

OFFICE USE ONLY											
Date Received:	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> Month Day										
Name:	<table border="1"><tr><td colspan="10"></td></tr></table>										
I.D.#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 1 2 3 4 5 10										

NATIONAL SURVEY of FAMILY GROWTH

CYCLE II

COLLECTED FOR:

**NATIONAL CENTER
for
HEALTH STATISTICS**

BY:

Westat, Inc.
11600 Nebel Street
Rockville, Maryland 20852

POST-MARRIED QUESTIONNAIRE

a. Enter from screener:

--	--

(PSU)

--	--	--

(SEGMENT)

--	--

(DU)

If ODD: If EVEN:
USE PINK USE WHITE
SHOW CARDS - SHOW CARDS.

b. Verify R's age and marital status, from screener.
If not verified, explain below.

c. *If error in screener-reported age/marital status
found during interview, explain below.*

ASSURANCE OF CONFIDENTIALITY

In accordance with Section 308(d) of the Public Health Service Act (42 USC 242m) and the Privacy Act of 1974 (5 USC 552a), the National Center for Health Statistics assures each respondent that all information which would permit identification of any individual or family will be held in strict confidence, will be used only by persons engaged in, and for purposes of, this study and will not be disclosed to others for any purposes.

INTERVIEWER NOTE: Be sure you have handed the respondent a copy of the advance letter and pamphlet before starting the interview.

Time _____ AM
PM

SECTION A

BEGIN DECK Q 1

In this study, we are talking with women about their families and about the children they may want to have in the future. To begin --

A-1. What do you think is the ideal number of children for the average American family today? (PROBE "NONE" RESPONSE)
NUMBER _____ (A-6)
There is no ideal number . . . 7 (A-6)
Depends, God's will, DK, etc.. 8 (A-2) 13 14

A-2. Many people feel that way, but still they have some idea. As things are now for the average family, how many children would you say is the ideal number? (PROBE "NONE" RESPONSE)
NUMBER _____
There is no ideal number . . . 7
Depends, God's will, DK, etc.. 8

A-3 TO A-5 OMITTED. COLUMNS 15-17: BLANK FILL

A-6. (Before you were married to Mr. [LAST HUSBAND]/Before you had any children), how many children did you yourself want to have (in that marriage)?
NUMBER _____ 18
Had no preferred number. . . . 7
DK 8

A-7. When were you born?
19 20 21 22 23 24
_____/_____/_____
MONTH/DAY/YEAR

Box 1. IF R WAS BORN BEFORE 1931 OR AFTER 1961, TERMINATE INTERVIEW. OTHERWISE, WHITE CARDS CONTINUE, PINK CARDS GO TO A-9,

A-8. **WHITE CARDS ONLY:**
Counting yourself and any children who died very young, how many babies did your mother give birth to?
Number of babies _____ 25 26

~~A-9~~ When was Mr. (NAME OF LAST HUSBAND) born?
27 28 29 30 31 32
_____/_____/_____
MONTH/DAY/YEAR

~~A-10~~ Were you ever married before your last marriage?
Yes. 1 (A-11) 33
No 2 (Box 2)

~~A-11~~ Including your last marriage, how many times have you been married?
NUMBER OF TIMES 34

A-12. OMITTED.

Box 2. Ask A-13 THROUGH A-17 SEQUENTIALLY FOR R'S MOST RECENT, FIRST AND SECOND MARRIAGES ONLY.

CONTINUE DECK 0 1

BEGIN DECK 0 2

	MOST RECENT/ONLY MARRIAGE	FIRST MARRIAGE	SECOND MARRIAGE
A-13 When were you married (the most recent, 1st, 2nd) time? (ENTER DATE OF FIRST MARRIAGE HERE AND BELOW B & P RECORD.)	MONTH / DAY / YEAR 95 36 37 38 39 40 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTH / DAY / YEAR 51 52 53 54 55 56 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTH / DAY / YEAR 13 14 15 16 17 18 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CHECK CIRCLE IF INFORMAL UNION	<input type="radio"/> 41 <input type="checkbox"/>	<input type="radio"/> 57 <input type="checkbox"/>	<input type="radio"/> 19 <input type="checkbox"/>
A-14 How did that marriage end?	42	58	20
Death of your husband . . . . .	. . . . .3 (A-15)	. . . . .3 (A-15)	. . . . .3 (A-15)
Divorce or annulment . . . . .	. . . . .4 (A-16)	. . . . .4 (A-16)	. . . . .4 (A-16)
Separation . . . . .	. . . . .5 (A-17)	. . . . .5 (A-17)	. . . . .5 (A-17)
A-15 When did your husband die?	MONTH / YEAR (Go to Box 3) 43 44 45 46 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTH / YEAR (Go to Box 3) 59 60 61 62 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTH / YEAR (Go to Box 3) 21 22 23 24 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
A-16 What was the date of your (divorce/annulment)?	MONTH / YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTH / YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTH / YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
A-17 And when did you and your husband stop living together?	MONTH / YEAR 47 48 49 50 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTH / YEAR 63 64 65 66 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTH / YEAR 25 26 27 28 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Box 3. GO BACK TO A-13 FOR NEXT MARRIAGE, IF ANY. IF (MOST RECENT) MARRIAGE ENDED IN SEPARATION, CONTINUE, OTHERWISE, GO TO A-21.

A-18 Do you expect to get a divorce or annulment that will permit you to marry again?

Yes 1 (A-21)

No. 2 (A-19) 29

Don't Know. 8 (A-19)

A-19 Do you expect that you and your husband will get together again?

Yes 1 (A-20)

No. 2 (Section B) 30

Don't Know. 8 (Section B)

A-20 When do you expect that will be?

MONTH / YEAR (Section B) 31 32 33 34

Don't Know. 98 (Section B)

A-21 Do you expect to marry (again)?

Yes 1 (A-22)

No. 2 (Section B) 35

Don't Know. 8 (A-24)

A-22 Do you have an idea when you will (re)marry?

Yes 1 (A-23) 36

No. 2 (Section B)

A-23 When do you think it might be?

MONTH / YEAR (Section B) 37 38 39 40

A-24 Well, is it more likely that you will or won't (re)marry?

Will. 1

Won't 2 41

Don't Know. 8

BIRTH AND PREGNANCY RECORD

CHILD #	DATE OF CHILD'S BIRTH OR PREGNANCY LOSS			Child's Name or Pregnancy Loss Information			HOW ENDED					
				Preg. Loss?		# Mos. Preg.	Still	Misc.	/Abort.			
	Mo.	Day	Yr.	Yes	No					1	2	3
				1	2			1	2	3		
				1	-			1	2	3		
				1	-			1	2	3		
1ST												
				1	2			1	2	3		
				1	-			1	2	3		
				1	-			1	2	3		
2ND												
				1	2			1	2	3		
				1	-			1	2	3		
3RD												
				1	2			1	2	3		
				1	-			1	2	3		
4TH												
				1	2			1	2	3		
				1	-			1	2	3		
5TH												
				1	2			1	2	3		
				1	-			1	2	3		
6TH												
				1	2			1	2	3		
				1	-			1	2	3		
7TH												
				1	2			1	2	3		
				1	-			1	2	3		
8TH												
				1	2			1	2	3		
				1	-			1	2	3		
9TH												
				1	2			1	2	3		
				1	-			1	2	3		
CP				CURRENT PREGNANCY								

DATE OF (FIRST) MARRIAGE: _____
 MONTH/DAY/YEAR

SECTION B.

BEGIN DECK Q 3

In a study of family growth in this country, one of the most important things is knowing some basic facts about pregnancies and births that women have.

B-1. Have you given birth to a baby at any time? Yes 1 (B-2) 13
 No. 2 (B-13)

B-2. Altogether, how many babies have you given birth to, including any who died very young? 14 15
 NO. LIVE BIRTHS

DECK Q 3 CONTINUES WITH B-13.

Now, I'd like to get some information about (your baby/each of your babies).

LIVE BIRTHS BEGIN DECK Q 5

Box 4. ASK B-3 TO B-12 FOR EACH LIVE BIRTH BEFORE GOING TO THE NEXT BIRTH.	FIRST CHILD	SECOND CHILD	THIRD CHILD
B-3. When was your (1st, 2nd, etc.) child born? (ENTER DATE IN COL. Y OF B & P RECORD BETWEEN HEAVY LINES.)	THIS SPACE FOR OFFICE USE ONLY		
B-4. What did you name the baby? (ENTER CHILD'S NAME IN B & P RECORD IN COL. Z NEXT TO DATE.)	13 14 15 16 <input type="text"/>	13 14 15 16 <input type="text"/>	13 14 15 16 <input type="text"/>
B-5. Was (CHILD) a boy or a girl?	Boy 1 Girl 2 17	Boy 1 Girl 2 17	Boy 1 Girl 2 17
B-6. How much did (s/he) weigh at birth?	(Box 5) LBS./OZS. DK. . 8 (B-7) 18 19 20 21 <input type="text"/>	(Box 5) LBS./OZS. DK. . 8 (B-7) 18 19 20 21 <input type="text"/>	(Box 5) LBS./OZS. DK. . 8 (B-7) 18 19 20 21 <input type="text"/>
B-7. Did (s/he) weigh more than 5 1/2 lbs. or less?	More 1 5½ or less . 2 DK. 8 22	More 1 5½ or less . 2 DK. 8 22	More 1 5½ or less . 2 DK. 8 22

Box 5. IF CHILD LISTED IN HOUSEHOLD (SEE SCREENER), GO TO B-11. OTHERWISE, CONTINUE.

B-8. (CHILD) is not listed in the household, is (s/he) still living?	Yes..1 (B-9) No...2 (B-10) 23	Yes..1 (B-9) No...2 (B-10) 23	Yes..1 (B-9) No...2 (B-10) 23
B-9. Where is (s/he) living now? 1. (His/Her) own household 01 } 24-25 2. Long term care institution. 02 } 3. College/away at school. 03 } 4. With (his/her) father 04 } (B-11) 5. With other relatives. 05 } 6. In foster home. 06 } 7. With adopted parents. 07 } 8. Other (SPECIFY) 08 }			
B-10. When did (CHILD) die?	MONTH/YEAR 26 27 28 29 <input type="text"/>	MONTH/YEAR 26 27 28 29 <input type="text"/>	MONTH/YEAR 26 27 28 29 <input type="text"/>

Box 6. IF CHILD LIVED AT LEAST TWO MONTHS, CONTINUE. OTHERWISE, GO TO BOX 7.

B-11. When (CHILD) was an infant, did you breast feed (him/her) at all?	Yes..1(B-12) No...2(Box ?) 30	Yes..1(B-12) No...2(Box ?) 30	Yes..1(B-12) No...2(Box ?) 30
B-12. How many weeks old was (s/he) when you quit breast feeding (him/her) altogether? (RECORD VERBATIM IF "R" DOES NOT ANSWER IN WEEKS.) Still feeding 95 Definitely doesn't remember 98	WEEKS: _____ 31 32 <input type="text"/>	WEEKS: _____ 31 32 <input type="text"/>	WEEKS: _____ 31 32 <input type="text"/>

Box 7. IF MORE LIVE BIRTHS, GO BACK TO B-3 (USE CONTINUATION BOOKLET IF NECESSARY). OTHERWISE, GO TO B-13.

LIVE BIRTHS CONTINUED

FOURTH CHILD	FIFTH CHILD	SIXTH CHILD	SEVENTH CHILD	EIGHTH CHILD	NINTH CHILD
THIS SPACE FOR OFFICE USE ONLY					
13 14 15 16	13 14 15 16	13 14 15 16	13 14 15 16	13 14 15 16	13 14 15 16
Boy 1	Boy 1	Boy 1	Boy 1	Boy 1	Boy 1
Girl 2	Girl 2	Girl 2	Girl 2	Girl 2	Girl 2
17	17	17	17	17	17
(Box LBS./OZS. 5)	(Box LBS./OZS. 5)	(Box LBS./OZS. 5)	(Box LBS./OZS. 5)	(Box LBS./OZS. 5)	(Box LBS./OZS. 5)
DK. . . 8 (B-7)	DK. . . 8 (B-7)	DK. . . 8 (B-7)	DK. . . 8 (B-7)	DK. . . 8 (B-7)	DK. . . 8 (B-7)
18 19 20 21	18 19 20 21	18 19 20 21	18 19 20 21	18 19 20 21	18 19 20 21
More 1	More 1	More 1	More 1	More 1	More 1
5½ or less . 2	5½ or less . 2	5½ or less . 2	5½ or less . 2	5½ or less . 2	5½ or less . 2
DK 8	DK 8	DK 8	DK 8	DK 8	DK 8
22	22	22	22	22	22
Yes..1 (B-9)	Yes..1 (B-9)	Yes..1 (B-9)	Yes..1 (B-9)	Yes..1 (B-9)	Yes..1 (B-9)
No...2 (B-10)	No...2 (B-10)	No...2 (B-10)	No...2 (B-10)	No...2 (B-10)	No...2 (B-10)
23	23	23	23	23	23
. . 01 } 24-25	. 01 } 24-25	. 01 } 24-25	. . 01 } 24-25	. . 01 } 24-25	. .01 } 24-25
. . 02	. 02	. 02	. . 02	. . 02	. .02
. . 03	. 03	. 03	. . 03	. . 03	. .03
. . 04 } (B-11)	. 04 } (B-11)	. 04 } (B-11)	. . 04 } (B-11)	. . 04 } (B-11)	. .04 } (B-11)
. . 05	. 05	. 05	. . 05	. . 05	. .05
. . 06	. 06	. 06	. . 06	. . 06	. .06
. . 07	. 07	. 07	. . 07	. . 07	. .07
. . 08	. 08	. 08	. . 08	. . 08	. .08
MONTH/YEAR	MONTH/YEAR	MONTH/YEAR	MONTH/YEAR	MONTH/YEAR	MONTH/YEAR
26 27 28 29	26 27 28 29	26 27 28 29	26 27 28 29	26 27 28 29	26 27 28 29
Yes..1(B-12)	Yes..1(B-12)	Yes..1(B-12)	Yes..1(B-12)	Yes..1(B-12)	Yes..1(B-12)
No...2(Box 7)	No...2(Box 7)	No...2(Box 7)	No...2(Box 7)	No...2(Box 7)	No...2(Box 7)
30	30	30	30	30	30
WEEKS: _____	WEEKS: _____	WEEKS: _____	WEEKS: _____	WEEKS: _____	WEEKS: _____
31 32	31 32	31 32	31 32	31 32	31 32
.....95	.....95	.....95	.....95	.....95	.....95
.....98	.....98	.....98	.....98	.....98	.....98

B-13. Sometimes we miss a baby who died shortly after birth or never lived with you.
 a. IF ANY LIVE BIRTHS:.....Have we listed all your babies now?
 b. IF NO LIVE BIRTHS:.....You haven't given birth to any children, is that right?

Yes. 1 (B-15)
 No 2 (B-14) 16

B-14. How many did we miss?
 (CORRECT B-2, THEN ASK B-3 THROUGH B-12 FOR EACH BABY MISSED. INDICATE PROPER BIRTH ORDER BY ARROW ON B & P RECORD AND IN COLUMN HEADINGS ON PAGES 4 AND 5.)

NUMBER 17

B-15. In this survey, we are also talking with women about health and medical matters related to having children. At what age did you start having your monthly menstrual periods?

AGE: _____ (B-16)

Never had a period (R IS STERILE) 96 (B-43) 18 19

B-16. Are your monthly menstrual periods regular - that is, about the same number of days between each period?

Yes. 1 (B-17)
 No 2 (B-17) 20
 No periods: operation/
 menopause (R IS STERILE) . . . 3 (Top of P. 9)

B-17. What was the date your last normal period began?

21 22 23 24 25 26

____/____/____
 MONTH/DAY/YEAR

Box 8. IF LESS THAN ONE MONTH AGO, CODE "NO" TO B-18, THEN GO TO TOP OF PAGE 9. OTHERWISE, ASK B-18.

B-18. Are you pregnant now?

Yes. 1 (B-20) 27
 No 2 (Top of P. 9)
 Don't Know 8 (B-19)

B-19. Well, do you think you are probably pregnant or not?

Probably Yes 1 (B-20) 28
 Probably Not 2 (Top of P. 9)

B-20. Do you expect this pregnancy to go full term?

(Probably) Yes 1 (B-21) 29
 (Probably) No. 2 (B-21)
 Definitely Don't Know. 8 (Top of P. 9)

B-21. (If you are pregnant,) when do you expect the (pregnancy to end/ baby to be born)? (ENTER DATE ON LAST LINE OF COLUMN Y, B & P RECORD).

Box 9. IF FULL TERM PREGNANCY EXPECTED, CONTINUE. OTHERWISE, GO TO TOP OF PAGE 9.

B-22. Would you prefer to have a boy or a girl?

Boy. 1
 Girl 2 30
 Makes no difference. 3

PREGNANCY LOSSES, BIRTH BY BIRTH

Many pregnancies don't end in live births. We are talking with women about all their pregnancies that did not end in live births, including those which ended very early and are easily forgotten.

Box 10. IF NO LIVE BIRTHS, CONTINUE. OTHERWISE, GO TO B-28.

B-23. Have you ever been pregnant (before your current pregnancy)?

Yes. 1 (B-24)

No (CIRCLE "2" IN 1ST ROW UNDER COLUMN **Z** OF B & P RECORD) 2 (B-43)

31

B-24. How many times? 32

NUMBER

(CIRCLE "1" FOR EACH LOSS UNDER COLUMN **Z** OF B & P RECORD.)

B-25. When did (that/the 1st, etc.) pregnancy end? (ENTER DATE UNDER COLUMN **Y** OF B & P RECORD.)

B-26. How many months were you pregnant at the time? (ENTER NO. OF MONTHS UNDER COLUMN **Z** OF B & P RECORD.)

B-27. How did that pregnancy end? (CIRCLE WHETHER MISCARRIAGE, STILLBIRTH OR ABORTION UNDER COLUMN **Z** OF B & P RECORD.)

Box 11. IF MORE PREGNANCY LOSSES, GO BACK TO B-25 FOR NEXT LOSS. OTHERWISE, GO TO BOX 17.

B-28. Before you were pregnant with (NAME OF 1ST/ONLY CHILD), were you pregnant at any time?

Yes. 1 (B-29)

No (CIRCLE "2" IN 1ST ROW UNDER COLUMN **Z** OF B & P RECORD) 2 (Box 13)

33

B-29. How many times? 34

NUMBER

(CIRCLE "1" FOR EACH LOSS UNDER COLUMN **Z** OF B & P RECORD.)

B-30. When did (that/the 1st, etc.) pregnancy end? (ENTER DATE UNDER COLUMN **Y** OF B & P RECORD.)

B-31. How many months were you pregnant at the time? (ENTER NO. OF MONTHS UNDER COLUMN **Z** OF B & P RECORD.)

B-32. How did that pregnancy end? (CIRCLE WHETHER MISCARRIAGE, STILLBIRTH OR ABORTION UNDER COLUMN **Z** OF B & P RECORD.)

Box 12. IF MORE PREGNANCY LOSSES BEFORE FIRST LIVE BIRTH, GO BACK TO B-30 FOR NEXT LOSS. OTHERWISE, GO TO BOX 13.

Box 13. IF 2 OR MORE LIVE BIRTHS, CONTINUE. IF ONLY 1 LIVE BIRTH, GO TO B-38.

B-33. Were you ever pregnant between the births of (NAME) and (NEXT NAME)?

IF "YES," GO TO B-34.

IF "NO," CIRCLE "2" IN APPROPRIATE ROW UNDER COLUMN Z OF B & P RECORD, THEN GO TO BOX 15.

B-34. How many times? (ENTER NUMBER ON LINE BELOW AND CIRCLE "1" IN APPROPRIATE ROW[S] FOR EACH LOSS UNDER COLUMN Z OF B & P RECORD.)

<u>BETWEEN BIRTHS</u>	<u>NO. OF LOSSES</u>	<u>BETWEEN BIRTHS</u>	<u>NO. OF LOSSES</u>
1 and 2: _____		5 and 6: _____	
2 and 3: _____		6 and 7: _____	
3 and 4: _____		7 and 8: _____	
4 and 5: _____		8 and 9: _____	

- 35
- 36
- 37
- 38
- 39
- 40
- 41
- 42

B-35. When did (that/the 1st, etc.) pregnancy end? (ENTER DATE UNDER COLUMN Y OF B & P RECORD.)

B-36. How many months were you pregnant that time? (ENTER NO. OF MONTHS UNDER COLUMN Z OF B & P RECORD.)

B-37. How did that pregnancy end? (CIRCLE WHETHER MISCARRIAGE, STILLBIRTH OR ABORTION UNDER COLUMN Z OF B & P RECORD.)

Box 14. IF MORE PREGNANCY LOSSES BETWEEN THESE 2 LIVE BIRTHS, GO BACK TO B-35 FOR NEXT LOSS. OTHERWISE, GO TO BOX 15.

Box 15. IF MORE "BETWEEN BIRTH" INTERVALS, GO BACK TO B-33. OTHERWISE, CONTINUE

B-38. (Besides your current pregnancy,) have you been pregnant at any time since (NAME OF LAST/ONLY CHILD)?

Yes 1 (B-39)

No (CIRCLE "2" IN ROW AFTER LAST CHILD UNDER COLUMN Z OF B & P RECORD). 2 (Box 17)

B-39. How many times? NUMBER
 (CIRCLE "1" IN ROW[S] AFTER LAST CHILD FOR EACH LOSS UNDER COLUMN Z OF B & P RECORD.)

B-40. When did (that/the 1st, etc.) pregnancy end? (ENTER DATE UNDER COLUMN Y OF B & P RECORD.)

B-41. How many months were you pregnant at the time? (ENTER NO. OF MONTHS UNDER COLUMN Z OF B & P RECORD.)

B-42. How did that pregnancy end? (CIRCLE WHETHER MISCARRIAGE, STILLBIRTH OR ABORTION UNDER COLUMN Z OF B & P RECORD.)

Box 16. IF MORE PREGNANCY LOSSES SINCE BIRTH OF LAST CHILD, GO BACK TO B-40. OTHERWISE, GO TO BOX 17.

Box 17.	B & P REVIEW
<p>(A) DRAW A WAVY LINE ON THE B & P RECORD JUST BELOW THE LAST PREGNANCY ENDING BEFORE JANUARY 1, 1973, AND SAY:</p> <p style="padding-left: 40px;">Now let me be sure I have everything recorded correctly.</p> <p>-----</p> <p>(B) REVIEW ALL OF R'S PREGNANCIES IN ORDER: READING ALOUD TO R, TRANSFER --</p> <p style="padding-left: 40px;">PREGNANCIES <u>ABOVE</u> THE WAVY LINE TO HEADINGS ON PAGE 15,</p> <p style="padding-left: 40px;">PREGNANCIES <u>BELOW</u> THE WAVY LINE TO HEADINGS ON PAGE 19.</p> <p style="padding-left: 40px;"><u>NOTE:</u> ENTER NAME AND DATE OF LIVE BIRTH OR DATE AND OUTCOME (M, S, or A) OF PREGNANCY LOSS ON LINE "B" OF THE PROPER PREGNANCY INTERVAL AND ON LINE "A" OF THE NEXT PREGNANCY INTERVAL.</p> <p>-----</p> <p>(C) WHEN DONE, SAY: Do I have (all of) that right?</p> <p style="text-align: right; padding-right: 40px;">Yes. 1 (B-43)</p> <p style="text-align: right; padding-right: 40px;">No (CORRECT B & P RECORD). . . 2 (B-43)</p>	

B-43 (In addition to the [child/children] born to you), has your former husband had any children whom you are bringing up or have brought up?

Yes. 1 (B-44) 45

No 2 (B-45)

B-44 How many children is that? 46

NUMBER OF HUSBAND'S CHILDREN R BRINGING UP/BROUGHT UP: NUMBER

B-45 Have you adopted any children (other than your husband's children)? 47

Yes. 1 (B-46)

No 2 (Section C)

B-46 How many children have you adopted? 48

NUMBER OF CHILDREN ADOPTED: NUMBER

CODER USE ONLY	
1. Number pregnancies ending in at least one live birth	49 50 <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
2. Number pregnancies ending in pregnancy loss.	51 52 <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
3. Currently pregnant.	<input style="width: 20px; height: 20px;" type="text"/> 53
4. Total pregnancies	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
54 55	

SECTION C

We are talking with women about their uses of family planning methods, if any, and how this has affected the number and timing of their pregnancies.

C-1. This card lists methods that many people use to plan their families. Please follow the list with me; as I read each method will you tell me if you know how it is used. Just give me a "Yes" or "No" answer. (READ METHODS)

HAND CARD 1			<u>Yes</u>	<u>No</u>	
A.	Pill	1	2		13
B.	Foam	1	2		14
C.	Diaphragm.	1	2		15
D.	Jelly, Cream, Suppository.	1	2		16
E.	Diaphragm <u>and</u> Jelly.	1	2		17
F.	Douche	1	2		18
G.	IUD, Coil, Loop.	1	2		19
H.	Abortion	1	2		20
J.	Operation: Female Sterilization.	1	2		21
K.	Operation: Male Sterilization.	1	2		22
L.	Condom, Rubber	1	2		23
M.	Rhythm or safe period by temperature	1	2		24
N.	Rhythm or safe period by calendar.	1	2		25
P.	Withdrawal or coitus interruptus	1	2		26
R.	Abstinence (non-intercourse to avoid pregnancy)	1	2		27
S.	Do you know of any other method? (IF YES, SPECIFY _____)	1	2		28

Box 18 INTERVIEWER ROUTING

CHECK:

IF R NEVER PREGNANT: GO TO C-36, p. 20. OPEN INTERVAL BEGINS JANUARY 1, 1973.

IF FIRST PREGNANCY ENDED BEFORE JANUARY 1, 1973: CONTINUE WITH P. 14.

IF FIRST PREGNANCY ENDED JANUARY 1, 1973 OR LATER, OR IS A CURRENT PREGNANCY: GO TO C-16, p. 16.

DECK 0 6 CONTINUES WITH C-34.

ASK C-2 THROUGH C-13 FOR EACH PREGNANCY ENDING BEFORE JANUARY 1, 1973.

C-2.	(Before you became pregnant the first time/Between [A and B]) did you ever use <u>any</u> method to prevent or delay a pregnancy?	Yes No.
C-3.	Had you stopped using all methods before you became pregnant?	Yes No.
C-4.	Was the reason you (were not/stopped) using any methods because you yourself wanted to become pregnant?	Yes No.
C-5.	At the time you became pregnant with (B), did you yourself actually want to have a(nother) baby at some time?	Yes No. DK.
C-6.	As you recall, is that how you felt <u>before</u> you became pregnant, or did you come to feel that way later?	Before. Later
C-7.	As you recall, is that how you felt <u>before</u> you became pregnant, or did you come to feel that way later?	Before. Later
C-8.	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
C-9.	IF PREGNANCY LOSS, CODE 1. OTHERWISE ASK: Did you become pregnant sooner than you actually wanted, later than you actually wanted, or just about the right time?	Preg. loss. Sooner. Later Right time.
C-10.	How much later did you want to become pregnant?	No. months Later
C-11.	How much sooner did you want to become pregnant?	No. months Sooner.
<input checked="" type="checkbox"/> C-12	And what about your husband at the time you became pregnant with (B), did he want you to have a(nother) baby at some time? (IF VOLUNTEERS NOT MARRIED AT THAT TIME, CODE 3.)	Yes No. Not married DK.
<input checked="" type="checkbox"/> C-13	IF PREGNANCY LOSS, CODE 1. OTHERWISE ASK: Did you become pregnant sooner than he wanted, later than he wanted, or just about the right time?	Preg. loss. Sooner. Later Right time. DK.

Box 19. ● IF NEXT PREGNANCY ENDED:

BEFORE JANUARY 1, 1973, GO BACK TO C-2, NEXT INTERVAL.

ON OR SINCE JANUARY 1, 1973 OR IS CURRENT PREGNANCY, SAY:

For pregnancies ending in the last three years, we are talking with women about particular methods of family planning they have used, if any, and about other matters which affect the timing of their pregnancies.

THEN GO TO C-14, PAGE 16.

● IF NO ADDITIONAL PREGNANCIES, SAY:

We are talking with women about particular methods of family planning they have used since their last pregnancy.

THEN GO TO BOX 23, PAGE 20. OPEN INTERVAL BEGINS SINCE (LAST) PREGNANCY.

ASK C-14 THROUGH C-33 FOR EACH INTERVAL ENDING JANUARY 1, 1973
OR LATER.

C-14. FOR INTERVAL BEFORE FIRST PREGNANCY, START WITH C-16.
Between (A and B) were there any periods of one month or
more in which you were not having intercourse -- such as
after your pregnancy ended, when one of you was away,
sick, or for some other reason?

C-15. What months and years were those?

PROBE: What other months?

C-16. (BEFORE ASKING THE 1st TIME, HAND CARD 1 AND SAY: Please
look again at the card.) (Before you became pregnant the
first time /Between [A and B]), did you ever use any method
for one month or more to delay or prevent a pregnancy?

HAND
CARD 1

C-17. Starting with the earliest method you used during this
period, please tell me all the methods you used for one
month or more in the order that you used them.
PROBE: What other methods? (ENTER IN ORDER IN ANSWER AREA.
IF ABORTION IS ONLY METHOD, GO TO C-22.)

(ASK C-18 THROUGH C-21 SEQUENTIALLY FOR EACH METHOD IN AN INTERVAL.)

C-18. In what month and year did you start to use (METHOD)?

C-19. While you were using (METHOD), were there some times when you skipped using any method at all?

Yes...1 (C-20)
No....2 (C-21)

C-20. Would you say that you skipped using all methods often, sometimes, or only once or twice?

Often.....1
Sometimes....2
Once/Twice....3

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

Box 20. IF NO OTHER METHODS THIS INTERVAL OR IF NEXT METHOD IS
ABORTION, CONTINUE. OTHERWISE, GO BACK TO C-18.

C-22. In what month and year did you become pregnant?

Box 21. IF NO METHOD THIS INTERVAL, GO TO C-24

IF (LAST) METHOD

- ABORTION GO TO C-25
- STOPPED SAME MONTH PREG. BEGAN
(OR TIMING NOT KNOWN) GO TO C-23
- STOPPED BEFORE PREG. BEGAN GO TO C-24
- STOPPED AFTER PREG. BEGAN GO TO C-25

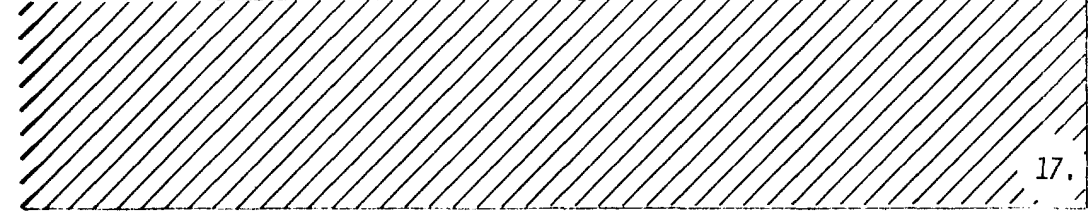
Yes....1 (C-15) No.....2 (C-16)				Yes....1 (C-15) No.....2 (C-16)				Yes....1 (C-15) No.....2 (C-16)				Yes....1 (C-15) No.....2 (C-16)			
From	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month
	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year
To	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month
	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year

Yes....1 (C-17) No.....2 (C-22)				Yes....1 (C-17) No.....2 (C-22)				Yes....1 (C-17) No.....2 (C-22)				Yes....1 (C-17) No.....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	..1	..1	..1	..1	..1	..1	..1	..1	..1	..1	..1	..1	..1	..1	..1
..2	..2	..2	..2	..2	..2	..2	..2	..2	..2	..2	..2	..2	..2	..2	..2
(If 2, go to C-21)				(If 2, go to C-21)				(If 2, go to C-21)				(If 2, go to C-21)			
..1	..1	..1	..1	..1	..1	..1	..1	..1	..1	..1	..1	..1	..1	..1	..1
..2	..2	..2	..2	..2	..2	..2	..2	..2	..2	..2	..2	..2	..2	..2	..2
..3	..3	..3	..3	..3	..3	..3	..3	..3	..3	..3	..3	..3	..3	..3	..3
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.



MONTH/YEAR	MONTH/YEAR	MONTH/YEAR	MONTH/YEAR
------------	------------	------------	------------



C-23. Had you stopped using all methods before you became pregnant?

C-24. Was the reason you (were not/stopped) using any methods because you yourself wanted to become pregnant?

C-25. At the time you became pregnant with (B), did you yourself actually want to have a(nother) baby at some time?

C-26. As you recall, is that how you felt before you became pregnant or did you come to feel that way later?

C-27. As you recall, is that how you felt before you became pregnant or did you come to feel that way later?

C-28. 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?

C-29. IF PREGNANCY LOSS, CODE 1. OTHERWISE, ASK: Did you become pregnant sooner than you actually wanted, later than you actually wanted, or about the right time?

C-30. How much later did you want to become pregnant?

C-31. How much sooner did you want to become pregnant?

C-32. IF NOT MARRIED AT THAT TIME, CODE 3. OTHERWISE, ASK: And what about your husband at the time you became pregnant with (B), did he want to have a(nother) baby at some time?

C-33. IF PREGNANCY LOSS, CODE 1. OTHERWISE, ASK: Did you become pregnant sooner than he wanted, later than he wanted, or just about the right time?

13-14 <input type="checkbox"/> <input type="checkbox"/>	13-14 <input type="checkbox"/> <input type="checkbox"/>	13-14 <input type="checkbox"/> <input type="checkbox"/>	13-14 <input type="checkbox"/> <input type="checkbox"/>
15 <input type="checkbox"/> (1) BEGIN	DECK 08 (2) 15 <input type="checkbox"/>	(3) 15 <input type="checkbox"/>	(4) 15 <input type="checkbox"/>
BEFORE FIRST PREGNANCY, OR BETWEEN	BETWEEN	BETWEEN	BETWEEN
A. _____ and B. _____	A. _____ and B. _____	A. _____ and B. _____	A. _____ and B. _____
Yes.....1 (C-24) ¹⁶ No.....2 (C-25)	Yes.....1 (C-24) ¹⁶ No.....2 (C-25)	Yes.....1 (C-24) ¹⁶ No.....2 (C-25)	Yes.....1 (C-24) ¹⁶ No.....2 (C-25)
Yes.....1 (C-29) ¹⁷ No.....2 (C-25)	Yes.....1 (C-29) ¹⁷ No.....2 (C-25)	Yes.....1 (C-29) ¹⁷ No.....2 (C-25)	Yes.....1 (C-29) ¹⁷ No.....2 (C-25)
Yes.....1 (C-26) ¹⁸ No.....2 (C-27) Don't Know.8 (C-28)	Yes.....1 (C-26) ¹⁸ No.....2 (C-27) Don't Know.8 (C-28)	Yes.....1 (C-26) ¹⁸ No.....2 (C-27) Don't Know.8 (C-28)	Yes.....1 (C-26) ¹⁸ No.....2 (C-27) Don't Know.8 (C-28)
Before.....1 (C-29) ¹⁹ Later.....2 (C-29)	Before.....1 (C-29) ¹⁹ Later.....2 (C-29)	Before.....1 (C-29) ¹⁹ Later.....2 (C-29)	Before.....1 (C-29) ¹⁹ Later.....2 (C-29)
Before.....1 (C-32) ²⁰ Later.....2 (C-32)	Before.....1 (C-32) ²⁰ Later.....2 (C-32)	Before.....1 (C-32) ²⁰ Later.....2 (C-32)	Before.....1 (C-32) ²⁰ Later.....2 (C-32)
Probably Yes.....1 (C-29) ²¹ Probably No.....2 (C-32)	Probably Yes.....1 (C-29) ²¹ Probably No.....2 (C-32)	Probably Yes.....1 (C-29) ²¹ Probably No.....2 (C-32)	Probably Yes.....1 (C-29) ²¹ Probably No.....2 (C-32)
Pregnancy Loss.....1 (C-32) ²² Sooner.....2 (C-30) Later.....3 (C-31) Right time.4 (C-32)	Pregnancy Loss.....1 (C-32) ²² Sooner.....2 (C-30) Later.....3 (C-31) Right time.4 (C-32)	Pregnancy Loss.....1 (C-32) ²² Sooner.....2 (C-30) Later.....3 (C-31) Right time.4 (C-32)	Pregnancy Loss.....1 (C-32) ²² Sooner.....2 (C-30) Later.....3 (C-31) Right time.4 (C-32)
<input type="checkbox"/> <input type="checkbox"/> ^{23 24} Months later (C-32)	<input type="checkbox"/> <input type="checkbox"/> ^{23 24} Months later (C-32)	<input type="checkbox"/> <input type="checkbox"/> ^{23 24} Months later (C-32)	<input type="checkbox"/> <input type="checkbox"/> ^{23 24} Months later (C-32)
<input type="checkbox"/> <input type="checkbox"/> ^{25 26} Months sooner (C-32)	<input type="checkbox"/> <input type="checkbox"/> ^{25 26} Months sooner (C-32)	<input type="checkbox"/> <input type="checkbox"/> ^{25 26} Months sooner (C-32)	<input type="checkbox"/> <input type="checkbox"/> ^{25 26} Months sooner (C-32)
Yes.....1 (C-33) ²⁷ No.....2 (Box 22) Not married...3 (Box 22) Don't Know.....8 (Box 22)	Yes.....1 (C-33) ²⁷ No.....2 (Box 22) Not married...3 (Box 22) Don't Know.....8 (Box 22)	Yes.....1 (C-33) ²⁷ No.....2 (Box 22) Not married...3 (Box 22) Don't Know.....8 (Box 22)	Yes.....1 (C-33) ²⁷ No.....2 (Box 22) Not married...3 (Box 22) Don't Know.....8 (Box 22)
Pregnancy Loss.....1 ²⁸ Sooner.....2 Later.....3 Right time.....4 Don't Know.....8	Pregnancy Loss.....1 ²⁸ Sooner.....2 Later.....3 Right time.....4 Don't Know.....8	Pregnancy Loss.....1 ²⁸ Sooner.....2 Later.....3 Right time.....4 Don't Know.....8	Pregnancy Loss.....1 ²⁸ Sooner.....2 Later.....3 Right time.....4 Don't Know.....8

Box 22. IF MORE PREGNANCIES, GO BACK TO C-14 ON PAGE 16. OTHERWISE, GO TO BOX 23, PAGE 20. OPEN INTERVAL BEGINS SINCE (LAST) PREGNANCY.

OPEN INTERVAL

CONTINUE DECK Q 6

Box 23. IF CURRENTLY PREGNANT, GO TO C-43. OTHERWISE, CONTINUE.

C-34. Since your (last) pregnancy, have there been periods of one month or more in which you were not having intercourse, such as after your pregnancy ended, when one of you was away or sick, or for any other reason?

Yes 1 (C-35) ²⁹
 No 2 (C-36)

C-35. What months and years were those? PROBE: What other months?	FROM	TO	30	31	32	33	34	35	36	37
	MO./YR.	MO./YR.								
	MO./YR.	MO./YR.								
	MO./YR.	MO./YR.								
	MO./YR.	MO./YR.								
	MO./YR.	MO./YR.								

C-36. Please look again at the card. Since (your [last] pregnancy/January, 1973), have you ever used any method for one month or more to delay or prevent a pregnancy?

Yes 1 (C-37) ⁵⁴
 No 2 (C-43)

HAND CARD 1

C-37. Starting with the earliest method you used during this period, please tell me all the methods you used for one month or more in the order you used them. PROBE: What other methods? (ENTER IN ORDER IN ANSWER AREA.)	1st METHOD	2nd METHOD	3rd METHOD	LAST METHOD
	55 56	68 69	13 14	26 27
	MO./YR.	MO./YR.	MO./YR.	MO./YR.

BEGIN DECK Q7

(ASK C-38 THROUGH C-42 SEQUENTIALLY FOR EACH METHOD.) C-38. In what month and year did you start to use (METHOD)?	57 58 59 60	70 71 72 73	15 16 17 18	28 29 30 31
	MO./YR.	MO./YR.	MO./YR.	MO./YR.

Box 24. IF THE METHOD IS STERILIZATION ('J' OR 'K' ABOVE) GO TO BOX 26. OTHERWISE, CONTINUE.

C-39. While you were using (METHOD) during this time, were there times when you skipped using any method at all?	61	74	19	32	
	Yes	1 (C-40)	1 (C-40)	1 (C-40)	1 (C-40)
	No	2 (Box 25)	2 (Box 25)	2 (Box 25)	2 (Box 25)

C-40. Would you say you skipped using all methods often, sometimes, or only once or twice?	62	75	20	33	
	Often	1	1	1	1
	Sometimes	2	2	2	2
	Once/Twice	3	3	3	3

Box 25. IF LAST METHOD, ASK C-41, OTHERWISE, C-42.

C-41. Are you still using (METHOD)?	63	76	21	34	
	Yes	1 (C-43)	1 (C-43)	1 (C-43)	1 (C-43)
	No	2 (C-42)	2 (C-42)	2 (C-42)	2 (C-42)

C-42. In what month and year did you stop using (METHOD)?	64 65 66 67	77 78 79 80	22 23 24 25	35 36 37 38
	MO./YR.	MO./YR.	MO./YR.	MO./YR.

Box 26. GO TO NEXT METHOD (C-38), IF ANY. OTHERWISE, GO TO C-43.

LIST OF METHODS

- A. Pill
- B. Foam
- C. Diaphragm
- D. Jelly, Cream, Suppository
- E. Diaphragm and Jelly
- F. Douche
- G. IUD, Coil, Loop
- H. Abortion
- J. Operation: Female Sterilization
- K. Operation: Male Sterilization
- L. Condom, Rubber
- M. Rhythm or safe period by temperature
- N. Rhythm or safe period by calendar
- P. Withdrawal or Coitus Interruptus
- R. Abstinence (non-intercourse to avoid pregnancy)
- S. Other

- O. No method
- V. Pregnant
- W. Non-use because of sterility
- X. Months which have not occurred
- Z. Not having intercourse - Absent husband, not married, post-partum, etc.

METHOD CALENDAR

MONTH	YEAR			
	1973	1974	1975	1976
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

(GO BACK TO C-44.)

C-43. Now let me review the past three years with you -- month by month -- to be sure I have recorded the information correctly. (REFERRING TO PAGES 17 AND 20, ENTER IN 3-YEAR METHOD CALENDAR, SYMBOLS FOR PREGNANCY, NONINTERCOURSE, AND METHODS. ACCOUNT FOR ALL MONTHS FROM JANUARY, 1973 TO THE PRESENT.)

C-44. (In addition to [METHODS MENTIONED]) have you ever used any (other) method to delay or prevent a pregnancy?

Yes. 1 (C-45)
 No 2 (Box 27) 39

C-45. Which ones have you used? (CODE ALL THAT APPLY)

- A. Pill 01
- B. Foam 02
- C. Diaphragm. 03 40 41
- D. Jelly, Cream, Suppository. 04
- E. Diaphragm and Jelly. 05 42 43
- F. Douche 06
- G. IUD, Coil, Loop. 07
- H. Abortion 08 44 45
- J. Operation: Female Sterilization. 09
- K. Operation: Male Sterilization. 10
- L. Condom, Rubber 11 46 47
- M. Rhythm or safe period by temperature 12
- N. Rhythm or safe period by calendar. 13 48 49
- P. Withdrawal or coitus interruptus 14
- R. Abstinence (non-intercourse to avoid pregnancy) 15
- S. Other (SPECIFY) _____ 16

Box 27. IF IUD CURRENT OR MOST RECENT METHOD, CONTINUE. OTHERWISE, GO TO SECTION D.

C-46. You told me you (are/were) using a(n) (IUD/COIL/LOOP). Here is a list of IUD's. Can you tell me which type it (is/was)?

50 51

HAND
CARD 2

Letter (MOST RECENT ONE) _____
 Other (SPECIFY) _____
 Don't know 98

C-47. When was it inserted most recently?

52 53 54 55 56 57

 MONTH/DAY/YEAR

SECTION D

We are talking with women about children they may have in the future, as well as about those they already have. (IF "R" HAS ALREADY MENTIONED STERILITY, MENOPAUSE, ETC.: I think we have already covered some of these next questions, but I'd better go through them with you to be sure that I record the answers correctly.)

D-1. It is physically impossible for some people to have children. As far as you know, is it possible or impossible for you to conceive a(nother) baby, that is, to get pregnant (again)?

Possible. 1 (D-6)
 Impossible. 2 (D-2) 13
 Don't Know, Not Sure. 8 (D-6)

D-2. What is the reason that you are unable to have a(nother) baby? (RECORD VERBATIM ON LINES AT LEFT, CODE ALL THAT APPLY, THEN FOLLOW SKIP INSTRUCTION FOR SMALLEST CODE NUMBER. IF RESPONSE INDICATES A PROBLEM OTHER THAN STERILITY, CHANGE D-1 TO "POSSIBLE" AND GO TO D-6.)

	"R" has had sterilizing operation.01 (D-3)
	Impossible for "R" due to accident or illness . . .02 (D-3)
	"R" sterile for other reasons.03 (D-3)
	"R" has reached menopause . .04 (D-14)
	"R" unable to conceive, doesn't know reason.08 (Probe)

14	15	16	17
		+	+

PROBE: How many years altogether have you gone without using any birth control method and still not become pregnant? (RECORD VERBATIM ON LINES AT LEFT AND ENTER NUMBER OF YEARS.)

	18 19
	NO. OF YRS.
	(Box 27A)

Box 27A. IF 3 YEARS OR LESS, SAY: I know that you've talked about the reasons that you haven't become pregnant but could you tell me a little bit more about your difficulty in getting pregnant? THEN CODE "YES" IN D-6 AND RECORD RESPONSE IN D-7.

IF MORE THAN 3 YEARS, CODE 6 IN D-3 AND CONTINUE.

D-3.	D-4.	D-5.
(ASK QUESTION ONLY IF D-2 IS STERILIZING OPERATION; OTHERWISE, CODE WITHOUT ASKING.) What kind of operation was it? One ovary removed ("R" not sterile) . . . <input type="radio"/>	CHOOSE APPROPRIATE QUESTION: (A) When was the operation done? (B) When did you become sterile? (IF D.K., PROBE: . . . learn of the sterility.)	Was one reason for the operation because you had all the children you wanted?
One tube tied or removed ("R" not sterile) . . . <input type="radio"/>	CHECK THE APPROPRIATE CIRCLE IN D-3 AND PROBE TO FIND OUT IF SHE IS SURE THAT SHE IS STERILE. If she is sure, circle Code "6 - other reasons" in D-3 and follow the appropriate skip instruction for that category. If she is not sure, record her answer verbatim and skip to D-8.	
Both ovaries removed. 1 (D-4A)	MONTH / YEAR (D-5)	Yes . . . 1 (D-76) No . . . 2 (D-14)
Both tubes tied or removed 2 (D-4A)	MONTH / YEAR (D-5)	Yes . . . 1 (D-76) No . . . 2 (D-14)
Hysterectomy (Removal of uterus). 3 (D-4A)	MONTH / YEAR (D-5)	Yes . . . 1 (D-76) No . . . 2 (D-14)
Other operation or type unknown 5 (D-4A)	MONTH / YEAR (D-5)	Yes . . . 1 (D-76) No . . . 2 (D-14)
Accident, illness or other reasons . 6 (D-4B)	MONTH / YEAR (D-14)	<div style="background: repeating-linear-gradient(45deg, transparent, transparent 2px, black 2px, black 4px); height: 40px; width: 100%;"></div>

20	21 22 23 24	25

D-6. Some people are able to have a(nother) baby, but they have difficulty getting pregnant or holding onto the baby. As far as you know, is there any problem or difficulty for you to conceive or deliver a(nother) baby?

Yes 1 (D-7) 26
 No. 2 (D-8)

D-7. What is the reason it would be difficult for you to have a(nother) baby?
 (RECORD VERBATIM ON LINES AT LEFT AND CIRCLE APPROPRIATE CODE BELOW.)

_____ Physical difficulty getting pregnant 1
 _____ Dangerous for "R" to become pregnant (again). . . 3 27
 _____ Dangerous to the baby/. . . 4
 _____ Difficult to carry pregnancy full 9 months. . . 5
 _____ Other 6

D-8. At any time has a medical doctor advised you never to become pregnant (again)?

Yes 1 (D-9) 28
 No. 2 (Box 28)

D-9. 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 29
 Dangerous for both. 3
 Other reason (SPECIFY) _____
 _____ 4

D-10. When did you talk with the doctor about this?

30 31 32 33

--	--	--	--

_____/_____
 MONTH YEAR

D-11. Will you have an operation to be sure you don't become pregnant (again)?

Yes 1 (D-14)
 No. 2 (D-13) 34
 Maybe 3 (D-13)

D-12. OMITTED. COLUMN 35: BLANK FILL

D-13. 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-14)
 No. 2 (Box 28) 36
 Maybe 3 (Box 28)

D-14. Even though it is unlikely or impossible for you to have a(nother) baby, would you like to have a(nother) baby (after this one)?

Yes 1 (D-76) 37
 No. 2 (D-76)

D-15., D-16. OMITTED. COLUMNS 38-39: BLANK FILL

Box 28.

R DOES NOT EXPECT TO (RE)MARRY OR GET TOGETHER WITH HUSBAND AGAIN Go to D-72.
 (SEE PAGE 4, A-18 THROUGH A-24.)

R DOES EXPECT TO (RE)MARRY OR GET TOGETHER WITH HUSBAND AGAIN AND NOT CURRENTLY PREGNANT, GO TO D-17.
CURRENTLY PREGNANT, GO TO D-41.

NOT CURRENTLY PREGNANT (Q. D-17 - D-29)

40

D-17. Do you intend to have a(nother) baby?

Yes 1 (D-18)
No. 2 (D-19) 41
DK, up to God, etc. 8 (D-26)

D-18. How many (more) do you intend to have?

NUMBER OR RANGE (D-19) 42 43
Don't Know 98 (D-26)

D-19. Let me summarize quickly what I have listed (SUMMARIZE AS INDICATED, ENTERING NUMBERS ON THE LINES.)

You have had (no. of live births) bab(y/ies) to date.

You intend to have (from D-17 or D-18) (additional) bab(y/ies).

So you intend to have (total of above entries) bab(y/ies) altogether, is that right?

Yes 1 (Box 29) 44
No. 2 (D-20)

D-20. What is the total number of babies you intend to have altogether? (PROBE TO FIND SOURCE OF ERROR IN TOTAL IN D-19. IF RESPONSES TO EARLIER QUESTIONS ARE AFFECTED, GO BACK AND CORRECT.)

NUMBER OR RANGE
Don't Know 98

Box 29. IF NO MORE BABIES INTENDED, GO TO D-24. OTHERWISE, CONTINUE.

D-21. 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 (NUMBER/RANGE IN D-18) (more) babies? Would you say you are very sure or not very sure?

Very sure. 1 (D-70) 45
Not very sure. 2 (D-22)

D-22. No one can be certain about the future, but you probably have some idea of how close you will come to the number you intend to have. What is the largest number of (additional) babies you expect to have?

NUMBER 46 47
Don't Know 98

D-23. What is the smallest number of (additional) babies you expect to have?

NUMBER 48 49
Don't Know 98 (D-70)

D-24. 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 (more) babies? Would you say you are very sure or not very sure?

Very sure 1 (D-70)
 Not very sure 2 (D-25)

50

D-25. No one can be certain about the future, but you probably have some idea of how close you will come to your intention to have no more babies. What is the largest number of (additional) babies you expect to have?

None 00 (D-70)
 NUMBER _____ (D-70)
 Don't Know 98 (D-70)

51	52

D-26. Many people aren't sure, but still have some idea about the future. As things are working out for you, what is the largest number of (additional) babies you expect to have?

None 00 (D-28)
 NUMBER _____ (D-27)
 Don't Know 98 (D-70)

53	54

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

NUMBER _____
 Don't Know 98

55	56

D-28. Let me summarize quickly what I have listed. (SUMMARIZE AS INDICATED, ENTERING NUMBERS ON THE LINES.)

You have had _____ bab(y/ies) to date.
(no. of live births)

You expect to have at most _____ (additional) bab(y/ies).
(no. from D-26)

So you expect to have no more than _____
(total of above entries)
 bab(y/ies) altogether, is that right?

Yes 1 (D-70)
 No 2 (D-29)

57

D-29. What is the largest number of babies you expect to have altogether? (PROBE TO FIND SOURCE OF ERROR IN TOTAL IN D-28. IF RESPONSES TO EARLIER QUESTIONS ARE AFFECTED, GO BACK AND CORRECT.)

NUMBER _____ (D-70)
 Don't Know 98 (D-70)

D-30. TO D-40. OMITTED.

COLUMNS 5 8 - 7 6: BLANK FILL

BOXES 30 TO 33 OMITTED.

CURRENTLY PREGNANT (Q. D-41 - D-69)

D-41. Do you intend to have another baby after this one is born?

- Yes 1 (D-42)
- No. 2 (D-43) ⁴¹
- D.K., up to God, etc. 8 (D-50)

D-42. How many more do you intend to have, not counting this one?

- NUMBER OR RANGE _____ (D-43) 42 43
- Don't Know. 98 (D-50)

D-43. Let me summarize quickly what I have listed. (SUMMARIZE AS INDICATED, ENTERING NUMBERS ON THE LINES.)

You have had _____ bab(y/ies) to date.
(no. of live births)

You are pregnant now 1 , and you intend to have _____ additional bab(y/ies) after this one is born,
(from D-41 or D-42)

So you intend to have _____ bab(y/ies) altogether, is that right?
(total of above entries)

- Yes 1 (Box 34) ⁴⁴
- No. 2 (D-44)

D-44. What is the total number of babies you intend to have? (PROBE TO FIND SOURCE OF ERROR IN TOTAL IN D-43. IF RESPONSES TO EARLIER QUESTIONS ARE AFFECTED, GO BACK AND CORRECT.)

- NUMBER OR RANGE _____
- Don't Know. 98

Box 34. IF NO MORE BABIES INTENDED, GO TO D-48. OTHERWISE, CONTINUE.

D-45. 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 (NUMBER/RANGE IN D-42) more babies after this one? Would you say you are very sure or not very sure?

- Very sure 1 (D-70) ⁴⁵
- Not very sure 2 (D-46)

D-46. No one can be certain about the future, but you probably have some idea of how close you will come to the number you intend to have. What is the largest number of additional babies you expect after this one is born?

- NUMBER _____ 46 47
- Don't Know. 98

D-47. What is the smallest number of additional babies you expect to have after this one?

NUMBER _____ (D-70)

48	49
----	----

 Don't Know. 98 (D-70)

D-48. 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 more babies after this one? Would you say you are very sure or not very sure?

Very sure 1 (D-70) 50
 Not very sure 2 (D-49)

D-49. No one can be certain about the future, but you probably have some idea of how close you will come to your intention to have no more babies. What is the largest number of additional babies you expect to have after this one is born?

NUMBER _____ (D-70)

51	52
----	----

 Don't Know. 98 (D-70)

D-50. Many people aren't sure, but still have some idea about the future. As things are working out for you, what is the largest number of additional babies you expect to have after this one?

None. 00 (D-52)
 NUMBER _____ (D-51)

53	54
----	----

 Don't Know. 98 (D-70)

D-51. What is the smallest number of additional babies you expect to have after this one?

None. 00
 NUMBER _____
 Don't Know. 98

55	56
----	----

D-52. Let me summarize quickly what I have listed. (SUMMARIZE AS INDICATED, ENTERING NUMBERS ON LINES.)

You have had _____ bab(y/ies) to date.
(no. of live births)

You are pregnant now 1 and you expect to have at most _____ additional bab(y/ies) after this one,
(no. from D-50)

So you expect to have no more than _____ bab(y/ies)
(total of above entries) altogether, is that right?

Yes 1 (D-70) 57
 No. 2 (D-53)

D-53. What is the largest number of babies you expect to have altogether? (PROBE TO FIND SOURCE OF ERROR IN TOTAL IN D-52. IF RESPONSES TO EARLIER QUESTIONS ARE AFFECTED, GO BACK AND CORRECT.)

NUMBER _____ (D-70)
 Don't Know. 98 (D-70)

COLUMNS 58-80: BLANK FILL

D-54, to D-69, OMITTED.

BEGIN DECK 1 6, COLUMNS 1 3 - 4 0: BLANK FILL

BOXES 35 TO 38 OMITTED.

D-70. If (you marry [again]/ you and your husband get together again), will you and your husband use a method to delay or prevent pregnancy?

Yes 1 (D-71) 41
No. 2 (D-74)

D-71. What method would you intend to use?

METHOD (D-74) 42 43

D-72. If (you should [re]marry/you and your husband should get together again), will you want to have (more) children?

Yes 1 (D-73)
No. 2 (D-74) 44
Don't Know. 8 (D-74)

D-73. How many (more) do you want to have?

NUMBER OR RANGE 45 46
Don't Know. 98

D-74. Once they have all the children they expect, some people use different or additional methods to be sure they have no more; others do not feel it's so important. In your case, (now that/once) you have all the children you expect, will you take extra steps to be sure you will have no more babies?

Yes 1 (D-75) 47
No. 2 (D-76)
Maybe, Don't Know 8 (D-75)

D-75. Looking once more at the list, what different or additional methods will you most likely use? (DO NOT READ CATEGORIES; CODE ALL THAT APPLY.)

48 49 50 51

HAND CARD 1

- Pill A
Foam B
Diaphragm. C
Jelly, Cream, Suppository. D
Diaphragm and Jelly. E
Douche F
IUD, Coil, Loop. G
Abortion H
Operation: Female Sterilization J
Operation: Male Sterilization K
Condom, Rubber L
Rhythm or safe period by temperature M
Rhythm or safe period by calendar. N
Withdrawal or coitus interruptus P
Abstinence (non-intercourse to avoid pregnancy) R
Other (SPECIFY) S
Don't Know T

D-76. 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, if you could choose exactly the number of children to have in your whole life, how many would you choose now?

None.00 (Section E)

NUMBER _____ (D-79)

RANGE _____ (D-78)

Don't Know.98 (D-77)

52	53

D-77. A lot of people feel that way, but if you could choose, how many would you have?

None.00 (Section E)

NUMBER _____ (D-79)

RANGE _____ (D-78)

Don't Know.98 (Section E)

54	55

D-78. If you had to choose a single number between (NUMBERS IN RANGE), which would you choose?

None.00 (Section E)

NUMBER _____ (D-79)

Don't Know.98 (Section E)

56	57

D-79. If you were to have exactly (NUMBER) child(ren), (would that be a boy or a girl/how many girls and how many boys would that be)?

GIRL(s) _____

BOY(s) _____

Doesn't matter, D.K.. . . 98

58	59	60	61

D-80. If you couldn't have exactly (SAME NUMBER AS D-79) child(ren), what would be your next choice, one more or one less?

One more. 1

One less. 2

62

SECTION E

In this survey we are also talking with women about medical and family planning services which they may have used.

Box 39. IF NEVER PREGNANT, GO TO E-5. OTHERWISE, CONTINUE.

E-1. During (your last/this) pregnancy, (did you get/are you getting) pre-natal care?

Yes. 1 (E-2)
No 2 (Box 40) 13

E-2. In what month of pregnancy did you first get pre-natal care?

14 15

MONTH (2ND, 3RD, ETC.)

E-3. During (your last/this) pregnancy, where (did/do) you go for pre-natal care? (IF MORE THAN ONE PLACE, RECORD ONLY WHERE R WENT MOST OFTEN.)

Own medical doctor or group of doctors 1
Hospital out-patient clinic where doctor is assigned 2 16
Separate clinic not in a hospital. 3
Other (SPECIFY) _____ 4

Box 40. IF NO LIVE BIRTHS, GO TO E-5. OTHERWISE, CONTINUE.

E-4. This card lists some of the ways in which hospital bills can be paid. When your (last) baby was born, in which of these ways was the hospital bill paid, or was the bill paid in some other way?

HAND CARD 3

You or your husband's own income only. 01
Insurance only (which you carry or is carried for you) . . . 02
Own income and insurance 03
Medicaid (welfare) 04 17-18
Other government (such as military, state, local). 05
Parents or other relatives 06
Some other way (SPECIFY) _____ 07

E-5. Have you had a pelvic or internal exam during the past three years?

Yes. 1 19
No 2

E-6. Have you had a Pap smear to test for cancer within the past three years?

Yes. 1 20
No 2

E-7. Some doctors advise women to douche after intercourse and some do not. Do you regularly douche after intercourse?

Yes. 1 (E-8) 21
No 2 (Box 41)

E-8. How soon after intercourse do you usually douche? Would you say less than a half hour or more than a half hour?

Less than a half hour. 1 22
More than a half hour. 2

Box 41. IF R STERILE BEFORE JANUARY, 1973 (SEE D-4), GO TO E-24, OTHERWISE, CONTINUE.

E-9. During the past three years, has a doctor or other trained person prescribed, or talked with you about a method for delaying or preventing a pregnancy?

Yes. 1 (E-12) 23
No 2 (E-10)

E-10. Have you ever had a discussion with a doctor or other trained person about methods to delay or prevent a pregnancy?

Yes. 1 (E-11) 24
No 2 (E-18)

E-11. When was the very first time you had a discussion with a doctor or other trained person about methods to delay or prevent a pregnancy? 25 26 27 28

MONTH/YEAR (E-18)

D.K. or Don't remember . . . 9898 (Probe)

PROBE: Well, how old were you at that time? 29 30

AGE (E-18)

D.K. or Don't remember 98 (E-18)

E-12. The last time you talked with a doctor or trained person about a method, did he or she recommend that you change methods or that you start using a method?

No recommendation. 1 (E-15)
Recommendation to start a method. 2 (E-13) 31
Recommendation to change method 3 (E-12A)

E-12A. What method were you using at the time the recommendation to change methods was made?

(USE METHOD CODES FROM E-13) (E-13) 32 33 34 35

METHOD CODE

E-13. What method was recommended? (CODE AS MANY AS MENTIONED).

Pill A
Foam B
Diaphragm. C
Jelly, Cream, Suppository. D
Diaphragm and Jelly. E
Douche F
IUD, Coil, Loop. G
Abortion H
Operation: Female Sterilization J
Operation: Male Sterilization K
Condom, Rubber L
Rhythm or safe period by temperature M 36 37
Rhythm or safe period by calendar. N
Withdrawal or coitus interruptus P
Abstinence (non-intercourse to avoid pregnancy) R
Other (SPECIFY) _____ S

E-14. Did he or she discuss possible side effects or problems with you?

Yes. 1
No 2 38

E-15. Where was it that you talked with a doctor or other trained person about a method for delaying or preventing a pregnancy? (PROBE TO FIND OUT IF A "CLINIC" OR "OFFICE" WAS EXCLUSIVELY FOR FAMILY PLANNING. IF SO, CODE "3." OTHERWISE, CODE "1" OR "2.")

- Own doctor's office/group of doctors 1 (E-17)
- General medical clinic, hospital out-patient clinic or public health clinic 2 (E-17) 39
- Family planning clinic or counseling office. 3 (E-17)
- While hospital in-patient. 4 (E-16)
- Somewhere else (SPECIFY) _____ 5 (E-17)

E-16. Was this with your regular doctor, a doctor assigned to you, or someone else?

- Regular doctor 1
- Assigned doctor. 2 40
- Someone else (SPECIFY) _____
- _____ 3

E-17. When was the very first time you had a discussion with a doctor or other trained person about methods to delay or prevent a pregnancy?

41 42 43 44

--	--	--	--

MONTH/YEAR

D.K. or Don't remember . . . 9898 (Probe)

PROBE: Well, how old were you at that time?

45 46

--	--

AGE

D.K. or Don't remember 98

E-18. In the past three years, have you talked with a medical doctor or to any other trained person about increasing your chances of having a baby?

- Yes. 1 (E-19) 47
- No 2 (E-20)

E-19. When did you last go for help to increase your chances of having a baby?

48 49 50 51

--	--	--	--

MONTH/YEAR

E-20. In the past three years, have you used a calendar or temperature method of rhythm to increase your chances of becoming pregnant? That is, in order to know the days when you are most likely to become pregnant.

- Yes. 1 (E-21) 52
- No 2 (E-22)

E-21. In which months were you trying to become pregnant this way? (ENTER DATES ON APPROPRIATE LINES.) PROBE: What other months?

	STARTED	(IF) STOPPED									
FIRST TIME	MONTH/YEAR	MONTH/YEAR	53 54 55 56 57 58 59 60								
	_____	_____	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>								
SECOND TIME	MONTH/YEAR	MONTH/YEAR	61 62 63 64 65 66 67 68								
	_____	_____	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>								
CHECK IF 3 OR MORE TIMES	○		69								
			<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>								

E-22. In the past three years, have you used the Pill for medical reasons only -- not for delaying or preventing pregnancy?

Yes 1 (E-23)
 No 2 (Section F)¹³

E-23. Can you tell me when you started using the Pill this way and when you stopped? (ENTER DATES ON APPROPRIATE LINES.) PROBE: What other times?

	STARTED	(IF) STOPPED	
FIRST TIME	<u> </u> MONTH/YEAR	<u> </u> MONTH/YEAR	14 15 16 17 18 19 20 21 [] [] [] [] [] [] [] []
SECOND TIME	<u> </u> MONTH/YEAR	<u> </u> MONTH/YEAR	(Section F) 22 23 24 25 26 27 28 29 [] [] [] [] [] [] [] []
CHECK IF 3 OR MORE TIMES	<input type="radio"/>		30 []

E-24. Have you ever had a discussion with a doctor or other trained person about methods to delay or prevent a pregnancy?

Yes 1 (E-25)³¹
 No 2 (Section F)

E-25. When was the very first time you had a discussion with a doctor or other trained person about methods to delay or prevent a pregnancy? (Section F)

32 33 34 35
 [] [] [] []

D.K. or Don't remember . . . 9898 (Probe)

PROBE: Well, how old were you at that time?

36 37
 [] []

 AGE

D.K. or Don't remember 98

SECTION F

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
Other.	3

13

F-2. When you were growing up, that is, between the ages of 6 and 16, in what state or foreign country did you live the longest?

Alabama.	63	Nebraska.	46
Alaska	94	Nevada.	84
Arizona.	87	New Hampshire	13
Arkansas	71	New Jersey.	22
California	93	New Mexico.	88
Colorado	86	New York.	21
Connecticut.	15	North Carolina.	56
Delaware	51	North Dakota.	44
District of Columbia	55	Ohio.	35
Florida.	59	Oklahoma.	72
Georgia.	58	Oregon.	92
Hawaii	95	Pennsylvania.	23
Idaho.	82	Rhode Island.	16
Illinois	32	South Carolina.	57
Indiana.	33	South Dakota.	45
Iowa	42	Tennessee	62
Kansas	47	Texas	74
Kentucky	61	Utah.	85
Louisiana.	73	Vermont	12
Maine.	11	Virginia.	54
Maryland	52	Washington (state).	91
Massachusetts.	14	West Virginia	53
Michigan	34	Wisconsin	31
Minnesota.	41	Wyoming	83
Mississippi.	64	Foreign country (SPECIFY)	
Missouri	43		
Montana.	81		01

14-15

F-3. When you were growing up, that is, between the ages of 6 and 16, did you live on a farm most of the time (half of the time, or more)?

Yes.	1
No	2

16

F-4. When you were 14, were you living with both your own mother and your own father?

Yes.	1 (F-6)
No	2 (F-5)

17

F-5. 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
Some other reason.	3

18

F-6. Which of these groups best describes your national origin or ancestry? (CHECK ALL THAT APPLY.)

HAND CARD 4

- German Black, African, Negro . . .
- Italian. Puerto Rican.
- Irish. Cuban
- French Mexicano, Chicano, Mexican American.
- Polish Other Spanish (Spain/Hispano/ Other Latin American) . . .
- Russian. American Indian
- English, Scot, Welsh . . . Other (SPECIFY) _____
- Asian or Pacific Islander, such as Chinese, Japanese, Korean, Phillippine or Samoan Don't Know.

19 20

F-7. What is the highest grade or year of regular school or college you have attended?

- No formal schooling. . . . 00 (Box 43)
- Elementary: High School:
- 1st grade. 01 1st year 09
- 2nd grade. 02 2nd year 10
- 3rd grade. 03 3rd year 11
- 4th grade. 04 4th year 12
- 5th grade. 05 College and Graduate/Professional School:
- 6th grade. 06 1 year 13
- 7th grade. 07 2 years. 14
- 8th grade. 08 3 years. 15
- 4 years. 16
- 5 years. 17
- 6 years or more. 18

21-22

F-8. Did you complete that grade or year?

- Yes. 1
- No 2

23

F-9. Have you had any other schooling, such as business school, nursing or technical school?

- Yes. 1 (F-10)
- No 2 (F-11)

24

F-10. Did you include any of this schooling in answering the question on the highest grade of regular school you have attended?

- Yes. 1 (Box 42)
- No 2 (F-11)

25

BOX 42. PROBE AND CORRECT F-7 AND F-8 IF NECESSARY. THEN GO TO F-11.

F-11, Did you get any of your education in a church-related school (and/or college)?

Yes 1 (F-12) 26
 No 2 (F-14)

F-12, During which grades did you attend a church-related school (and/or college)? (CIRCLE ALL THAT APPLY.)

Elementary:	High School:
1st grade 01	1st year 09
2nd grade 02	2nd year 10
3rd grade 03	3rd year 11
4th grade 04	4th year 12
5th grade 05	College and Graduate/Professional School:
6th grade 06	1st year 13
7th grade 07	2nd year 14
8th grade 08	3rd year 15
	4th year 16
	5th year 17
	6th year or higher 18

27 28 29

F-13, Which church or religious group was that?

Roman Catholic 1
 Protestant 2 30
 Other (SPECIFY) _____ 3

F-14, What was the highest grade or year of regular school (or college) you had completed at the time of your (first) marriage? (REFER TO GRADE CODES IN F-12 AND ENTER CODE BELOW.)

31 32

CODE

Box 43. IF MARRIED MORE THAN ONCE (SEE A-10), CONTINUE. OTHERWISE, GO TO BOX 44.

F-15, What was the highest grade or year of regular school or college your first husband had completed, at the time of your marriage? (REFER TO GRADE CODES IN F-12 AND ENTER CODE BELOW.)

33 34

CODE

Don't Know 98

F-16, When was your first husband born?

MONTH/DAY/YEAR (Box 44)

Don't Know 98 (F-17)

35 36 37 38 39 40

F-17, How old was he when you were married?

41 42

AGE

Don't Know 98

Box 44. IF 1ST BIRTH BEFORE (FIRST) MARRIAGE (CHECK DATES ON B & P RECORD), CONTINUE. OTHERWISE, GO TO F-19,

F-18. 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 ⁴³

No 2

Box 45. IF TWO OR MORE LIVE BIRTHS, GO TO F-19C. OTHERWISE, GO TO BOX 46.

F-19. ASK ALL THAT APPLY, THEN GO TO BOX 46.

Did you ever work for pay continuously for six months or more either part-time or full-time:

	Yes	No	
<input checked="" type="checkbox"/> . . . before you were (first) married?	1	2	44
<input checked="" type="checkbox"/> IF ANY LIVE BIRTHS: . . . between the time of your (first) marriage and the birth of your (first) child?	1	2	45
C. IF 2 OR MORE LIVE BIRTHS: . . . between the birth of your first child and the birth of your second child?	1	2	46
D. IF 3 OR MORE LIVE BIRTHS: . . . between the birth of your second child and the birth of your third child?	1	2	47
E. IF 4 OR MORE LIVE BIRTHS: . . . between the birth of your third child and the birth of your last child?	1	2	48

Box 46. IF NO LIVE BIRTHS, GO TO F-24.

IF ONE OR MORE LIVE BIRTHS AND "Yes" TO LAST QUESTION ASKED, GO TO F-20.
 "No" TO LAST QUESTION ASKED, GO TO F-22.

F-20. How long before the delivery of your (last) child did you stop working?

Less than one month 00 (F-21)

NUMBER OF MONTHS _____ (F-21) ⁴⁹ ⁵⁰

One year or more 12 (F-22)

F-21. Why did you stop when you did? (RECORD VERBATIM. IF "BECAUSE PREGNANT," PROBE.)

⁵¹ ⁵²

F-22. 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-23) ⁵³

No 2 (F-25)

F-23. In what month and year did you begin to work after your (last) child was born?

_____ / _____ (F-25) ⁵⁴ ⁵⁵ ⁵⁶ ⁵⁷

MONTH/YEAR

F-24. Since you were (first) married, have you ever worked for pay continuously for six months or more either part-time or full-time?

Yes 1 58
No 2

F-25. How many weeks during the past 12 months did you work either full-time or part-time, including paid vacations and paid sick leave?

NUMBER OF WEEKS _____ (Box 47) 59 60
Did not work 00 (F-32)

Box 47. IF R CURRENTLY PREGNANT AND WORKED IN LAST 12 MONTHS, CONTINUE. OTHERWISE, GO TO F-32.

F-26. Last week, were you working full-time, part-time, going to school, keeping house, or what? (CIRCLE ONE CODE ONLY. IF MORE THAN ONE RESPONSE, CODE RESPONSE WITH SMALLEST NUMBER.)

- Working full-time (35 hours or more) 01 (F-27)
- Working part-time (1 to 34 hours). 02 (F-27)
- With a job but not at work because of temporary illness, vacation, strike. 03 (F-27)
- With a job but on maternity leave. 04 (F-28) 61-62
- Unemployed, laid off, looking for work 05 (F-27)
- In school. 06 (F-28)
- Keeping house. 07 (F-28)
- Other (SPECIFY) _____ 08 (F-28)

F-27. How long before the end of your current pregnancy do you plan to stop (working/looking for work)?

NUMBER OF WEEKS OR NUMBER OF MONTHS (F-28)
Is not going to stop 00 (F-30) 63 64

F-28. When did you stop working?

_____/_____
MONTH/YEAR

65 66 67 68
| | | |

BEGIN DECK 20

F-29. Why (did/will) you stop at that time? (RECORD VERBATIM. IF "BECAUSE PREGNANT," PROBE.)

13 14
| |

F-30. After this pregnancy, do you expect to (return to/look for) a job at some time in the future?

Yes 1 (F-31)
No 2 (Box 48) 15
Don't know 8 (Box 48)

F-31. When do you expect to begin working (again)?

_____/_____
MONTH/YEAR

16 17 18 19
| | | |

Box 48. IF CURRENTLY WORKING, GO TO Box 49. IF NOT CURRENTLY WORKING, GO TO F-38.

F-32. Last week, were you working full-time, part-time, going to school, keeping house, or what? (CIRCLE ONE CODE ONLY. IF MORE THAN ONE RESPONSE, CODE RESPONSE WITH SMALLEST NUMBER.)

Working full-time (35 hours or more) 01 (Box 49)
 Working part-time (1 to 34 hours) 02 (Box 49)
 With a job but not at work because of temporary illness, vacation, strike. 03 (Box 49)
 Unemployed, laid off, looking for work 05 (Box 49) 20-21
 In school. 06 (F-33)
 Keeping house. 07 (F-33)
 Other (SPECIFY) _____ 08 (F-33)

F-33. Do you expect to look for a job sometime in the future?

Yes. 1 (F-34)
 No 2 (Box 50) 22
 Don't know 8 (Box 50)

F-34. When do you expect to begin working (again)?

MONTH/YEAR (Box 50)
 Don't know 98 (Box 50)

23	24	25	26

Box 49. IF CHILD(REN) AGED 0-12 IN HOUSEHOLD, (SEE SCREENER), CONTINUE. OTHERWISE, GO TO BOX 50.

F-35. Do you have any regular arrangement for the care of your child(ren) while you are working, with a family member or outside the family?

Yes. 1 (F-36)
 No 2 (Box 50) 27

F-36. Who takes care of your child(ren) and where? (CODE ALL THAT APPLY.)

By husband, in respondent's home 01
 By other relative, in respondent's home. 02
 By non-relative, in respondent's home. 03
 In relative's home 04 28-29
 In non-relative's home 05
 In day care or other special organized facility. . 06
 Other (SPECIFY) _____ 07

F-37. During the average week of the school year, how many hours per week of child care do you use for (your child/each of your children)? (RECORD HOURS FOR EACH CHILD AGED 0-12. RECORD "0" IF NO DAY CARE. CARE BY ANOTHER CHILD AGED 0-12 DOES NOT COUNT AS DAY CARE.)

CHILD NUMBER	1	2	3	4	5	6	7	8	9	
HOURS	_____									

Box 50. IF R HAS EVER WORKED, CONTINUE. OTHERWISE, GO TO F-44.

F-38. What (is/was) your (last) occupation? That is, what (is/was) your job called?

F-39. What (are/were) your most important activities or duties?

F-40. What kind of place (do/did) you work for? That is, what (do/did) they make or do?

33	34	35	36	37
----	----	----	----	----

F-41. How many hours a week (do/did) you usually work at this job?

38	39
----	----

HOURS PER WEEK

F-42. And how much (do/did) you earn on this job?

\$ _____ per

hour
week
month
year

 (CIRCLE ONE) (F-44)

Refused 97 (F-43)
Don't Know. 98 (F-43)

40	41	42	43	44	45	46
----	----	----	----	----	----	----

F-43. Here is a card showing amounts of weekly and yearly earnings. Next to each amount is a letter. Would you tell me which letter represents your salary on this job? (ENTER LETTER.)

HAND
CARD 5

47	48
----	----

LETTER

F-44. Are you Protestant, Roman Catholic, Jewish or something else?

Roman Catholic 1 (F-47)
Protestant 2 (F-45)
Jewish 3 (F-46)
Other (SPECIFY) _____ 49
_____ 4 (F-46)
None 0 (F-48)

F-45. What denomination is that?

Baptist 21
Lutheran 22
Methodist 23
Presbyterian 24
Episcopalian 25
No specific denomination . . . 28
Other Protestant (SPECIFY) _____
_____ 29

50-51

F-46. About how often do you usually attend religious services?

- Never 01
 - More than once a week 02
 - Once a week 03
 - 2 or 3 times a month 04
 - Once a month 05
 - Several times a year 06
 - Once a year or less 07
- 52-53 (Box 50A)

F-47. How often do you receive Communion?

- Never 01
 - More than once a week 02
 - Once a week 03
 - 2 or 3 times a month 04
 - Once a month 05
 - Several times a year 06
 - Once a year or less 07
- 54-55

Box 50A. IF RESPONDENT IS SINGLE WITH OWN CHILDREN, GO TO BOX 51.
OTHERWISE, CONTINUE.

~~F-48~~ Now, about Mr. (NAME OF LAST HUSBAND). Which of those groups best describes his national origin or ancestry? (CHECK ALL THAT APPLY.)

HAND
CARD 4

- | | |
|--|---|
| German <input type="radio"/> | Black, African, Negro. <input type="radio"/> |
| Italian. <input type="radio"/> | Puerto Rican <input type="radio"/> |
| Irish. <input type="radio"/> | Cuban. <input type="radio"/> |
| French <input type="radio"/> | Mexicano, Chicano,
Mexican American <input type="radio"/> |
| Polish <input type="radio"/> | Other Spanish (Spain/Hispano/
Other Latin American). <input type="radio"/> |
| Russian. <input type="radio"/> | American Indian. <input type="radio"/> |
| English, Scot, Welsh <input type="radio"/> | Other. <input type="radio"/> |
| Asian or Pacific Islander,
such as Chinese, Japanese,
Korean, Phillipine
or Samoan. <input type="radio"/> | (SPECIFY) _____ |
| | Don't Know <input type="radio"/> |

56 57

~~F-49~~ When your (last) husband was 14, was he living with both his own mother and his own father?

- Yes 1 (F-51)
 - No 2 (F-50)
 - Don't Know 8 (F-51)
- 58

~~F-50~~ 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
 - Some other reason. 3
 - Don't Know 9
- 59

F-51

What is the highest grade or year of regular school or college your (last) husband has attended?

No formal schooling	00 (F-53)	Don't Know	98 (F-53)
ELEMENTARY:		HIGH SCHOOL:	
1st grade	01	1st year	09
2nd grade	02	2nd year	10
3rd grade	03	3rd year	11
4th grade	04	4th year	12
5th grade	05	COLLEGE AND GRADUATE/PROFESSIONAL SCHOOL: 60-61	
6th grade	06	1 year	13
7th grade	07	2 years	14
8th grade	08	3 years	15
		4 years	16
		5 years	17
		6 years or more	18

F-52

Did he complete that grade or year?

Yes	1	
No	2	62
Don't know	8	

F-53

Was your marriage to your (last) husband his first marriage or was he married before?

First marriage	1	
Married before	2	63
Don't Know	8	

F-54

(Is/Was) he Protestant, Roman Catholic, Jewish or something else?

Roman Catholic	1 (Box 50B)	
Protestant	2 (F-55)	
Jewish	3 (Box 50B)	
Other (SPECIFY) _____		64
_____	4 (Box 50B)	
None	0 (Box 50B)	
Don't Know	8 (Box 50B)	

F-55

What denomination is that?

Baptist	21	
Lutheran	22	
Methodist	23	65-66
Presbyterian	24	
Episcopalian	25	
No specific denomination	28	
Other Protestant (SPECIFY) _____		
_____	29	
Don't Know	98	

F-56 to F-59 OMITTED.

COLUMNS 67 - 73: BLANK FILL

Box 50B. IF MOST RECENT MARRIAGE ENDED IN 1973 OR LATER (SEE PAGE 4, A-15 THROUGH A-17) CONTINUE. OTHERWISE, GO TO BOX 51.

F-60, What was your (last) husband's main occupation at the time you were (divorced/separated/widowed)? That is, what was his job called?
 IF UNEMPLOYED, CHECK AND ASK: What was his last job before you were (divorced/separated/widowed)?

F-61, What were his most important activities or duties?

F-62, What kind of place did he work for? That is, what did they make or do?

13	14	15	16	17

F-63, F-64 OMITTED.

COLUMNS 18 - 24: BLANK FILL

Box 51. IF OTHER FAMILY MEMBERS, AGED 12 AND OLDER, LIVE IN HOUSEHOLD (SEE SCREENER), CONTINUE. OTHERWISE, GO TO F-67.

F-65. Did any other members of your family living here have earnings from wages, salary, or their own business or profession?

Yes 1 (F-66) 25
 No 2 (F-67)

F-66. How many other family members had earnings in the past twelve months?

26	27

NUMBER OF OTHER EARNERS

F-67. Did you or any members of your family living here receive income in the past twelve 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.

SOURCE OF INCOME	YES	NO	DON'T KNOW	
1. Dividends, interest, property rental. . . .	1	2	8	28
2. Unemployment or Workmen's Compensation. . .	1	2	8	29
3. Social Security or retirement	1	2	8	30
4. Welfare payments for aid to your dependent children.	1	2	8	31
5. Any (other) public assistance or welfare payments (include old age assistance, aid to the blind or totally disabled, general assistance)	1	2	8	32
F-67 Child support from a former husband	1	2	8	33
7. Regular contributions from persons not in this household, or anything else.	1	2	8	34

F-68. In the past 12 months -- that is, since (MONTH/YEAR), what was your total combined family income, that is yours, 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.

\$	<u>TOTAL FAMILY INCOME</u>	(F-70)					
	Refused.	97 (F-69)					
	Don't know	98 (F-69)					
		35 36 37 38 39					
		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					

F-69. Here is a card showing amounts of weekly and yearly income. Next to each amount is a letter. Would you tell me what letter represents the income of your family during the past 12 months? ENTER LETTER.

HAND
CARD 5

	<u>LETTER</u>	
	Refused.	97
	Don't know	98

40	41

F-70. **PINK CARDS ONLY:**

This time last year, did you live in a different county or state than this one?
 IF RESPONDENT NOW LIVES IN LOUISIANA, SAY: "parish or state."
 IF R NOW LIVES IN THE NEW ENGLAND STATES, SAY: "township or state."

	Yes.	1
	No	2

F-71. The next question is different. On this card (SHOW CARD) are two different statements. Each may be answered with a simple "yes" or "no." You choose one of the statements by tossing a penny. If the penny turns up HEADS you just say "yes" or "no" to this statement (POINT TO THE STATEMENT FOLLOWING THE HEAD OF THE PENNY). If the penny comes up TAILS, then just answer "yes" or "no" to this statement (POINT TO THE STATEMENT FOLLOWING THE TAIL OF THE PENNY).

Please do not tell me which side of the penny comes up. No one but you - not even I - will know which statement was selected by the penny toss.

HAND
CARD 6

Here is a penny (RESPONDENT MAY USE HER OWN COIN). Just tell me the answer - "yes" or "no."

	RESPONDENT'S ANSWER WAS:	
	Yes.	1
	No	2

IF RESPONDENT WANTS YOU TO EXPLAIN THE QUESTION, SAY:

There are events which some people would rather not talk about. For instance, some people who have abortions would rather not talk about them, even though they are legal.

But it is very important for doctors and public health services to have a national count of the number of abortions each year. So scientists have developed this special way of asking questions. Half the people we talk to will answer one statement and half will answer the other, but we will not know which statement each individual got. In this way, we are able to estimate the number of abortions in the country, without knowing which individuals had them.

Of course, not everyone feels the same way about talking of abortions. However, to make a reliable estimate for the country, we need everyone to toss the penny and answer "yes" or "no" to the statement chosen by the coin.

CONTINUE WITH F-72.

44.

COMPLETE AFTER F-78

	Time	
	Interview _____	am
	Ended _____	pm

44	45	46

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 who would be likely to know where you can be reached (in case you move).
(ENTER NAMES BELOW, THEN ASK F-74 to F-78.)

	NAME		NAME
F-74. How is (PERSON) related to you?	RELATIONSHIP		RELATIONSHIP
	NUMBER	STREET	NUMBER
F-75. What is (his/her) address?	CITY	STATE	ZIP
	CITY	STATE	ZIP
F-76. What is (his/her) telephone number?	()	-	() -
	AREA CODE	TELEPHONE #	AREA CODE
F-77. Is (PERSON) now married?	Yes1		Yes1
	No2		No2
F-78. (IF YES:) What is (her husband's/his wife's) full name?			

Thank you very much.

REMEMBER TO FILL IN ENDING TIME ON PAGE 44 AND INFORMATION BELOW.

PSU SEGMENT DU

REMINDER
IF ASSIGNMENT BOX ON SCREENER REQUIRES MISSED D.U. PROCEDURE, COMPLETE PROCEDURE AND FORM ON PAGE 4 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? 47</p> <p style="text-align: right;">Yes . . . 1 (R-2)</p> <p style="text-align: right;">No . . . 2 (R-3)</p>	<p>R-5. The interview was conducted in:</p> <p style="text-align: right;">English . . . 1 63</p> <p style="text-align: right;">Spanish . . . 2</p>																																
<p>R-2. Who was that? (CODE ALL THAT APPLY.) 48</p> <p style="text-align: right;">Children under six . . . 1 <input type="checkbox"/></p> <p style="text-align: right;">Older children 2 <input type="checkbox"/></p> <p style="text-align: right;">Husband 3 <input type="checkbox"/></p> <p style="text-align: right;">Mother 4 <input type="checkbox"/></p> <p style="text-align: right;">Other relatives 5</p> <p style="text-align: right;">Other adults 6</p>	<p>R-6. Note anything else essential to the interpretation and understanding of this interview.</p>																																
<p>R-3. Number of interruptions during the interview. (CODE ONE.) 52</p> <p style="text-align: right;">0 (R-5)</p> <p style="text-align: right;">1 2 3 4 5 6 7 8+ (R-4)</p>	<p style="text-align: right;">64 <input type="checkbox"/></p>																																
<p>R-4. Reason(s) for interruptions: (CODE ALL THAT APPLY.)</p> <p style="text-align: right;">Telephone call(s)01</p> <p style="text-align: right;">Visitor(s), salesmen, repairmen.02</p> <p style="text-align: right;">Household members passing through.03</p> <p style="text-align: right;">Attend to child's needs . . .04</p> <p style="text-align: right;">Attend to household responsibilities05</p> <p style="text-align: right;">Attend to business responsibilities06</p> <p style="text-align: right;">Persons present during interview.07</p> <p style="text-align: right;">Respondent or interviewer needs.08</p> <p style="text-align: right;">Environmental distractions. .09</p> <p style="text-align: right;">Obtain interview information.10</p> <p style="text-align: right;">Other (SPECIFY) _____</p> <p style="text-align: right;">_____ 11</p> <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px;">53</td> <td style="border: 1px solid black; width: 20px;">54</td> <td style="border: 1px solid black; width: 20px;">55</td> <td style="border: 1px solid black; width: 20px;">56</td> <td style="border: 1px solid black; width: 20px;">57</td> <td style="border: 1px solid black; width: 20px;">58</td> <td style="border: 1px solid black; width: 20px;">59</td> <td style="border: 1px solid black; width: 20px;">60</td> <td style="border: 1px solid black; width: 20px;">61</td> <td style="border: 1px solid black; width: 20px;">62</td> </tr> <tr> <td style="border: 1px solid black; height: 15px;"></td> <td style="border: 1px solid black; height: 15px;"></td> <td style="border: 1px solid black; height: 15px;"></td> <td style="border: 1px solid black; height: 15px;"></td> <td style="border: 1px solid black; height: 15px;"></td> <td style="border: 1px solid black; height: 15px;"></td> <td style="border: 1px solid black; height: 15px;"></td> <td style="border: 1px solid black; height: 15px;"></td> <td style="border: 1px solid black; height: 15px;"></td> <td style="border: 1px solid black; height: 15px;"></td> </tr> </table>	53	54	55	56	57	58	59	60	61	62											<p>R-7. Date interview completed:</p> <p style="text-align: center;">_____/_____/_____ MONTH / DAY / YEAR</p> <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px;">65</td> <td style="border: 1px solid black; width: 20px;">66</td> <td style="border: 1px solid black; width: 20px;">67</td> <td style="border: 1px solid black; width: 20px;">68</td> <td style="border: 1px solid black; width: 20px;">69</td> <td style="border: 1px solid black; width: 20px;">70</td> </tr> <tr> <td style="border: 1px solid black; height: 15px;"></td> <td style="border: 1px solid black; height: 15px;"></td> <td style="border: 1px solid black; height: 15px;"></td> <td style="border: 1px solid black; height: 15px;"></td> <td style="border: 1px solid black; height: 15px;"></td> <td style="border: 1px solid black; height: 15px;"></td> </tr> </table>	65	66	67	68	69	70						
53	54	55	56	57	58	59	60	61	62																								
65	66	67	68	69	70																												
	<p>R-8. Interviewer's signature:</p> <p style="text-align: center;">_____</p>																																
	<p>R-9. Interviewer's ID Number:</p> <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px;">71</td> <td style="border: 1px solid black; width: 20px;">72</td> <td style="border: 1px solid black; width: 20px;">73</td> <td style="border: 1px solid black; width: 20px;">74</td> <td style="border: 1px solid black; width: 20px;">75</td> </tr> <tr> <td style="border: 1px solid black; height: 15px;"></td> <td style="border: 1px solid black; height: 15px;"></td> <td style="border: 1px solid black; height: 15px;"></td> <td style="border: 1px solid black; height: 15px;"></td> <td style="border: 1px solid black; height: 15px;"></td> </tr> </table>	71	72	73	74	75																											
71	72	73	74	75																													

REMEMBER TO FILL IN PSU INFORMATION, PAGE 45.

