACK TO C-15.
● IF NO MORE PREGNANCIES AND LAST PREGNANCY IS A CURRENT PREGNANCY, GO TO C-43, PAGE 36.
● IF NO MORE PREGNANCIES AND LAST PREGNANCY IS NOT A CURRENT PREGNANCY, GO TO C-32, PAGE 34.

| Between A _____ & B _____ | Between A _____ & B _____ | Between A _____ & B _____ | Between A _____ & B _____ |
|--|--|--|--|
| _____ _____ MONTH YEAR | _____ _____ MONTH YEAR | _____ _____ MONTH YEAR | _____ _____ MONTH YEAR |
| [REDACTED] | | | |
| 1 (C-24) 2 (C-25) | 1 (C-24) 2 (C-25) | 1 (C-24) 2 (C-25) | 1 (C-24) 2 (C-25) |
| 1 (C-27) 2 (C-25) | 1 (C-27) 2 (C-25) | 1 (C-27) 2 (C-25) | 1 (C-27) 2 (C-25) |
| 1 (C-27) 2 (C-28) 8 (C-26) | 1 (C-27) 2 (C-28) 8 (C-26) | 1 (C-27) 2 (C-28) 8 (C-26) | 1 (C-27) 2 (C-28) 8 (C-26) |
| 1 (C-27) 2 (C-28) 3 (C-28) | 1 (C-27) 2 (C-28) 3 (C-28) | 1 (C-27) 2 (C-28) 3 (C-28) | 1 (C-27) 2 (C-28) 3 (C-28) |
| 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| 1 (C-29) 2 (BOX 21) 8 (BOX 21) | 1 (C-29) 2 (BOX 21) 8 (BOX 21) | 1 (C-29) 2 (BOX 21) 8 (BOX 21) | 1 (C-29) 2 (BOX 21) 8 (BOX 21) |
| 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |

NEVER PREGNANT RESPONDENTS

C-30 OMITTED.

BEGIN CARD 12

18 = 18

C-31. Many women have times when they are not having intercourse at all, for example, because of separation, not dating anyone, illness, or other reasons. Since (January 1977/your first intercourse), please tell me the periods of one month or more, if any, in which you were not having intercourse at all. (PROBE: What other months?)

| | | | |
|---|--------------------------------|--------|--|
| <u>FROM</u> | <u>TO</u> | | |
| _____ _____ MONTH YEAR | _____ _____ MONTH YEAR | } | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 19-22 |
| _____ _____ MONTH YEAR | _____ _____ MONTH YEAR | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 23-26 |
| _____ _____ MONTH YEAR | _____ _____ MONTH YEAR | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 27-30 |
| | | (C-34) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 31-34 |
| | | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 35-38 |
| | | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 39-42 |
| No months of no intercourse. 9696 | | (C-34) | |

OPEN INTERVAL

BEGIN CARD 12

18 = 18

C-32. Since your (last) pregnancy, have there been any periods of one month or more in which you were not having intercourse at all, for example, because of pregnancy, separation, not dating anyone, illness, or other reasons?

Yes 1 (C-33)
No 2 (C-34)

C-33. What months and years were those? PROBE: What other months?

| | | | |
|--------------------------------|--------------------------------|--|--|
| <u>FROM</u> | <u>TO</u> | | |
| _____ _____ MONTH YEAR | _____ _____ MONTH YEAR | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 19-22 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 23-26 |
| _____ _____ MONTH YEAR | _____ _____ MONTH YEAR | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 27-30 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 31-34 |
| _____ _____ MONTH YEAR | _____ _____ MONTH YEAR | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 35-38 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 39-42 |

BEGIN CARD 13

C-34. Since your (first intercourse/last pregnancy), have you or your partner used any method of birth control or family planning for one month or more?

Yes 1 (C-35)
No 2 (BOX 22)

18

BOX 22. IF R IS CURRENTLY IN A PERIOD OF NON-INTERCOURSE (CHECK C-31 AND C-33), GO TO C-42. OTHERWISE, GO TO C-40.

19

C-35. Looking again at the card and starting with the first method used since your (first intercourse/last pregnancy), please tell me the letter for each method used for one month or more, in the order you used them. PROBE: What other methods? (ENTER METHODS IN ORDER IN THE ANSWER AREA. CIRCLE NEW METHODS ON METHOD CALENDAR.)

HAND CARD 11

| | 1st Method | 2nd Method | 3rd Method | Last Method |
|--|---|---|---|---|
| | <input type="text"/> <input type="text"/> <input type="text"/> 20-22 | <input type="text"/> <input type="text"/> <input type="text"/> 33-35 | <input type="text"/> <input type="text"/> <input type="text"/> 46-48 | <input type="text"/> <input type="text"/> <input type="text"/> 59-61 |
| ASK C-36 THROUGH C-39 IN SEQUENCE FOR EACH METHOD MENTIONED. | | | | |
| C-36. Since your (first intercourse/last pregnancy), in what month and year did you start to use (METHOD)? | _____ MO YR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 23-26 | _____ MO YR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 36-39 | _____ MO YR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 49-52 | _____ MO YR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 62-65 |

BOX 23. IF METHOD IS I -- FEMALE STERILIZATION, GO TO C-43. OTHERWISE, CONTINUE.

| | | | | |
|---|---------------|---------------|---------------|---------------|
| C-37. During the months when you were using (METHOD), how many times, if any, did you skip and not use any method? Would you say you skipped using a method . . . | | | | |
| Most times, | . . . 1 | . . . 1 | . . . 1 | . . . 1 |
| Often, | . . . 2 | . . . 2 | . . . 2 | . . . 2 |
| Sometimes, | . . . 3 27 | . . . 3 40 | . . . 3 53 | . . . 3 66 |
| Once or twice, | . . . 4 | . . . 4 | . . . 4 | . . . 4 |
| Or, not at all? | . . . 5 | . . . 5 | . . . 5 | . . . 5 |

BOX 24. IF LAST METHOD, CONTINUE WITH C-38. OTHERWISE, GO TO C-39.

| | | | | |
|---|---|---|---|---|
| C-38. Are you (and your partner) still using (METHOD)? | 28 | 41 | 54 | 67 |
| Yes | . . . 1 (C-42) | . . . 1 (C-42) | . . . 1 (C-42) | . . . 1 (C-42) |
| No | . . . 2 (C-39) | . . . 2 (C-39) | . . . 2 (C-39) | . . . 2 (C-39) |
| C-39. In what month and year did you stop using (METHOD)? | _____ MO YR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 29-32 | _____ MO YR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 42-45 | _____ MO YR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 55-58 | _____ MO YR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 68-71 |

BOX 25. ● IF ANY OTHER METHODS, GO TO NEXT METHOD, C-36.
 ● IF R IS IN A PERIOD OF NON-INTERCOURSE (CHECK C-31 AND C-33), GO TO C-42.
 ● OTHERWISE, CONTINUE.

C-40. Is the reason you are not using a method of birth control or family planning now, because you, yourself, want to become pregnant as soon as possible?

Yes 1
No 2

72

C-41. And your partner, does he want you to become pregnant as soon as possible?

Yes 1
No 2

73

BOX 26. IF "YES" TO BOTH C-40 AND C-41, GO TO C-43.
OTHERWISE, CONTINUE.

C-42. If you were to become pregnant, what would you do? Please tell me the letter next to the answer which describes best what you would probably do.

HAND
CARD
13

A. I would have the baby and raise it. . . . 1
B. I would have the baby and give it
up for adoption 2
C. I would have the baby and give it
to a friend or relative to raise. . . . 3
D. I would have an abortion. 4

74

C-43. In the last three months (in which you were having intercourse), how frequently did you have intercourse? Just tell me the letter that is closest to your answer.

HAND
CARD
14

A. Once a month. 1
B. Two or three times a month. 2
C. Once a week 3
D. Several times a week. 4
E. Almost every day or every day 5

75

C-44. Let me review what I have recorded on this calendar for the last four years to be sure I have done it correctly.

(REVIEW THE LAST FOUR YEARS MONTH-BY-MONTH IN ORDER WITH THE RESPONDENT, ENTERING IN THE METHOD CALENDAR THE SYMBOLS FOR PREGNANCY (B&P RECORD AND C-22), NON-INTERCOURSE (C-14, C-16, C-31, C-33), AND METHODS (C-19, C-21, C-36, C-39). ASK RESPONDENT ABOUT ALL BLANK MONTHS. ACCOUNT FOR ALL MONTHS FROM JANUARY 1979 TO THE PRESENT.)

In January 1979, I have recorded that

REFER TO METHODS CIRCLED ON METHOD CALENDAR. IF NO METHOD CIRCLED, CHECK HERE AND SKIP TO C-46. OTHERWISE, ASK C-45.

BEGIN CARD 14

C-45. Looking once more at the list of methods, you have told me that you have used (CIRCLED METHODS). Have I missed any methods you have ever used?

HAND
CARD
11

Yes. 1 (C-47)
No 2 (BOX 27) 18

C-46. Looking once more at the list of methods, have you or your partner ever used a method of birth control or family planning, even if it was only one time?

HAND
CARD
11

Yes. 1 (C-47)
No 2 (BOX 33, PAGE 41) 19

C-47. What methods would that be? (CIRCLE ALL THAT APPLY BELOW. IF R MENTIONS THAT A METHOD WAS USED FOR ONE MONTH OR MORE, CORRECT INTERVAL COLUMNS AND METHOD CALENDAR AS APPLICABLE.)

HAND
CARD
11

- | | | | |
|--|----|--------------------------|--------------------------|
| A. Pill | 01 | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Condom, rubber | 02 | | |
| C. Foam | 03 | | 20-21 |
| D. Jelly or cream, alone. | 04 | | |
| E. Suppository or insert. | 05 | | |
| F. Diaphragm with or without jelly or cream | 06 | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Douching after intercourse | 07 | | 22-23 |
| H. IUD, coil, loop. | 08 | | |
| I. Operation - female sterilization | 09 | | |
| J. Operation - male sterilization | 10 | <input type="checkbox"/> | <input type="checkbox"/> |
| K. Natural family planning, safe period by temperature or cervical mucus test | 11 | | 24-25 |
| L. Rhythm or safe period by calendar. | 12 | | |
| M. Withdrawal/pulling out | 13 | | |
| N. Abstinence, not having intercourse for a month or more. | 14 | | |
| P. Other (SPECIFY) _____ | 15 | | |

BOX 27. SEE METHOD CALENDAR AND C-47. WHAT IS THE TOTAL NUMBER OF METHODS R HAS EVER USED?

ONE. 1 (C-50)
MORE THAN ONE. 2 (C-48)

BOX 28 OMITTED.

C-48. Thinking back to the very first time you had intercourse when a method was used, which method on the card was that?

HAND
CARD
11

- A. Pill 01
- B. Condom, rubber 02
- C. Foam 03
- D. Jelly or cream, alone. 04
- E. Suppository or insert. 05
- F. Diaphragm with or without jelly or cream 06
- G. Douching after intercourse 07
- H. IUD, coil, loop. 08
- I. Operation - female sterilization 09
- J. Operation - male sterilization 10
- K. Natural family planning, safe period by
temperature or cervical mucus test 11
- L. Rhythm or safe period by calendar. 12
- M. Withdrawal/pulling out 13
- N. Abstinence, not having intercourse for a
month or more. 14
- P. Other (SPECIFY) _____ 15

26-28

C-49 OMITTED.

29-30 = β

C-50. When did you (or your partner) use (FIRST METHOD) for the first time? Please tell me the letter that comes closest to your answer.

HAND
CARD
16

- A. The first time you had intercourse 1
- B. Within a month of your first intercourse 2
- C. One to three months after first intercourse. 3
- D. Four to six months after first intercourse 4
- E. Seven to twelve months after first intercourse 5
- F. More than a year after first intercourse 6

31

32-34

BOX 29. IS CURRENT METHOD:

- NOT CURRENTLY USING A METHOD. 1 (BOX 31)
- DOUCHING (G), FEMALE OPERATION (I), MALE OPERATION (J), CALENDAR
RHYTHM (L), WITHDRAWAL (M), ABSTINENCE (N), OR OTHER (P). 2 (BOX 31)
- IUD (H), NATURAL FAMILY PLANNING (K). 3 (C-52)
- ALL OTHER METHODS 4 (C-51)

C-51. From which of the people or places on this card did you last get supplies for the method you are now using?

HAND
CARD
15

- A. Private doctor or medical service. 01
- B. Clinic 02
- C. Drug store 03
- D. Other store. 04
- E. Husband/partner/boyfriend. 05
- F. Girlfriend 06
- G. Parents. 07
- H. Other (SPECIFY) _____ 08

35-36

C-52. (IF CURRENT METHOD IS PILL OR DIAPHRAGM, ASK FOR SOURCE OF PRESCRIPTION.) When you started to use the method you are now using, from which of the people or places on this card did you get (it/the prescription)?

HAND
CARD
15

- A. Private doctor or medical service. 01
- B. Clinic 02
- C. Drug store 03
- D. Other store. 04
- E. Husband/partner/boyfriend. 05
- F. Girlfriend 06
- G. Parents. 07
- H. Other (SPECIFY) _____ 08

37-38

BOX 31. ● R IS CURRENTLY USING PILL, GO TO C-53.
 ● R IS PREVIOUS PILL USER, GO TO C-54.
 ● R NEVER USED PILL, GO TO BOX 33.

39

C-53. You told me that you are using the pill. When did you last get a written prescription for the pill while visiting a doctor or clinic? (RECORD VERBATIM ON LINES AT LEFT AND CIRCLE APPROPRIATE CATEGORY.)

- _____ 6 months or less 1
- _____ More than 6 months - 1 year. 2
- _____ More than 1 year - 2 years 3
- _____ More than 2 years - 3 years. 4
- _____ More than 3 years. 5

40

C-54. (You told me that you have used the pill.) Please look at this chart and tell me the number next to the brand you (last used/are using).

SHOW
PILL
CHART

_____ NUMBER 41-42

C-55. How long (have you been/were you) using that brand? (GET TOTAL TIME USED.)

_____ # OF MONTHS 43-44

C-56. Looking again at the chart, what other types of pills, if any, have you used for 6 months or more?

SHOW
PILL
CHART

_____ NUMBER(S) 45-46

No other types of pill 96 (BOX 32) 47-48

49-50

C-57. Thinking now about all brands you have ever used, how long altogether have you used birth control pills?

_____ # OF MONTHS 51-53

BOX 32. IF R IS STILL USING PILL, GO TO BOX 33.
OTHERWISE, CONTINUE.

C-58. What are the main reasons you stopped using the pill? (PROBE FOR A COMPLETE RESPONSE, RECORD VERBATIM, AND CIRCLE APPROPRIATE CODES. FOLLOW SKIP INSTRUCTION FOR LARGEST CODE CIRCLED.)

- | | |
|--|--|
| | Stopped to get pregnant. 1 (C-59) |
| | Stopped having intercourse 2 (C-59) |
| | Had a sterilizing operation. 3 (C-59) |
| | Reached menopause, became sterile for other reasons. 4 (C-61) |
| | Some other reason. 5 (C-61) |
| | Doctor advised R to stop 6 (C-62) |

C-59. Did you also have any problems or worries with the pill itself that made you stop using it?

- | | |
|--------------|----------|
| Yes. | 1 (C-60) |
| No | 2 (C-61) |

C-60. What were those problems or worries? (RECORD VERBATIM AND CIRCLE APPROPRIATE CODE.)

- | | |
|--|---|
| | Doctor advised R not to use pill again . . . 1 (C-62) |
| | Other reason 2 (C-61) |
| | |

C-61. Has a doctor ever told you to stop using the pill?

- | | |
|--------------|------------|
| Yes. | 1 (C-62) |
| No | 2 (BOX 33) |

C-62. Why did the doctor say you should stop? (RECORD VERBATIM.)

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | 54 | 55-56 | 57-58 | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 59 | 60-61 | 62-63 | 64-65 |

BOX 33. ● IF R NEVER PREGNANT, GO TO BOX 34.
 ● IF R EVER PREGNANT, CONTINUE.

C-63. There has recently been a great deal of discussion about cigarette smoking and women's health. On the average, during your (last) pregnancy, how many cigarettes per day (did/have) you smoke(d), if any?

- About one a day or less. 01
- Just a few (2-4) 02
- About half a pack (5-14) 03
- About a pack (15-24) 04
- About 1 1/2 packs (25-34). 05
- About 2 packs (35-44). 06
- More than 2 packs (45+). 07
- Didn't smoke during (last/current) pregnancy. 96

66-67

C-64. During your (last) pregnancy, how often (did/do) you usually drink alcoholic beverages, that is, beer, wine, or liquor? (Was/Is) it . . .

HAND CARD
17

- A. Every day,. 1
- B. A few days a week,. 2
- C. Once a week,. 3
- D. Once a month, 4
- E. Less than once a month, 5
- F. Or never? 6

68

BOX 34. IF R OR PARTNER IS STERILE, GO TO SECTION D. OTHERWISE, CONTINUE.

C-65. Once they have all the children they want, some people start using a method or change their method of family planning to be very sure they do not get pregnant again. Looking at the list, which method, if any, do you think you will use to be sure you have no more pregnancies once you have all the children you expect to have?

HAND CARD
11

_____ METHOD
 Does not plan to use any method. 996

69-71

LIST OF METHODS
(C-19, C-21, C-36, C-39)

- A. Pill
- B. Condom, rubber
- C. Foam
- D. Jelly or cream, alone
- E. Suppository or insert
- F. Diaphragm with or without jelly or cream
- G. Douching after intercourse
- H. IUD, coil, loop
- I. Operation - female sterilization
- J. Operation - male sterilization
- K. Natural family planning, safe period by temperature or cervical mucus test
- L. Rhythm or safe period by calendar
- M. Withdrawal/pulling out
- N. Abstinence, not having intercourse
- P. Other

- O. No method
- V. Pregnant (B&P Record, C-22)
- W. Non-use because of sterility
- X. Months which have not yet occurred
- Z. Not having intercourse (C-14, C-16, C-31, C-33)

CODER USE ONLY:

BEGIN CARD 15

A B C D E F G H I J K L M N P

| | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

18-32

| | | | | | | | | | | | | | | | | | | | |
|--|-----------|----------|-----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Jan, '79 | July, '79 | Jan, '80 | July, '80 | | | | | | | | | | | | | | | | |
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| 33-36 | 37-40 | 41-44 | 45-48 | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | |
|--|-----------|----------|-----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Jan, '81 | July, '81 | Jan, '82 | July, '82 | | | | | | | | | | | | | | | | |
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| 49-52 | 53-56 | 57-60 | 61-64 | | | | | | | | | | | | | | | | |

Mo. of I'view

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| | | | |
|--|--|--|--|

65-68

METHOD CALENDAR

| MONTH | YEAR | | | | |
|-----------|------|------|------|------|------|
| | 1979 | 1980 | 1981 | 1982 | 1983 |
| January | | | | | |
| February | | | | | |
| March | | | | | |
| April | | | | | |
| May | | | | | |
| June | | | | | |
| July | | | | | |
| August | | | | | |
| September | | | | | |
| October | | | | | |
| November | | | | | |
| December | | | | | |

(GO BACK TO C-45, PAGE 37)

We are also talking with women about children they would like to have or expect to have in the future. (IF "R" HAS ALREADY MENTIONED STERILITY OR MENOPAUSE, ETC., SAY: I think we have already talked about some of these questions, but I'd better go through them with you to be sure I record the answers correctly.)

BOX 35. IF R IS CURRENTLY PREGNANT, SKIP TO D-15, PAGE 47.

BEGIN CARD 16

D-1. Some (couples/women) find it physically impossible to have (more) children. As far as you know, is it possible or impossible for you (and your husband) to conceive a(nother) baby, that is, to get pregnant (again)?

- Possible 1 (D-15)
- Impossible 2 (D-2)
- Don't know, not sure 8 (D-15)

18

D-2. Have you (or your husband) had an operation, or more than one operation, that makes it impossible for you to conceive a(nother) baby (together)?

- Yes 1 (D-3)
- No 2 (D-12)

19

D-3. What kind of operation, or operations, did you (or your husband) have that makes it impossible to have a(nother) baby? (CIRCLE CODE(S) ON TOP OF TABLE ON NEXT PAGE. IF CODE 5 CIRCLED, GO TO BOX 36 BELOW.)

20

BOX 36.

A. DOES "OTHER" OPERATION AFFECT ONLY ONE TUBE OR OVARY?

- YES 1 (B)
- NO 2 (D-4)

B. IS R (OR HUSBAND) . . .

- STERILE FROM THIS OPERATION 1 (D-4)
(OTHER TUBE OR OVARY NOT FUNCTIONAL)
- STERILE FROM ANOTHER OPERATION 2 (D-4)
- STERILE FOR SOME OTHER REASON 3 (D-12)
- NOT COMPLETELY STERILE 4 (D-15)

CODER USE ONLY:

| | D3 | D4 | D5 | D6 | D7 | D8 |
|---------------|--------------------------|---|--------------------------|---|--------------------------|---|
| Operation #1: | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | 21 | 22-25 | 26 | 27-28 29-30 31-32 | 33 | 34-35 36-37 38-39 |
| Operation #2: | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | 40 | 41-44 | 45 | 46-47 48-49 50-51 | 52 | 53-54 55-56 57-58 |

ASK D-4 THROUGH D-8 IN SEQUENCE FOR EACH OPERATION.

| | BOTH OVARIES REMOVED 1 | BOTH TUBES TIED OR REMOVED 2 | HYSTERECTOMY (REMOVAL OF UTERUS) 3 | VASECTOMY (CUTTING MALE SPERM DUCTS) 4 | OTHER OPERATION OR TYPE UNKNOWN 5 (BOX 36) |
|--|------------------------------|---------------------------------------|---|---|---|
| D-4. When did (you/your husband) have (OPERATION)? | MO YR | MO YR | MO YR | MO YR | MO YR |
| D-5. Was the operation performed in . . . | | | | | |
| A hospital or hospital clinic, . . . | . . . 1 | . . . 1 | . . . 1 | . . . 1 | . . . 1 |
| An abortion clinic, | . . . 2 | . . . 2 | . . . 2 | . . . 2 | . . . 2 |
| Some other clinic, | . . . 3 | . . . 3 | . . . 3 | . . . 3 | . . . 3 |
| A doctor's office, | . . . 4 | . . . 4 | . . . 4 | . . . 4 | . . . 4 |
| Or some place else? | . . . 5 | . . . 5 | . . . 5 | . . . 5 | . . . 5 |
| D-6. This card lists some of the ways in which medical bills can be paid. When (you/your husband) had (OPERATION), in which of these ways was the bill paid? (CIRCLE ALL THAT APPLY AND PROBE: What other ways?) | | | | | |
| HAND CARD 8 A. Your (or your husband's) own income. | . . . 01 | . . . 01 | . . . 01 | . . . 01 | . . . 01 |
| B. Partner/boyfriend or his family | . . . 02 | . . . 02 | . . . 02 | . . . 02 | . . . 02 |
| C. Insurance (which you carry or is carried for you). | . . . 03 | . . . 03 | . . . 03 | . . . 03 | . . . 03 |
| D. No charge -- paid by Medicaid | . . . 04 | . . . 04 | . . . 04 | . . . 04 | . . . 04 |
| E. Government assistance other than Medicaid (state or local) | . . . 05 | . . . 05 | . . . 05 | . . . 05 | . . . 05 |
| F. Military. | . . . 06 | . . . 06 | . . . 06 | . . . 06 | . . . 06 |
| G. Parents or other relatives. | . . . 07 | . . . 07 | . . . 07 | . . . 07 | . . . 07 |
| H. Some other way (SPECIFY). | . . . 08 | . . . 08 | . . . 08 | . . . 08 | . . . 08 |
| D-7. Was one reason for having (OPERATION) because you (had all the children you wanted/did not want to have any children)? | | | | | |
| Yes. | . . . 1 | . . . 1 | . . . 1 | . . . 1 | . . . 1 |
| No | . . . 2 | . . . 2 | . . . 2 | . . . 2 | . . . 2 |
| D-8. What were the (other) important reasons (if any) for having (OPERATION)? (CIRCLE ALL THAT APPLY.) | | | | | |
| HAND CARD 18 A. My husband wanted no more children. | . . . 01 | . . . 01 | . . . 01 | . . . 01 | . . . 01 |
| B. A pregnancy would be dangerous to my health. | . . . 02 | . . . 02 | . . . 02 | . . . 02 | . . . 02 |
| C. I would probably lose a(n)other pregnancy or have an unhealthy child | . . . 03 | . . . 03 | . . . 03 | . . . 03 | . . . 03 |
| D. I could not afford or take care of more children | . . . 04 | . . . 04 | . . . 04 | . . . 04 | . . . 04 |
| E. The method of birth control I was using was dangerous to my health. | . . . 05 | . . . 05 | . . . 05 | . . . 05 | . . . 05 |
| F. I didn't like the method of birth control I was using for other reasons | . . . 06 | . . . 06 | . . . 06 | . . . 06 | . . . 06 |
| G. Medical problem with my female organs (such as infections, cancer, etc.) | . . . 07 | . . . 07 | . . . 07 | . . . 07 | . . . 07 |
| H. Other reason (SPECIFY). | . . . 08 | . . . 08 | . . . 08 | . . . 08 | . . . 08 |
| No other reasons. | . . . 96 | . . . 96 | . . . 96 | . . . 96 | . . . 96 |

BOX 37. GO TO NEXT OPERATION OR CONTINUE WITH D-9.

D-9. If it were possible for you to have a(nother) baby, would you, yourself, like to have one?

Yes 1
No 2

59

BOX 38. HAS R OR HUSBAND HAD BOTH TUBES TIED OR VASECTOMY?

YES 1 (D-10)
NO. 2 (D-37)

D-10. As things look to you just now, if the operation could be safely reversed, that is, changed back, would you want to have it reversed? Would you say . . .

Definitely yes 1
Maybe yes, or. 2
Definitely not 3

60

BOX 39. IS R:

NEVER MARRIED 1 (D-37)
WIDOWED, DIVORCED, SEPARATED. 2 (D-37)
CURRENTLY OR INFORMALLY MARRIED 3 (D-11)

D-11. Would your husband like to have it reversed? Would you say . . .

Definitely yes 1 }
Maybe yes, or. 2 } (D-37)
Definitely not 3 }

61

D-12. What is the reason that it is physically impossible for you (and your husband) to have a(nother) baby? (RECORD VERBATIM, THEN CODE ALL THAT APPLY.)

_____ "R" has reached menopause. 01
_____ Impossible for "R" due to accident
_____ or illness 02
_____ "R" sterile for other reasons. 03
_____ "R" not yet fertile, periods have
_____ not started. 04
_____ Impossible for husband due to accident
_____ or illness 05
_____ Husband sterile for other reasons. 06
_____ Couple (or respondent) unable to
_____ conceive, do not know reason 07

62-63

64-65

BOX 40 OMITTED.

D-13. When did it become impossible for you (and your husband) to have a(nother) baby? (IF DON'T KNOW, PROBE: When did you first know it was physically impossible . . . ?)

| | | | | | |
|----------------|--|--|--|--|--|
| _____ _____ | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> </table> | | | | |
| | | | | | |
| MONTH (SEASON) | YEAR | | | | |

66-69

D-14. If it were possible for you to have a(nother) baby, would you yourself like to have one?

| | | |
|---------------|---|----------|
| Yes | 1 | |
| No | 2 | } (D-37) |

70

D-15. Some people are able to have a(nother) baby, but have difficulty getting pregnant or holding onto the baby. As far as you know, is there any problem or difficulty for you (and your husband) to conceive or deliver a(nother) baby (after this pregnancy)?

| | | |
|----------------------|----------|--|
| Yes | 1 (D-16) | |
| No | 2 (D-17) | |
| Don't know | 8 (D-17) | |

71

D-16. What is the reason it would be difficult for you to have a(nother) baby? (RECORD VERBATIM ON LINES AT LEFT AND THEN CIRCLE APPROPRIATE CODE.)

| | | | |
|-------|--|---|------|
| _____ | R has physical difficulty getting pregnant | 1 | |
| _____ | Difficult for husband to father child. | 2 | |
| _____ | Dangerous for "R" to become pregnant again. | 3 | } 72 |
| _____ | Dangerous for the baby | 4 | |
| _____ | Difficult to carry pregnancy full 9 months | 5 | |
| _____ | Other. | 6 | |

D-17. At any time has a medical doctor advised you never to become pregnant (again)?

| | | |
|---------------|------------|--|
| Yes | 1 (D-18) | |
| No | 2 (BOX 42) | |

73

D-18. Did he or she say it would be dangerous for you, and/or for the baby, or was it for some other reason?

| | | |
|------------------------------|---|------|
| Dangerous for R. | 1 | |
| Dangerous for baby | 2 | |
| Dangerous for both | 3 | } 74 |
| Other reason (SPECIFY) _____ | 4 | |

D-19. Will you have an operation to be sure you don't become pregnant (again)?

| | | |
|----------------|------------|------|
| Yes | 1 (D-22) | |
| No | 2 (BOX 41) | |
| Maybe. | 3 (BOX 41) | } 75 |

BOX 41. IS R:

| | | |
|---|----------|--|
| NEVER MARRIED | 1 (D-21) | |
| WIDOWED, DIVORCED, SEPARATED. | 2 (D-21) | |
| CURRENTLY OR INFORMALLY MARRIED | 3 (D-20) | |

D-20. Will your husband have an operation to be sure you don't become pregnant (again)?

Yes. 1 (D-22)
No 2 (D-21)
Maybe. 3 (D-21)

76

D-21. If (after this baby is born) you find that you are pregnant (again), will you have the pregnancy ended by a doctor for health or medical reasons?

Yes. 1 (D-22)
No 2 (BOX 42)
Maybe. 3 (BOX 42)

77

D-22. If it were possible for you to have a(nother) baby (after this pregnancy), would you yourself like to have one?

Yes. 1 } (D-37)
No 2 }

78

BOX 42. IF R:

- NOT CURRENTLY PREGNANT, CONTINUE.
- CURRENTLY PREGNANT (CHECK B&P RECORD) AND:
 - INTENDING ABORTION, CONTINUE.
 - INTENDING LIVE BIRTH, GO TO INTRODUCTION BEFORE D-30.

NOT CURRENTLY PREGNANT OR CURRENTLY PREGNANT INTENDING ABORTION

BEGIN CARD 17

Knowing the number of children women have now and the number they expect to have in the future is important in understanding how our population will grow. It is impossible to look into the future and know exactly how things will turn out, but we often have some ideas about what we intend to do.

D-23. Looking to the future, do you (and your husband) intend to have a(nother) baby at some time?

Yes. 1 (D-24)
No 2 (D-25)
Husband/R disagrees. 3 (D-26)
DK, up to God, etc.. 8 (D-26)

18

D-24. (Not counting the _____ baby/ies you have already had), how many (more) do you intend to have?
No. of live births

| | |
|--|--|
| | |
|--|--|

19-20

_____ (D-25)
NUMBER OR RANGE
Don't know 98 (D-26)

| | |
|--|--|
| | |
|--|--|

21-22

D-25. 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 have (no/NUMBER OR RANGE FROM D-24) (more) bab(y/ies)? Would you say you are very sure or not very sure?

Very sure. 1 } (BOX 43)
Not very sure. 2 }

23

D-26. 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 expect to have?

None 00 (D-37)
 NUMBER _____ (D-27)
 Don't know 98 (BOX 43)

| | |
|-------|--|
| | |
| 24-25 | |

D-27. What is the smallest number of (additional) babies you expect to have?

NUMBER _____
 Don't know 98

| | |
|-------|--|
| | |
| 26-27 | |

BOX 43. DOES R INTEND TO HAVE (MORE) BABIES? (SEE D-23 OR D-26)

YES 1 (D-28)
 NO 2 (D-37)
 DON'T KNOW 8 (D-37)

D-28. How many babies, if any, do you expect to have in the next five years?

NUMBER _____

| |
|----|
| |
| 28 |

D-29. At what age do you expect to have your last baby?

AGE _____ (D-37)

| | |
|-------|--|
| | |
| 29-30 | |

CURRENTLY PREGNANT INTENDING LIVE BIRTH

BEGIN CARD 17

Knowing the number of children women have now and the number they expect to have in the future is important in understanding how our population will grow. It is impossible to look into the future and know exactly how things will turn out, but we often have some ideas about what we intend to do.

D-30. Looking to the future, do you (and your husband) intend to have another baby after this one is born?

Yes 1 (D-31)
 No 2 (D-32)
 Husband/R disagrees. 3 (D-33)
 DK, up to God, etc. 8 (D-33)

18

D-31. Not counting your current pregnancy (and the _____ bab(y/ies) you have already had), how many more do you intend to have?
 No. of Live Births

 NUMBER OR RANGE (D-32)
 Don't know 98 (D-33)

| | |
|-------|--|
| | |
| 19-20 | |

| | |
|-------|--|
| | |
| 21-22 | |

D-32. 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 have (no/NUMBER OR RANGE FROM D-31) more bab(y/ies)? Would you say you are very sure or not very sure?

Very sure 1 } (BOX 44)
 Not very sure 2 }

23

D-33. 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 expect to have after this one is born?

None 00 (D-37)

NUMBER _____ (D-34)

Don't know 98 (BOX 44)

| | |
|--|--|
| | |
|--|--|

24-25

D-34. What is the smallest number of additional babies you expect to have after this one is born?

NUMBER _____

Don't know 98

| | |
|--|--|
| | |
|--|--|

26-27

BOX 44. DOES R INTEND TO HAVE MORE BABIES? (SEE D-30 OR D-33)

YES 1 (D-35)

NO. 2 (D-37)

DON'T KNOW. 3 (D-37)

D-35. Not counting your current pregnancy, how many babies, if any, do you expect to have in the next five years?

NUMBER _____

| |
|--|
| |
|--|

28

D-36. At what age do you expect to have your last baby?

AGE _____

| | |
|--|--|
| | |
|--|--|

29-30

D-37. The number of children people expect is not always the same as the number they would most like to have. Knowing how other things are for you (and your husband), if you could choose exactly the number of children to have in your whole life, how many would you choose now?

None 00 (BOX 45)

One. 01 (BOX 45)

More than one:

NUMBER _____ (BOX 45)

RANGE _____ (D-39)

Don't know 98 (D-38)

| | |
|--|--|
| | |
|--|--|

31-32

| | |
|--|--|
| | |
|--|--|

33-34

D-38. A lot of people feel that way, but if you could choose, how many would you have?

None 00 (BOX 45)

One. 01 (BOX 45)

More than one:

NUMBER _____ (BOX 45)

RANGE _____ (D-39)

Don't know 98 (BOX 45)

| | |
|--|--|
| | |
|--|--|

35-36

| | |
|--|--|
| | |
|--|--|

37-38

D-39. If you had to choose a single number between (NUMBERS IN RANGE), which would you choose?

None 00
One 01
More than one:
NUMBER _____
Don't know 98

39-40

BOX 45. IF R HAS NEVER HAD INTERCOURSE (SINCE FIRST PERIOD), GO TO SECTION F, PAGE 57. OTHERWISE, CONTINUE.

41

SECTION E

In this survey, we are also talking with women about family planning services. Some women have used these services to help them become pregnant, and others have used them to plan the pregnancies they want, or to prevent pregnancies they do not want.

BEGIN CARD 18

E-1. Have you (or your husband) ever been to a doctor or clinic to talk about ways to help you become pregnant?

Yes 1 18
 No 2

E-2. (Not counting routine care or advice about a pregnancy), have you (or your husband) ever been to a doctor or clinic to talk about ways to help you prevent a miscarriage?

Yes 1 19
 No 2

BOX 46. IF NO TO BOTH E-1 AND E-2, GO TO BOX 47. OTHERWISE, CONTINUE.

E-3. What kinds of medical treatment or advice have you (or your husband) had to help you (become pregnant/prevent miscarriage)? (RECORD VERBATIM AND CIRCLE APPROPRIATE CODE.)

20

| | | | | | | |
|--|--|---|--|--|--|--|
| | Respondent only received advice/ treatment. 1 | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> 21-24 | | | | |
| | | | | | | |
| | Husband only received advice/ treatment. 2 | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> 25-28 | | | | |
| | | | | | | |
| | Both received advice/treatment 3 | | | | | |

E-4. When was the last time you (or your husband) visited a doctor or clinic for this treatment or advice?

| | | | | | | |
|--|--|---|--|--|--|--|
| _____ _____ MONTH YEAR | | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> 29-32 | | | | |
| | | | | | | |

E-5. To which of the places on this card did you go for that visit?

HAND
CARD
19

| | |
|---|-------|
| A. Community health center clinic 01 | |
| B. Public health department clinic 02 | |
| C. Family planning clinic 03 | |
| D. Student health service clinic 04 | |
| E. Military health service clinic 05 | |
| F. Hospital clinic 06 | 33-34 |
| G. Private doctor 07 | |
| H. Private group practice, co-op, or private clinic 08 | |
| I. Other (SPECIFY) _____ 09 | |

BOX 47. IF R OR HUSBAND BECAME STERILE OR HAD OPERATION BEFORE JANUARY 1979 (SEE D-4, PAGE 45, AND D-13, PAGE 47), GO TO E-19, PAGE 56. OTHERWISE, CONTINUE.

35

E-6. During the past three years, that is, since (MONTH/YEAR), has a doctor or other trained person prescribed, or talked with you about a method for delaying or preventing a pregnancy?

Yes 1
 No 2

36

E-7. This card shows a list of services that are provided to women for their family planning needs. Please look it over with me. In the past three years, that is, since (MONTH/YEAR), have you talked with a counselor, a doctor or some other trained person for advice or counseling about . . .

HAND
CARD
20

| | <u>YES</u> | <u>NO</u> | |
|---|------------|-----------|----|
| A. Any problems or worries about sexual intercourse? | 1 | 2 | 37 |
| B. An unwanted pregnancy or one that occurred at a bad time? | 1 | 2 | 38 |
| C. Having a sterilizing operation? | 1 | 2 | 39 |
| D. Whether or not to have an abortion? | 1 | 2 | 40 |
| E. Birth control? | 1 | 2 | 41 |

E-8. In the past three years, have you had a check-up or medical test to check for . . .

HAND
CARD
20

| | <u>YES</u> | <u>NO</u> | |
|---|------------|-----------|----|
| F. Correct use, fit, or position of a birth control method? . . | 1 | 2 | 42 |
| G. Health problems from using a birth control method? | 1 | 2 | 43 |
| H. A pregnancy test? | 1 | 2 | 44 |

E-9. In the past three years have you visited a doctor or clinic . . .

HAND
CARD
20

| | <u>YES</u> | <u>NO</u> | |
|--|------------|-----------|----|
| I. To renew a method of birth control you were already using, like getting a new prescrip- tion or replacing an IUD? | 1 | 2 | 45 |
| J. To get a method of birth control or a pre- scription for a method? | 1 | 2 | 46 |

BOX 48. IF R REPORTED NO VISITS IN E-7, E-8, AND E-9, GO TO E-19, PAGE 56. OTHERWISE, CONTINUE.

E-10. You told me that in the past three years you have received the following family planning services: (READ LETTERS FOR SERVICES REPORTED IN E-7, E-8, AND E-9). Thinking now about the past 12 months, which of these services, if any, did you receive since (MONTH/YEAR)? (CIRCLE ALL THAT APPLY.)

HAND
CARD
20

Advice or counseling on:

| | | | |
|--|----|---|--------|
| A. Any problems or worries about sexual intercourse . . | 01 | } | (E-11) |
| B. An unwanted pregnancy or one that occurred at a bad time | 02 | | |
| C. Having a sterilizing operation | 03 | | |
| D. Whether or not to have an abortion | 04 | | |
| E. Birth control | 05 | | |
| Check-up or medical test for: | | | |
| F. Correct use, fit, or position of a birth control method | 06 | | |
| G. Health problems from using a birth control method. . | 07 | | |
| H. Pregnancy test | 08 | | |
| I. Renewing an old method of birth control | 09 | | |
| J. Getting a method of birth control | 10 | | |

47-48

49-50

51-52

53-54

No services in past 12 months 96 (E-16)

E-11. This card lists the different kinds of counselors, clinics, and doctor's offices where women may get (this/these) service(s). In the past 12 months, that is, since (MONTH/YEAR), at which of the places on this card have you received (this/these) family planning service(s)? (CIRCLE ALL THAT APPLY. IF NECESSARY, PROBE BY READING SERVICES REPORTED IN E-10.)

HAND
CARD
21

Counselors:

- A. Minister, priest, religious counselor. 01
- B. School counselor 02
- C. Family and social services agency. 03
- D. Youth center 04
- E. Other counselor (SPECIFY) _____ 05

55-56

57-58

Clinics:

- F. Hospital clinic. 06
- G. Family planning clinic 07
- H. Community health center clinic 08
- I. Abortion clinic. 09
- J. Public health department clinic. 10
- K. Military health service clinic 11
- L. Student health service clinic. 12
- M. Other clinic (SPECIFY) _____ 13

Private Medical Services:

- N. Private doctor 14
- P. Private group practice, co-op, or private clinic . . 15

E-12. During the past 12 months, how many different times altogether have you visited a counselor, clinic, or doctor for (this/these) family planning service(s)? (IF NECESSARY, PROBE BY READING SERVICES REPORTED IN E-10.)

One visit. 1 (E-15)

Two or more visits . . . _____ (BOX 49)
NUMBER

59

BOX 49. IF ONLY ONE KIND OF PLACE REPORTED IN E-11, GO TO E-15. OTHERWISE, CONTINUE.

E-13. How many of these visits in the last 12 months were to clinics, such as those listed under "clinics" on the card?

HAND
CARD
21

NUMBER

60

BOX 50. IF NUMBER GIVEN IN E-13 EQUALS NUMBER GIVEN IN E-12, GO TO E-15. OTHERWISE, CONTINUE.

E-14. How many of these visits in the last 12 months were to a private doctor's office or a private medical practice?

NUMBER

61

E-15. In the past 12 months, during a visit for family planning services, have you had a . . .

| | YES | NO | |
|---|-----|----|----|
| A. Pap smear? | 1 | 2 | 62 |
| B. Pelvic exam? | 1 | 2 | 63 |
| C. Breast exam? | 1 | 2 | 64 |
| D. Blood pressure test? | 1 | 2 | 65 |
| E. Urinalysis? | 1 | 2 | 66 |
| F. Test for venereal disease or VD? | 1 | 2 | 67 |

BOX 51. CHECK E-12. NUMBER OF VISITS IN LAST 12 MONTHS:

ONE 1 (E-18)

TWO OR MORE 2 (E-16)

E-16. Thinking now about the last time you visited a counselor, clinic or doctor for family planning services, which of the services shown on the card did you receive? Please tell me the letter for each service you received. (CIRCLE ALL THAT APPLY.)

BEGIN CARD 19

HAND
CARD
20

Advice or counseling on:

- A. Any problems or worries about sexual intercourse . . 01
- B. An unwanted pregnancy or one that occurred at
a bad time 02
- C. Having a sterilizing operation 03
- D. Whether or not to have an abortion 04
- E. Birth control. 05

| | |
|-------|--|
| | |
| 18-19 | |

| | |
|-------|--|
| | |
| 20-21 | |

Check-up or medical test for:

- F. Correct use, fit, or position of a birth
control method 06
- G. Health problems from using a birth control
method 07
- H. Pregnancy test 08
- I. Renewing an old method of birth control 09
- J. Getting a method of birth control 10

| | |
|-------|--|
| | |
| 22-23 | |

| | |
|-------|--|
| | |
| 24-25 | |

E-17. To which of the places on the card did you go for that last visit? Please tell me the letter that describes the place. (CIRCLE ONLY ONE RESPONSE.)

HAND
CARD
21

Counselors:

- A. Minister, priest, religious counselor. 01
- B. School counselor 02
- C. Family and social services agency. 03
- D. Youth center 04
- E. Other counselor (SPECIFY) _____ 05

Clinics:

- F. Hospital clinic. 06
- G. Family planning clinic 07
- H. Community health center clinic 08
- I. Abortion clinic. 09
- J. Public health department clinic. 10
- K. Military health service clinic 11
- L. Student health service clinic. 12
- M. Other clinic (SPECIFY) _____ 13

26-27

Private Medical Services:

- N. Private doctor 14
- P. Private group practice, co-op or private clinic. . . 15

E-18. This card lists some of the ways in which medical bills are paid. When you last visited a counselor, clinic or doctor for family planning services, in which of these ways was the bill paid? (IF BILL HAS NOT BEEN PAID, PROBE: In which of these ways will the bill be paid? CIRCLE ALL THAT APPLY AND PROBE: What other ways?)

HAND CARD 8

- | | | | | |
|---|----|----------|--------------------------|--------------------------|
| A. Your (or your husband's) own income | 01 | } (E-20) | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Partner/boyfriend or his family | 02 | | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Insurance (which you carry or is carried for you) | 03 | | <input type="checkbox"/> | <input type="checkbox"/> |
| D. No charge -- paid by Medicaid | 04 | | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Government assistance other than Medicaid (state or local) | 05 | | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Military | 06 | | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Parents or other relatives | 07 | | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Some other way (SPECIFY) _____ | 08 | | <input type="checkbox"/> | <input type="checkbox"/> |

E-19. (This card lists services that are provided to women for their family planning needs.) Have you ever visited a counselor, a clinic or a doctor for any of these family planning services?

HAND CARD 20

- | | | |
|---------------|----------|----|
| Yes | 1 (E-20) | 34 |
| No | 2 (E-24) | |

E-20. Thinking back to the very first time you received any of the family planning services on this card, when was that?

_____ | _____
MONTH (SEASON) | YEAR
35-38

Don't know 9898 (E-20a)

E-20a. How old were you at that time?

_____ AGE
39-40

E-20b. Was it before your _____ th birthday or after?

- | | | |
|------------------|---|----|
| Before | 1 | 41 |
| After | 2 | |

E-21 THROUGH E-23 OMITTED.

42-55 = ~~1~~

E-24. To get a complete picture of childbearing and women's health in this country, we also need to know about the treatment women have received for health problems that could affect their childbearing. Have you ever been treated in a doctor's office, clinic, or emergency room for an infection in your fallopian tubes, womb, or ovaries, also called a pelvic infection, pelvic inflammatory disease or PID? (IF DON'T KNOW, PROBE: a female infection causing abdominal pain or lower stomach cramps.)

- | | | |
|---------------|----------|----|
| Yes | 1 (E-25) | 56 |
| No | 2 (E-26) | |

E-25. How many different times have you been hospitalized one day or longer for a pelvic infection? Would you say . . .

- | | | |
|----------------------------------|---|----|
| Never, | 1 | 57 |
| Once, | 2 | |
| 2-3 times, | 3 | |
| Or, more than 3 times? | 4 | |

E-26. Have you ever been treated in a doctor's office, clinic, or emergency room for gonorrhea?

- | | | |
|---------------|---|----|
| Yes | 1 | 58 |
| No | 2 | |

These questions are about when you were growing up and about your work experience.

F-1. CODE RACE OF RESPONDENT BY OBSERVATION:

| | | |
|----------------|---|----|
| Black. | 1 | |
| White. | 2 | 18 |
| Other. | 3 | |

F-2. When you were 14, were you living with both your own mother and your own father?

| | | |
|--------------|---------|----|
| Yes. | 1 (F-6) | |
| No | 2 (F-3) | 19 |

F-3. Was that because one or both of them had died, they were divorced, or for some other reason?

| | | |
|------------------------------|---|----|
| One or both died | 1 | |
| They were divorced | 2 | 20 |
| Some other reason. | 3 | |

F-4. How old were you when you last lived with both of your parents?

| | | | | |
|--|----|--|--|--|
| _____ | | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table> | | |
| | | | | |
| AGE | | 21-22 | | |
| Never lived with both parents. | 96 | | | |

F-5. With whom were you living when you were 14?

| | | |
|---------------------------------------|----|-------|
| A. Mother only. | 01 | |
| B. Mother and stepfather. | 02 | |
| C. Mother and other adult(s). | 03 | |
| D. Father only. | 04 | 23-24 |
| E. Father and stepmother. | 05 | |
| F. Father and other adult(s). | 06 | |
| G. Neither mother nor father. | 07 | |

HAND
CARD
22

F-6. What was the highest grade or year of regular school or college that your (father/stepfather) completed?

| | | |
|---|----|-------|
| No formal schooling. | 00 | |
| <u>Elementary</u> | | |
| 1st grade. | 01 | |
| 2nd grade. | 02 | |
| 3rd grade. | 03 | |
| 4th grade. | 04 | |
| 5th grade. | 05 | |
| 6th grade. | 06 | |
| 7th grade. | 07 | |
| 8th grade. | 08 | |
| <u>High School</u> | | |
| 1st year | 09 | |
| 2nd year | 10 | |
| 3rd year | 11 | |
| 4th year | 12 | 25-26 |
| <u>College and Graduate/Professional School</u> | | |
| 1 year | 13 | |
| 2 years. | 14 | |
| 3 years. | 15 | |
| 4 years. | 16 | |
| 5 years. | 17 | |
| 6 years or more. | 18 | |
| Don't know | 98 | |

F-7. During the time you were growing up, that is, between the ages of 5 and 15, what was your (father's/step-father's) main occupation? That is, what was his job called? (PROBE FOR DUTIES AND ACTIVITIES.)

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

27-31

Did not live with father/stepfather
 when R was 5-15. 99595

F-8. What was the highest grade or year of regular school or college that your (mother/stepmother) completed?

- No formal schooling. 00
- Elementary
- 1st grade. 01
- 2nd grade. 02
- 3rd grade. 03
- 4th grade. 04
- 5th grade. 05
- 6th grade. 06
- 7th grade. 07
- 8th grade. 08
- High School
- 1st year 09
- 2nd year 10
- 3rd year 11
- 4th year 12
- College and Graduate/Professional School
- 1 year 13
- 2 years. 14
- 3 years. 15
- 4 years. 16
- 5 years. 17
- 6 years or more. 18
- Don't know 98

32-33

F-9. When you were growing up, that is, between the ages of 5 and 15, what kind of work for pay, if any, did your (mother/stepmother) do? That is, what was her main job for pay called? (PROBE FOR ACTIVITIES OR DUTIES.)

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

34-38

Did not live with mother/stepmother when
 R was 5-15 99595
 Mother/stepmother did not work for pay
 when R was 5-15. 99696

F-10. What is the highest grade or year of regular school or college you have ever attended?

No formal schooling. 00 (BOX 52)

Elementary

1st grade. 01
 2nd grade. 02
 3rd grade. 03
 4th grade. 04
 5th grade. 05
 6th grade. 06
 7th grade. 07
 8th grade. 08

High School

1st year 09
 2nd year 10
 3rd year 11
 4th year 12

College and Graduate/Professional School

1 year 13
 2 years. 14
 3 years. 15
 4 years. 16
 5 years. 17
 6 years or more. 18

39-40

F-11. Did you complete that grade or year?

Yes. 1
 No 2

41

F-12. In what month and year did you last attend regular school (or college)?

_____ | _____ (BOX 52)
 MONTH (SEASON) YEAR
 Don't know 9898 (F-12a)

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

42-45

F-12a. How old were you at that time?

_____ AGE

| | |
|--|--|
| | |
|--|--|

46-47

F-12b. Was it before your _____ th birthday or after?

Before 1
 After. 2

48

F-13 OMITTED.

49-50 = *β*

BOX 52. IF R:

NEVER MARRIED. 1 (BOX 57)
WIDOWED/SEPARATED/DIVORCED 2 (F-14)
CURRENTLY OR INFORMALLY MARRIED. . 3 (F-14)

F-14. (Including your present marriage), how many times have you been married?

_____ # OF TIMES

| | |
|--|--|
| | |
|--|--|

51-52

BOX 53. IF R:

WIDOWED/DIVORCED/SEPARATED 2 (F-16)
CURRENTLY OR INFORMALLY MARRIED. . . 3 (F-15)

F-15. When were you and your (current) husband married?

(IF INFORMAL UNION, CHECK HERE
AND ENTER DATE.)

_____ | _____ | _____
MONTH DAY YEAR

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

53-58

| |
|--|
| |
|--|

59

BOX 54. IF NO PREVIOUS MARRIAGES, GO TO F-23. OTHERWISE, CONTINUE.

ASK FOR PREVIOUS MARRIAGES ONLY

ASK F-16 THROUGH F-22 IN SEQUENCE FOR FIRST, SECOND, AND MOST RECENT MARRIAGES ONLY

| | FIRST MARRIAGE | SECOND MARRIAGE | MOST RECENT MARRIAGE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|---|--|----|----|----|---|----|---|--|----|----|--|---|----|----|----------|----|----|--|--|--|--------|----|----|----|--------|--|--|
| F-16. When were you married (the [1st/2nd] time)? (CHECK CIRCLE IF INFORMAL UNION.) | <table style="margin: auto; border: none;"> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> <tr> <td style="border: none;">MO</td> <td style="border: none;">DA</td> <td style="border: none;">YR</td> </tr> <tr> <td colspan="3" style="text-align: center; border: none;">○</td> </tr> <tr> <td colspan="3" style="text-align: center; border: none;">(F-18)</td> </tr> </table> | | | | MO | DA | YR | ○ | | | (F-18) | | | <table style="margin: auto; border: none;"> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> <tr> <td style="border: none;">MO</td> <td style="border: none;">DA</td> <td style="border: none;">YR</td> </tr> <tr> <td colspan="3" style="text-align: center; border: none;">○</td> </tr> <tr> <td colspan="3" style="text-align: center; border: none;">(F-18)</td> </tr> </table> | | | | MO | DA | YR | ○ | | | (F-18) | | | | | | |
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| MO | DA | YR | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ○ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (F-18) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MO | DA | YR | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ○ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (F-18) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F-17. (Before your current marriage) when were you married the most recent time? (CHECK CIRCLE IF INFORMAL UNION.) | | | <table style="margin: auto; border: none;"> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> <tr> <td style="border: none;">MO</td> <td style="border: none;">DA</td> <td style="border: none;">YR</td> </tr> <tr> <td colspan="3" style="text-align: center; border: none;">○</td> </tr> </table> | | | | MO | DA | YR | ○ | | | | | | | | | | | | | | | | | | | | |
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| MO | DA | YR | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ○ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F-18. How did that marriage end? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Death of your husband . . . Divorce or annulment . . . Separation | . . . 3 (F-19) . . . 4 (F-20) . . . 5 (F-22) | . . . 3 (F-19) . . . 4 (F-20) . . . 5 (F-22) | . . . 3 (F-19) . . . 4 (F-20) . . . 5 (F-22) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F-19. When did your husband die? | <table style="margin: auto; border: none;"> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> <tr> <td style="border: none;">MO</td> <td style="border: none;">DA</td> <td style="border: none;">YR</td> </tr> <tr> <td colspan="3" style="text-align: center; border: none;">(BOX 55)</td> </tr> </table> | | | | MO | DA | YR | (BOX 55) | | | <table style="margin: auto; border: none;"> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> <tr> <td style="border: none;">MO</td> <td style="border: none;">DA</td> <td style="border: none;">YR</td> </tr> <tr> <td colspan="3" style="text-align: center; border: none;">(BOX 56)</td> </tr> </table> | | | | MO | DA | YR | (BOX 56) | | | <table style="margin: auto; border: none;"> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> <tr> <td style="border: none;">MO</td> <td style="border: none;">DA</td> <td style="border: none;">YR</td> </tr> <tr> <td colspan="3" style="text-align: center; border: none;">(F-23)</td> </tr> </table> | | | | MO | DA | YR | (F-23) | | |
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| MO | DA | YR | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (BOX 55) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| MO | DA | YR | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (BOX 56) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| MO | DA | YR | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (F-23) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F-20. When did you and your husband stop living together? | <table style="margin: auto; border: none;"> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> <tr> <td style="border: none;">MO</td> <td style="border: none;">DA</td> <td style="border: none;">YR</td> </tr> </table> | | | | MO | DA | YR | <table style="margin: auto; border: none;"> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> <tr> <td style="border: none;">MO</td> <td style="border: none;">DA</td> <td style="border: none;">YR</td> </tr> </table> | | | | MO | DA | YR | <table style="margin: auto; border: none;"> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> <tr> <td style="border: none;">MO</td> <td style="border: none;">DA</td> <td style="border: none;">YR</td> </tr> </table> | | | | MO | DA | YR | | | | | | | | | |
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| MO | DA | YR | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| MO | DA | YR | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| MO | DA | YR | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F-21. What was the date of your (divorce/annulment)? | <table style="margin: auto; border: none;"> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> <tr> <td style="border: none;">MO</td> <td style="border: none;">DA</td> <td style="border: none;">YR</td> </tr> <tr> <td colspan="3" style="text-align: center; border: none;">(BOX 55)</td> </tr> </table> | | | | MO | DA | YR | (BOX 55) | | | <table style="margin: auto; border: none;"> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> <tr> <td style="border: none;">MO</td> <td style="border: none;">DA</td> <td style="border: none;">YR</td> </tr> <tr> <td colspan="3" style="text-align: center; border: none;">(BOX 56)</td> </tr> </table> | | | | MO | DA | YR | (BOX 56) | | | <table style="margin: auto; border: none;"> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> <tr> <td style="border: none;">MO</td> <td style="border: none;">DA</td> <td style="border: none;">YR</td> </tr> <tr> <td colspan="3" style="text-align: center; border: none;">(F-23)</td> </tr> </table> | | | | MO | DA | YR | (F-23) | | |
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| MO | DA | YR | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (BOX 55) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| MO | DA | YR | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (BOX 56) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| MO | DA | YR | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (F-23) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F-22. When did you and your husband stop living together? | <table style="margin: auto; border: none;"> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> <tr> <td style="border: none;">MO</td> <td style="border: none;">DA</td> <td style="border: none;">YR</td> </tr> <tr> <td colspan="3" style="text-align: center; border: none;">(BOX 55)</td> </tr> </table> | | | | MO | DA | YR | (BOX 55) | | | <table style="margin: auto; border: none;"> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> <tr> <td style="border: none;">MO</td> <td style="border: none;">DA</td> <td style="border: none;">YR</td> </tr> <tr> <td colspan="3" style="text-align: center; border: none;">(BOX 56)</td> </tr> </table> | | | | MO | DA | YR | (BOX 56) | | | <table style="margin: auto; border: none;"> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> <tr> <td style="border: none;">MO</td> <td style="border: none;">DA</td> <td style="border: none;">YR</td> </tr> <tr> <td colspan="3" style="text-align: center; border: none;">(F-23)</td> </tr> </table> | | | | MO | DA | YR | (F-23) | | |
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| MO | DA | YR | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (BOX 55) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MO | DA | YR | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (BOX 56) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MO | DA | YR | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (F-23) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

BOX 55. GO BACK TO F-16 FOR SECOND PREVIOUS MARRIAGE, IF ANY. OTHERWISE, GO TO F-23.

BOX 56. GO BACK TO F-17 IF 3 OR MORE PREVIOUS MARRIAGES. OTHERWISE, CONTINUE.

F-23. What was the highest grade or year of regular school (or college) you had completed at the time of your (first) marriage?

No formal schooling. 00

Elementary

1st grade. 01
 2nd grade. 02
 3rd grade. 03
 4th grade. 04
 5th grade. 05
 6th grade. 06
 7th grade. 07
 8th grade. 08

High School

1st year 09
 2nd year 10
 3rd year 11
 4th year 12

18-19

College and Graduate/Professional School

1 year 13
 2 years. 14
 3 years. 15
 4 years. 16
 5 years. 17
 6 years or more. 18

BOX 57. NUMBER OF PREGNANCIES ENDING IN LIVE BIRTH R HAS HAD
 (SEE B&P RECORD):

NONE 1 (F-30)
 ONE. 2 (F-24)
 TWO OR MORE. 3 (F-25)

F-24. Before the birth of your child, did you ever work for pay continuously for six months or more either part-time or full-time?

Yes. 1 (F-27)
 No 2 (F-28)

20

F-25. Before the birth of your first child, did you ever work for pay continuously for six months or more either part-time or full-time?

Yes. 1
 No 2

21

F-26. Did you ever work for pay continuously for six months or more either part-time or full-time between the birth of your first child and the birth of your last child?

Yes. 1 (F-27)
 No 2 (F-28)

22

F-27. How long before the delivery of your (last) child did you stop working?

Less than one month. 00
 # OF MONTHS _____
 One year or more 12
 Never stopped/worked right up to
 delivery 13

23-24

F-28. Have you worked for pay continuously for six months or more, either part-time or full-time since your (last) child was born?

Yes 1 (F-29)
No 2 (F-31)

25

F-29. In what month and year did you begin to work after your (last) child was born?

_____|_____| (F-31)
MONTH (SEASON) YEAR

26-29

F-30. Have you ever worked for pay continuously for six months or more either part-time or full-time?

Yes 1
No 2

30

F-31. Last week, were you working full-time, part-time, going to school, keeping house, or what? (CIRCLE ALL THAT APPLY.)

Working full-time (35 hours or more) . . . 01
Working part-time (1 to 34 hours) 02
With a job but not at work because of
temporary illness, vacation, strike . . . 03
Unemployed, laid off, looking for work . . 04
With a job but on maternity leave 05
In school 06
Keeping house 07
Other (SPECIFY) _____ 08

31-32

33-34

BOX 58. IF R HAS EVER WORKED, CONTINUE. OTHERWISE, GO TO BOX 59.

F-32. What (is/was) your (last) occupation? That is, what (is/was) your job called?

F-33. What (are/were) your most important activities or duties?

35-39

F-34. What kind of business or industry (do/did) you work for? That is, what (do/did) they make or do?

F-35. How many hours a week (do/did) you usually work at this job?

HOURS PER WEEK

40-41

F-36. What hours (do/did) you usually work? (Is/Was) it . . . (CIRCLE ONLY ONE CODE.)

- A regular day shift, 1
- A regular evening shift, 2
- A regular night shift, 3
- A split shift, 4
- Or, variable hours?. 5

42

F-37. Here is a card showing amounts of weekly and yearly earnings. Would you tell me which letter represents your earnings or salary on this job? (ENTER LETTER.)

HAND
CARD
23

LETTER

43-44

BOX 59. IF R HAS OWN, STEP, OR ADOPTED CHILD(REN) AGED 0-12 IN HOUSEHOLD,
(SEE SCREENER), CONTINUE. OTHERWISE, GO TO F-43.

45

F-38. (Not counting required school attendance), do you have any regular arrangement for the care of (any of) your child(ren) while you are working, or taking part in other activities outside the home? (CARE BY ANOTHER CHILD AGED 0-12 DOES NOT COUNT AS CHILD CARE.)

- Yes. 1 (BOX 60)
- No 2 (F-43)

46

47-48

BOX 60. SEE SCREENER. RECORD FIRST NAME(S) OF R's CHILD(REN) AGED 0-12 LIVING IN HOUSEHOLD IN TABLE BELOW AND ASK F-39 THROUGH F-42 SEQUENTIALLY FOR EACH.

BEGIN CARD 25

49-50
 56-57
 63-64
 70-71
 18-19

| | CHILD #1 | CHILD #2 | CHILD #3 | CHILD #4 | CHILD #5 |
|--|---|---|---|---|---|
| FIRST NAME | | | | | |
| F-39. During the average week of the school year, how many hours per week of child care do you use for (CHILD)? | (F-40) None . . . 00 (BOX 61) <input type="text"/> <input type="text"/> 51-52 | (F-40) None . . . 00 (BOX 61) <input type="text"/> <input type="text"/> 58-59 | (F-40) None . . . 00 (BOX 61) <input type="text"/> <input type="text"/> 65-66 | (F-40) None . . . 00 (BOX 61) <input type="text"/> <input type="text"/> 72-73 | (F-40) None . . . 00 (BOX 61) <input type="text"/> <input type="text"/> 20-21 |
| F-40. Is (CHILD's) care provided free or do you pay for it? | Free Pay. | Free Pay. | Free Pay. | Free Pay. | Free Pay. |
| F-41. Is (CHILD) cared for in your own home, in someone else's home, or in a day care center or other organized program? | 54 | 61 | 68 | 75 | 23 |
| Own home Someone else's home. Day care | 1 (F-42) 2 (F-42) 3 (BOX 61) | 1 (F-42) 2 (F-42) 3 (BOX 61) | 1 (F-42) 2 (F-42) 3 (BOX 61) | 1 (F-42) 2 (F-42) 3 (BOX 61) | 1 (F-42) 2 (F-42) 3 (BOX 61) |
| F-42. Who takes care of (CHILD)? Is it (his/her) . . . | 55 | 62 | 69 | 76 | 24 |
| Father, Grandmother, Another relative, Or, someone else?. | ...1 ...2 ...3 ...4 | ...1 ...2 ...3 ...4 | ...1 ...2 ...3 ...4 | ...1 ...2 ...3 ...4 | ...1 ...2 ...3 ...4 |

BOX 61. GO TO NEXT CHILD, IF ANY. OTHERWISE, CONTINUE.

F-43. Are you Protestant, Roman Catholic, Jewish or something else?

- Protestant 1 (F-44)
- Roman Catholic 2 (F-46)
- Jewish 3 (F-45)
- Other (SPECIFY) _____ 4 (F-45)
- None 0 (F-47)

F-44. What denomination is that?

- Baptist 21
- Lutheran 22
- Methodist or United Methodist 23
- Presbyterian 24
- Episcopalian 25
- Other Protestant (SPECIFY) _____ 26
- _____
- No specific denomination 28

F-45. About how often do you usually attend religious services?

- Never 01
 - Once a year or less 02
 - Several times a year 03
 - Once a month 04
 - 2 or 3 times a month 05
 - Once a week 06
 - More than once a week 07
- (F-47) 28-29

F-46. How often do you receive Communion?

- Never 01
 - Once a year or less 02
 - Several times a year 03
 - Once a month 04
 - 2 or 3 times a month 05
 - Once a week 06
 - More than once a week 07
- 30-31

F-47. Which of the groups on this card best describe your racial background? (CODE ALL THAT APPLY.)

HAND
CARD
24

- A. Alaskan native or American Indian 1
- B. Asian or Pacific Islander 2
- C. Black 3
- D. White 4
- Another group not listed (SPECIFY) 5

BOX 62. IF MORE THAN ONE CODE CIRCLED IN F-47, ASK F-48.
OTHERWISE, GO TO F-49.

32-33

F-48. Which of these groups, that is (RESPONSES FROM F-47), would you say best describes your racial background?

RACIAL GROUP

F-49. Which of the groups on this card best describe your national origin or ancestry? (CODE ALL THAT APPLY.)

HAND
CARD
25

- A. English, Scot, Welsh 01
- B. French 02
- C. German 03
- D. Irish. 04
- E. Italian. 05
- F. Polish 06
- G. Russian. 07
- H. Puerto Rican 08
- I. Cuban. 09
- J. Mexican American (Mexican, Mexicano,
Chicano) 10
- K. Central or South (Latin) American
countries. 11
- L. Other Spanish. 12
- M. African. 13
- N. Indian or Pakistani. 14
- O. Other Asian or Pacific Islander such
as Chinese, Japanese, Korean,
Filipino or Samoan 15
- P. Other (SPECIFY) _____ 16

BOX 63. IF MORE THAN ONE CODE CIRCLED IN F-49, ASK F-50.
OTHERWISE, GO TO BOX 64.

34-35

36-37

F-50. Which of these groups, that is, (RESPONSES MENTIONED IN F-49), would you say best describes your national origin or ancestry?

NATIONAL ORIGIN

BOX 64. IF R IS:

- NEVER MARRIED, GO TO F-69, PAGE 71.
- MARRIED ONLY ONCE, GO TO F-55.
- MARRIED MORE THAN ONCE, CONTINUE.

F-51. Now going back to your first marriage, when was your first husband born?

_____|_____|_____| (F-52)
MONTH DAY YEAR

38-43

Don't know 989898 (F-51a)

F-51a. How old was he when you were married?

AGE

44-45

Don't know. 98

F-52. What was the highest grade or year of regular school or college your first husband completed?

| | |
|---|----|
| No formal schooling. | 00 |
| <u>Elementary</u> | |
| 1st grade. | 01 |
| 2nd grade. | 02 |
| 3rd grade. | 03 |
| 4th grade. | 04 |
| 5th grade. | 05 |
| 6th grade. | 06 |
| 7th grade. | 07 |
| 8th grade. | 08 |
| <u>High School</u> | |
| 1st year | 09 |
| 2nd year | 10 |
| 3rd year | 11 |
| 4th year | 12 |
| <u>College and Graduate/Professional School</u> | |
| 1 year | 13 |
| 2 years. | 14 |
| 3 years. | 15 |
| 4 years. | 16 |
| 5 years. | 17 |
| 6 years or more. | 18 |

46-47

F-53. Was your marriage to your first husband his first marriage, or had he been married before?

| | |
|--------------------------|---|
| First marriage | 1 |
| Married before | 2 |

48

F-54. Was your first husband Protestant, Roman Catholic, Jewish, or something else?

| | |
|--------------------------|---|
| Protestant | 1 |
| Roman Catholic | 2 |
| Jewish | 3 |
| Other (SPECIFY) _____ | 4 |
| _____ | |
| None | 5 |
| Don't know | 8 |

49

F-55. And now thinking about your (current/last/former) husband, when was he born?

| | |
|--|----------------|
| _____ _____ _____ | (F-56) |
| MONTH DAY YEAR | |
| Don't know | 989898 (F-55a) |

| | | | | | |
|-------|--|--|--|--|--|
| | | | | | |
| 50-55 | | | | | |

F-55a. How old was he when you were married?

| |
|---------------------|
| _____ |
| AGE |
| Don't know. |

| | |
|-------|--|
| | |
| 56-57 | |

F-56. What was the highest grade or year of regular school or college your (current/last/former) husband completed?

No formal schooling. 00

Elementary

1st grade. 01
 2nd grade. 02
 3rd grade. 03
 4th grade. 04
 5th grade. 05
 6th grade. 06
 7th grade. 07
 8th grade. 08

High School

1st year 09
 2nd year 10
 3rd year 11
 4th year 12

College and Graduate/Professional School

1 year 13
 2 years. 14
 3 years. 15
 4 years. 16
 5 years. 17
 6 years or more. 18

58-59

F-57. (Is/Was) he Protestant, Roman Catholic, Jewish, or something else?

Protestant 1
 Roman Catholic 2
 Jewish 3
 Other (SPECIFY) _____ 4

 None 5
 Don't know 8

60

BOX 65. IF R IS:

- WIDOWED/DIVORCED/SEPARATED 1 (F-68)
- CURRENTLY OR INFORMALLY MARRIED. . . 2 (F-58)

F-58. Is this marriage your husband's first marriage, or was he married before?

First marriage 1 (F-61)
 Married before 2 (F-59)
 Don't know 8 (F-61)

61

F-59. Does he have any children from a previous marriage who are not living in this household?

Yes. 1 (F-60)
 No 2 (F-61)

62

F-60. Does he regularly contribute to the support of those children?

Yes. 1
 No 2

63

F-61. Last week, was your husband working full-time, part-time, going to school, keeping house, or what? (CIRCLE ALL THAT APPLY AND FOLLOW SKIP INSTRUCTION FOR SMALLEST CODE CIRCLED.)

- | | | | |
|---|----|----------|--------------------------|
| Working full-time (35 hours or more) | 01 | } (F-63) | <input type="checkbox"/> |
| Working part-time (1 to 34 hours). | 02 | | |
| With a job but not at work because of temporary illness, vacation, strike. | 03 | | <input type="checkbox"/> |
| Unemployed, laid off, looking for work | 04 | | |
| In school. | 06 | } (F-62) | <input type="checkbox"/> |
| Keeping house. | 07 | | |
| Other (SPECIFY) _____ | 08 | | |

64-65

66-67

F-62. Did he ever have a job or business for pay?

- | | | |
|--------------|----------|----|
| Yes. | 1 (F-63) | 68 |
| No | 2 (F-67) | |

F-63. What (is/was) your husband's (main) occupation? That is, what (is/was) his job called?

F-64. What (are/were) his most important activities or duties?

69-73

F-65. What kind of business or industry (does/did) he work for? That is, what (do/did) they make or do?

F-66. What hours (does/did) he usually work? (Is/Was) it . . . (CIRCLE ONLY ONE CODE.)

- | | | |
|------------------------------------|---|----|
| A regular day shift, | 1 | 74 |
| A regular evening shift, | 2 | |
| A regular night shift, | 3 | |
| A split shift, | 4 | |
| Or, variable hours?. | 5 | |

F-67. Here is a card showing amounts of weekly and yearly incomes. Would you tell me which letter represents your husband's income in the past 12 months -- that is, since (MONTH/YEAR), considering all sources such as wages, profits, interest and so on?

HAND
CARD
23

- | | | | |
|----------------------|--------|----------|--------------------------|
| _____ | LETTER | } (F-69) | <input type="checkbox"/> |
| Refused. | 97 | | |
| Don't know | 98 | | |

75-76

F-68. Was your marriage to your (last/former) husband his first marriage, or had he been married before?

- | | | |
|--------------------------|---|----|
| First marriage | 1 | 77 |
| Married before | 2 | |

F-69. Did you (or any members of your family living here) receive income in the past 12 months from any of the following sources? All may not apply to you, but it is easiest if I ask you about each one at a time. Did (you/anyone) receive income from . . .

| SOURCE OF INCOME | YES | NO | DON'T KNOW | |
|---|-----|----|------------|----|
| A. Dividends, interest, property rental? | 1 | 2 | 8 | 18 |
| B. Unemployment or Workmen's Compensation? | 1 | 2 | 8 | 19 |
| C. Social Security (green-colored checks) or retirement? | 1 | 2 | 8 | 20 |
| D. Payments from Aid to Families with Dependent Children. | 1 | 2 | 8 | 21 |
| E. Aid to the blind, aid to the totally disabled, or Supplemental Security Income under old age assistance (gold-colored checks)? | 1 | 2 | 8 | 22 |
| F. Food stamps? | 1 | 2 | 8 | 23 |
| G. General assistance or other aid? | 1 | 2 | 8 | 24 |
| H. Child support from a former husband? | 1 | 2 | 8 | 25 |
| J. Regular contributions from other persons not in this household? | 1 | 2 | 8 | 26 |

F-70. Here is a card showing amounts of weekly and yearly income. Would you tell me what letter represents (your total income/the total combined income of your family) in the past 12 months? Please include any income that is yours, (your husband's) and any other family member living here now. Include income from all sources such as wages, salaries, Social Security or retirement benefits, help from relatives, rent from property and so forth.

HAND CARD 23

| LETTER | |
|----------------------|----|
| Refused. | 97 |
| Don't know | 98 |

27-28

F-71. Are you yourself now covered by Medicaid, (STATE NAME FOR MEDICAID), or do you have a card that looks like this?

HAND CARD 26

| | |
|--------------------------------------|---|
| Yes, is covered or has card. | 1 |
| No | 2 |

29

COMPLETE AFTER F-76

TIME ENDED _____ a.m.
p.m.

30-32

33

F-72. As far as you know, where will you be living this time next year?

Same address (RECORD NAME, ADDRESS, TELEPHONE NUMBER BELOW) 1
 Other (RECORD NAME, TELEPHONE NUMBER: GET BEST POSSIBLE ADDRESS AND OBTAIN MAILING ADDRESS IF "R" IS IN RURAL AREA: RECORD BELOW) 2

_____ () _____
 RESPONDENT'S NAME AREA CODE TELEPHONE NUMBER

NUMBER/STREET

CITY/TOWN STATE ZIP CODE

F-73. At some time in the future, we will need to talk again with some of the women we are interviewing now. We don't know who these women will be, as they will be chosen by chance. In case we need to get in touch with you again, would you please give me the names of two close relatives or friends, living outside this household, who would be likely to know where you can be reached (in case you move). (ENTER NAMES BELOW, THEN ASK F-74 to F-76 FOR EACH.)

| | | |
|---|-----------------------|-----------------------|
| | _____ | _____ |
| | NAME | NAME |
| F-74. How is (PERSON) related to you? | _____ | _____ |
| | RELATIONSHIP | RELATIONSHIP |
| F-75. What is (his/her) address? | _____ | _____ |
| | NUMBER/STREET | NUMBER/STREET |
| | _____ | _____ |
| | CITY/STATE/ZIP | CITY/STATE/ZIP |
| F-76. What is (his/her) telephone number? | () _____ | () _____ |
| | AREA CODE TELEPHONE # | AREA CODE TELEPHONE # |

CLOSING: HAND THANK YOU LETTER AND SAY: Thank you very much for your time and help. Here is a letter of appreciation from the Director of the National Center for Health Statistics.

REMEMBER TO FILL IN ENDING TIME ON PAGE 71 AND INFORMATION BELOW.

PSU SEGMENT DU CHECK DIGIT

REMINDER
 IF ASSIGNMENT BOX ON SCREENER REQUIRES MISSED D.U. PROCEDURE, COMPLETE PROCEDURE AND FORM ON PAGE 7 OF SCREENER BEFORE LEAVING HOUSEHOLD. IF ASSIGNMENT BOX REQUIRES MISSED STRUCTURE PROCEDURE, COMPLETE PROCEDURE AS OUTLINED ON MISSED STRUCTURE FORM BEFORE LEAVING HOUSEHOLD.

INTERVIEWER REMARKS

(FILL OUT AS SOON AS POSSIBLE AFTER LEAVING RESPONDENT)

| | | | | | | | | | | | | | | | | | |
|---|---|------|-------|--|--|--|--|--|--|-------|-----|------|-------|--|--|--|--|
| <p>R-1. (Was/Were) other person(s) present during the interview, other than official observer?</p> <p style="text-align: right;">Yes. 1 (R-2) 34 No 2 (R-3)</p> | <p>R-5. The interview was conducted in:</p> <p style="text-align: right;">English. 1 47 Spanish. 2</p> | | | | | | | | | | | | | | | | |
| <p>R-2. Who was that? (CODE ALL THAT APPLY.)</p> <p style="text-align: right;">Children under six . . . 1 Anyone else. 2</p> <p>(SPECIFY) _____ _____</p> <div style="text-align: right; border: 1px solid black; width: 40px; height: 15px; margin: 5px auto;"></div> <p style="text-align: center; margin: 0;">35-37</p> | <p>R-6. Note anything else essential to the interpretation and understanding of this interview.</p> <div style="text-align: right; margin-top: 100px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 48 </div> | | | | | | | | | | | | | | | | |
| <p>R-3. Number of interruptions during the interview. (CIRCLE ONE.)</p> <p style="text-align: right;">0. (R-5) 38 1 2 3 4 5 6 7 8+ (R-4)</p> | <p>R-7. Date interview completed:</p> <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="border-bottom: 1px solid black; width: 20%;"></td> <td style="border-bottom: 1px solid black; width: 10%;"></td> <td style="border-bottom: 1px solid black; width: 10%;"></td> <td style="border-bottom: 1px solid black; width: 10%;"></td> <td style="border-bottom: 1px solid black; width: 10%;"></td> <td style="border-bottom: 1px solid black; width: 10%;"></td> <td style="border-bottom: 1px solid black; width: 10%;"></td> <td style="border-bottom: 1px solid black; width: 10%;"></td> </tr> <tr> <td style="text-align: center;">MONTH</td> <td style="text-align: center;">DAY</td> <td style="text-align: center;">YEAR</td> <td colspan="5" style="text-align: center;">49-54</td> </tr> </table> | | | | | | | | | MONTH | DAY | YEAR | 49-54 | | | | |
| | | | | | | | | | | | | | | | | | |
| MONTH | DAY | YEAR | 49-54 | | | | | | | | | | | | | | |
| <p>R-4. Reason(s) for interruptions: (CODE ALL THAT APPLY.)</p> <ul style="list-style-type: none"> Telephone call(s) 01 Visitor(s), salesmen, repairmen 02 Household members passing through 03 Attend to child's needs 04 Attend to household responsibilities. 05 Attend to business responsibilities 06 Persons present during interview. 07 Respondent or interviewer needs 08 Environmental distractions. 09 Obtain interview information. 10 Other (SPECIFY) _____ 11 <p>_____</p> <div style="text-align: right; border: 1px solid black; width: 100px; height: 15px; margin: 5px auto;"></div> <p style="text-align: center; margin: 0;">39-46</p> | <p>R-8. Interviewer's signature:</p> <p style="text-align: center; margin-top: 10px;">_____</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>R-9. Interviewer's ID Number:</p> <p style="text-align: center; margin-top: 10px;">_____</p> <div style="text-align: right; border: 1px solid black; width: 80px; height: 15px; margin: 5px auto;"></div> <p style="text-align: center; margin: 0;">55-59</p> | | | | | | | | | | | | | | | | |

REMEMBER TO FILL IN PSU INFORMATION, PAGE 73.

60-63