



Committee on Economic Statistics

Federal Data Collection Comment Opportunity for AEA Members

**National Survey of Family Growth
National Center for Health Statistics**

Comments Due February 26, 2018

The National Center for Health Statistics (NCHS) plans to ask OMB to approve a proposed revision to the [National Survey of Family Growth](#) (NSFG). The NSFG gathers information on family life, marriage and divorce, pregnancy, infertility, use of contraception, and men's and women's health. The NSFG is used by scholars in the behavioral sciences (e.g., sociology, demography, and economics) to study marriage, divorce, fertility, and family life; by scholars in public health to study reproductive, maternal and infant health topics; by agencies of the US Department of Health and Human Services, to brief senior officials and to inform program decision-making, in research programs and in health and social service programs; and by state and local governments to plan health and social service programs.

NCHS will request approval to continue NSFG fieldwork for three years. No questionnaire revisions are requested.

AEA members are encouraged to:

- provide opinions on the value of the NSFG for economic research;
- comment on the data collection instruments and methods; and
- suggest changes that would enhance data quality, value, and accessibility and lower respondent burden and federal cost.

Federal Register notice: [December 26, 2017](#) (includes instructions for submitting comments)

- Draft NSFG Supporting Statement (attached) -- describes needs, uses, plans, methods, sample, and costs
 - Draft NSFG data collection instruments (attached)
 - Due date for comments: February 26, 2018
 - More information: Anjani Chandra, Ph.D., Health Scientist, Principal Investigator and Team Lead, National Survey of Family Growth Team, Division of Vital Statistics/Reproductive Statistics Branch, CDC/National Center for Health Statistics, 301-458-4138, achandra@cdc.gov
-

Information on Information Collection Request (ICR) Process:

- By law, each data collection carried out by a federal agency must be cleared by OMB. Through this *Federal Register* notice, NCHS is announcing that it intends to submit a request to OMB for clearance to conduct the NSFG and offers the public a 60-day opportunity to submit comments.
- After the close of the 60-day comment period, NCHS will prepare and submit its request to OMB. That request will summarize and respond to each of the public comments it received.

Guidance to AEA Members on Preparing Comments:

- Can comment on any aspect of the proposed data collection. Possible topics, for instance, include needs, uses, methodology, design, cost, schedule, and consultation with data users.
- May frame comments on specific topics in any way, such as:
 - assessments – identifying what you do and do not like and support
 - suggestions – for how NCHS might proceed in this or future collections
 - requests – for example, for a change in the design of the survey instrument, to be consulted in the future, to carry out research on an alternative approach
 - observations – for example, implications of the sample size for statistical reliability
- May propose that OMB incorporate a request in its “terms of clearance.” For instance, you could suggest as a term of clearance that NCHS research the efficacy of an alternative set of questions and report back to OMB in a year on the results.

Additional AEA Resources:

- [A Primer on How to Respond to Calls for Comment on Federal Data Collections](#)
- After reviewing materials, you may provide your observations, critiques, and requests to AEASat staff Andrew Reamer at areamer@gwu.edu and he will organize them into a draft letter for your review. Prof. Reamer is experienced in crafting comment letters for impact.

Supporting Statement A for Request for Clearance:

NATIONAL SURVEY OF FAMILY GROWTH

OMB No. 0920-0314
(Exp. Date May 31, 2018)

October 20, 2017

Contact Information:

Anjani Chandra, Ph.D., Health Scientist
Principal Investigator and Team Lead
National Survey of Family Growth Team
Division of Vital Statistics/Reproductive Statistics Branch
CDC/National Center for Health Statistics
3311 Toledo Road, Room 5414
Hyattsville, MD. 20782
301-458-4138
301-458-4034 (fax)
achandra@cdc.gov

**Supporting Statement A for Request for Clearance:
NATIONAL SURVEY OF FAMILY GROWTH**

Table of Contents

Justification	5
1. Circumstances Making the Collection of Information Necessary	5
2. Purpose and Use of the Information Collection	8
3. Use of Improved Information Technology and Burden Reduction	12
4. Efforts to Identify Duplication and Use of Similar Information	13
5. Impact on Small Businesses or Other Small Entities	15
6. Consequences of Collecting the Information Less Frequently	15
7. Special Circumstances Relating to the Guidelines for 5CFR1320.5	17
8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency	17
9. Explanation of Any Payment or Gifts to Respondents	19
10. Protection of the Privacy and Confidentiality of Information Provided by Respondents ..	20
11. Institutional Review Board (IRB) and Justifications for Sensitive Questions	23
12. Estimates of Annualized Burden Hours and Costs	26
13. Estimate of Other Total Annual Cost Burden to Respondents or Record Keepers.....	27
14. Annualized Cost to the Federal Government.....	27
15. Explanation for Program Changes or Adjustments	27
16. Plans for Tabulation and Publication and Project Time Schedule	28
17. Reason(s) Display of OMB Expiration Date Is Inappropriate	29
18. Exceptions to Certification for Paperwork Reduction Act Submissions	29

List of Attachments:

A. Authorizing Legislation

- A1. NCHS/NSFG Authorizing Legislation
- A2. OPA Office of Family Planning Authorizing Legislation
- A3. NICHD Authorizing Legislation
- A4. Children's Bureau (ACF) Authorizing Legislation
- A5. PHS Section 301 (applies to CDC/DHAP & CDC/DRH)
- A6. Office of Planning, Research, & Evaluation, ACF, DHHS
- A7. Division of Cancer Prevention and Control, CDC
- A8. Division of Birth Defects and Developmental Disabilities, CDC
- A9. Division of Adolescent and School Health, CDC
- A10. Division of Nutrition, Physical Activity and Obesity, CDC
- A11. Division of Sexually Transmitted Disease Prevention, CDC

B. 60-Day Federal Register Notice (Placeholder)

C. Justifications for Sensitive Questions in the Self-administered (ACASI) part of the Survey

D. A Review of the Use of Incentives in the NSFG

E. List of Publications from the Latest File Releases

- E1. List of Publications from the 2006-2010 NSFG
- E2. List of Publications from the 2011-2013, 2013-2015, and 2011-2015 NSFG

F. Memoranda from Other Offices and Agencies

- F1. NCHS Public Affairs Office
- F2. Healthy People 2020 Health Objectives on Family Planning, HIV, STDs
- F3. DHHS/Office of Population Affairs
- F4. DHHS/NIH/NICHD
- F5. DHHS/ACF/Children's Bureau
- F6. DHHS/ACF/Office of Planning, Research, & Evaluation (OPRE)
- F7. DHHS/CDC/NCHHSTP/Division of HIV/AIDS Prevention (DHAP)
- F8. DHHS/CDC/NCHHSTP/Division of Sexually Transmitted Disease Prevention (DSTDP)
- F9. DHHS/CDC/NCHHSTP/Division of Adolescent and School Health (DASH)
- F10. DHHS/CDC/NCCDPHP/Division of Cancer Prevention and Control (DCPC)
- F11. DHHS/CDC/NCCDPHP/Division of Reproductive Health (DRH)
- F12. DHHS/CDC/NCCDPHP/Division of Nutrition, Physical Activity, and Obesity (DNPAO)
- F13. DHHS/CDC/Division of Birth Defects and Developmental Disabilities (DBDDD)

G. Consultation Outside the Agency

- G1. Summary materials from Nov 2013 ACA Advisory Workshop
- G2. Summary materials from Apr 2014 Advisory Workshop

H. Respondent Materials for the NSFG

- H1. Advance household letters for phases 1 & 2 (English & Spanish)
- H2. Advance respondent letters for phases 1 & 2 (English & Spanish)
- H3. Consent and Assent Forms (English & Spanish; no difference by phase)
- H4. Q&A Brochure in English
- H5. Confidentiality Brochure in English
- H6. Family Facts sheet
- H7. Interviewer's Letter of Authorization

I. Household Screener Questionnaire

J. Female Questionnaire

K. Male Questionnaire

L. Verification Questionnaires

M. Interviewer Observation Form

N. IRB Approval Form for the NSFG

O. Non-Response Bias Analyses for the continuous NSFG

P. Split Study Preliminary Results

- **Goal of the study:** To provide nationally representative, scientifically credible data on factors related to birth and pregnancy rates, family formation and dissolution patterns, and reproductive health for use by various Department of Health and Human Services (DHHS) programs, as well as for research.
- **Intended use of the resulting data:** Supplementing and complementing data from birth certificates on factors that affect birth and pregnancy rates, such as contraception, marriage and divorce, and infertility. Providing estimates of behavioral and demographic factors associated with reproductive health and use of related health services. Disseminating statistics on adoption and other aspects of family formation.
- **Methods to be used to collect:** Multi-stage probability based sample of respondents drawn from the U.S. household population. In-person interviews conducted by trained interviewers using a standardized, programmed questionnaire, including a self-interview component for the more sensitive survey content.
- **Subpopulation to be studied:** Males and females aged 15-49 in the U.S. household population, with special attention to substantively significant differences by key demographics such as age, race and Hispanic origin, marital or cohabiting status, education, and poverty level income.
- **How data will be analyzed:** The primary dissemination plan is to release public use NSFG data files and related documentation for general use in program planning and research. Descriptive and analytic reports will also be produced by survey staff, using statistical techniques appropriate for the analysis of complex, cross-sectional survey data.

Justification

This is a renewal request for the National Survey of Family Growth (NSFG) (OMB No. 0920-0314, Exp. Date 05/31/2018) to continue conducting the survey for the next three years. This survey is being conducted by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC), with the collaboration and support of several other groups within the Department of Health and Human Services (DHHS). The NSFG provides nationally representative data on factors related to birth and pregnancy rates, sexually transmitted diseases, and family formation including marriage, divorce, and adoption for NCHS and its cosponsors within DHHS. The survey is administered in person, in English and Spanish. About 5,000 people aged 15-49 are interviewed each year.

We are seeking approval to:

- **Continue to conduct the NSFG; and**
- **Conduct two small scale methodological experiments in order to improve the survey's response rates and reduce non-response bias.**

1. Circumstances Making the Collection of Information Necessary

The National Center for Health Statistics (NCHS), under its duties specified in 42 U.S.C. 242k, Section 306(a and b)(1)(h) of the Public Health Service Act (**Attachment A1**), conducts the National Survey of Family Growth (NSFG) to collect and disseminate “statistics on family formation, growth, and dissolution.” The NSFG supplements and complements the data from birth certificates on factors (such as contraception, marriage and divorce, and infertility) that affect birth and pregnancy rates. In addition, the NSFG serves a variety of data needs in public health programs that sponsor and depend on it (listed below).

Six cycles of the NSFG were fielded periodically from 1973 to 2002--in 1973, 1976, 1982, 1988, 1995, and 2002. In the 1973 to 1995 surveys, the NSFG was based on national samples of women aged 15-44, and focused on factors affecting pregnancy and birth rates. In 2002, the NSFG began interviewing men age 15-44 as well as women, to obtain data on fatherhood involvement, behaviors related to HIV and other sexually transmitted diseases, and other closely related topics. The sample of men was independent from the sample of women.

Beginning in the June 2006, the survey adopted a continuous fieldwork design in order to provide public use data on a more frequent, timely basis to our cosponsoring programs, and also to collect these data in a more cost-efficient manner (Lepkowski et al., 2013; Lepkowski et

al., 2010; Groves et al., 2009;). After the initial period of the “continuous” survey fielded from June 2006 to June 2010, interviewing ceased while a new contract was awarded and OMB approvals could be obtained. NSFG interviewing resumed in September 2011 and is expected to run continuously until mid-2019.

As with all prior survey periods, NCHS is collecting NSFG data in 2015-2019 in order to carry out its own responsibilities, as well as fulfilling the data needs for other agencies and programs in DHHS that contribute funding for the NSFG:

- the Office of Family Planning, Office of Population Affairs (OPA), DHHS, under 42 U.S.C. 300a (SEC. 1001 [300] and SEC. 1004 [300a-2] of Title X of the Public Health Service Act, **Attachment A2**);
- the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), of the National Institutes of Health (NIH), under Section 448 (285) Subpart 7 of the Public Health Service Act, **Attachment A3**);
- the Children’s Bureau of the Administration on Children, Youth, and Families of the Administration for Children and Families, under PL 96-272, the Adoption Assistance and Child Welfare Act of 1980 and other laws (**Attachment A4**);
- the CDC’s Division of HIV/AIDS Prevention (DHAP) of the National Center for HIV, Sexually Transmitted Disease, and Tuberculosis Prevention (NCHSTP), Section 301 of the Public Health Service Act, **Attachment A5**);
- the CDC’s Division of Reproductive Health (DRH), under Section 301 of the Public Health Service Act (**Attachment A5**);
- the Office of Planning, Research, & Evaluation of the Administration for Children and Families (OPRE), under Section 403 [42 U.S.C. 603] and Section 513. [42 U.S.C. 713] (**Attachment A6**);
- the CDC’s Division of Cancer Prevention and Control (DCPC), under the EARLY Act, a part of the Affordable Care Act (**Attachment A7**);
- the CDC’s Division of Birth Defects and Developmental Disabilities (DBDDD), under Section 399H (2801) Part O of the Public Health Service Act (**Attachment A8**)
- the CDC’s Division of Adolescent and School Health (DASH), under 42 U.S.C. Section 247(b)(k)(2) Public Health Service Act General Powers and Duties, Project Grants for

Preventive Health Services (**Attachment A9**);

- the CDC's Division of Nutrition, Physical Activity and Obesity (DNPAO), under the Prevention and Public Health Fund (**Attachment A10**); and
- the CDC's Division of Sexually Transmitted Disease Prevention (DSTDP), under 42 U.S.C. 247c The Public Health and Welfare, Sexually Transmitted Diseases; Prevention and Control Projects and Programs (**Attachment A11**);

The questionnaires (**Attachments J & K**) included in this submission were most recently approved by OMB on 08/18/2017. The NSFG questionnaires reflect the evolving data needs of various federal agencies within and outside of CDC, as expressed in their letters of support for the NSFG (**Attachments F1-F13**). No further changes to the NSFG questionnaires are planned under the period covered for this revision request.

In light of response rate and cost management challenges faced in the field by NSFG, which other household -based surveys are experiencing as well, we propose to conduct two small-scale methodological studies, neither of which will impact the current burden hours nor the number of respondents. One is an experiment to test the use of a mailed, paper screener questionnaire for a subset of NSFG sample households instead of a face-to-face visit to conduct the screener interview. The second study is designed to test the feasibility of shifting the Phase 2 fieldwork protocol 1 week earlier (to week 10 instead of week 11).

Experiment to test the use of a mailed, paper Household Screener: The first methodological experiment is designed to assess whether the use of mailed screeners decreases fieldwork costs while maintaining accurate coverage of the eligible population. A second experimental treatment shares the same mailed screener protocol but adds an incentive of \$2. Segments with likely age-ineligible households will be identified for the experiment, with 150 housing units assigned to each experimental treatment, for a total of 300 housing units in the experiment. These 300 units are included in total sample and therefore do not represent any additional respondents. We will provide a complete summary of this experiment and its results in 2018.

Feasibility pilot test of a shift of Phase 2 protocol to begin 1 week earlier: Specifically, this

pilot test will assess the 1-week shift for a subset of the sample (5 PSUs) for 1 field work quarter, based on findings from other studies (Montaquila et al, 2013). All other aspects of fieldwork, including the incentive plan and consent/assent process remain as previously described for the phase boundary at week 11. The rationale for the test of this phase boundary change is based on observing trends in response rates for the two phases, over the course of NSFG fieldwork beginning in 2011. Phase 1 has become less effective over time as evidenced by declining response rates, while phase 2 response rates have remained steady. This test will be evaluated for adverse effects on response rates or costs. If there are no adverse effects, an experiment will be proposed, with the ultimate goal of testing for effects of the phase boundary shift on response rates, yield, and efficiency of operations. We will provide a more complete summary of this feasibility pilot test and its results in 2018 as well.

2. Purpose and Use of the Information Collection

The NSFG responds to the congressional mandate for NCHS to collect and publish reliable national statistics on “family formation, growth, and dissolution” (Sec. 306(a and b), paragraph 1(H) of the Public Health Service Act) as well as vital statistics on births and deaths, and a number of aspects of health status and health care. The NSFG collects and publishes the most reliable, and in most cases the only, national data on such major topics as: adoption, unplanned births, contraceptive use and effectiveness, infertility and use of infertility services, pelvic infection and sexually transmitted disease, sterilization, expected future births, the sexually active population, and the use of and need for family planning services. Under continuous interviewing, the NSFG is continuing the time series of these variables, while improving sample sizes at an affordable cost.

NSFG data are typically summarized in national estimates of the numbers and percentages of the population of reproductive age who experience these events, and are presented in statistical tables and written reports published by NCHS and in professional journals. Statistical techniques such as regression analysis, life tables and hazard models are also used to refine estimates and clarify possible causal connections between events. The research community has always made heavy use of the NSFG: as of August 2017, more than

900 articles in scientific journals, book chapters, and NCHS reports had been published from the NSFG. More than 275 reports and articles have been published from the 2006-2010 NSFG data, released publicly in October 2011. **(Attachment E1)** The release of the 2011-2013 public use files in December 2014 and the 2013-2015 NSFG public use files in October 2016 have already generated more than 90 reports and articles based on these separate files or the combined 2011-2015 data **(Attachment E2)**.

While limited print copies of reports are produced and may be provided upon request, all NCHS reports, including those based on the NSFG, continue to be posted in PDF format on the NCHS website: <https://www.cdc.gov/nchs/>. The NSFG-based NCHS reports in PDF format can also be accessed directly from the NSFG website: <https://www.cdc.gov/nchs/nsfg/>. Reports posted in 2008 or later are compliant with Section 508 of the Americans with Disabilities Act (ADA).

The dissemination effort for the 2011-2013 and 2013-2015 public use data is described further in **Section 16** of this document. The effort includes release of the full 2011-2013 and 2013-2015 public use data files in December 2014 and October 2016, respectively. In addition, a set of 4-year sample weights were also released in October 2016 for use with the combined 2011-2015 data. Researchers can download public use data files in ASCII format from the NCHS website, along with program statements for 3 commonly used statistical packages among NSFG users -- SAS, Stata, and SPSS. As described under Section 16 of this document, we expect to publish several NCHS reports in the coming 1 to 1 ½ years, and we will continue making presentations at a variety of professional meetings. The NSFG's website page called "Key Statistics from the NSFG" has also been updated with 2011-2015 data so that the public will have quick and easy access to published statistics from the survey, at:

https://www.cdc.gov/nchs/nsfg/key_statistics.htm

The media use NSFG results in several ways, as breaking news, and as a factual base for feature articles, editorials, and commentaries **(Attachment E1)**. NSFG statistics are used as background data for programs and initiatives at the federal, state, and local level, and to benchmark data when smaller or local studies are conducted. Recently, statistics on usage of the NCHS web site have become available. For example, data for Year 2016 include:

- 39,057 views of the NSFG homepage
- 20,725 views of the “Key Statistics” described above,
- 16,488 views of the NSFG’s page for data file documentation

NSFG provides data for various substantive areas of Healthy People 2020 (**Attachment F2**). NSFG is used as the primary source of data for the Family Planning objectives. In addition, NSFG is an important contributor of data for objectives in the areas of HIV, Sexually Transmitted Diseases, and Maternal, Infant, and Child Health. NSFG data for these objectives have been used to brief the Secretary of DHHS, the Surgeon General, and others. One of the NSFG-based objectives (on receipt of reproductive health services in the past 12 months) was selected as one of 26 “leading health indicators” for the nation (**Attachment F2**).

NSFG data are used by many DHHS agencies. Some examples of these uses include the following:

- The Office of Population Affairs (OPA) uses NSFG data to estimate the characteristics of women who use Title X-funded clinics for family planning and related health services, as well as for research on factors affecting contraceptive use, unintended pregnancy, teenage sexual activity, and use of medical services for family planning and reproductive health (regardless of provider type). Data on men’s reproductive behavior are also used by the Office of Population Affairs to improve family planning and related health services targeting men. (**Attachment F3**)
- The Population Dynamics Branch, NICHD, NIH, uses the data from men and women as a resource for intramural and extramural research on marriage, cohabitation, fertility and infertility, contraceptive use, sexually transmitted infections, and breastfeeding in the United States. (**Attachment F4**)
- The Children’s Bureau, ACF, DHHS, has a special research interest in the data collected on children in foster care, and the fertility and family formation behaviors of adults who experienced foster care as children. (**Attachment F5**)
- The Administration for Children and Families, Office of Planning, Research, and Evaluation (ACF/OPRE), DHHS, relies on NSFG data on fatherhood, marriage, and teen pregnancy risk

behaviors, for planning programs to improve the economic and social well-being of children and families. **(Attachment F6)**

- The Division of HIV/AIDS Prevention (DHAP), CDC, undertakes research based on NSFG data on behaviors that affect the risk of transmission of HIV—including condom use, numbers of sexual partners, and others. **(Attachment F7)**
- The Division of Sexually Transmitted Disease Prevention (DSTDP), CDC, relies on the NSFG's data on sexual behavior and related sexual and reproductive health services to inform their STD prevention programs and research. DSTDP has also supported more recent questionnaire enhancements to improve measurement of preventive service utilization and access among adolescents and young adults. **(Attachment F8)**
- Division of Adolescent and School Health (DASH) – Within CDC's National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), NSFG has long been supported by the Divisions of HIV/AIDS Prevention (DHAP) and Sexually Transmitted Disease Prevention (DSTDP). Since 2016, NCHHSTP/DASH has begun cosponsoring the NSFG to support the collection of data on sexual activity, contraception, and sexual/reproductive health of young people. DASH is particularly interested in improving data collection on sex education to gain a better understanding of the formal instruction that may occur within school settings. **(Attachment F9).**
- The Division of Cancer Prevention and Control (DCPC), CDC, uses NSFG data on screening for cervical cancer, human papillomavirus (HPV), and breast cancer, which can be analyzed in relation to the NSFG's extensive data on pregnancy histories, sexual behavior, and reproductive health. DCPC has also supported recent questionnaire additions to evaluate adherence to revised cancer screening guidelines. **(Attachment F10)**
- The Division of Reproductive Health (DRH), CDC, uses NSFG data for surveillance of reproductive health outcomes and research on teen pregnancy prevention, sexual activity, and contraceptive use. DRH also uses NSFG data for their work on establishing recommendations for family planning services including contraceptive services. **(Attachment F11)**

- Division of Nutrition Monitoring, Physical Activity, and Obesity (DNPAO) – Within CDC’s National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), NSFG has long been supported by the Divisions of Cancer Prevention and Control (DCPC) and Reproductive Health (DRH). Since 2016, NCCDPHP/DNPAO has begun cosponsoring the NSFG to support the overall data collection on fertility and infant feeding practices including breastfeeding. DNPAO’s support has also bolstered data collection on nutrition-related counseling that mothers of young children receive from health care providers and other sources. **(Attachment F12)**
- The Division of Birth Defects and Developmental Disabilities (DBDDD), CDC, uses estimates of the number and characteristics of women at risk of an alcohol-exposed pregnancy that could lead to Fetal Alcohol Syndrome. **(Attachment F13)**

3. Use of Improved Information Technology and Burden Reduction

Respondent burden for the NSFG is kept to a minimum through the use of sampling procedures that permit the generation of statistically valid national estimates for roughly 149 million people 15-49 years of age with about 20,000 interviews over 4 years of interviewing. Burden is also contained by keeping the length of the questionnaires under the previously approved 80 minutes for women and 60 minutes for men. Burden is further reduced by using faster and more efficient laptop computers and the latest edition of BLAISE Computer-Assisted Personal Interviewing (CAPI) software.

CAPI reduces burden for the respondent because it collects the data using a laptop computer, along with a highly skilled interviewer. The computer customizes the questionnaire and question wording for the respondent, based on answers given during the administration of the instrument.

A portion of the NSFG interview, roughly 15-20 minutes, is conducted using Audio Computer-Assisted Self-Interview (ACASI). In ACASI, the respondent hears the questions through the headphones, or reads the questions on the computer screen, and enters the answers him or herself. ACASI ensures maximum privacy, so it is used for the most sensitive questions in the survey. However, the self-administered aspect of ACASI requires that both the

questions and the answer choices be as simple as possible.

Thus, only material that is sensitive and fairly simple to ask and answer can be collected in ACASI. Respondents often report that they enjoy the ACASI part of the interview because they can control the pace of the interview themselves, and be more active participants in it. Despite the appeal of ACASI, it is not practicable to use ACASI to conduct the entire survey because much of the questionnaire material is too complex to be self-administered. The complex sections of the questionnaire requires a well-trained interviewer – to give instructions, to explain terms and definitions, to ensure that answers are relevant and are entered accurately, and to help maintain the respondent’s privacy from other household members. Based on feedback received since ACASI was first used with the NSFG in 1995, most respondents have reported that they enjoy the interaction with the interviewer during the CAPI part of the interview, as well as the enhanced privacy of ACASI.

4. Efforts to Identify Duplication and Use of Similar Information.

On an ongoing basis, at least annually, the NSFG staff has consulted with NICHD, OPA, and other funding partners to make certain that their data needs are being met, and that NSFG data remain useful and valuable, particularly when there may be other sources of related data. Over the years since moving to a continuous fieldwork design, NSFG staff have also consulted with a number of private organizations (e.g., The National Campaign to Prevent Teen and Unplanned Pregnancy; Child Trends; Guttmacher Institute; Urban Institute; and others), as well as data users in the academic community.

The NSFG is the only nationally representative household survey that is specifically focused on childbearing experience, family formation, sexual behavior, contraceptive use, and reproductive health of men and women in the entire childbearing age range (15-49 years of age), and including retrospective histories of key events related to fertility and family formation. A few other surveys, mostly within the federal sector, have obtained data related to topics covered in the NSFG, but most were more limited in the questions they ask, the population they represent, or both. For example:

- The Census Bureau's Survey of Income and Program Participation (SIPP, OMB No. 0607-0977, Expires 11/30/2019) currently collects marital and birth histories, but it does not collect cohabitation histories, sexual partner histories, or pregnancies not ending in live birth (as collected in the NSFG).
- The CDC's Youth Risk Behavior Survey (YRBS) (OMB No. 0920-0493, Exp. Date 11/30/2019) collects data on sexual activity and contraceptive use among high school students, but this survey excludes older teens (who have the highest rates of unintended pregnancy and sexually transmitted disease) and those not currently in school. The YRBS is also limited with respect to explanatory variables other than age, grade, and race, and has limited information on first sexual intercourse and first contraceptive use and does not collection information on partner characteristics.
- The National Health and Nutrition Examination Survey (NHANES) (OMB Number 0920-0237, Discontinued 10/18/13 / OMB Number 0920-0950, Exp. Date 12/31/2019), also conducted by NCHS, collects some data on sexual behavior and sexual orientation in their ACASI section, but from comparatively small samples of men and women 15-44 years of age. Unlike the NSFG, NHANES does not have data on sexual attraction which is a measure often used with sexual orientation and behavior to measure HIV/STI risk.
- The National Health Interview Survey (NHIS)(OMB No. 0920-0214, Exp. Date 12/31/2017) also collects information on sexual orientation in large national samples of adult men and women, based on several years of intensive cognitive and field testing (Dahlhamer et al., 2014; Ward et al., 2014). However, unlike the NSFG, NHIS does not contain measures of sexual attraction and sexual behaviors that are often used with sexual orientation to measure HIV/STI risk.
- The Pregnancy Risk Assessment Monitoring System (PRAMS) is a coordinated effort among the CDC and state health departments to collect information on the health of mothers and infants. There is some overlap with information collected in the NSFG, such as contraceptive use before the last pregnancy leading to a live birth, and wantedness of pregnancies leading to live births. However, because PRAMS is based on a sample of

recent live births it does not include information on pregnancies that do not end in a live birth and does not include information on women's full pregnancy/birth histories.

- While other data sources obtain information on selected forms of infertility treatment (e.g., the Assisted Reproductive Technologies Registry System, the National Study of Fertility Barriers), the NSFG is the only source of nationally representative information on the use of any medical services for infertility from the perspective of individuals, rather than service providers.

These occasional, partial overlaps in content between the NSFG and other surveys make it possible to compare some of our statistics with other data to verify their reliability, and assess possible contextual effects based on survey placement. However, most of the statistics that the NSFG provides are unique and cannot be supplied by other surveys, public or private. There may be differences in population coverage or in level of detail that make the NSFG a critical source for nationally representative information and a frequent source of benchmarking for other surveys with similar content. For example:

- all teens compared with teens currently enrolled in school
- all individuals potentially in need of services instead of just those receiving particular services or visiting selected providers
- all pregnancies reported by women compared with only those resulting in live birth

5. Impact on Small Businesses or Other Small Entities.

No small businesses will be involved in this study. This is a survey of individuals, not of firms or organizations.

6. Consequences of Collecting the Information Less Frequently

Conducting the NSFG every 6 or 7 years, as was the case before the move to continuous fieldwork in 2006, is not frequent enough for the needs of NCHS or the other DHHS programs that use the survey. Interviewing and releasing public use files periodically rather than continuously would mean that the information would be too old for most policy and program uses. Many of the fertility and family formation-related behaviors measured in the NSFG can

change significantly in less than 6 or 7 years, and the data needs of the programs served by the NSFG also change more frequently than that.

One example of population level change that NSFG can help to explain with behavioral data collected in the survey is the change in the teen birth rate over the last two decades. Between 1991 and 2015, vital statistics data indicate that the US teen birth rate dropped by 64%. The decline occurred among all racial and ethnic subgroups, but rates remained higher among non-Hispanic black and Hispanic teens than among non-Hispanic whites. Because the NSFG provides detailed and relatively frequent data (roughly every 2 years) on sexual activity and contraceptive use among teenagers in the US, NSFG data can help shed light on the key behaviors underlying this trend in teen birth rates and the differentials among subgroups. For example, a recent report using NSFG data for 2011-2015 demonstrated an increase in the use of newer hormonal contraceptives among teen females, specifically, injectable contraception, the hormonal patch, the hormonal ring, emergency contraception, and long-acting reversible contraception (the IUD and implants) (Abma and Martinez, 2017). This is likely to have played a role in the decline in teen births.

Another type of behavioral change the NSFG can monitor more effectively with more frequent data collection is the acceptance of new contraceptive methods; the NSFG helps shed light on how commonly and effectively these methods are used and can track changes in the use of specific method over time. For example, the NSFG can be used to track male methods of contraception, such as vasectomy, withdrawal and the male condom. Compared to data from 2002 and 2006-2010, data from the 2011-2015 showed that the use of the male condom among unmarried men remained stable, while the use of withdrawal nearly doubled during this time period. (Daniels & Abma, 2017).

An example of changing data needs is that the NSFG supplies data for most of the Healthy People 2020 Objectives on Family Planning (**Attachment F2**). Healthy People 2020 requires that the data be available at least 3 times per decade, and many of the objectives focus on small sub-populations that require large samples (for example, 15-17 year old white, black, and Hispanic females). New legislation, policy initiatives and medical practice guidelines also make new information necessary. Some of these new developments include: the

Affordable Care Act of 2010; new medical guidelines on breast cancer and cervical cancer screening; continued debates about the effects of “abstinence education” and “comprehensive sex education” on teenagers’ behavior; speculation about the effects of emergency contraception; and controversies surrounding contraceptive coverage by insurance plans and providers. The implementation of continuous interviewing allows the NSFG to respond to the most important data needs with revised survey questions and recent data more promptly than before.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

None. This request complies fully with 5 CFR 1320.5.

8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

A copy of the **60-day Federal Register Notice** for the NSFG, Volume XX, No. YYY, pages xxxx-yyyy, published Date XX, 2017, is shown in **Attachment B**.

The NSFG staff has held periodic (at least annual) in-person discussions with representatives of the funding agencies mentioned above since the early 1990s. In March 2004, the collaborating agencies made the decision to move toward continuous interviewing as soon as possible, to provide larger samples and more frequent data at a more affordable cost per case. In April 2006, OMB approved the continuous interviewing plan, and in June 2006, continuous interviewing began.

Funding agency representatives, as a group, are given updates several times a year, with email reports on the progress of fieldwork, notifications of file or report releases, and other NSFG news. Frequent e-mail and phone exchanges with individual funding agencies also occur often, to keep them up to date and to seek their advice on matters of concern to them. In the last 3 years, there were 3 formal, in-person meetings of the NSFG funding agencies on April 14, 2015, April 20, 2016, and May 23, 2017. The agenda for these meetings cover recent data and report releases; preparation for upcoming data releases; the status of fieldwork for data collection in progress; planning for upcoming data collection years including questionnaire changes; budget overviews

and projections, and for more recent meetings, plans for the long term after the end of the current contract. In addition, since 2014 multiple meetings have been held with individual funding partners, including a visit with all of the CDC/Atlanta-based funding partners in June 2016.

The NSFG staff conducts other outreach efforts as well. For example, we present workshops and papers at professional meetings such as the Population Association of America, the American Sociological Association, the Maternal and Child Health Epidemiology meetings, Society of Adolescent Health and Medicine, American Association of Public Opinion Research, and the American Public Health Association, so that we can meet with data users and obtain feedback on the survey's data and user support. We maintain an "NSFG Announcements" listserv, which currently has over 350 subscribers, and we regularly use it to inform our user community of new NSFG file releases and published reports. The NSFG staff also maintains an email address NSFG@cdc.gov to allow users of our data files an easy way to ask questions and make suggestions for the survey or our web-posted user tools.

Key persons representing the NSFG's cosponsoring agencies are consulted on an ongoing basis. These persons include:

Agency	Contact Person(s)	Address/ Email/ Phone
OPA	Katherine Ahrens, PhD	1101 Wooten Parkway, Suite 700 Rockville, MD 20852 kate.ahrens@hhs.gov , 240-453-2831
NICHD	Rosalind B. King, PhD	Population Dynamics Branch 6100 Executive Boulevard Bethesda, MD 20892-7151 kingros@mail.nih.gov , 301-435-6986
ACF/Children's Bureau	Sharon Newburg-Rinn, PhD	Switzer Building, Room 3042 330 C Street, SW Washington, DC 20201 Sharon.Newburg-Rinn@acf.hhs.gov , 202-205-0749
ACF/OPRE	Tia Zeno, PhD	370 L'Enfant Promenade, SW 7 th Floor West Washington, DC 20447 Tia.Zeno@acf.hhs.gov , 202-401-5079
CDC/DBDDD	Patricia P. Green, MSPH	Fetal Alcohol Syndrome Prevention Team 1825 Century Center Atlanta, GA. 30329 pap5@cdc.gov , 404-498-3953
CDC/NCCDPHP/DCPC	Mary White, ScD, MPH Jin Qin, ScD, MS	David Building Atlanta, GA 30341 MW: mxw5@cdc.gov , 770-488-3032 JQ: wyv0@cdc.gov , 770-488-7869
CDC/NCCDPHP/DRH	Wanda Barfield, MPH, MD Karen Pazol, MPH, PhD	4770 Buford Highway, MS F-74 Atlanta, GA 30341 WB: WBarfield@cdc.gov , 770-488-5574

		KP: KPazol@cdc.gov , 770-488-6305
CDC/NCCDHP/DNPAO	Heather Hamner, PhD, MS, MPH Ellen Boundy, RN, CNM, MS, ScD	4770 Buford Highway, MS F-77 Atlanta, GA 30341 HH: hfc2@cdc.gov , 770-488-7672 EB: lwz9@cdc.gov , 770-488-4438
CDC/NCHHSTP/DSTDP	Patricia Dittus, PhD Jami Leichter, PhD	Corporate Square Atlanta, GA 30329 PD: Building 12, pdd6@cdc.gov , 404-639-8299 JL: Building 1, JLeichter@cdc.gov , 404-639-1821
CDC/NCHHSTP/DHAP	Marc Pitasi, MPH Kevin Delaney, MPH, PhD	Corporate Square, Building 8 Atlanta, GA 30329 MP: vva1@cdc.gov , 404-639-6361 KD: khd8@cdc.gov , 404-639-8630
CDC/NCHHSTP/DASH	Lisa Barrios, DrPH Riley Steiner, MPH	1600 Clifton Rd. NE, MS E-75 Atlanta, GA 30329 LB: lbarrios@cdc.gov , 404-718-8180 RS: vtc1@cdc.gov , 404-718-8192

Other continuing contacts with these and other agencies have been described in **Section 2** of this document ("Purpose and Use of Information Collection"). There are no unresolved issues between NCHS and any of these agencies.

9. Explanation of any Payment or Gift to Respondents

As approved for NSFG data collection since 2002 and as justified in prior clearance requests, we plan to continue to offer \$40 in cash as a token of appreciation to respondents. **Attachment D** describes the overall rationale for this incentive use and also summarizes the most recent experiment we conducted on incentive use. Based on the results of this latter experiment, we decided to continue with the current NSFG incentive plan, a 2-phase structure which has been in use since the NSFG's move from periodic to continuous interviewing in 2006.

This 2-phase fieldwork and incentive structure was implemented beginning in 2006 to obtain the most benefit from the continuous interviewing design. Each quarter, during week 10 (the feasibility pilot study described in section B would shift this timeframe up by 1 week), a subsample of active, non-responding cases (among both households that have not completed a screener and individuals who have not completed a main interview) is selected for continued follow-up. In weeks 11 and 12 (or week 10-12 for the feasibility pilot study to shift the phase boundary), this subsample receives a special mailed advance incentive (\$5 if a household screener and \$40 if a main study respondent) and the interviewers focus their effort on the fewer cases left in the subsample. These advance incentives are in addition to the \$40 given to respondents in person when agreeing to complete the main interview.

Meanwhile, the proposed mailed household screener experiment would also include an incentive of \$2 for half of the up to 300 households that would potentially participate in this experiment designed to assess whether the use of mailed screeners decreases fieldwork costs while maintaining accurate coverage of the eligible population. Since this experiment will be directed to segments with likely age-ineligible households, it is unlikely that persons participating in this methodological study will also go on to complete the main study.

10. Protection of the Privacy and Confidentiality of Information Provided by Respondents

This submission has been reviewed by the NCHS Privacy Act Officer and the NCHS Confidentiality office who determined that the Privacy Act does apply. This study is covered under Privacy Act System of Records Notice 09-20-0164 (“Health and Demographic Surveys Conducted in Probability Samples of the U.S. Population”).

Social Security numbers are not collected at any stage of the NSFG. The only Information in Identifiable Form (IIF) that is collected includes the respondent’s name, address, and telephone number. IIF is used for 4 purposes: (1) the address is used for screening, (2) the name is used for informed consent, (3) the telephone number is used for verification, in which a sample of respondents is re-contacted to verify that the interview occurred; and (4) the address is used for geocoding of the contextual data file. These IIF data are stored encrypted, and separately from the survey data, using secure storage procedures as required by the Office of the Chief Information Security Officer (OCISO) of CDC. At the time of this writing, contract modification has been submitted and is in processing, requiring the contractor to destroy and transmit all data including PII to NCHS upon completion of the contract in 2020. Date of birth and age are collected, but the day of birth is not released as part of the public use files.

Items of Information to be Collected

The NSFG collects the following information from a national sample of men and women 15-49 years of age:

- Demographic characteristics including age, marital status, educational attainment, religious affiliation, and labor force participation;
- Births and pregnancies (had, from women; or fathered, from men);

- Marriage and cohabitation (current and past);
- Contraceptive methods used currently and in the past;
- Use of medical care for contraception, infertility, and reproductive health;
- Attitudes about marriage, children, and parenting;
- From men, father involvement in raising their children.

In the ACASI section, data are collected on numbers of opposite-sex and same-sex partners, alcohol and drug use, and sexual attraction and orientation.

The confidentiality of individuals participating in NSFG is protected by section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (CIPSEA) of 2002. Section 308(d) states:

"No information, if an establishment or person supplying the information or described in it is identifiable, obtained in the course of activities undertaken or supported under section...306,...may be used for any purpose other than the purpose for which it was supplied unless such establishment or person has consented (as determined under regulations of the Secretary) to its use for such other purpose and (1) in the case of information obtained in the course of health statistical or epidemiological activities under section...306, such information may not be published or released in other form if the particular establishment or person supplying the information or described in it is identifiable unless such establishment or person has consented (as determined under regulations of the Secretary) to its publication or release in other form..."

In addition, legislation covering confidentiality is provided according to section 513 of the Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA) (PL-107-347), which states:

"Whoever, being an officer, employee, or agent of an agency acquiring information for exclusively statistical purposes, having taken and subscribed the oath of office, or having sworn to observe the limitations imposed by section 512, comes into possession of such information by reason of his or her being an officer, employee, or agent and, knowing that the disclosure of the specific information is prohibited under the provisions of this title, willfully discloses the information in any manner to a person or agency not entitled to receive it, shall be guilty of a Class E felony and imprisoned for not more than 5 years, or fined not more than \$250,000, or both."

NCHS also complies with the Federal Cybersecurity Enhancement Act of 2015, which permits monitoring information systems for the purpose of protecting a network from hacking,

denial of service attacks and other security vulnerabilities.¹ Monitoring under the Cybersecurity Act may be done by a system owner or another entity the system owner allows to monitor its network and operate defensive measures on its behalf. The software used for monitoring may scan information that is transiting, stored on, or processed by the system. If the information triggers a cyber threat indicator, the information may be intercepted and reviewed for cyber threats. The cyber threat indicator or defensive measure taken to remove the threat may be shared with others only after any information not directly related to a cybersecurity threat has been removed. In addition, sharing of information can occur only after removal of personal information of a specific individual or information that identifies a specific individual.

NCHS policy requires physical protection of records in the field, and has delineated these requirements for the data collection contractor. The contractor also has its own policy and procedures regarding assurance of confidentiality and a pledge that all employees involved in the NSFG must sign. The contractor provides all safeguards mandated by Privacy Act and Confidentiality legislation to protect the confidentiality of the data. Data collection contractor employees who have access to the IIF and other confidential data sign formal Designated Agent Agreements (DAA). The contractor's data security procedures comply fully with security requirements delineated by OCISO. As of August 14, 2017, the NSFG's Certification and Accreditation and Authority to Operate has been accepted is being processed by CDC's OCISO.

It is the responsibility of NCHS employees, including NCHS contract staff, to protect and preserve all NSFG data from unauthorized persons and uses. All NCHS employees as well as all contract staff have received appropriate training, made a commitment to assure confidentiality, and have signed a "Nondisclosure Affidavit" every year. Protection of the confidentiality of records is a vital and essential element of the operation of NCHS, and it is understood that

¹ "Monitor" means "to acquire, identify, or scan, or to possess, information that is stored on, processed by, or transiting an information system"; "information system" means "a discrete set of information resources organized for the collection, processing, maintenance, use, sharing, dissemination or disposition of information"; "cyber threat indicator" means "information that is necessary to describe or identify security vulnerabilities of an information system, enable the exploitation of a security vulnerability, or unauthorized remote access or use of an information system."

Federal law demands that NCHS provide full protection at all times of the confidential data in its custody. Only authorized personnel are allowed access to confidential records and only when their work requires it. When confidential materials are moved between locations, records are maintained to ensure that there is no loss in transit and when confidential information is not in use, it is stored in secure conditions.

Confidential data will never be released to the public. For example, all IIF and other personal information that could be potentially identifiable (including participant name, address, survey location number, sample person number) are removed from the public release data files. The NCHS Disclosure Review Board reviews all public use files, including those of the NSFG, to assure that directly or indirectly identifiable data are not included. Thus, when NCHS releases public use data files as part of its mission to disseminate the data widely, any information that could be identifiable is removed.

Respondents are notified of the voluntary nature of the survey through the Advance Letter for Households, the Advance Letter for Respondents (**Attachments H1 and H2**), the respondent's Q&A brochure (**Attachment H4**), and the informed consent forms (**Attachment H3**). Information for respondents on the uses of the data is provided in the advance letters, consent forms, and the Question and Answer Brochures (**Attachments H1-H4**).

11. Institutional Review Board and Justifications for Sensitive Questions

The NCHS Research Ethics Review Board (RERB) most recently reviewed and approved the NSFG survey materials in July 2017, to continue this protocol for the maximum allowable period of 1 year (expiring July 2018) (**Attachments N**). Subsequent annual submissions to the ERB are planned to allow for continued data collection.

Since the survey focuses on childbearing and pregnancy (in the main interview) and reproductive health (in the self-administered ACASI portion), it necessarily deals with a number of topics that may be sensitive for some people. But prior NSFG survey experience shows that this is not a serious problem: most questions in the interview (e.g., such as infertility, adoption, divorce, contraceptive use, and sexual activity) have been asked of more than 56,000 people since the 1995 survey with no problems, in part because family formation, sexual activity, and

having and raising children are important and positive aspects of the lives of most people in this age range.

The questions in the NSFG questionnaires may be divided into 2 groups:

- (a) Questions that have generally been asked in some form in the NSFG since the 1970s—including demographic characteristics like education and marital status, and behaviors such as contraceptive use, marriage, divorce, and unmarried cohabitation.
- (b) More sensitive questions that are asked in ACASI, and have mostly been asked only since 2002.

Attachment C discusses the more sensitive items that are administered in the self-administered ACASI section of the questionnaire, as shown below:

- Incarceration
- Drug Use
- Non-voluntary sexual experience
- Sexually transmitted diseases (STDs)
- Sexual behavior
- Sexual identity and attraction
- Same-sex sexual activity
- Income, including sources of income

Minimizing sensitivity - The context in which questions are asked and the demonstrated statistical uses of the survey are important factors in overcoming the potential sensitivity of the subject matter. The NSFG takes at least 6 steps to create a context which minimizes sensitivity and makes clear to respondents the legitimate need for the information:

- (1) First, it is always possible to answer “I don’t know” (I can’t recall, I don’t remember, or I never knew that) or “Refuse (or choose not) to answer” for any question. To save space on the simplified paper “CAPI-lite” versions of the questionnaires (**Attachments J & K**), “refused” or “don’t know” were not listed as explicit answer choices for every question, but interviewers are trained to accept "don't know" or "refused" for **any** question. Similarly, in the ACASI portion of the survey, respondents are informed that these are accepted responses for any question, and they are shown how to enter these responses.
- (2) Advance letters, brochures, and other materials (**Attachments H1-H6**) are used to make

clear that the survey is sponsored by the U.S. Department of Health and Human Services, and that the information is put to important uses. Our advance materials cite the NSFG web site (<http://www.cdc.gov/nchs/nsfg.htm>), and respondents who want to verify the sponsorship of the survey for themselves are shown the Interviewer's Letter of Authorization (**Attachment H7**). They can also call the toll-free number at NCHS (866-227-8347) or the University of Michigan (855-891-8891). The toll-free phone lines at NCHS are answered by the Principal Investigator (Dr. Anjani Chandra), the Contract Officer Representative (Dr. Joyce Abma) and another senior staff person (Dr. Gladys Martinez, who is also bilingual in Spanish). The toll-free phone number at the contractor's office (ISR/University of Michigan) is answered 6 days a week, including weekday evenings.

- (3) Only professional female interviewers are used. Based on consultation with survey directors of several large, national surveys, both female and male respondents in the U.S. typically express a preference to be interviewed by women on sensitive topics.
- (4) The questionnaire is carefully crafted to lead smoothly from one topic to another. As new topics are introduced, the need for the information is explained briefly to the respondent. A considerable effort was made to use the experience of the nearly 56,000 NSFG respondents since 2002 (12,571 in 2002, 22,682 in 2006-2010, and 20,621 in 2011-2015) to improve the survey questions for 2015-2019.
- (5) NSFG interviewers ask most of the questions using a laptop computer with Blaise programming. When paper-and-pencil questionnaires were used for interviewing (before the 1995 NSFG), one principal privacy concern of respondents was the possibility that spouses, parents, or other family members would see their answers; CAPI and ACASI help to prevent those situations.
- (6) ACASI is used for the most sensitive questions (Female Section J and Male Section K). The questions are asked over headphones (and on the computer screen) and the respondent enters his or her answers into the laptop computer. ACASI helps to ensure that other members of the respondent's own household (if any) will not know what the questions were, or what the answers were. The screen can be made blank with one keystroke if

anyone walks into the room while the interview is going on. ACASI concludes with the respondent initiating a locking mechanism that prevents the interviewer or anyone else from seeing the respondent's answers.

12. Estimates of Annualized Burden Hours and Costs

On an annual basis, up to 15,000 persons may complete a household screener interview (**Attachment I**) yielding 7,500 households with an eligible respondent aged 15-49. From these households, about 5,000 respondents will complete a main interview: 2,750 females and 2,250 males. The mean interview length remains at about 80 minutes for females and 60 minutes for males. Finally, the NSFG selects a random 10% sub-sample of the cases completed by each interviewer (both screener and main interview) to be rechecked using a brief interview to verify the completeness and accuracy of the interviewer's work. This results in roughly 1,500 of the respondents to the screener interview and 500 respondents to the main survey being re-contacted by telephone for a short (2-minutes for screener and 5-minutes for main) verification interview (**Attachments L2 and L3**).

12.A Estimated Annualized Respondent Table

Respondents	Form	No. of Respondents	Responses per Respondent	Average Burden/ Response (in hours)	Total Burden Hours
Household member	Screener Interview	15,000	1	3/60	750
Household Female 15-49 years of age	Female Interview	2,750	1	80/60	3,667
Household Male 15-49 years of age	Male Interview	2,250	1	60/60	2,250
Household member	Screener Verification	1,500	1	2/60	50
Household Individual 15-49 years of age	Main Verification	500	1	5/60	42
TOTAL	6,759				

The average response burden cost for the NSFG is estimated to \$178,370 (Wage information is from the Bureau of Labor Statistics: <http://www.bls.gov/news.release/empsit.t19.htm>).

12.B Estimated Annualized Respondent Costs

Total Burden Hours	Respondent Wage Rate per Hour	Total Respondent Costs
6,759	\$26.39	\$178,370

13. Estimate of Other Total Annual Cost to Respondents or Record Keepers

There are no costs to respondents other than the time necessary to respond to the information collection.

14. Annualized Cost to the Federal Government

The Annualized cost to the government based on FY 2014 figures is: \$7,100,000

CONTRACT	\$5,800,000
NCHS Staff	<u>1,300,000</u>
TOTAL	\$7,100,000

Most of the contract costs are for data collection, including hourly wages for interviewers, plus the costs of hiring and training them. Contract costs also include specification and programming of the male and female questionnaires; and data processing, editing, and documentation of the data file. NCHS actively monitors and reviews this work in all its stages.

15. Explanations for Program Changes or Adjustments

Apart from the request to continue the NSFG beyond our current expiration in May 2018, we wish to test some small methodologic changes to see if we can curb the declines NSFG and all household surveys are seeing in participation rates. These methodologic studies are described further in supporting statement B. No further changes are planned for the survey content under the current NSFG contract.

The currently approved burden is 7,318 hours. This figure has been reduced by 559 hours due to a more accurate estimate for female interviews (80 minutes instead of the 90 minutes previously used). The requested burden for this submission is 6,759 hours.

16. Plans for Tabulation and Publication and Project Time Schedule

Letters sent to respondents	3-5 months after OMB approval
Data collection:	5-36 months after OMB approval
Data collection completed	Continuous after OMB approval
Main Study coding, edits, imputation, prepare recoded variables & document data files	Continuous after OMB approval
Release public use data files for Interviews in 2015-2017:	6 months after OMB approval
Release public use data files for Interviews in 2017-2019:	30 months after OMB approval
First published reports:	6 months after OMB approval, then periodically.

The data from the NSFG are analyzed using SAS, STATA, and other statistical software for tabulation and analysis. SUDAAN, SAS, STATA, and similar software are being used for variance estimation. Results will be published in standard NCHS Reports, and as articles in professional journals. Over 800 reports from Cycles 1-6 are shown on the NSFG web site. Over 275 publications from the 2006-10 NSFG and 100 publications thus far from the 2011-2013, 2013-2015, and 2011-2015 NSFG are shown in **Attachments E1 and E2**.

Publications – All NSFG-based reports published by NCHS are available as PDF files on the NSFG website: <http://www.cdc.gov/nchs/nsfg.htm>. Publications released in 2008 or later are compliant with Section 508 of the Americans with Disabilities Act. A short report on birth expectations of U.S. women was published with the October 2016 release of the 2013-2015 public use data files. In addition, at this same time, the 4-year sample file weights were also made available for use with the combined 2011-2015 NSFG data, and three NCHS reports have been published using these data at the time of this writing:

- NHSR on teen sexual activity and contraception (6/22/17)

- NHSR on condom use (8/10/17)
- Data Brief on unmarried men's contraceptive use (8/31/17)

Several more NCHS reports are in preparation from 2011-15 NSFG data are expected to be published within the next year, though the precise timing could change, including the addition or deletion of other reports based on organizational priorities. The NCHS Public Affairs Office maintains a website of upcoming reports that will include NSFG reports planned for the next 6-9 months (<https://www.cdc.gov/nchs/pressroom/default.htm>). These are, of course, only the *initial* publications planned by the NSFG team at NCHS, with several more likely to be published. Also, these plans do not include publications in peer-reviewed journals or authored by academic and other researchers.

17. Reason(s) Display of OMB Expiration Data is Inappropriate.

N/A

18. Exceptions to Certification for Paperwork Reduction Act Submissions.

None

Supporting Statement B for Request for Clearance:

NATIONAL SURVEY OF FAMILY GROWTH

OMB No. 0920-0314
(expires May 31, 2018)

October 20, 2017

Contact Information:

Anjani Chandra, Ph.D., Health Scientist
Principal Investigator and Team Lead
National Survey of Family Growth Team
Division of Vital Statistics/Reproductive Statistics Branch
CDC/National Center for Health Statistics
3311 Toledo Road, Room 5414
Hyattsville, MD. 20782
301-458-4138
301-458-4034 (fax)
achandra@cdc.gov

SECTION B

Collection of Information Employing Statistical Methods

Table of Contents for Supporting Statement B

1. Respondent Universe and Sampling Methods.....	3
2. Procedures for the Collection of Information.....	7
3. Methods to Maximize Response Rates and Deal with No Response.....	14
4. Tests of Procedures or Methods to be Undertaken	17
5. Individuals Consulted on Statistical Aspects and Individual Collecting and/or Analyzing Data.....	18
References	20

(The reference list includes all references cited throughout the NSFG OMB submission, with the exception of Attachment O, which includes a separate reference list.)

List of Attachments (abridged from full listing shown in SS A):

- A. Authorizing Legislation
- B. 60-Day Federal Register Notice (Placeholder)
- C. Justifications for Sensitive Questions in the Self-administered (ACASI) part of the Survey
- D. A Review of the Use of Incentives in the NSFG
- E. List of publications from the latest file releases
- F. Memoranda from other offices and agencies
- G. Consultation outside the agency
- H. Respondent Materials for the NSFG
- I. NSFG Household Screener Questionnaire
- J. Female Questionnaire
- K. Male Questionnaire
- L. Verification Questionnaires
- M. Interviewer Observation Form
- N. IRB Approval Form for the NSFG
- O. Non-Response Bias Analyses for the continuous NSFG
- P. Split Study Preliminary Results

NOTE: *The sample design of the 2015-2019 NSFG is similar in most respects to the sample design of the 2006-2010 and 2011-2015 surveys. A description of the sample design details for fieldwork from 2011 to 2015 are contained in two sets of web-based documents, one for each of two fieldwork periods and data file releases: 2011-2013 and 2013-2015*

(https://www.cdc.gov/nchs/data/nsfg/nsfg_2011_2013_sampledesign.pdf and https://www.cdc.gov/nchs/data/nsfg/NSFG_2013-2015_Sample_Design_Documentation.pdf)

Selected aspects of the design and statistical outcomes are available for the four-year period 2011-2015 as well, on the webpages for the 2013-2015 NSFG.

(https://www.cdc.gov/nchs/nsfg/nsfg_2013_2015_puf.htm, “2011-2015 Data Collection Summary”

Further details on the sample design that were carried forward to the NSFG for 2011 and beyond are contained in 2 reports on the 2006-2010 NSFG (Lepkowski et al., 2010; Lepkowski et al., 2013).

1. Respondent Universe and Sampling Methods

Summary: The National Survey of Family Growth (NSFG) is based on a national area probability sample. The first stage involves the selection of Primary Sampling Units (PSUs). To control costs, a smaller number of PSUs is selected for inclusion than was the case during periodic interviewing (last conducted in 2002). Across the 8 years of data collection planned (2011-2019), there are a total of 21 “self-representing” (SR) PSUs, defined as PSUs that were automatically included in national probability samples due to their large population, and an additional 192 non-self-representing (NSR) PSUs, defined as PSUs selected into the NSFG sample that represent not only themselves but other non-self-representing PSUs, for a total of 213 PSUs, plus 2 for Alaska and Hawaii. A subset of these 215 PSUs is selected for each 2-year sampling period (35 are selected each year). For example, for the 2-year period 2013-2015, there are 65 PSUs: 17 SR and 48 NSR PSUs.

Each year, about 15,000 households are contacted, in order to yield approximately 5,000 interviews annually. Each year of data is an independent national sample, but the desired sample size and precision for several key estimates and statistics are attained after about 4 years of interviewing (Sept 2011-Sept 2015 already completed; Sept 2015-Sept 2019 underway). In addition, despite each year of fieldwork being designed to yield nationally representative data, sample weights are only constructed for 2 years of data, which is the minimum timespan for NSFG public use file releases that permit statistically reliable estimates to be made.

Target Population: Since September 2015, the target population of the National Survey of Family Growth has been the household population 15-49 years of age. The NSFG sample excludes current residents of military bases and institutions (e.g., long-term hospitals, jails, prisons). College students temporarily away from their homes at college are included by

sampling them at their home address; they can be interviewed either at home or at college.

Details of the NSFG Sample Design: The sample is selected in 5 stages:

- (1) The first stage involves selection of Primary Sampling Units (Metropolitan Statistical Areas (MSAs), counties, or groups of adjacent counties) from the 2,149 PSUs on the sampling frame comprised of the 50 United States plus the District of Columbia. PSUs are stratified according to attributes such as Census Division, MSA status, and size, then one or two PSUs are selected from each stratum with the probability of selection proportionate to population size—that is, PSUs with large populations have a larger chance of selection than PSUs with smaller populations. The PSUs with the largest populations have a probability of selection equal to 1.0, and are included every year.
- (2) The second stage involves selection of Secondary Sampling Units (SSUs or segments) within PSUs. These are composed of one or more Census blocks with a minimum measure of size equal to 50 housing units (HUs). SSUs in domains with higher proportions of black and Hispanic persons have relatively higher combined PSU, SSU, and HU selection rates. These weighted measures of size and sampling rates are set such that interviews with black and Hispanic respondents each constitute about 20% of all interviews. Each PSU is assigned one or two ISR interviewers based on its relative size. For each interviewer, 12 SSUs are selected each year. These SSUs are then randomly divided into 4 groups, with one group of 3 SSUs assigned to each calendar quarter.
- (3) Selection of households: For the third stage of selection, interviewers update commercially-available lists (based on the U.S. Postal Service's Delivery Sequence File (DSF)) of housing units for SSUs where these lists are available or, alternatively, create such a list from scratch where they are not available. Once these lists are updated, a sample of housing units is selected systematically from geographically-sorted lists of housing units, beginning from a random start. Beginning in Quarter 13 (2013), a sample design change was implemented with the goal of increasing the percentage of screened households that contain an eligible person. This was accomplished by stratifying housing

units based on a prediction of whether the unit contained an eligible person. The model was selected and estimated using data from previous quarters where the binary eligibility outcome was measured. Key predictors in this model included commercial data that estimate whether an eligible person is in the household. The predicted probability of there being an eligible person in the household was used to create strata and then oversample the stratum or strata with higher expected eligibility. As has been done since 2006, after an advance letter is sent to each selected household informing them about the study (**Attachment H1**), the selected units are then contacted by ISR interviewers to determine if any members of the household are eligible (persons age 15-49 at the time of the screening interview). A full household roster is obtained during the screening interview to identify eligible household members.

- (4) Selection of individuals: In households with eligible persons, a fourth stage of selection involves selecting one of the eligible persons. The within-household selection rates are set so that about 20% of all interviews are with teens aged 15-19 and 55% of all interviews are with females. Respondents who agree to complete the main NSFG interview are given a \$40 cash token of appreciation.
- (5) Selection of “nonresponders” for Phase 2: As was done in the NSFG for 2006-2010 and 2011-2015, NSFG continues to use a two-phase sampling approach as a fifth stage of selection. Each quarter, during week 10, a subsample of active, non-responding cases (among both households that have not completed a screener and individuals who have not completed a main interview) is selected for continued follow-up. In weeks 11 and 12, this subsample receives a special mailed advance incentive (\$5 if a household screener and \$40 if a main study respondent) and the interviewers focus their effort on the fewer cases left in the subsample. These advance incentives are in addition to the \$40 given to respondents in person when agreeing to complete the main interview.

The *rotating* feature of the PSUs permits a cost efficiency of ongoing sampling and data collection operations by using the field interviewing staff and funding in an optimal manner. It further offers at any single year a full national sample for the study, albeit with standard errors of estimates larger than those of the 2- or 4-year cumulative sample.

Group quarters with special living arrangements, such as dormitories, institutions, convents, or institutional group homes (for convicts, the frail elderly, or the developmentally disabled) may be listed but will not be selected for interviewing, because they are outside the scope of a sample of the household population. Dormitory residents who otherwise live with their parents will be sampled at their parents' homes. Members of the active duty military who live in civilian housing (not on military bases) will be eligible for the sample. The NSFG is a personal, in-home survey. Non- face-to-face contacts, including by telephone, e-mail or text, are permitted only to arrange appointments for interviews after the screener has been conducted, and telephone mode is permitted for verification interviews (**Attachment L**) to ensure that the household was screened and, if applicable, the selected household member completed an interview.

2. Procedures for the Collection of Information

The sample size targets for the NSFG are as follows:

**Sample Size Targets for NSFG Continuous Interviewing 2011-2019
with 2002 (Cycle 6) and 2006-10 sample sizes shown for comparison**

	<u>Cycle 6</u>	<u>4-year Continuous</u>	<u>4-year Continuous</u>	<u>4-year Continuous</u>
	<u>2002</u>	<u>2006-2010</u>	<u>2011-2015</u>	<u>2015-2019*</u>
TOTAL	12,571	22,682	20,621	20,000
15-19	2,271	4,662	4,134	4,000
20-49**	10,300	18,020	16,487	16,000
Male	4,928	10,403	9,321	9,000
Female	7,643	12,279	11,300	11,000
Hispanic	2,712	5,132	4,753	4,000
Black	2,460	4,389	4,260	4,000
White & other	7,399	13,161	11,608	12,000

**Subject to change based on available funding and fieldwork conditions*

***The NSFG age range was expanded to 15-49 beginning in September 2015.*

The current contractor for the NSFG is the University of Michigan's Institute for Social Research (ISR; Mick Couper, Project Director, and Heidi Guyer, Field Director). Under the supervision and monitoring of NCHS, ISR recruits and trains the interviewers for the NSFG and carries out the fieldwork. The main steps in the fieldwork are described below.

Main steps in NSFG fieldwork: All advance letters, informed consent/assent forms, and informational materials used with NSFG households and respondents are shown in **Attachments H1-H7**. For the advance letters shown in attachments H1 and H2, separate versions are used for Phase 1 and Phase 2 of each fieldwork quarter. As described above, the 1st 10 weeks of each 12-week fieldwork quarter involve full effort on all sample lines selected for the survey, while the last 2 weeks (weeks 11-12) involve more focused effort on a subsample of the households and respondents who did respond during phase 1. In Phase 1, the only cash incentive is \$40 given to respondents in person after they agree to participate in the main interview. In Phase 2, an advance \$5 incentive is mailed to selected households who have

not yet completed the household screener, and an advance \$40 is mailed to selected individuals who have not yet completed the main interview. This \$40 is in addition to the \$40 she or he will be given in person when agreeing to the main interview. Only adults 18-49 can be selected for Phase 2. Apart from this difference in incentive structure for Phases 1 and 2, there are no other differences in the process of contacting NSFG households and respondents and gaining cooperation.

- (1) Before contacting any sampled households, the contractor sends an advance household letter signed by the NCHS Director (**Attachment H1**) and an informational question-and-answer brochure (**Attachment H4**) to each sampled household. These materials, in English and Spanish, explain who is sponsoring the NSFG, who is conducting the interviews, why the survey is being done, and the voluntary and confidential nature of the survey. NCHS staff and NSFG-trained personnel at the University of Michigan are available by phone through 800 numbers to answer any questions householders who receive the advance materials may have. In addition to the respondent Q&A brochure shown in **Attachment H4**, the interviewer has other materials to help explain the survey and gain cooperation:
 - NCHS Confidentiality Brochure (**Attachment H5**) to explain the laws and other procedures in place to protect confidentiality of all NSFG households and respondents
 - NSFG Family Fact Sheet (**Attachment H6**) to illustrate selected uses of the survey data, and reiterate that data are in aggregate form for statistical purposes only
 - Interviewer's Letter of Authorization (**Attachment H7**), which along with the interviewer's official University of Michigan badge, helps establish the legitimacy of her purpose in approaching the selected household or respondent.
- (2) Approximately 1 week after the advance materials are mailed, interviewers go to the sampled households. When the housing unit is found to be occupied and there is a person (18 or older) at home, the screener interview (**Attachment I**) is conducted. The purpose of the screener is to enumerate/list the persons living in the household and

their ages, and if one or more are 15-49 years of age, to select one. Age, race, and Hispanic origin are collected in the screener because teenagers, Blacks, and Hispanics are selected at somewhat higher rates than other persons. Advance respondent letters (**Attachment H2**) are shared in person with the selected respondent prior to seeking their consent for the main interview.

- (3) **Attachment H3** shows all consent and assent forms used for the NSFG, regardless of the phase of the fieldwork quarter.

When a person 18-49 years of age is selected for the main interview:

The interviewer gives the selected person an Adult Consent Form. No signature is requested or required to provide their consent, however a signature is requested on the receipt for the \$40 cash incentive offered to the respondent.

When a minor 15-17 years of age is selected from the main interview:

The interviewer first seeks signed parental consent before approaching the teenager to introduce the survey. In selected states in the U.S. (3 as of this writing), the age of majority differs from age 18, and NSFG follows these state rules for use of the parental consent process. The parental consent form is used to explain the survey to the minor's mother, father, or legal guardian, and ask for their signed/written consent. If the parent gives written consent, only then does the interviewer speak to the minor and obtain his or her written assent, using the "Minor Assent" form, before proceeding with the main interview. If either the parent does not give written consent for the minor to participate, or the minor does not assent to be interviewed, the case is treated as a refusal.

Emancipated minors - 15-17 year-olds who are married, cohabiting, or living away from their parents for other reasons are rare in a sample of this size. Emancipated minors have been excluded from the continuous NSFG because the number of emancipated minors selected for the NSFG is so small that excluding this group is unlikely to have any noticeable impact on estimates. Using current IRB rules, however, including them would require special procedures that are too complex and too costly for the NSFG.

- (4) Once the respondent agrees to be interviewed, the interviewer gives him or her \$40

cash incentive as a token of appreciation. The respondent can keep this incentive even if he or she does not finish the interview. (Break-offs are rare in this survey—less than 1 percent.) As noted above, the respondent is asked to sign a receipt to acknowledge this payment.

- (5) Then the interview is conducted using the female or male questionnaires shown in **Attachments J and K**, using a laptop computer. The interview is divided into two parts, totaling to less than 80 minutes on average for females and less than 60 minutes on average for males. The interviewer administers the first part of the interview, which typically comprises 2/3 to 3/4 of the overall interview length. This use of the computer-assisted personal interviewing (CAPI), since 1995 NSFG, makes the interviewer's job easier and reduces interviewer errors because she does not need to determine question wording or routing herself by reading a paper questionnaire. In addition to producing higher quality interview data, the use of CAPI also helps to protect respondent confidentiality because the laptop screen can be blanked with a single key stroke or the laptop cover can be closed if another person enters the area where the interview is being collected.
- (6) Finally, at the end of the interviewer-administered interview, the interviewer gives the respondent a set of headphones and the computer, and shows the respondent how to make simple entries on the computer. The respondent then completes a 15-20 minute ACASI section (female section J in **Attachment J**, and male section K in **Attachment K**). The interviewer cannot see or hear what questions the respondent is being asked over the headphones, nor can she see or hear the answers that the respondent enters into the computer. Moreover, no one in the household can hear or see either the questions or the answers. This increased privacy has been found to increase the reporting of sensitive behaviors.

While the respondent is filling out the ACASI part of the interview, the interviewer completes the Interview Observation Form (**Attachment M**). This formalizes the field notes that have been collected in less structured form since the 1973 NSFG, on the location where the interview was done, documenting whether there

were interruptions during the interview, and the interviewer's assessment of the quality of the data. (The Interview Observation Form is filled out only by the interviewer; no questions are asked of the respondent.)

- (7) At the end of the ACASI section, the respondent "locks" the computer and returns it to the interviewer. The interviewer then turns off the computer, thanks the respondent, and leaves. Once the respondent locks the interview, the interviewer cannot back up and see the respondent's answers to the ACASI portion, nor any answers to the questions that came before ACASI.

Quality control: Computer-assisted interviewing (both CAPI and ACASI) improves data quality in several ways:

- (a) Interviewer errors are reduced because interviewers do not have to follow complex routing instructions; the computer does it for them. Interviewer errors in following skip patterns were a principal cause of missing data in paper and pencil interviewing.
- (b) Respondent errors are also reduced with CAPI interviewing. The NSFG contract requires that selected consistency checks be programmed into the questionnaire so that inconsistent answers can be corrected or explained while the interview is still in progress. We continue to work on identifying and resolving logical inconsistencies earlier and more efficiently than in the past, to improve data quality and expedite data release.
- (c) Coding and coding errors are also reduced using CAPI interviewing, and this makes it possible to prepare the data for analysis faster and more accurately. In Continuous Interviewing, earlier cases (e.g., year 1) are being used to discover and correct errors before they affect later cases (e.g., year 2).
- (d) The "Verification" interview is a quality control procedure in which a random sample of 10% of both screened households and interviewed respondents are contacted (usually by telephone) after the interview to verify that the interview was conducted. Verification of households confirms there was no one in the household 15-49 years of age; verification of respondents confirms that the person was interviewed and all procedures (signed a permission form, token of appreciation received, entered

responses his- or herself in ACASI) were followed. **(Attachment L)**

- (e) Editing -- Completed interviews and associated comments entered by interviewers (called F2s because the interviewer uses the F2 function key) are reviewed by Contractor staff. Discrepancies in the data or F2 comments about data issues are shared with NCHS staff to determine the proper course of action. If the case warrants changing, editing of the data is performed by the Contractor. NCHS also performs regular and thorough checks of the quality of monthly data files, as it has in past NSFG survey years.

- (f) Imputation -- Approximately 600 of the most frequently used and central variables (called “Recodes”) are imputed when they have missing values because the respondent refused to answer, did not know the answer, or otherwise did not give a valid response. Income had the largest percentage of missing data, with 9.6% of cases with missing values. For no other recodes did the percent of values imputed exceed 2% of all cases. For information on the imputation procedure used by the NSFG since 2002, see Lepkowski et al., 2006 and Lepkowski et al., 2013).

Two basic types of imputation were used for these variables (out of about 6,000 variables on the data file):

- regression model-based imputation (used for most variables)
- logical imputation (for a few variables with only a handful of missing cases).

The large majority of imputations is being done by multiple regression imputation using the University of Michigan’s Imputation and Variance Estimation software, which is called “IVEWARE.” As in previous cycles, the public use data files have imputation “flags”—variables that show that a value was imputed--so that data users can assess for themselves whether imputation affects the estimates. Imputation rarely affects estimates in the NSFG because, as noted above, the levels of missing data are generally very low.

- (g) Estimation -- Estimation refers to the process of producing weighted numbers and percentages for the population from sample data. For each case, a weight is generated which estimates the number of persons in the population that each sampled person represents. For example, if a woman represents 5,000 women in the US household

population, her sample weight is 5,000. The weight for each respondent is created in 4 basic steps:

- inflation by the reciprocal of the probability of selection,
- adjustment for sampling nonresponse based on the probability of completing a screener and the probability that a completed screener results in a completed interview
- post-stratification to independent control totals within age, race/Hispanic origin, and sex categories, provided by the Census Bureau, and
- trimming of a small number of extreme weights.

Probabilities of selection vary because black, Hispanic, and teenage respondents are slightly oversampled, and because selected respondents who have not completed a main interview are sub-sampled for Phase 2 of data collection). Adjustments for non-response are made by multivariate (logistic regression) methods. Post-stratification to control totals is done within cells defined by race and Hispanic origin, age, and sex.

Variances are estimated using a Taylor Series linearization approach similar to that used in the 2002 and 2006-2010 NSFGs, as described by Lepkowski et al., 2013. Codes were generated that allow data users to compute variances using Taylor Series linearization, Balanced Half-Sample Replication, or Jackknife replication methods (Lepkowski et al., 2010; Rust, 1985). A similar procedure continues to be used to produce the data files for 2017 onward.

3. Methods to Maximize Response Rates and Deal with Non-response

In the most recent four years of NSFG fieldwork for which public use data have been released (September 2011 through September 2015), 20,621 interviews have been collected from a national sample of individuals aged 15-44 – 9,321 males and 11,300 females. The overall response rate for this survey period was 71%, 70% for males and 72% for females. This reflects a longer-term pattern of declining response rates, as also experienced by all household-based surveys conducted in the public and private sectors.

As discussed throughout these supporting statements, several strategies have been put in place to maximize response rates and avert refusals – including detailed advance letters and informational materials, a user-friendly webpage, highly trained interviewers, toll-free numbers at both the University of Michigan and at NCHS, and active survey management (also known as “responsive design”). Responsive survey design uses daily paradata, which is data about the fieldwork, to allocate interviewer effort most cost-effectively. Our principal guidance in dealing with non-response is our experience in the 2002, 2006-2010, and 2011-2015 NSFGs, which has been documented in a number of published reports (Groves et al., 2005; Groves and Heeringa, 2006; Groves et al., 2009; Lepkowski et al., 2010; Lepkowski et al., 2013; National Center for Health Statistics, 2016, 2017).

Procedures are listed separately for non-contacts, and for refusals. For non-contacts, the following procedures are used:

- (a) interviewers, when listing or confirming housing units within sample segments, document units that have access impediments (e.g., locked apartment buildings, or security guards at a community entrance gate). Interviewers will schedule calls on such cases earlier in the field period than others,
- (b) observations are made by the interviewer regarding best times to reach the sampled household, and
- (c) multiple calls are made to the sampled household, at different times of the day and different days of the week.

For refusals, interviewers are trained to avert refusals by understanding and learning to

respond specifically to the concerns that potential respondents may express. Interviewers are in ongoing contact with their supervisors, allowing interviewers to seek guidance on individual problems they encounter. Throughout this process, interviewers are explicitly instructed to treat the sample person's concerns as legitimate questions that deserve thoughtful answers. In some cases, letters addressing specific respondent concerns are mailed to an individual's household with the intent of allaying these concerns. The NSFG approach is to answer respondents' questions and to respect the decisions they ultimately make about participating in the survey. Emphatic or "hard" refusals are accepted as final.

Guidance to interviewers in the continuous interviewing design is based on the research and experience cited above, and on extensive paradata collected and recorded by interviewers and other field staff. These data are summarized using logistic regression equations into a total propensity to respond for an entire segment. These data (and case-specific observations entered into the contractor's sample management system) can be used to guide further actions on individual cases (Lepkowski et al, 2013).

Incentives: Over the past several decades, the challenges facing household based surveys have only grown, and even with the good survey practices described above, NSFG is unlikely to attain an 80% response rate, particularly within our budget constraints. Incentives have been approved for use with the NSFG since 1995, and the current incentive structure has been in place since the transition to continuous fieldwork in 2006. **Attachment D** provides a summary of incentive use and related experiments conducted since the 1995 (Cycle 5) NSFG. In brief, previous research (Singer E, 2002; Kulka R, 2002; Groves RM, Couper MP, Presser S, et al.; 2006; Davern M, Rockwood TH, Sherrod R, and Campbell S, 2003) suggests that, for long, sensitive, in-person surveys, incentives do help raise response rates and help to control fieldwork costs when standard good survey practice is not enough.

The 2-phase fieldwork and incentive structure used by NSFG since 2006 has also proven to be generally cost-effective and efficient in helping to slow the pace of overall response rate declines over the past decade, as well as increasing the participation from higher-income, married, or college-educated respondents. However, in recent years, the efficiency of the Phase 1 protocol used in the 1st 10 weeks of each fieldwork quarter has diminished. Despite

the consistency of Phase 2 response rates, the higher incentives and focused fieldwork effort of Phase 2 have been unable to compensate for the declining Phase 1 response rates. One response to this survey management challenge, described further in **Attachment D**, was an experiment testing a higher incentive amount in Phase 1 - \$60 instead of \$40. However, this experiment did not show evidence that the increased incentive led to significantly increased overall response rates or decreased nonresponse bias. Thus, there was not sufficient evidence to justify changing protocol to an increased incentive.

Nonresponse Bias Analysis: **Attachment O** describes our approach to measuring and managing nonresponse bias in the NSFG. Procedures to measure and reduce nonresponse bias are built into the daily paradata monitoring of the study. NSFG has the following data resources to warn us of possible nonresponse bias and allow us to act to reduce it during each quarter of fieldwork:

- 1) The NSFG's paradata include observations from interviewers. Their observations include information such as whether the building is locked or access is blocked by other barriers, and assessments of whether the household includes children, whether the respondent is in a sexual relationship, and other characteristics that are correlated with non-response on NSFG outcome variables.
- 2) Key statistics (percent married, percent who have had a child, etc.) are tracked to see if they change when calling effort is increased.
- 3) The response rates of 12 age-race-gender groups that are strongly correlated with many NSFG estimates (e.g., Hispanic males 20-44; black females 15-19) are monitored daily. If response rates are unequal, that inequality could cause biased estimates. By monitoring response rates daily, effort can then be increased on groups with lagging response rates so that by the end of the quarter, variation in response rates across groups is minimized.
- 4) A two-phase sampling scheme is used. At the end of 10 weeks of fieldwork, a probability sample of non-respondents is selected. Incentives are increased for the selected cases, and different fieldwork techniques are used. Response rates and sample composition can be compared before and after "phase two" of fieldwork.
- 5) Alternative post-survey adjustments for nonresponse can be compared.

These efforts build upon the 2006-2010 and 2011-2015 NSFG, using essentially the same design, but with continuous improvements in monitoring as more information about field work is obtained to further minimize nonresponse error. A more complete description of these activities appears in **Attachment O**.

4. Tests of Procedures or Methods to be Undertaken

In light of response rate and cost management challenges faced in the field by NSFG, and other household based surveys as well, we propose to conduct two small-scale methodological studies described below. We also provide a preliminary summary and an updated timeline for evaluating our randomized 50-50 study of two questions asking about sexual orientation.

Experiment to test the use of a mailed, paper Household Screener: An experiment, to test the use of a mailed, paper screener questionnaire for a subset of NSFG sample households instead of a face-to-face visit to conduct the screener interview is proposed. The experiment is designed to assess whether the use of mailed screeners decreases fieldwork costs while maintaining accurate coverage of the eligible population. A second experimental treatment shares the same mailed screener protocol but adds an incentive of \$2. Segments with likely age-ineligible households were identified for the experiment, with 150 housing units assigned to each experimental treatment, for a total of 300 housing units in the experiment. We will provide a summary of this experiment and its results in 2018.

Feasibility pilot test of a shift of Phase 2 protocol to begin 1 week earlier: Another potential design enhancement will test the feasibility of shifting the Phase 2 fieldwork protocol 1 week earlier (to week 10 instead of week 11. Specifically, this pilot test will assess the 1-week shift for a subset of the sample (5 PSUs) for 1 field work quarter, based on findings from other studies (Montaquila et al, 2013). All other aspects of fieldwork, including the incentive plan and consent/assent process remain as previously described for the phase boundary at week 11. The rationale for the test of this phase boundary change is based on observing trends in response rates for the two phases, over the course of NSFG fieldwork beginning in 2011. Phase 1 has

become less effective over time as evidenced by declining response rates, while phase 2 response rates have remained steady. This test will be evaluated for adverse effects on response rates or costs. If there are no adverse effects, an experiment will be proposed, with the ultimate goal of testing for effects of the phase boundary shift on response rates, yield, and efficiency of operations. We will provide a more complete summary of this feasibility pilot test and its results in 2018.

50-50 split/study of sexual orientation question from NSFG and NHIS: As described in our prior clearance requests, beginning in September 2015 the NSFG ACASI section has included a 50-50 randomized study of the NSFG and NHIS questions on sexual orientation. The goal of this study was to assess the distributions based on these two question approaches, when placed in the identical location and survey context with NSFG ACASI. The preliminary results of this study based on unweighted data from September 2015 through March 2017 are summarized in Attachment P. The NSFG does not produce sample weights for single years of data, therefore a final evaluation of this 50-50 study cannot be completed until the 2-year sample weights for 2015-2017 become available in early 2018. By Spring 2018, we will submit a complete report of the sexual orientation question study using fully weighted data from September 2015 through September 2017, along with a recommendation, based on consultation within NCHS, as to how we believe the NSFG should proceed in its approach to asking about sexual orientation.

5. Individuals Consulted on Statistical Aspects and Individual Collecting and/or Analyzing Data

The statistical consultants (on NSFG sample design, variance estimation, and statistical methods) for NCHS are:

Van L. Parsons, Ph.D.
Mathematical Statistician
NCHS Office of Research and Methodology
301-458-4421 vparsons@cdc.gov

Yulei He, Ph.D.
Mathematical Statistician
NCHS Office of Research and Methodology
301-458-4533 wdq7@cdc.gov

The NSFG sample selection, data collection, and receipt/approval of contract deliverables are supervised for NCHS by:

Joyce C. Abma, Ph.D.
Contracting Officer Representative, NSFG
Senior Social Scientist
NCHS, Room 5416
3311 Toledo Road
Hyattsville, MD 20782
301-458-4058 jabma@cdc.gov

The NSFG sample selection, data collection, and production of contract deliverables are supervised for the contractor by:

Mick Couper, Ph.D.
Project Director, NSFG, and Associate Director, Survey Research Center
University of Michigan
426 Thompson St, Ann Arbor, MI 48104
734-647-3577 mcouper@isr.umich.edu

James Wagner, Ph.D.
Senior Mathematical Statistician, NSFG
Institute for Social Research
University of Michigan
426 Thompson Street, Ann Arbor, MI 48104
734-647-5600 jameswag@isr.umich.edu

The person responsible for the analysis of the survey is:

Anjani Chandra, Ph.D.
Principal Investigator for NSFG at NCHS
NSFG Team Lead and Senior Health Scientist
NCHS, Room 5414
3311 Toledo Road
Hyattsville, MD 20782
301-458-4138 achandra@cdc.gov

REFERENCES

(these pertain to both A&B supporting statements and all attachments, including ACASI justification)

- Abma J, Chandra A, Mosher W, Peterson L, Piccinino L. 1997. Fertility, Family Planning, and Women's Health: New Data from the 1995 National Survey of Family Growth. Vital and Health Statistics 23(19). Hyattsville, MD: National Center for Health Statistics.
- Abma J, Driscoll A, Moore K. 1998. Differing Degrees of Control over First Intercourse and Young Women's First Partners: Data from the 1995 National Survey of Family Growth. Family Planning Perspectives 30(1):12-18.
- Abma J, Martinez G. Sexual Activity and Contraceptive Use among Teens in the United States, 2011-2015. 2017. National health statistics reports 104. Hyattsville, MD: National Center for Health Statistics.
- Abma J, Martinez G, Mosher W, Dawson B. 2004. Teenagers in the United States: Sexual Activity, Contraceptive Use, and Childbearing, 2002. Vital and Health Statistics 23(24). Hyattsville, MD: National Center for Health Statistics.
- Adimora AA, Schoenbach VJ, Doherty IA. 2007. Concurrent sexual partnerships among men in the United States. American Journal of Public Health 97(12):2230-2237.
- Adimora AA, Schoenbach VJ, Taylor EM, Khan MR, Schwartz MJ. 2011. Concurrent Partnerships, Nonmonogamous Partners, and Substance Use Among Women in the United States. American Journal of Public Health 101(1): 128-136.
- Adimora AA, Hughes, JP, Wang, J, Haley, DF, Colin, CE et al. 2014. Characteristics of multiple and concurrent partnerships among women at high risk of HIV infection. Journal of Acquired Immune Deficiency Syndromes 65(1): 99-106.
- Agénor, M., Muzney, C.A., Schick, V., Austin, E.L., Potter, J. 2017. Sexual orientation and sexual health services utilization among women in the United States. Preventive Medicine. 95: 74-81.
- Aholou, T.M, McCree, DH, Oraka, E, Jeffries, WL, Rose, CE, DiNenno, E, Sutton, MY. 2017. Sexual Risk and Protective Behaviors Among Reproductive-Aged Women in the United States. Journal of Women's Health. [Epub ahead of print].
- American College of Obstetrics & Gynecology, 2013. Addressing health risks of noncoital sexual activity. No. 582. <http://www.acog.org/-/media/Committee-Opinions/Committee-on-Adolescent-Health-Care/co582.pdf?dmc=1&ts=20150122T1302073957>.
- American College of Obstetrics and Gynecology. 2011. Tobacco Use and Women's Health. No. 503. <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Tobacco-Use-and-Womens-Health>
- Andersen BA, Ostergaard L, Puho E, MV Skriver & HC Schonheyder. 2005. Ectopic Pregnancies and Reproductive Capacity after Chlamydia Trachomatis Positive and Negative Test Results: A Historical Follow-Up Study. Sexually Transmitted Diseases 32(6):377-381.
- Anderson JE, Brackbill R, Mosher W. 1996. Condom Use for Disease Prevention among Unmarried U.S. Women. Family Planning Perspectives 28(1):25-28.
- Anderson JE, Carey JW, Taveras S. 2000. HIV Testing among the General US Population and Persons at Increased Risk: Information from National Surveys, 1987-1996. American Journal of Public Health 90(7):1089-1095.
- Anderson JE, Chandra A, Mosher WD. 2005. HIV Testing in the United States, 2002. Advance Data No. 363. Hyattsville, MD: National Center for Health Statistics.

- Anderson JE, Mosher WD, Chandra A. 2006. Measuring HIV Risk in the US Population aged 15-44: Results of the 2002 NSFG. Advance Data No. 377. Hyattsville, MD: National Center for Health Statistics.
- Anderson JE, Sansom S. 2006. HIV Testing Among U.S. Women During Prenatal Care: Findings from the 2002 National Survey of Family Growth. Maternal and Child Health Journal 10(5):413-417.
- Aral S, Mosher W, Cates W Jr. 1991. Self-reported Pelvic Inflammatory Disease in the United States, 1988. Journal of the American Medical Association 266(18):2570-2573.
- Aral SO, Leichliter JS. 2010. Non-monogamy: risk factor for STI transmission and acquisition and determinant of STI spread in populations. Sexually Transmitted Infections 86(3):29-36.
- Badgett LMV, Durso LE, Schneebaum A. 2013. New Patterns of Poverty in the Lesbian, Gay, and Bisexual Community. The Williams Institute.
- Baggaley RF, White RG, Boily MC. 2008. Systematic review of orogenital HIV-1 transmission probabilities. International Journal of Epidemiology. 37(6):1255–65.
- Baggaley RF, Dimitrov D, Owen BN, Pickles M, Butler AR, Masse B, Boily M-C. 2013. Heterosexual anal intercourse: a neglected risk factor for HIV? American Journal of Reproductive Immunology 69 (Suppl. 1): 95–105.
- Bauer GR, Jairam JA. 2008. Are lesbians really women who have sex with women (WSW)? Methodological concerns in measuring sexual orientation in health research. Women and Health 48(4):383-408.
- Bauer GR, Jairam JA, Baidooobonso SM. 2010. Sexual Health, Risk Behaviors, and Substance Use in Heterosexual-Identified Women with Female Sex Partners: 2002 US National Survey of Family Growth. Sexually Transmitted Diseases Journal 37(9):531-537.
- Benson, LS, Martins, SL, Whitaker, AK. 2015. Correlates of Heterosexual Anal Intercourse among Women in the 2006-2010 National Survey of Family Growth. Journal of Sexual Medicine. 12(8) 1746-52.
- Boehmer U, Bowen DJ, Bauer GR. 2007. Overweight and Obesity in Sexual-Minority Women: Evidence from Population-Based Data. American Journal of Public Health 97(6): 1-7.
- Boyer D, Fine D. 1992. Sexual Abuse as a Factor in Adolescent Pregnancy and Child Maltreatment. Family Planning Perspectives 24:4-11, 19.
- Bramlett MD, Mosher WD. 2002. Cohabitation, Marriage, Divorce, and Remarriage in the United States. Vital and Health Statistics 23(22). Hyattsville, MD: National Center for Health Statistics.
- Bankole A, Darroch JE, Singh S. 1999. Determinants of Trends in Condom Use in the United States, 1988-1995. Family Planning Perspectives 31(6):264-271.
- Brewer, T. H., Zhao, W., Metsch, L. R., Coltes, A., & Zenilman, J. 2007. High-risk behaviors in women who use crack: Knowledge of HIV serostatus and risk behavior. Annals of Epidemiology. 17: 533–539.
- Brewster KL, Tillman KH. 2008. Who's Doing It? Patterns and Predictors of Youths' Oral Sexual Experiences. Journal of Adolescent Health 42(1): 73-80.
- Brown JW, Villarruel AM, Oakley D, Eribes C. 2003. Exploring Contraceptive Pill Taking Among Hispanic Women in the United States. Health Education and Behavior 30(6):663-682.

- Brunner LR, Hogue CJ. 2005. The role of body weight in oral contraceptive failure: results from the 1995 national survey of family growth. Annals of Epidemiology 15(7):492-9, Jan 2005.
- Brunner-Huber LR, Toth JL. 2007. Obesity and Oral Contraceptive Failure: Findings from the 2002 National Survey of Family Growth. American Journal of Epidemiology 166(11):1306-1311.
- Bryant-Genevier MM, Martin CE, Terplan M. 2014. Reproductive Health Needs Among Drug Treatment Clients. Obstetrics and Gynecology 123(1): 104S.
- Callegaria LS, Nelsonc KM, Arterburnd DE, Pragera SW, Schiffa MS, Bimla Schwarzg E. 2014. Factors associated with lack of effective contraception among obese women in the United States. Contraception 90:265-71.
- Cates W Jr, Rolfs RT Jr, Aral SO. 1990. Sexually Transmitted Diseases, Pelvic Inflammatory Disease, and Infertility: An Epidemiologic Update. Epidemiologic Reviews 12:199-220.
- Cates W Jr, Wasserheit JN, Marchbanks PA. 1994. Pelvic Inflammatory Disease and Tubal Infertility: The Preventable Conditions. Annals of the NY Academy of Sciences 709:179-95.
- Centers for Disease Control and Prevention. 2011. Characteristics associated with HIV infection among heterosexuals in urban areas with high AIDS prevalence – 24 Cities, United States, 2006-2007. MMWR. 60(31):1045-1049.
- Centers for Disease Control and Prevention. 2016. Sexually Transmitted Disease Surveillance 2015. Atlanta: U.S. Department of Health and Human Services.
- Chabot MJ, Lewis C, de Bocanegra HT, Darney P. 2011. Correlates of Receiving Reproductive Health Care Services Among U.S. Men Aged 15 to 44 Years. American Journal of Men's Health 5(4):358-366.
- Chandra A. 1995. Health Aspects of Pregnancy and Childbirth: United States, 1982 and 1988. Vital and Health Statistics 23(18). Hyattsville, MD: National Center for Health Statistics.
- Chandra A, GM Martinez, WD Mosher, JC Abma & J Jones. 2005. Fertility, Family Planning, and Reproductive Health of U.S. Women: Data from the 2002 National Survey of Family Growth. Vital and Health Statistics 23(25). Hyattsville, MD: National Center for Health Statistics.
- Chandra A, Mosher WD, Copen CE, Sionean C. 2011. Sexual Behavior, Sexual Attraction, and Sexual Identity in the United States: Data from the 2006-2008 National Survey of Family Growth. National Health Statistics Reports No. 36. Hyattsville, MD: National Center for Health Statistics.
- Chandra A, Billioux VG, Copen CE, Balaji A, DiNenno E. 2012a. HIV Testing in the U.S. Household Population Aged 15–44: Data From the National Survey of Family Growth, 2006–2010. National Health Statistics Reports No. 58. Hyattsville, MD: National Center for Health Statistics.
- Chandra A, Billioux VG, Copen CE, Sionean C. 2012b. HIV Risk-related Behaviors in the United States Household Population aged 15-44: Data from the National Survey of Family Growth, 2002 and 2006-2010. National Health Statistics Reports No 46. Hyattsville, MD: National Center for Health Statistics.
- Chandra A, Copen CE, Mosher, WD. 2012c. Sexual Behavior, Sexual Attraction, and Sexual Identity in the United States: Data from the 2006–2010 National Survey of Family Growth. In Amanda Baumle (Ed.) International Handbook on the Demography of Sexuality. New York, NY. Springer Publishing Company.

- Chandra A, Copen CE, Stephen EH. 2013. Infertility and impaired fecundity in the United States, 1982–2010: Data from the National Survey of Family Growth. National Health Statistics Reports No. 67. Hyattsville, MD: National Center for Health Statistics.
- Chandra A, Copen CE, Stephen EH. 2014. Infertility service use in the United States: Data from the National Survey of Family Growth, 1982–2010. National Health Statistics Reports No. 73. Hyattsville, MD: National Center for Health Statistics.
- Cherpes TL, Meyn LA, Hillier SL. 2005. Cunnilingus and vaginal intercourse are risk factors for herpes simplex virus type 1 acquisition in women. Sexually Transmitted Diseases. 32(2):84–9.
- Chesson HW, Blandford JM, Gift TL, Tao G, Irwin KL. 2004. The Estimated Direct Medical Cost of Sexually Transmitted Diseases among American Youth, 2000. Perspectives on Sexual and Reproductive Health 36(1):11-19.
- Child Trends, Inc. 2005. New Data on Oral Sex Among Teens. Child Trends DataBank Indicator. Child Trends, Inc., Washington, DC.
- Child Trends, Inc. 2014. Adolescents Who Have Ever Been Raped. <http://www.childtrends.org/?indicators=adolescents-who-have-ever-been-raped>
- Copen CE, Chandra A, Martinez G. 2012. Prevalence and timing of oral sex with opposite-sex partners among females and males aged 15–24 years: United States, 2007–2010. National Health Statistics Reports No. 56. Hyattsville, MD: National Center for Health Statistics.
- Copen CE, Chandra A, Febo-Vazquez I. 2015. HIV testing in the past year among the U.S. household population aged 15–44: 2011–2013. National Center for Health Statistics data brief, No. 202. Hyattsville, MD: National Center for Health Statistics.
- Copen CE, Chandra A, Febo-Vazquez I. 2016. Sexual behavior, sexual attraction, and sexual orientation among adults aged 18–44 in the United States: Data from the 2011–2013 National Survey of Family Growth. National Health Statistics Reports No 88. Hyattsville, MD: National Center for Health Statistics.
- Copen CE, Dittus PJ, Leichliter JS. 2016. Confidentiality concerns and sexual and reproductive health care among adolescents and young adults aged 15–25. NCHS data brief, no 266. Hyattsville, MD: National Center for Health Statistics.
- Dahlhamer JM, Galinsky AM, Joestl SS, Ward BW. Sexual orientation in the 2013 National Health Interview Survey: A quality assessment. Vital Health Stat 2(169). 2014.
- Daniels K, Daugherty J, Jones J. Current contraceptive status among women aged 15–44: United States, 2011–2013. NCHS Data Brief No. 173. Hyattsville, MD: National Center for Health Statistics. 2014.
- Daniels K, Abma JE. Unmarried men’s contraceptive use at recent sexual intercourse: United States, 2011–2015. NCHS Data Brief No. 284. Hyattsville, MD: National Center for Health Statistics. 2017.
- Darroch D, Landry D, Oslak S. 1999. Sexual Partnership Patterns as a Behavioral Risk Factor for Sexually Transmitted Diseases. Family Planning Perspectives 31(5):228-236.
- Davern M, Rockwood TH, Sherrod R, and Campbell S. **Prepaid Monetary Incentives and Data Quality in Face-to-Face Interviews: Data from the 1996 Survey of Income and Program Participation Incentive Experiment.** Public Opinion Quarterly 67: 139-147. 2003.

- D'Souza G, Cullen K, Bowie J, Thorpe R, Fakhry C. 2014. Differences in Oral Sexual Behaviors by Gender, Age, and Race Explain Observed Differences in Prevalence of Oral Human Papillomavirus Infection. PLoS ONE 9(1): e86023. doi:10.1371/journal.pone.0086023
- Edwards S, Carne C. 1998. Oral Sex and the Transmission of Non-viral STIs. Sexually Transmitted Infections 74:95-100.
- Eisenberg ML, Shindel AW, Smith JF, Breyer BN, Lipshultz LI. 2010. Socioeconomic, Anthropomorphic, and Demographic Predictors of Adult Sexual Activity in the United States: Data from the National Survey of Family Growth. Journal of Sexual Medicine 7(1):50-8.
- Eng TR & WT Butler, eds. 1997. The Hidden Epidemic: Confronting Sexually Transmitted Diseases. Washington, DC: Institute of Medicine and National Academy Press.
- Finer L, JE Darroch & S Singh. 1999. Sexual Partnership Patterns as a Behavioral Risk Factor for Sexually Transmitted Diseases. Family Planning Perspectives 31(5):228-236.
- Ford C, Pence BW, Miller WC, Resnick MD, Bearinger LH, Pettingell S, Cohen M. 2005. Predicting Adolescents' Longitudinal Risk for Sexually Transmitted Infection: Results from the National Longitudinal Study of Adolescent Health. Archives of Pediatrics and Adolescent Medicine. 159(July).
- Ford JL. 2011. Racial and Ethnic Disparities in Human Papillomavirus Awareness and Vaccination among Young Adult Women. Public Health Nursing 28(6):485-93.
- Freeman P, Walker BC, Harris DR, Garofalo R, Willard N et al. Methamphetamine use and risk for HIV among young men who have sex with men in 8 US cities. Archives of Pediatric and Adolescent Medicine. 165(8):736-740. 2011.
- Fryer CD, Hirsch R, Porter KS et al. 2007. Drug use and sexual behaviors reported by adults: United States, 1999–2002. Advance Data No. 384. Hyattsville, MD: National Center for Health Statistics.
- Fu H, Darroch JE, Henshaw SK, Kolb E. 1998. Measuring the Extent of Abortion Underreporting in the 1995 NSFG. Family Planning Perspectives 30(3):128-33, 8.
- Gates GJ. Sexual minorities in the 2008 General Social Survey: Coming out and demographic characteristics. The Williams Institute. 2010.
- German, D, Nguyen, TQ, Ogbue, CP, Flynn, C. 2015. Condomless anal intercourse among males and females at high risk for heterosexual HIV infection. Sexually transmitted Diseases. 42(6): 317-23.
- Gibson-Davis C, Rackin H. 2014. Marriage or Carriage? Trends in Union Context and Birth Type by Education. Journal of Marriage and Family 76:506-19.
- Gillum RF, Sullins DP. 2008. Cigarette smoking during pregnancy: Independent associations with religious participation. Southern Medical Journal 101(7):686-692.
- Goodwin PY, Mosher WD, Chandra A. 2010. Marriage and cohabitation in the United States: A statistical portrait based on Cycle 6 (2002) of the National Survey of Family Growth. Vital Health Stat 23(28). Hyattsville, MD: National Center for Health Statistics.
- Groves R, Benson G, Mosher W, et al. Plan and Operation of Cycle 6 of the National Survey of Family Growth. Vital and Health Statistics 1(42). Hyattsville, MD: National Center for Health Statistics. 2005. Available

at: http://www.cdc.gov/nchs/data/series/sr_01/sr01_042.pdf.

Groves RM, Couper MP, Presser S, et al. **Experiments in Producing Nonresponse Bias.** Public Opinion Quarterly 70: 720-736. 2006.

Groves R and Heeringa SG. Responsive Design for Household Surveys: Tools for actively controlling survey errors and costs. Journal of the Royal Statistical Society A 169, Part 3: 439-457. 2006.

Groves R, Mosher WD, et al. 2009. Planning and Development of the Continuous National Survey of Family Growth. Vital and Health Statistics 1(48). Hyattsville, MD: National Center for Health Statistics. 2009. Available at: http://www.cdc.gov/nchs/data/series/sr_01/sr01_048.pdf.

Haderxhanaj, LT; Gift, TL; Loosier, PS; Cramer, RC; Leichter, JS. 2014. Trends in Receipt of Sexually Transmitted Disease Services Among Women 15 to 44 Years Old in the United States, 2002 to 2006–2010. Sexually Transmitted Diseases. 41 (1): 67–73

Haderxhanaj LT, Leichter JS, Aral SO, Chesson HW. 2014a. Sex in a Lifetime: Sexual Behaviors in the United States by Lifetime Number of Sex Partners, 2006-2010. Sexually Transmitted Diseases 41(6):345-52.

Haderxhanaj LT, Dittus PJ, Loosier PS, Rhodes SD, Bloom FR, Leichter JS. 2014b. Acculturation, Sexual Behaviors, and Health Care Access Among Hispanic and Non-Hispanic White Adolescents and Young Adults in the United States, 2006-2010. Journal of Adolescent Health 55(5):716-19.

Haderxhanaj, LT, Rhodes, SD, Romaguera, RA, Bloom, FR, Leichter, JS. 2015. Hispanic men in the United States: Acculturation and recent sexual behavior with female partners, 2006-2010. American Journal of Public Health 105(8): e126-33.

Hall KS, Moreau C, Trussell J. 2013. The Link Between Substance Use and Reproductive Health Service Utilization Among Young US Women. Substance Abuse 34:283-1.

Halpern-Felsher BL, Cornell JL, Kropp KY, Tschann JM. 2005. Oral versus Vaginal Sex among Adolescents: Perceptions, Attitudes, and Behavior. Pediatrics 115:845-851.

Hamilton DT, Morris M. 2010. Consistency of self-reported sexual behavior in surveys. Archives of Sexual Behavior. 39(4):842– 60.

Hatcher RA, Trussell J, Nelson AL, Cates W Jr, Kowal, D, Policar, MS. 2011. Contraceptive Technology. 20th revised ed. New York, NY: Ardent Media, Inc.

Hawkins DA. 2001. Oral Sex and HIV Transmission. Sexually Transmitted Infections 77:307-308.

Hewitt M, Devesa S, Breen N. 2002. Papanicolaou Test Use Among Reproductive-Age Women at High Risk for Cervical Cancer: Analyses of the 1995 National Survey of Family Growth. American Journal of Public Health 92(4):666-669.

Hillis SD, Owens LM, Marchbanks PA, Amsterdam LF, MacKenzie WR. 1997. Recurrent Chlamydial Infections Increase the Risks of Hospitalization for Ectopic Pregnancy and Pelvic Inflammatory Disease. American Journal of Obstetrics and Gynecology 176 (1 Pt 1):103-7.

Hoover, K.W., Tao, K.L., Peters, P.J. 2017. Nationally representative prevalence estimates of gay, bisexual, and other men who have sex with men who have served in the U.S. military. PLoS One. 12(8): e0182222

- Institute of Medicine. 2011. The health of lesbian, gay, bisexual and transgender people: Building a better understanding. The National Academies Press. Washington , D.C.
- Jagannathan R. 2001. Relying on Surveys to Understand Abortion Behavior: Some Cautionary Evidence. American Journal of Public Health 91(11):1825-1831.
- Jeffries WL, Dodge B. 2007. Male Bisexuality and Condom Use at Last Encounter: Results from a National Survey. Journal of Sex Research 44(3): 278-289, Aug 2007.
- Jeffries WL. 2009. A comparative analysis of homosexual behaviors, sex role preferences, and anal sex proclivities in Latino and non-Latino men. Archives of Sexual Behavior. 35(5): 765-778.
- Jeffries WL. 2009. Sociodemographic, sexual and HIV and other sexually transmitted disease risk profiles of nonhomosexual-identified men who have sex with men. American Journal of Public Health 99(6):1042-1045.
- Jeffries WL. 2010. HIV Testing Among Bisexual Men in the United States. AIDS Education and Prevention 22(4):356-70.
- Jeffries WL. 2011. The Number of Recent Sex Partners Among Bisexual Men in the United States. Perspect Sex Reprod Health 43(3):151-7.
- Jones E, Forrest JD. 1992. Underreporting of Abortion in Surveys of U.S. Women: 1976 to 1988. Demography 29(1):113-126.
- Jones RK, Kost K. 2007. Underreporting of Induced and Spontaneous Abortion in the United States: An Analysis of the 2002 National Survey of Family Growth. Studies in Family Planning 38(3): 187-197.
- Kandel, D, Kandel, E. 2015. The Gateway Hypothesis of substance abuse: Developmental, biological and societal perspectives. Acta Paediatrica, International Journal of Paediatrics 104(2) 130-137.
- Kaneshiro B, Edelman A, Carlson N, Nichols M, Jensen J. 2008a. The relationship between body mass index and unintended pregnancy: Results from the 2002 National Survey of Family Growth. Contraception 77:234-238.
- Kaneshiro B, Jensen JT, Carlson NE, Harvey SM, Nichols MD, Edelman AB. 2008b. Body mass index and sexual behavior. Obstetrics and Gynecology 112(3): 586-592.
- Kaneshiro, B. 2012. Contraceptive Use Among Obese Women. Seminars in Reproductive Medicine 30(6): 459-464.
- Kirby D, G Lepore & J Ryan. 2005. Sexual risk and protective factors: Factors affecting teen sexual behavior, pregnancy, childbearing, and sexually transmitted disease—Which are important? Which can you change? Washington, DC: The National Campaign to Prevent Teen Pregnancy.
- Kulka R. The Use of Incentives to Survey ‘Hard to Reach’ Respondents. Pages 256-287 in Federal Committee on Statistical Methodology, Statistical Policy Working Paper No. 23, Volume 2. 2002.
- Lansky A, Finlayson T, Johnson C, Holtzman D, Wejnert C, Mitsch A, Gust D, Chen R, Mizuno Y, Crepaz N. 2014. Estimating the Number of Persons Who Inject Drugs in the United States by Meta-Analysis to Calculate National Rates of HIV and Hepatitis C Virus Infections. PLOS ONE 9(5):e97596.
- Laumann EO, Gagnon JH, Michael RT, and Michaels S. 1994. The Social Organization Sexuality: Sexual Practices in

- the United States. Chicago: University of Chicago Press.
- Leichliter J, Aral S. 2009. Black women in the United States decrease their number of recent sex partners: temporal trends from the national survey of family growth. Sexually Transmitted Diseases 36(1):1-3.
- Leichliter JS, Chandra A, Liddon N, Fenton KA, Aral SO. 2007. Prevalence and Correlates of Heterosexual Anal and Oral Sex in Adolescents and Adults in the United States. Journal of Infectious Diseases 196 (15 December): 1852-1859.
- Leichliter JS, Chesson HW, Sternberg M, Aral SO. 2010. The concentration of sexual behaviours in the USA: a closer examination of subpopulations. Sex Transm Infect 86(3):45-51.
- Leichliter JS, Chandra A, Aral SO. 2013. Correlates of Self-Reported Pelvic Inflammatory Disease Treatment in Sexually Experienced Reproductive-Aged Women in the United States, 1995 and 2006-2010. Sexually Transmitted Diseases 40(5):413-18.
- Leichliter, JS, Haderxhanaj, LT, Chesson, HW, Aral, SO. 2013. Temporal trends in sexual behavior among men who have sex with men in the United States, 2002 to 2006-2010. Journal of Acquired Immune Deficiency Syndrome 63(2): 254-258
- Leichliter JS, Copen C, Dittus PJ. 2017. Confidentiality Issues and Use of Sexually Transmitted Disease Services Among Sexually Experienced Persons Aged 15–25 Years — United States, 2013–2015. MMWR Morbidity and Mortality Weekly Report 2017;66:237–241. DOI: <http://dx.doi.org/10.15585/mmwr.mm6609a1>.
- Lepkowski JM, Mosher WD, Davis KE, et al. National Survey of Family Growth, Cycle 6: Sample design, weighting, imputation, and variance estimation. National Center for Health Statistics. Vital Health Stat 2(142). 2006. Available at: http://www.cdc.gov/nchs/data/series/sr_02/sr02_142.pdf.
- Lepkowski J, et al. 2010. The 2006-2010 National Survey of Family Growth: Sample Design and Analysis of a Continuous Survey. Vital and Health Statistics 2(150). Hyattsville, MD: National Center for Health Statistics. 2010. Available at: http://www.cdc.gov/nchs/data/series/sr_02/sr02_150.pdf
- Lepkowski J, Mosher WD, Groves RM, et al. 2013. Responsive Design, Weighting, and Variance Estimation in the 2006–2010 National Survey of Family Growth. Vital and Health Statistics 2 (158). Hyattsville, MD: National Center for Health Statistics. 2013. Available at: http://www.cdc.gov/nchs/data/series/sr_02/sr02_158.pdf
- Lindberg LD, Jones R, Santelli JS. 2008. Noncoital sexual activities among adolescents. Journal of Adolescent Health, 43(3): 231-238.
- Lindberg, L, Jerman, J. 2016. Recent Patterns of Same-Sex Behaviors, Sexual Attraction, Sexual Identity and Related Attitudes Among Adolescents and Young Adults in the United States. Journal of Adolescent Health 58(2): Supplement, page 102.
- Magnusson, BM, Masho, SW, Lapane, KL. 2011. Adolescent and sexual history factors influencing reproductive control among women aged 18-44. Sexual Health. 8: 95-101.
- Manlove J, Terry-Humen E, Ikramullah E. 2006. Young Teenagers and Older Sexual Partners: Correlates and Consequences for Males and Females. Perspectives on Sexual and Reproductive Health 38(4):197-207.
- Martinez GM, Chandra, A, Abma JC, Jones J, Mosher WD. 2006. Fertility, Contraception, and Fatherhood: Data on Men and Women from the 2002 National Survey of Family Growth. Vital and Health Statistics 23(26). Hyattsville, MD: National Center for Health Statistics.

- Martinez GM, Copen CE, Abma JC. 2011. Teenagers in the United States: Sexual Activity, Contraceptive Use, and Childbearing, 2006-2010 National Survey of Family Growth. Vital and Health Statistics 23(31).
- Martinez GM, Chandra A, Febo-Vazquez I, Mosher WD. 2013. Use of family planning and related medical services among women aged 15–44 in the United States: National Survey of Family Growth, 2006–2010. National Health Statistics Reports No. 68. Hyattsville, MD: National Center for Health Statistics. 2013.
- Martinez GM, Daniels K, Chandra A. 2012. Fertility of men and women aged 15–44 years in the United States: National Survey of Family Growth, 2006–2010. National Health Statistics Reports No. 51. Hyattsville, MD: National Center for Health Statistics.
- Masho, S. W., Chambers, G.J., Wallenborn, J.T., Ferrance, J.L. 2017. Associations of Partner Age Gap at Sexual Debut with Teenage Parenthood and Lifetime Number of Partners. Perspectives on Sexual and Reproductive Health. 49(2): 77-83.
- McCabe J, Brewster KL, Tillman KH. 2011. Patterns and Correlates of Same-Sex Sexual Activity among U.S. Teenagers and Young Adults. Perspect Sex Reprod Health 43(3):142-50.
- McNally J, Mosher W. 1991. AIDS-Related Knowledge and Behavior among Women 15-44 Years of Age: United States, 1988. Advance Data No. 200. Hyattsville, MD: National Center for Health Statistics.
- Melbostad, H.S, Badger, GJ, Matusiewicz, AK, Heil SH. 2017. Contraceptive use among female smokers. Drug & Alcohol Dependence. Volume 171 , e141 - e142
- Miller HG, Cain VS, Rogers DM, Gribble JN, Turner CF. 1999. Correlates of Sexually Transmitted Bacterial Infections among US Women in 1995. Family Planning Perspectives 31(5):228-236.
- Montaquila, J. M., J. M. Brick, D. Williams, K. Kim and D. Han (2013). "A Study of Two-Phase Mail Survey Data Collection Methods." Journal of Survey Statistics and Methodology 1(1): 66-87.
- Moore KA, Nord C, Peterson J. 1989. Nonvoluntary sexual activity among adolescents. Family Planning Perspectives, 21(3): 110-114.
- Mosher WD, Pratt WF. 1993. AIDS-related Behavior among Women 15-44 Years of Age: United States, 1988 and 1990. Advance Data No. 239. Hyattsville, MD: National Center for Health Statistics.
- Mosher W, Chandra A, Jones J. 2005. Sexual Behavior and Selected Health Measures: Men and Women 15-44 Years of Age, United States, 2002. Advance Data No. 362. Hyattsville, MD: National Center for Health Statistics.
- Mosher WD, Jones J. 2010. Use of contraception in the United States: 1982–2008. National Center for Health Statistics. Vital Health Stat 23(29).
- Mullany, B, Barlow, A, Neault, N, Trudy B, Hastings, R, Coho-Mescal, V, Lorenzo, C, Walkup, JT. 2013. Consistency in the reporting of sensitive behaviors by adolescent American Indian women: A comparison of interviewing methods. American Indian and Alaskan Native Mental Health Research 20(2): 42-51.
- National Center for Health Statistics. 2011-2013 National Survey of Family Growth (NSFG): Summary of Design and Data Collection Methods. Hyattsville, MD. 2016. Available from https://www.cdc.gov/nchs/data/nsfg/nsfg_2011_2013_designanddatacollectionmethods.pdf
- National Center for Health Statistics. 2013-2015 National Survey of Family Growth (NSFG): Summary of Design and

- Data Collection Methods. Hyattsville, MD. 2017. Available from https://www.cdc.gov/nchs/data/nsfg/NSFG_2013-2015_Summary_Design_Data_Collection.pdf
- National HIV/AIDS Strategy for the United States: updated to 2020. July 2015 Available from: <https://www.aids.gov/federal-resources/national-hiv-aids-strategy/nhas-update.pdf>
- NSFG Key Statistics. Wantedness of sexual intercourse, females and males 2011-2015. Available from: http://wcms-wp.cdc.gov/nchs/nsfg/key_statistics/w.htm
- Nearns J, Baldwin JA, Clayton H. 2009. Social, behavioral, and health care factors associated with recent testing among sexually active non-Hispanic black women in the United States. Women's Health Issues 19(1):52-60.
- Owusu-Edusei, K, Chesson, HW, Gift, TL, Guoyu, T, Mahajan, R, Ocfemia, M, Kent, C. 2013. The estimated medical cost of selected sexually transmitted infections in the United States, 2008. Sexually transmitted Diseases 40(3): 197-201.
- Page R, Ellison C, Lee J. 2009. Does religiosity affect health risk behaviors in pregnant and postpartum women? Maternal and Child Health Journal 13(5):621-32.
- Petersen H, Walker CK, Kahn JG, Washington AE, Eschenbach DA, Faro S. 1991. Pelvic Inflammatory Disease: Key Treatment Issues and Options. Journal of the American Medical Association 266(18):2605-11.
- Reese, BM, Haydon, AA, Herring, AH, Halpern, CT. 2013. The association between sequences of sexual initiation and the likelihood of teenage pregnancy. Journal of Adolescent Health 52(2): 228-233.
- Remez L. 2000. Oral Sex Among Adolescents: Is it Sex or is it Abstinence? Family Planning Perspectives 32(6):298-304.
- Rothenberg RB, Scarlett M, del Rio C, Reznik D, O'Daniels C. 1998. Oral Transmission of HIV. Acquired Immune Deficiency Syndromes 12:2095-2105.
- Rust, K. 1985. Variance estimation for complex estimators in sample surveys. J Official Stat 1:381-97.
- Ryan S, Franzetta K, Manlove J, Schelar E. 2008. Older Sexual Partners During Adolescence: Links to Reproductive Health Outcomes in Young Adulthood. Perspectives on Sexual and Reproductive Health 40(1):17-26.
- Sanders SA, Reinisch JM. 1999. Would You say You 'Had Sex' if...? Journal of the American Medical Association 281:275-277.
- Santelli J, Lindberg LD, Finer LB, Singh S. 2000. The Association of Sexual Behaviors with Socioeconomic Status, Family Structure, and Race/Ethnicity among U.S. Adolescents. American Journal of Public Health 90(10):1582-1588.
- Satterwhite CL, Torrone E, Meites E, Dunne EF, Mahajan R, Ocfemia MC, Su J, Xu F, Weinstock H. 2013. Sexually transmitted infections among US women and men: prevalence and incidence estimates, 2008. Sexually Transmitted Diseases 40(3):187-93.
- Schuster MA, RM Bell & DE Kanouse. 1996. The Sexual Practices of Adolescent Virgins: Genital Sexual Activities of High School Students Who Have Never Had Vaginal Intercourse. American Journal of Public Health 86(11):1570-1576.

- Singer E. The Use of Incentives to Reduce Nonresponse in Household Surveys,” pages 163-178 in R Groves et al. (editors), Survey Nonresponse. Wiley. 2002.
- Stockman JJ, Campbell JC, Celentano DD. 2010. Sexual violence and STD risk behaviors among a nationally representative sample of heterosexual American women: The importance of sexual coercion. Journal of Acquired Immune Deficiency Syndromes 53(1):136-143.
- Tao G, Tian LH, Peterman TA. 2007. Estimating Chlamydia Screening Rates by Using Reported Sexually Transmitted Disease Test for Sexually Active Women aged 16 to 25 Years in the United States. Sexually Transmitted Diseases 34(3): 180-2.
- Tao G. 2008. Sexual Orientation and Related Viral Sexually Transmitted Disease Rates among US Women Aged 15 to 44 Years. American Journal of Public Health 98 (6): 1007-1009
- The White House Office of National AIDS Policy. 2010. National HIV/AIDS Strategy for the United States. Washington, DC: White House, July 13 2010.
- The White House Office of National AIDS Policy. 2014. National HIV/AIDS Strategy: Update of 2014 Federal Actions to Achieve National Goals and Improve Outcomes Along the HIV Care Continuum. Washington, D.C: White House. December 2014.
- Turner C, Ku L, Rogers S, Lindberg L, Pleck JH, Sonenstein FL. 1998. Adolescent Sexual Behavior, Drug Use and Violence: New Survey Technology Detects Elevated Prevalence among U.S. Males. Science 280:867-73.
- Turner CF, Villarroel M, Chromy J et al. 2005. Same-Gender Sex among US Adults: Trends across the 20th Century and During the 1990s. Public Opinion Quarterly, 69(3):439-62.
- Tyler, CP, Whiteman, MK., Kraft, JM, Zapata, LB, Hillis, SD, Curtis, KM, Anderson, J, Pazol, K, Marchbanks, PA. 2014. Dual Use of Condoms With Other Contraceptive Methods Among Adolescents and Young Women in the United States. Journal of Adolescent Health, 54(2): 169-175
- US Department of Health and Human Services. 2014. The health consequences of smoking—50 years of progress: a report of the Surgeon General. Atlanta, GA: US Department of Health and Human Services, CDC; 2014. <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/full-report.pdf>.
- Vahratian A. 2009. Prevalence of overweight and obesity among women of childbearing age: results from the 2002 National Survey of Family Growth. Maternal and Child Health Journal 13(2):268-73.
- van Gelder MMHJ, Reefhuis J, Herron AM, Williams ML, Roeleveld N. 2011. Reproductive Health Characteristics of Marijuana and Cocaine Users: Results from the 2002 National Survey of Family Growth. Perspectives on Sexual and Reproductive Health 43(3):164-72.
- Van Handel M, Lyons B, Oraka E, Nasrullah M, DiNenno E, Dietz P. 2015. Factors associated with time since last HIV test among persons at high risk for HIV infection, National Survey of Family Growth, 2006-2010. AIDS Patient Care and STDs. 29(10): 533-40.
- Volpe E, Hardie T, Cerulli C, Sommers M, Morrison-Beedy D. 2013. What’s age got to do with it? Partner age difference, power, intimate partner violence, and sexual risk in urban adolescents. Journal of Interpersonal Violence 28(10): 2068-2087.
- Ward BW, Dahlhamer JM, Galinsky AM, Joestl SS. Sexual orientation and health among U.S. adults: National Health Interview Survey, 2013. National health statistics reports; no 77. Hyattsville, MD: National Center for Health Statistics. 2014.

Wheldon CW, Kirby RS. 2013. Are There Differing Patterns of Health Care Access and Utilization Among Male Sexual Minorities in the United States? Journal of Gay & Lesbian Social Services 25:24-36.

Williams CM, Brett KM, Abma JC. 2009. Coercive first intercourse and unintended first births. Violence Victims 24(3):351-63.

Williams CM, Clear ER, Coker AL. 2013. Sexual Coercion and Sexual Violence at First Intercourse Associated With Sexually Transmitted Infections. Sexually Transmitted Diseases 40(10): 771-75.

Wilson JB. 1993. Human Immunodeficiency Virus Antibody Testing in Women 15-44 Years of Age: U.S., 1990. Advance Data No. 238. Hyattsville, MD: National Center for Health Statistics.

Xu F, Sternberg MR, Markowitz LE. 2010. Men who have sex with men in the United States: Demographic and behavioral characteristics and prevalence of HIV and HSV-2 infection: Results from National Health and Nutrition Examination Survey, 2001–2006. Sexually Transmitted Diseases 37(6):399–405.

NSFG Cycle 8 Year 7 Screener Instrument – English

THIS ITALICIZED TEXT CURRENTLY APPEARS ON SCREEN, IN COMPLIANCE WITH OMB GUIDELINES.

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, GA 30333; ATTN: PRA (OMB No. 0920-0314)

Assurance of Confidentiality – All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons 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) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347). By law, every employee as well as every agent has taken an oath and is subject to a jail term of up to five years, a fine of up to \$250,000, or both if he or she willfully discloses ANY identifiable information about you.

CONFIRMA

☐ Interviewer checkpoint:

This is sample ID [Sample ID preload]. You are at:

[Address number preload], [Street name preload]

[Apartment number preload, if app]

[City name preload], [State where Interview is being conducted preload], [Zip code preload]

☐ If you have entered the wrong sample line, please suspend this case by pressing [Alt+X]

☐ Please re-enter the numeric portion of the address to continue

INFORMANT

☐ Interviewer checkpoint:

☐ Who are you talking to now?

1. Household Member
5. Proxy Reporter

HHPerson[n].NAME

I would like the name (or initials) of the people who usually live here.
Please include any unmarried children away from home living in a dormitory, fraternity or sorority.

Remember that this interview is completely voluntary and confidential.
If there is any question that you do not wish to answer, please let me know and we can move on to the next question.

Let's start with you, what is your name?/What is the next person's name?

☐ ENTER Name

HHPerson[n].SEX

☐ If necessary, ask: (Is [Name of nth person in household] male or female?)

1. Male
2. Female

HHPerson[n].AGE_X

How old are you/is [Name of nth person in household]?

☐ If necessary, ask: (How old were you/was [Name of nth person in household] on your/his/her last birthday?)

☐ Age probes: Is the household member

14 or under? If yes, enter [14]. If no, continue;
15-17? If yes, enter [16]. If no, continue;
18-19? If yes, enter [18]. If no, continue;
20-49? If yes, enter [32]. If no, continue;
50 or older? If yes, enter [50].

☐ ENTER [0] if less than 1 year

HHPerson[n].HISP

Do you /does [Name of nth person in household] consider yourself/himself/herself to be Hispanic or Latino?

[HELP AVAILABLE]

1. Yes
5. No

HHPerson[n].RACE [Only if HHPerson[n].HISP = 5]

What race do you/does [Name of nth person in household] consider yourself/himself/herself to be?

[HELP AVAILABLE]

☐ READ list:

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

HHPerson[n].DORMRES [Only if HHPerson[n].AGE_X = 17-22]

Do you/does [Name of nth person in household] live in a college or university dormitory, fraternity, or sorority during the school year?

1. Yes
5. No

EndRoster

Before we finish, are there any other members of this household who are currently living in a college or university dormitory, fraternity, or sorority?

☐ If Informant says there are no others, select the [Continue] button.

☐ Otherwise, if Informant has more people to describe, press the [Up-arrow] to return to the roster screen and enter additional household information

VERROSTER

To ensure I have entered all the information correctly, I would like to review the list of household members with you. Please let me know if any of this information is incorrect.

Currently I have the following information about this household:

You're [Name (1)] and you're [Age(1)] years old and consider yourself to be [Hispanic or Latino/American Indian or Alaska Native/Asian/Native Hawaiian or Other Pacific Islander/Black or African-American/White/**F/M**]

[Name of the nth person in the household] and he/she is [Age of the nth person in the household] years old and considers himself/herself to be [Hispanic or Latino/American Indian or Alaska Native/Asian/Native Hawaiian or Other Pacific Islander/Black or African-American/White/**F/M**]

☐ If there is incorrect information, step back to the roster screen, by pressing the [Up] arrow, and enter additional household information

☐ ASK if necessary: (What should be changed?)

☐ ENTER [Continue] once all information has been verified to be correct

EXITAGE [Would occur after VERROSTER only if no household member is between the ages of 15 and 49]

Thank you. In this study, we are only interviewing men and women between the ages of 15 and 49. So, these are all the questions I have for you now. On behalf of the University of Michigan, the US Public Health Service, and the US Department of Health and Human Services, I thank you for taking the time to help with this survey.

(My home office may be calling you to verify that I was at the correct address and spoke with a household member. For these reasons, may I have your telephone number?)

☐ **Go To ST_sPhone**

EXITSCR1 [If selected member of household is a dorm resident]

Thank you for your time. (RNAME) has been selected to provide additional information for this study. Is (RNAME) currently away at school or college?

1. Yes
 5. No
-

EXITSCR2**[If informant is selected]**

Thank you for your time. You have been selected for the study. May we begin the interview now?

[If a minor household member is selected]

Thank you for your time. [RNAME] has been selected to provide additional information for this study. May I speak to a parent or guardian of [RNAME] now?

[If a non-minor household member is selected]

Thank you for your time. [RNAME] has been selected to provide additional information for this study. May I speak to [RNAME] now?

1. Yes
5. No

ST_sPhone

May I have a telephone number to contact you/[RNAME]?

LANG

☐ Interviewer checkpoint:

☐ Please code the likely interview language.

1. English
 2. Spanish
 3. Unknown
 4. Other
-

SCOBS_2

☐ Interviewer checkpoint:

[HELP AVAILABLE]

☐ Do you think the selected respondent is in an active sexual relationship with an opposite-sex partner?

- 1. Yes
- 5. No

SCOBS_3

☐ Interviewer checkpoint:

☐ What is the probability of getting the main interview?

- 1. High
- 2. Medium
- 3. Low

SCComplete

☐ Interviewer checkpoint:

☐ You have reached the end of the NSFG Screener

☐ ENTER [1] to exit interview

**OMB Renewal Package for NSFG
Attachment J – Female CAPI-lite Questionnaire**

**2011-2019 National Survey of Family Growth
FEMALE Questionnaire
(Year 7 CAPI-lite, fielded since Sept 2017)**

NOTE: CAPI is Computer-Assisted Personal Interviewing. This is the "CAPI-Lite" version of the 2011-2019 NSFG, **Year 7 (2017)** female questionnaire, showing basic question wording and routing. The full specifications, used in programming the questionnaire, are in the CAPI Reference Questionnaire ("CRQ").

NOTE: Questions are numbered sequentially in each sub-series. However, due to the addition and removal of questions over questionnaire versions, there may be gaps in numbering or numbers followed by letters in a sub-series. In some instances, entire subsections have been removed.

SECTION A

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

INTRO_1

AA-0. Now we can begin.

THIS ITALICIZED TEXT CURRENTLY APPEARS ON SCREEN, IN COMPLIANCE WITH OMB GUIDELINES.

Public reporting burden of this collection of information is estimated to average 80 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, GA 30333; ATTN: PRA (OMB No. 0920-0314)

<p>Assurance of Confidentiality - All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347). By law, every employee as well as every agent has taken an oath and is subject to a jail term of up to five years, a fine of up to \$250,000, or both if he or she willfully discloses ANY identifiable information about you.</p>

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

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

Age and Date of Birth (AA)

AGE_A

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

ENTER age at last birthday in years _____

BIRTHDAY

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

ENTER MM/DD/YYYY, with or without dividers _____

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

(ASKED IF RESPONDENT DID NOT KNOW OR REFUSED TO PROVIDE AGE AND BIRTHDAY

MISSBRTH

AA-2A. In order to proceed with this interview, we need to know either your age or your date of birth. I'd like to assure you that all information collected in this survey will remain confidential and be used only for statistical tabulations. Would you please give me your age or date of birth?

Yes1 RETURN TO AGE_A AA-1

No5 GO TO TERMINATION SCRIPT TERMAGE AA-3A.

(IF R IS BETWEEN THE AGES OF 15 and 49, GO TO AC SERIES)

TERMINATION SCRIPTS:

TERMAGE That's all the questions I have for you. Thank you for your time.
 AA-3A.

ENTER [1] TO EXIT INTERVIEW

EXIT APPLICATION {age not given}-----

TERM In this survey we are only interviewing women who are between the
 AA-3. ages of 15 and 49. Therefore, that's all the questions I have for you. Thank you for your time.

ENTER [1] TO EXIT INTERVIEW

Hispanic Origin and Race (AC)

HISP

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

[HELP AVAILABLE]

Yes.....1

No.....5

INTROCARD

A-1a. For many questions on this survey, I'll ask you to look at numbered cards that list answer choices. After you've read the choices on the card, you can tell me your answer or, if you prefer, you can just tell me the number next to the answer you choose.

{ ASKED IF HISPANIC

HISPGRP

AC-2. Looking at card 1a, are you Puerto Rican; Cuban; Mexican, Mexican American or Chicana; Central or South American; or another Hispanic, Latina, or Spanish origin? One or more categories may be selected.

♦ *ENTER all that apply*

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

RRACE

AC-3. Looking at Card 1b, what is your race? One or more races may be selected.

[HELP AVAILABLE]

♦ *ENTER all that apply*

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

White 1
Black or African American..... 2
American Indian or Alaska Native..... 3

Asian Indian..... 4
Chinese 5
Filipino 6
Japanese..... 7
Korean..... 8
Vietnamese 9
Other Asian 10

Native Hawaiian 11
Guamanian or Chamorro 12
Samoan 13
Other Pacific Islander 14

{ ASKED ONLY IF MULTIPLE RACE GROUPS MENTIONED

RACEBEST

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

[HELP AVAILABLE]

(DISPLAY ONLY THOSE GROUPS MENTIONED IN RRACE AC-3)

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

OBSERVE

AC-5. ♦ ENTER race of respondent by observation

Black.....1
 White.....2
 Other.....7

{ Asked of all Rs

PRIMLANG

AC-6. What language(s) do you usually speak at home?

♦ ENTER all that apply.

English.....1
 Spanish.....2
 Other.....7

Household Roster and Marital/Cohabiting Status (AD)

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

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

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

	Verify	Name	UsualRes	Sex	Age	Relar	RowDone
HHL[1]							
HHL[2]							
HHL[3]							
HHL[4]							
HHL[5]							
HHL[6]							
HHL[7]							
HHL[8]							
HHL[9]							

{ASKED OF ALL RESPONDENTS:

Verify[X]

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

There's you and you are [AGE_R] years old. / There's [Name[X]]

and [he/she] is (less than 1 year old/1 year old/[Age[X]] years old). (Is this correct?)

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

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

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

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

Name[X]

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

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

UsualRes[X]

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

Yes1
No5

Sex[X]

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

Male1
Female2

Age[X]

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

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

Age _____

Relar[X]

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

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

If R says 'foster sister' or 'foster brother', enter [23], 'Other nonrelative'

(IF HOUSEHOLD MEMBER IS MALE, DISPLAY:)

Husband/spouse.....1
Male unmarried partner2

Biological son3
Step-son (son of spouse)4
Adopted son5
Legal ward6

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

(IF HOUSEHOLD MEMBER IS FEMALE, DISPLAY:)

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

{ASKED IF R IS MARRIED TO OR COHABITING WITH A FEMALE

SMSEXMAR

AD-5a.

For the next several parts of our interview, the questions about marriage and other sexual relationships are limited to those with opposite-sex spouses or partners. You will still be asked questions that may apply to you about pregnancies, children you have raised, and health services you have received. In the final section of the interview, some questions will ask about sexual experience with same-sex spouses or partners. For this part of the interview, please answer as many questions as are relevant to you.

{ASKED OF ALL RESPONDENTS:

RowDone[X]

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

{ASKED OF ALL RESPONDENTS:

ENDROSTER

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

MARSTAT

AD-7b. Now I'd like to ask about marital status and living together. Please look at Card 4. What is your current marital or cohabiting status?

♦ ENTER [2] if R is living together with a partner of the opposite sex to whom she is not married, even if she is also widowed, divorced, separated, or never-married

♦ IF R volunteers living in a same-sex marriage or with a same-sex partner, probe for R's marital or cohabitation status with respect to opposite sex spouses or cohabiting partners. If R has not had an opposite sex marriage and is not currently cohabiting with an opposite sex partner, enter [6].

Married to a person of the opposite sex.....1
 Not married but living together with a partner
 of the opposite sex2
 Widowed3
 Divorced or annulled4
 Separated, because you and your spouse are
 not getting along5
 Never been married6

{ ASKED IF COHABITING (MARSTAT = 2)

FMARSTAT

AD-7c. What is your formal marital status? That is, are you widowed, divorced, separated, or have you never been married?

Widowed.....3
 Divorced or annulled4
 Separated, because you and your spouse are
 not getting along.....5
 Never been married.....6

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

HPLOCATN

AD-8. Please look at Card 5. Where is your (husband/partner) currently living?

Friend's home.....1
 Relative's home.....2
 College/university.....3
 Armed forces.....4
 Employed in another city.....5
 Medical institution (hospital,
 rehabilitation facility).....6
 Correctional institution (jail, prison)...7
 Other8

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

RELMAN[X]

AD-9. I need to find out about [HUSBAND/PARTNER's NAME]'s relationship to the children who live here. Please look at Card 6. What is [HUSBAND/PARTNER's NAME]'s relationship to [CHILD's NAME]?

Biological father1
 Stepfather.....2
 Adoptive father3
 Uncle, grandfather, or some other relation ..4
 Foster father or legal guardian.....5
 Not related (legally or by blood).....6

Calendar Intro (AE)**CALENDAR_1**

AE_1. This is a calendar to help you remember when things happened, when they come up in the interview. At the end of the interview, you can keep it or, if you prefer, I can take it with me and shred it.

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

CALENDAR_2

AE_2. Notice that the calendar's boxes start with January [YEAR OF INTERVIEW - 3]. Some things that I ask about will have happened since then and others will have happened longer ago. The column labeled "Before January [YEAR OF INTERVIEW - 3]" is for you to note things that happened before January [YEAR OF INTERVIEW - 3].

CALENDAR_3

AE_3. Now I'd like you to write your date of birth on the calendar on the line marked "Your Date of Birth". Then, find the month and year of your last birthday and write your age in the box right underneath it (read if necessary: the row labeled "Your Age"). Now, please write your age under your birth month for the other years on the calendar.

INTERVIEWER: Demonstrate, monitor, and help when needed.

ENTER [1] to continue

CALENDAR_4

AE_4. Sometimes we'll be asking how old you were at a particular event in your life. Remember that your age at the event will depend on whether it happened before or after your birthday in that year. You can use the calendar to help figure that out.

Now let's continue with the interview.

ENTER [1] to continue

Regular school and GED (AF)

{ASKED OF ALL RESPONDENTS:
GOSCHOL

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

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

[HELP AVAILABLE]

If R says she is "taking GED courses now", or "taking a semester or quarter off", or in "vocational school", enter [5].

Yes1

No5 (GO TO HIGRADE AF-3)

{ ASKED IF R IN SCHOOL, AGED 15-19, and INTERVIEW IS CONDUCTED IN MAY-SEPT
VACA

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

[HELP AVAILABLE]

Yes1

No5

HIGRADE

AF-3. Please look at Card 8. What (is the highest grade or year of (regular) school you have ever attended / grade or year of school are you in / were you in before vacation began)?

[HELP AVAILABLE]

No formal schooling	0
1st grade	1
2nd grade	2
3rd grade	3
4th grade	4
5th grade	5
6th grade	6
7th grade	7
8th grade	8
9th grade	9
10th grade	10
11th grade	11
12th grade	12
1 year of college or less	13
2 years of college	14
3 years of college	15
4 years of college/grad school	16
5 years of college/grad school	17
6 years of college/grad school	18
7 or more years of college and/or grad school ...	19

{ IF HIGHEST GRADE ATTENDED IS DON'T KNOW OR REFUSED, GO TO AF-6 DIPGED

{ IF HIGHEST GRADE ATTENDED IS 0, GO TO AG-0 AGINTRO

{ASKED IF HIGHEST GRADE ATTENDED IS 1 THROUGH 19

COMGRD

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

Yes1
 No5

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

{ ASKED IF R HAS 12 YRS OF SCHOOLING

DIPGED

AF-6. Do you have a high school diploma, a GED certificate, or both?

High school diploma only ...1
 GED only.....2 (GO TO AF-8 HISCHGRD)
 Both3
 Neither.....5 (GO TO AF-8 HISCHGRD)

{ ALL DATES IN THE INTERVIEW ARE ASKED IN THE SAME MANNER AS SHOWN BELOW FOR
EARNHS_M and **EARNHS_Y**

{ ASKED IF R HAS A HIGH SCHOOL DIPLOMA

EARNHS_M

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

ENTER month.

PROBE for season if DK month.

1. January	5. May	9. September	13. Winter
2. February	6. June	10. October	14. Spring
3. March	7. July	11. November	15. Summer
4. April	8. August	12. December	16. Fall

{ ASKED IF R HAS A HIGH SCHOOL DIPLOMA

EARNHS_Y

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

ENTER year in 4 digits _____

Please record this on your calendar in the row marked
 "Education", in the box for the month and year that it happened.
 Remember, if you received your diploma before January [YEAR OF
 INTERVIEW - 3], please record this in the "Before [YEAR OF
 INTERVIEW - 3]" space in the "Education" row. You might write
 "HS" or some other abbreviation that you will recognize later.

{ASKED IF R DOES NOT HAVE A H.S. DIPLOMA AND HIGHEST GRADE IS > 12 OR DK/RF
HISCHGRD

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

[HELP AVAILABLE]

1st grade1
 2nd grade2
 3rd grade3
 4th grade4
 5th grade5
 6th grade6
 7th grade7
 8th grade8
 9th grade9

10th grade10
 11th grade11
 12th grade.....12

{ ASKED IF R LEFT ELEM/JUNIOR/HIGH SCHOOL BEFORE HIGH SCHOOL GRADUATION
MYSCHOL_M, MYSCHOL_Y

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

[HELP AVAILABLE]

Please record this on your calendar in the row marked
 "Education", in the box for the month and year that it happened.
 Remember, if you received your diploma before January
 [YEAR OF INTERVIEW - 3], please record this in the "Before
 January [YEAR OF INTERVIEW - 3]" space in the "Education" row.
 You might write "HS" or some other abbreviation that you will
 recognize later.

ENTER month and year

If R never attended school, enter year of R's birth.

{ASKED IF HIGHEST GRADE >12

HAVEDEG

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

*If R indicates that she has a trade-school degree, such as
 cosmetology or truck driving, ENTER [5].*

Yes1

No5 (GO TO AG SERIES)

{ASKED IF R HAS A COLLEGE DEGREE

DEGREES

AF-11. Please look at Card 9. What is the highest college or university
 degree you have?

Associate's degree1 (GO TO AG SERIES)

Bachelor's degree2

Master's degree3

Doctorate degree4

Professional School degree ...5

{ ASKED IF R HAS AT LEAST A BACHELOR'S DEGREE

EARNBA_M, EARNBA_Y

AF-12. In what month and year did you get your Bachelor's degree?

Please record this on your calendar in the row marked
 "Education", in the box for the month and year that it happened.
 Remember, if you received your diploma before [THREEYRS_FILL],
 please record this in the "Before [THREEYRS_FILL]" space in the
 "Education" row. You might write "Coll" or some other
 abbreviation that you will recognize later.

ENTER month and year

{ ASKED IF R IS NOT CURRENTLY GOING TO SCHOOL AND HAS LESS THAN A BACHELOR'S
 { DEGREE

EXPSCHL

AF-13. Do you expect to go back to regular school at any time in the future?

[HELP AVAILABLE]

Yes1 (ASK AF-13a)
 No5 (GO TO AG-0)

{ ASKED IF R EXPECTS TO GO BACK TO SCHOOL OR IS CURRENTLY ENROLLED

EXPGRADE

AF-14. Please look at Card 8. What is the highest grade or degree you expect to complete?

[HELP AVAILABLE]

1st grade1
 2nd grade2
 3rd grade3
 4th grade4
 5th grade5
 6th grade6
 7th grade7
 8th grade8
 9th grade9
 10th grade10
 11th grade11
 12th grade12
 1 year of college or less13
 2 years of college14
 3 years of college15
 4 years of college/grad school16
 5 years of college/grad school17
 6 years of college/grad school18
 7 or more years of college and/or grad school ...19

Childhood Background (AG)**AGINTRO**

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

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

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

ONOWN

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

Please include times you were away at college or in the Armed Forces. But, do not include times you were away at boarding school for elementary, middle, or high school, or living in an institution or jail or group home. Also, please do not include temporary supervised arrangements such as summer camp.

Yes1

No5

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

INTACT

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

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

Yes.....1

No.....5

{ ASKED OF ALL

PARMARR

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

Yes.....1

No.....5

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

LVSIT14F

AG-3. Now, think about when you were 14 years old. Looking at Card 10,
what female and male parents or parent-figures were you living
with at age 14?

[HELP AVAILABLE]

ENTER female adult first

No female parent or parent-figure present...1
Biological mother.....2
Stepmother.....3
Adoptive mother.....4
Father's girlfriend.....5
Foster mother.....6
Grandmother.....7
Aunt.....8
Other female9

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

LVSIT14M

AG-4. *Ask if necessary:*

[HELP AVAILABLE]

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

ENTER male adult

No male parent or parent-figure present....1
Biological father.....2
Stepfather.....3
Adoptive father.....4

Mother's boyfriend.....5
 Foster father.....6
 Grandfather.....7
 Uncle.....8
 Other male9

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

WOMRASDU

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

If there is more than one woman R considers raised her, and they are equally important, probe for parent-figure during the teen years.

Biological mother.....1
 Adoptive mother.....2
 Step-mother.....3
 Father's girlfriend.....4
 Foster mother.....5
 Grandmother.....6
 Other female relative....7
 Female non-relative.....8
 No such person.....9
 Other10

{IF R DID NOT HAVE A MOTHER OR MOTHER-FIGURE, GO TO AG-11 MANRASDU

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

MOMDEGRE

AG-6. Please look at Card 11. What is the highest level of education (she/your mother) completed?

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

MOMWORKD

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

[HELP AVAILABLE]

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

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

MOMFSTCH

AG-9. How old was she when she had her first child who was born alive?

◆ *ENTER 96 if R says that her mother or mother-figure did not have any children*

Age in years

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

MOM18

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

Under 18.....1
 18-192
 20-243
 25 or older.....4

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

MANRASDU

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

Biological father.....1
 Adoptive father.....2
 Step-father.....3
 Mother's boyfriend.....4
 Foster father.....5
 Grandfather.....6
 Other male relative.....7
 Male non-relative.....8
 No such person.....9
 Other10

{ NOW ASKED OF ALL Rs

FOSTEREV

AG-13. Did you ever live in state-sponsored foster care? This includes settings such as a family foster home, a relative foster home, a group home, institution, or supervised independent living.

If necessary say: If someone from the state or from family services arranged for you to live there, it is considered foster care.

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

{ ASKED IF R EVER LIVED WITH A FOSTER PARENT

MNYFSTER

AG-14. In how many different foster care settings or locations have you lived?

If necessary say: If someone from the state or from family services arranged for you to live there, it is considered foster care.

ENTER number

{ ASKED IF R EVER LIVED WITH A FOSTER PARENT

DURFSTER

AG-15. Looking at Card {11a}, approximately how much time did you spend in foster care during your life?

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

Three years or more.....5

{ ASKED IF R EVER LIVED WITH A FOSTER PARENT BUT DOES NOT CURRENTLY DO SO
AGEFSTER

AG-16. The last time you left foster care, how old were you?

♦ *ENTER age in years*

UNDERLYING RANGE: 0 to 21

DRAFT

Pregnancy & Birth History; Adoption & Nonbiological Children**BINTRO_1**

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

MENARCHE AND CURRENT PREGNANCY (BA)**MENARCHE**

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

[HELP AVAILABLE]

Age in years _____

{ NOW ASKED FOR ALL Rs REGARDLESS OF MENARCHE

PREGNOWQ

BA-2. Are you pregnant now?

Yes1

No5

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

MAYBPREG

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

Probably pregnant 1

Probably not pregnant .. 5

{ NOW ASKED FOR ALL Rs REGARDLESS OF MENARCHE

BINTRO_2

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

NUMBER OF PREGNANCIES (BB)

{ NOW ASKED FOR ALL Rs REGARDLESS OF MENARCHE

NUMPREGS

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

Number _____

{ ASKED IF CURRENTLY PREGNANT

{ R CAN ANSWER IN WEEKS OR MONTHS

HOWPREG_N

BB-2. 1 of 2 How many weeks or months pregnant are you now?

If R is less than 1 week pregnant, Enter 0.

Number of weeks or months _____

HOWPREG_P

BB-2. 2 of 2

After R has selected the units, SAY: Please record the month when this pregnancy began using a "P" in the appropriate box on your calendar's "Pregnancies and Births" row.

Weeks....1

Months...2

{ IF DK HOW MANY MONTHS OR WEEKS PREGNANT

NOWPRGDK

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

[HELP AVAILABLE]

First trimester1

Second trimester2

Third trimester3

{ IF CURRENTLY PREGNANT WITH 1st PREGNANCY, GO TO BI SERIES.

{ IF ANY COMPLETED PREGNANCIES, CONTINUE WITH BC SERIES.

{ PREGNANCY LOOP BEGINS HERE.

{ THESE QUESTIONS ARE ASKED FOR EACH COMPLETED PREGNANCY.

{ IF PREGNANCY BEING DESCRIBED IS A CURRENT PREGNANCY, GO TO BI SERIES.

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

BINTRO_3

BC-0. Now I'd like to ask some questions specifically about your (nth) pregnancy. (Remember, we'll be talking about each of your pregnancies in the order they occurred.)

PREGEND

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

[HELP AVAILABLE]

ENTER all that apply.

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

Miscarriage1

Stillbirth2

Abortion3

Ectopic or tubal pregnancy4

Live birth by Cesarean section5

Live birth by vaginal delivery6

{ASKED IF R RESPONDED DK OR REF TO PREGEND

HOWENDDK

BC-1b. I understand that you may not want to answer this question in detail. If you are willing to say, did this pregnancy result in a baby or babies born alive, or did it end in some other way?

Live birth1
 Some other way5

{ IF PREGNANCY ENDED IN ANY LIVE BIRTH

NBRNALIV

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

Number

{ IF MORE THAN 1 LIVEBORN BABY REPORTED FROM THIS PREGNANCY

MULTBRTH

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

Yes1
 No5

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

{ IF THIS PREGNANCY DID NOT RESULT IN LIVEBIRTH

DATPRGEN_M, DATPRGEN_Y

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

♦ After R has given the year, say: Please record the pregnancy in the "Birth or Pregnancy Ending Dates" section below the calendar. Then, if the pregnancy ended in January [YEAR OF INTERVIEW - 3] or later, please record "S" for a stillbirth, "M" for miscarriage or ectopic, or "A" for abortion in the appropriate box on the "Births & Other Pregnancies" row of the calendar.

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

AGEATEND

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

Age in years _____

{ IF THIS PREGNANCY DID NOT RESULT IN LIVEBIRTH

HPAGEEND

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

Age in years _____

{ ASKED FOR EACH COMPLETED PREGNANCY, REGARDLESS OF OUTCOME

GESTASUN_M, GESTASUN_W

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

Number of months/weeks _____

{ IF GESTATIONAL LENGTH REPORTED, GO TO BD SERIES.

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

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

DK1GEST

BC-6. Was it...

Less than 6 months, or1
 6 months or more?.....2

{ IF GESTATIONAL LENGTH = DK/RF AND PREGNANCY ENDED IN LIVEBIRTH
DK2GEST

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

Yes1
 No5

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

DK3GEST

BC-8. Was it...

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

{ IF PREGNANCY ENDED IN LIVEBIRTH, CONTINUE WITH BD SERIES.
 { IF PREGNANCY ENDED ONLY IN ABORTION, GO TO BI SERIES.
 { IF PREGNANCY ENDED ONLY IN MISCARR, ECTOPIC, OR STILLBIRTH, GO TO BE SERIES.

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

BABYNAME

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

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

{ IF MORE THAN 3 BABIES BORN ALIVE FROM THIS PREGNANCY

BINTRO_4

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

{ ASKED FOR EACH LIVEBORN BABY FROM THIS PREGNANCY

BABYSEX

BD-2. ASK IF NECESSARY: (Is/Was) (BABY NAME) male or female?

Male 1
 Female 2

{ ASKED FOR EACH LIVEBORN BABY FROM THIS PREGNANCY

{ INTERVIEWER ENTERS BOTH POUNDS & OUNCES

BIRTHWGT_LB, BIRTHWGT_OZ

BD-3. How much did (BABY NAME) weigh at birth?

Pounds and ounces _____

{ ASKED FOR EACH LIVEBORN BABY FROM THIS PREGNANCY

{ IF BIRTHWEIGHT IS NOT KNOWN OR REFUSED

LOBTHWGT

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

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

{ IF ALL BABIES FROM THIS PREGNANCY HAVE BEEN DESCRIBED,
 { CONTINUE WITH BD-5 BABYDOB.
 { ELSE RETURN TO BD-1 BABYNAME FOR NEXT BABY FROM THIS PREGNANCY.

{ ASKED FOR THE DELIVERY

BABYDOB_M, BABYDOB_Y

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

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

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

In what month and year did this pregnancy end?

[HELP AVAILABLE]

♦ *After R has given the year, say:* Please write this date in the "Birth or Pregnancy Ending Dates" section below the calendar. Then, if the birth occurred in January [YEAR OF INTERVIEW - 3] or later, please record a "B" in the box for this month and year on the "Births & Other Pregnancies" row of the calendar.

{ ASKED FOR ALL PREGNANCIES RESULTING IN LIVEBIRTH

HPAGELB

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

Age _____

{ IF DELIVERY OCCURRED EARLIER THAN January [YEAR OF INTERVIEW - 5], GO TO BG SERIES.

{ IF DELIVERY OCCURRED IN January [YEAR OF INTERVIEW - 5] OR LATER, CONTINUE WITH BD-7 BIRTHPLC.

{ IF DELIVERY OCCURRED IN January [YEAR OF INTERVIEW - 5] OR LATER

BIRTHPLC

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

In a hospital1
 In a birthing center2
 In your home3
 Some other place4

PAYBIRTH

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

[HELP AVAILABLE]

ENTER all that apply.

Insurance1
 Co-payment or out-of-pocket payment2
 Medicaid3
 No payment required4
 Some other way5

{ IF BABY(IES) BORN FROM THIS PREGNANCY WERE ALL PLACED FOR ADOPTION,

```
{      GO TO BI SERIES.
{ ELSE IF PREGNANCY ENDED IN January [YEAR OF INTERVIEW - 5] OR LATER,
CONTINUE WITH BE SERIES.
{ ELSE IF PREGNANCY ENDED EARLIER THAN January [YEAR OF INTERVIEW - 5], GO TO
BG SERIES.
```

```
{ Asked if this pregnancy only ended in cesarean live birth delivery and
  occurred in last 5 years
```

CSECPRIM

BD-9. Was this your first cesarean delivery, or had you had one before this?

Yes, first cesarean1
 No, not first cesarean5

```
{ Asked only if this was first cesarean
```

CSECMED

BD-10. Please look at CARD 16b. Which of these medical reasons, if any, were there for this cesarean delivery?

♦ ENTER all that apply

Labor was taking too long1
 Maternity care provider concerned that baby was too big2
 Baby was in the wrong position (e.g, breech)3
 Maternity care provider concerned about your health4
 Maternity care provider concerned about your baby's health .5
 Some other medical reason6
 There was no medical reason7

```
{ Asked only if R has reported no medical reason for the c-section
```

SP_CSECMED

BD-10sp. What was the main reason for your cesarean delivery?

TYPE: (Enter verbatim response)

NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.

```
{ Asked only if R has reported no medical reason for the c-section
```

CSECPLAN

BD-11. Was this cesarean the result of your own idea to have a planned cesarean before labor began?

Yes1
 No5

SELECTED INFORMATION FOR RECENT PREGNANCIES (SINCE JANUARY OF THE YEAR 5 YEARS BEFORE INTERVIEW) (BE)

KNEWPREG

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

Number of weeks _____

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

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

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

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

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

LTRIMEST

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

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

{ ASKED FOR EACH RECENT PREGNANCY

PRIORSMK

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

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

{ ASKED FOR EACH RECENT PREGNANCY

POSTSMKS

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

Yes 1
 No 5 (BE-6 GETPRENA)

{ ASKED IF SMOKED AT ALL AFTER LEARNING SHE WAS PREGNANT

NPOSTSMK

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

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

{ ASKED FOR EACH RECENT PREGNANCY

GETPRENA

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

[HELP AVAILABLE]

Yes.....1

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

{ IF WENT FOR PRENATAL CARE

BGNPRENA

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

[HELP AVAILABLE]

Number _____

{ IF BE-7 BGNPRENA = DK OR RF AND PREGNANCY ENDED AT LESS THAN 3 MONTHS,
{ GO TO BI SERIES.{ ASKED IF BE-7 BGNPRENA = DK OR RF AND PREGNANCY WAS AT LEAST 6 MONTHS LONG
PNCTRIM

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

Less than 3 months.....1
At least 3 months but less than 6 months.....2
6 or more months3

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

LPNCTRI

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

Less than 3 months.....1
3 or more months.....2{ IF PREGNANCY DID NOT END IN LIVE BIRTH, GO TO BI SERIES.
{ ELSE CONTINUE WITH BG SERIES.{ IF CHILD'S CURRENT AGE IS 18 YEARS OR YOUNGER, CONTINUE WITH BG SERIES.
{ ELSE IF CHILD IS OLDER THAN 18, GO TO BI SERIES.**CURRENT LIVING STATUS OF EACH BABY BORN (if under age 19) (BG)**{ BG SERIES IS ONLY ASKED FOR EACH CHILD BORN FROM THIS PREGNANCY, WHO IS
{ CURRENTLY 18 YEARS OLD OR YOUNGER.

{ ASKED IF NOT ALREADY APPARENT THAT CHILD LIVES WITH R

LIVEHERE

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

ENTER "Yes" if child usually lives with R.

Yes1 (BH-1 ANYNURSE)
No5

{ ASKED IF CHILD NOT LIVING WITH R

ALIVENOW

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

Yes 1
No 5

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

{ ASKED IF CHILD IS DECEASED

WHENDIED_M, WHENDIED_Y

BG-3. When did (BABY NAME) die?

♦ After R has reported year, say: "If you think it might help you in remembering dates of other things later, you can record this on the calendar in the "Births & Other Pregnancies" row."

{ ASKED IF CHILD IS ALIVE BUT NOT LIVING WITH R

WHENLEFT_M, WHENLEFT_Y

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

[HELP AVAILABLE]

♦ After R has reported year, say: "If you think it might help you in remembering dates of other things later, you can record this on the calendar in the "Births & Other Pregnancies" row."

{ ASKED IF CHILD IS ALIVE BUT NOT LIVING WITH R

WHERE NOW

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

With biological father1
 With other relatives2
 With adoptive family3
 Away at school/college4
 Living on own5
 Other6

{ IF CHILD IS LIVING WITH ADOPTIVE FAMILY, AND DID NOT LIVE AT LEAST 2 MONTHS WITH R, GO TO BI SERIES.

{ ELSE IF CHILD IS LIVING WITH ADOPTIVE FAMILY, BUT DID LIVE AT LEAST 2 MONTHS WITH R, GO TO BH SERIES.

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

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

LEGAGREE

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

Yes.....1

No.....5

{ ASKED IF CHILD (18 or under) IS LIVING WITH BIOLOGICAL FATHER, LIVING WITH OTHER RELATIVES, LIVING ON OWN, OR LIVING IN SOME OTHER PLACE.

PARENEND

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

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

Yes1

No5

BREASTFEEDING SERIES FOR EACH NAMED BABY (BH)

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

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

ANYNURSE

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

ENTER "Yes" for any amount of breastfeeding by R. If R only expressed or pumped breastmilk to be fed to the baby, count this as a "yes" as well.

Yes 1
No 5 (GO TO BH-5a MDSOLID)

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

{ ASKED IF CHILD IS LESS THAN 1 YEAR OLD

FEDSOLID

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

Yes1
No5 (BH-5a MDSOLID)

{ IF CHILD WAS EVER FED SOMETHING OTHER THAN BREAST MILK OR
{ IF CHILD OLDER THAN 1 YEAR.
{ ANSWER CAN BE GIVEN IN DAYS, WEEKS, OR MONTHS.

FRSTEATD_N

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

Age in days, weeks, or months _____

FRSTEATD_P

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

♦(FRSTEATD_N) (Month(s)/Week(s)/Day(s))

Months ...1
Weeks2
Days3

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

{ ASKED IF CHILD AGED 2 YEARS OR YOUNGER

QUITNURS

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

Yes1
No5 (GO TO BH-5a MDSOLID)

{ ASKED IF R STOPPED BREASTFEEDING THIS CHILD OR CHILD IS OLDER THAN 2 YEARS.
{ ANSWER CAN BE GIVEN IN DAYS, WEEKS, OR MONTHS.

AGEQTNUR_N

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

Use the information already recorded on the calendar to help you remember the date you stopped breast-feeding. You may want to record this on the calendar, but it is not necessary.

Age in days, weeks, or months _____

AGEQTNUR_P

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

♦(AGEQTNUR_N) (Month(s)/Week(s)/Day(s))

Months ...1

Weeks2

Days3

{ ASKED IF CHILD IS BETWEEN 6 MONTHS & 5 YEARS AND LIVES WITH R

MDSOLID

BH-5a. Now I have a few more questions about [BABYFILL]. (When (he/she) was an infant,) (Did/did) your child's doctor or other health care provider talk with you about when to start feeding (him/her) solid foods?

Yes 1

No 5 (BH-5c MDNUTRIT)

{ ASKED IF BH=5A MDSOLID=1

WHNSOLID

BH-5b. At what age did your child's doctor or other health care provider recommend that you start feeding (him/her) solid foods? Was it...

Before 4 months of age1

4 to 5 months of age2

6 months of age or older3

{ ASKED IF CHILD IS BETWEEN 6 MONTHS & 5 YEARS OLD AND LIVES WITH R

MDNUTRIT

BH-5c. Thinking still about [BABYFILL], which of the topics shown on Card 19a has (his/her) doctor or other health care provider discussed with you?

♦ ENTER all that apply

Offering foods with many different tastes and textures1

Not forcing child to finish food or bottles, even if

not interested or didn't have much2

Offering a variety of fruits and vegetables3

Limiting foods and drinks with added sugar (such as candy, cookies, soda, juice)4

Limiting eating meals in front of tv or other

electronic devices5

None of the above topics6

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

{ If elements needed for CNFMPREG are missing and this is not a current pregnancy, then the text of CNFMPREG is adjusted accordingly. See CRQ for details.

CNFMPREG

BH-6. Thank you. Now I would like to confirm some of the important information about this (nth) pregnancy to make sure I have it right.

IF PREGNANCY ENDED IN A LIVE BIRTH:

This pregnancy ended in the birth of (1 baby (named [BABY NAME]))/

[BORNALIV] babies (named [BABY NAME])). This pregnancy began in (mo/yr corresponding to cmprgbeg), lasted ((GESTASUN_M) month(s) and (GESTASUN_W) week(s) and ended in (mo/yr corresponding to cmprgbeg). Is this correct?

IF PREGNANCY DID NOT END IN A LIVE BIRTH:

This pregnancy did not end in a live birth. This pregnancy began in (mo/yr corresponding to cmprgbeg), lasted ((GESTASUN_M) month(s) and (GESTASUN_W) week(s) and ended in (mo/yr corresponding to cmprgbeg). Is this correct?

Yes1

No5

♦ After R has verified the pregnancy information, including the estimated conception date, the interviewer reads this calendar instruction:

Please record the month and year when this pregnancy began using a "P" in the appropriate box on your calendar's "Births & Other Pregnancies" row. You may wish to draw a line from the beginning to the ending month of this pregnancy. If pregnancy began before [mo/yr corresponding to 3 years before interview], please record this, including the date, in the box for "Before [mo/yr corresponding to 3 years before interview]".

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

CONFIRMATION OF REPORTED PREGNANCIES (BI)

{ AT CONCLUSION OF THIS SERIES, ALL PREGNANCY DATA SHOULD BE PASSED FORWARD IN CHRONOLOGICAL ORDER (based on pregnancy end dates) WITH KEY DATA ITEMS FOR EACH PREGNANCY CONFIRMED/CORRECTED BY RESPONDENT. ALSO, THERE SHOULD BE NO OVERLAPPING PREGNANCIES, based on pregnancy start and end dates.

INTR_ORD

BI-1. Thank you for that information. In addition to the details you just told me, it is also important to make sure that I have listed the pregnancies in the right order. We will use that order for questions later in the interview. As I read a list of your past pregnancies, please let me know if I have them in the order in which they occurred.

CHKORDER

BI-2. (Please let me know if these past pregnancies are listed in the order in which they occurred.)

EXAMPLE:

Your 1st pregnancy did not end in a live birth. This pregnancy began in March 2002, lasted 3 months and 2 weeks and ended in June 2002.

Your 2nd pregnancy ended in the birth of 1 baby (named George). This pregnancy began in April 2004, lasted 9 month(s) and 1 week(s) and ended in December 2004.]

Yes, pregnancies in order/everything is correct..1

No, pregnancies out of order.....5

IF VOL: No, something else incorrect.....7

{ TABLE APPEARS with as many rows as are needed for the reported pregnancies
{ PREGNANCY START DATE (estimated) will be added to this table

PRGVERIF	Outcome	Numlvbrn	Multborn	Gestlen_m	Gestlen_w	Enddate_m	Enddate_y

PRGVERIF[X]

BI-3.

WHEN CURSOR IN FIRST ROW, DISPLAY:

First, let's correct the information about your pregnancies.

I have that the first pregnancy we talked about [insert pregnancy text from BH-6 except drop "This pregnancy" from the beginning of the first sentence.].

*If information is correct, ENTER [1] to go to next pregnancy.
 If information is incorrect, ENTER [5] to correct information.
 If pregnancy did not occur, ENTER [96] to remove it from list.*

WHEN CURSOR IN LAST ROW, DISPLAY:

You have reached the end of the grid.

♦ After you have completed the grid, say: Please make sure the dates of all births/pregnancies are correct on your calendar as well.

*If all pregnancies have been verified, ENTER [1].
 If R reports an additional pregnancy, ENTER [5].*

ELSE, DISPLAY:

I have that the (nth) pregnancy we talked about [insert pregnancy text from BH-6 except drop "This pregnancy" from the beginning of the first sentence.].

*If information is correct, ENTER [1] to go to next pregnancy.
 If information is incorrect, ENTER [5] to correct information.
 If pregnancy did not occur, ENTER [96] to remove it from list.*

Information is correct..... 1
 Information is incorrect..... 5
 Pregnancy did not occur..... 96

OUTCOME[X]

BI-4.

In which of the following ways did this pregnancy end?

Live birth1
 Non-live birth.....2

NUMLVBRN[X]

BI-4a. With this pregnancy, how many babies did you have that were born alive? Please include babies that may have died shortly after birth and babies that you placed for adoption.

ENTER number of babies

MULTBORN[X]

BI-4b. IF BI-4a NUMLVBRN[X] = 2, ASK:

Did you have twins?

ELSE IF BI-4a NUMLVBRN[X] = 3, ASK:

Did you have triplets?

ELSE IF BI-4a NUMLVBRN[X] > 3, ASK:

Did you have all of these babies with this [nth] pregnancy?

Yes1

No5

GESTLEN_M[X], GESTLEN_W[X]

BI-5a/b. How many months or weeks had you been pregnant when (the baby was born/the babies were born/that pregnancy ended)?

♦ After R has reported the number of weeks, say:

Please make sure the month and year when this pregnancy began is correctly recorded on the lines below the calendar and marked with a "P" in the appropriate box on your calendar's "Births & Other Pregnancies" row.

ENDDATE_M[X], ENDDATE_Y[X]

BI-6a/b. In what month and year did this pregnancy end?

PROBE gently for season if DK OR RF month

If R insists she does not know, Enter DK.

[CALENDAR REFERENCE]

After R has given the year, SAY: Please make sure the month and year when this pregnancy began is correctly recorded on the lines below the calendar and marked with an "S" for a stillbirth, "M" for miscarriage or ectopic, or "A" for abortion in the appropriate box on your calendar's "Births & Other Pregnancies" row.

FIXORDER

BI-8. Thank you for that information. Now, we will correct the order of your completed pregnancies. Please tell me which one was your first pregnancy? (And your next?)

EXITORDR

BI-9. Thank you for your help making sure this pregnancy information is correct. Now let's move on to some other questions.

{ IF R IS YOUNGER THAN 18, SHE IS SKIPPED TO SECTION C.

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

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

OTHERKID

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

[HELP AVAILABLE]

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

{ ASKED IF R CARED FOR AN UNRELATED CHILD

NOTHRKID

BJ-2. How many children?

Number of children _____

OKDNAME

BJ-3. So that I can refer to (this child/them) during the interview, what (is/are) the name(s) or initials of the child(ren) who lived with you under your care?

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

BINTRO_5a

BJ-0.

Now I need to get this information for [CHILD's NAME].

{ BEGIN LOOP TO ASK ABOUT EACH CHILD REPORTED

{ ASKED FOR EACH NONBIOKID REPORTED IN BJ-3 OKDNAME

SEXOTHKD

BJ-4. [ASK IF NECESSARY:] Is (CHILD's NAME) male or female?

Male 1
 Female 2

{ ASKED FOR EACH NONBIOKID REPORTED IN BJ-3 OKDNAME

RELOTHKD

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

[HELP AVAILABLE]

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

{ ASKED FOR EACH NONBIOKID REPORTED IN BJ-3 OKDNAME

ADPTOTKD

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

[HELP AVAILABLE]

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

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

{ IF R REPORTED ADOPTING THIS CHILD, GO TO BJ-8 STILHERE.

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

{ ASKED IF R BECAME LEGAL GUARDIAN TO THIS CHILD

TRYADOPT

BJ-7a. Are you in the process of trying to legally adopt [CHILD's NAME]?

[HELP AVAILABLE]

Yes1 (GO TO BJ-8 STILHERE)

No5 (GO TO BJ-8 STILHERE)

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

TRYEITHR

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

[HELP AVAILABLE]

Yes, trying to adopt1

Yes, trying to become guardian3

No, neither5

{ ASKED FOR EACH NONBIOKID REPORTED IN BJ-3 OKDNAME

STILHERE

BJ-8. Is (CHILD's NAME) still living with you?

Yes 1

No 5

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

{ ASKED IF CHILD LIVES WITH R

DATKDCAM M, DATKDCAM Y

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

[HELP AVAILABLE]

Use the information already recorded on the calendar to help you
 remember when this child was living with you. You may want to record
 this on the calendar, but it is not necessary.

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

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

OTHKDFOS

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

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

Yes 1

No 5

{ IF CHILD DOES NOT LIVE WITH R OR IF CHILD WAS NEVER ADOPTED BY R,
 { GO TO END OF LOOP AND ASK ABOUT NEXT CHILD, IF ANY.

{ ELSE, IF NO MORE CHILDREN TO DISCUSS, GO TO BK SERIES.

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

OKDDOB_M, OKDDOB_Y

BJ-11. In what month and year was (CHILD's NAME) born?

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

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

OTHKDSPN

BJ-12. Is (CHILD's NAME) Hispanic or Latino, or of Spanish origin?

Yes 1

No 5

OTHKDRAC

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

[HELP AVAILABLE]

ENTER all that apply

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

American Indian or Alaska Native1

Asian2

Native Hawaiian or Other Pacific Islander3

Black or African American4

White5

{ ASKED IF MORE THAN 1 RACE REPORTED

KDBSTRAC

BJ-14. Which of these groups, that is (RESPONSES FROM BJ-13 OTHKDRAC),
would you say best describes (his/her/the child's) racial
background?

[HELP AVAILABLE]

{ Display only those categories reported in BJ-23 OTHKDRAC

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

OKBORNUS

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

[HELP AVAILABLE]

United States 1

Another country 5

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

OKDISABL

BJ-16. Does (CHILD's NAME) have a physical disability, an emotional
disturbance, or mental retardation?

[HELP AVAILABLE]

ENTER all that apply

Physical disability1
 Emotional disturbance2
 Mental retardation3
 None of the above4

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

CURRENT PLANS TO ADOPT (BK)

{ BK SERIES ASKED IF R IS 18 YEARS OR OLDER

BINTRO_6

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

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

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

SEEKADPT

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

YES 1
 NO 5 (GO TO BL SERIES)

{ASKED IF R IS CURRENTLY SEEKING TO ADOPT A CHILD

CONTAGEM

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

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

{ASKED IF R HAS TAKEN STEPS TO ADOPT

TRYLONG

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

Less than 1 year1
 1-2 years2
 Or longer than 2 years ..3

{ ASKED IF R IS CURRENTLY SEEKING TO ADOPT A CHILD

KNOWADPT

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

Yes 1
No 5

PREVIOUS PLANS TO ADOPT (BL)

{ BL SERIES ASKED IF R IS 18 YEARS OR OLDER

{ IF R IS CURRENTLY SEEKING TO ADOPT, GO TO BL-6 HRDEMBRYO.

{ ASKED IF R IS NOT CURRENTLY SEEKING TO ADOPT
EVWNTANO

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

Yes 1
No 5 (GO TO BL-6 HRDEMBRYO)

{ ASKED IF R EVER CONSIDERED ADOPTING A CHILD
EVCONTAG

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

Yes 1
No 5 (GO TO BL-6 HRDEMBRYO)

{ ASKED IF R TOOK STEPS TO ADOPT
TURNDOWN

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

Turned down1 (GO TO BL-6 HRDEMBRYO)
Unable to find child2 (GO TO BL-6 HRDEMBRYO)
Decided not to pursue ...3

{ ASKED IF R DECIDED NOT TO PURSUE ADOPTING A CHILD
YQUITTRY

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

[HELP AVAILABLE]

Adoption process only1
Own situation only2 (GO TO BL-6 HRDEMBRYO)
Both3

{ ASKED IF "ADOPTION PROCESS" CITED AT ALL
APROCESS

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

ENTER all that apply

Fees were too high1
There were not enough children available ...2

Some other reason3

{ ASKED OF ALL R'S 18 OR OLDER

HRDEMBRYO

BL-6. Now I have one additional question about ways to become a parent. Have you ever heard of frozen embryo donation or frozen embryo adoption as a method of family building?

Yes1

No5

{ ASKED IF R HAS HEARD OF EMBRYO DONATION OR ADOPTION

SRCEMBRYO

BL-7. Please look at Card 89. From which of these sources did you hear of embryo adoption or donation?

ENTER all that apply

Health professional or counselor1

Relative or friend2

Television, radio or a magazine3

Internet4

Other5

Marital and Relationship History

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

NUMBER OF MARRIAGES (CA)

```
{ CA SERIES ASKED IF R HAS EVER BEEN MARRIED.
```

C_INTRO1

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

TIMESMAR

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

[HELP AVAILABLE]

Number _____

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

HUSBNAMEX

CA-2. IF R IS CURRENTLY IN HER 1st MARRIAGE, ASK:
Please tell me your husband's first name or his initials so that I can refer to him during the interview.

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

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

HSBVERIF

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

Yes1 (GO TO CB SERIES)

No5 (GO TO CB SERIES)

```
{ ASKED ONLY IF HUSBAND WAS NOT LISTED IN HH ROSTER BUT R IS CURRENTLY
MARRIED
```

```
{   OR IF R SAID DK/RF FOR # OF TIMES MARRIED.
```

CHVERIFY

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

Name or initials _____

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

HUSBANDS (CB)

{ CB SERIES IS A LOOP FOR EACH HUSBAND REPORTED

C_INTRO2

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

{ ASKED FOR EACH HUSBAND

WHMARHX_M, WHMARHX_Y

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

[HELP AVAILABLE]

♦ *After R has given the year, say:* Please record husband's initials in the box for this month and year on the "Marriages, Cohabs, Partners" row of your calendar. If this happened before January [YEAR OF INTERVIEW - 3], please write the date and his initials in the "Before January [YEAR OF INTERVIEW - 3]" column.

{ ASKED IF MO/YR OF MARRIAGE NOT REPORTED

AGEMARHX

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

Age in years _____

HXAGEMAR

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

Age in years _____

{ ASKED FOR EACH HUSBAND

DOBHUSBX_M, DOBHUSBX_Y

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

{ ASKED FOR EACH HUSBAND

LVTOGHX

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

[HELP AVAILABLE]

Yes.....1

No.....5 (CB-8 HISPHX)

{ ASKED IF R COHABITED PREMARITALLY WITH THIS MAN

STRTOGHX_M, STRTOGHX_Y

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

[HELP AVAILABLE]

♦ *After R has reported year, say:* Please record something in the appropriate box on the "Marriages, Cohabs, Partners" row on your calendar to indicate when this occurred.

{ ASKED IF R COHABITED PREMARITALLY WITH THIS MAN

ENGAGHX

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

♦ **ENTER [1] if R both engaged and had definite plans to get married**

Yes, engaged to be married1
 Not engaged but had definite plans to get married3
 No, neither engaged nor had definite plans5

{ ASKED ONLY FOR R's 1ST OR CURRENT/SEPARATED HUSBAND

HISPHX

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

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

{ ASKED ONLY FOR R's 1ST OR CURRENT/SEPARATED HUSBAND

RACEHX

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

[HELP AVAILABLE]

ENTER all that apply

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

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

{ ASKED ONLY FOR R's 1ST OR CURRENT/SEPARATED HUSBAND AND R REPORTED MORE THAN
 { 1 RACE FOR HIM

BSTRACHX

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

[HELP AVAILABLE]

{ Display only those categories reported in CB-9 RACEHX

{ ASKED ONLY FOR 1ST OR CURRENT/SEPARATED HUSBANDS

CHEDMARN

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

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

{ ASKED FOR EACH HUSBAND

MARBEFHx

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

[HELP AVAILABLE]

Yes1
 No5

{ ASKED FOR EACH HUSBAND

KIDSHX

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

Yes1
 No5 (CB-19 MARENDHX)

{ ASKED IF HE HAD ANY CHILDREN

NUMKDSHX

CB-14. How many children did he have?

Number _____

{ ASKED IF HE HAD ANY CHILDREN

KIDLIVHX

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

Yes1
 No5

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

CHKID18A

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

Yes1 (CB-17 WHRCHKDS)
 No5 (CB-17 WHRCHKDS)

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

CHKID18B

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

Number _____

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

WHRCHKDS

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

[HELP AVAILABLE]

ENTER all that apply

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

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

SUPPORCH

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

- ♦ If R volunteers that her husband has joint physical custody with the child(ren)'s mother, enter 6.

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

Yes.....1
 No.....5
 If vol: Joint physical custody..6

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

CB-18b. (You may have already told me this, but) (Do/Did) you and (CURRENT OR FORMER HUSBAND) have any biological children together? By that, I mean you are the biological mother and he is the biological father.

Yes1
 No5 (GO TO CB-19 MARENDHX)

BIONUMHX

CB-18c. How many biological children (have/did) you and he (had/have) together?

Number _____

{ IF R IS CURRENTLY MARRIED TO THIS HUSBAND, GO TO CC SERIES.
 { ELSE IF R IS SEPARATED FROM THIS HUSBAND, GO TO CB-22 WNSTPHX.
 { ASKED IF R IS NOT MARRIED TO OR SEPARATED FROM THIS HUSBAND

MARENDHX

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

[HELP AVAILABLE]

Death of husband1 (CB-20 WNDIEHX)
 Divorce2 (CB-21 DIVDATHX)
 Annulment3 (CB-21 DIVDATHX)

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

{ ASKED IF MARRIAGE ENDED BY DEATH OF HUSBAND

WNDIEHX_M, WNDIEHX_Y

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

- ♦ *After R has given the year, say:* Please record something in the appropriate box on the "Marriages, Cohabs, Partners" row on your calendar to indicate when this occurred.

{ ASKED IF MARRIAGE ENDED IN DIVORCE OR ANNULMENT

DIVDATHX_M, DIVDATHX_Y

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

[HELP AVAILABLE]

- ♦ *After R has given the year, say:* Please record something in the appropriate box on the "Marriages, Cohabs, Partners" row on your

calendar to indicate when this occurred.

```
{ ASKED IF MARRIAGE ENDED IN DIVORCE OR ANNULMENT,
{   OR IF R IS SEPARATED FROM THIS HUSBAND
{   OR IF DK/RF FOR HOW MARRIAGE ENDED
```

WNSTPHX_M, WNSTPHX_Y

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

[HELP AVAILABLE]

♦ *After R has reported year, say:* Please record something in the appropriate box on the "Marriages, Cohabs, Partners" row on your calendar to indicate when this occurred.

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

CURRENT COHABITING PARTNER (CC)

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

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

CPNAME

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

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

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

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

C_INTRO3

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

```
{ ASKED FOR ALL WHO ARE CURRENTLY COHABITING
```

WNSTRTCP_M, WNSTRTCP_Y

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

♦ *After R has given the year, say:* Please record something in the appropriate box on the "Marriages, Cohabs, Partners" row on your calendar to indicate when this occurred.

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

CPHERAGE

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

Age in years _____

```
{ ASKED FOR ALL WHO ARE CURRENTLY COHABITING
```

CPHISAGE

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

Age in years _____

{ ASKED FOR ALL WHO ARE CURRENTLY COHABITING
WNCBPRN_M, WNCBPRN_Y

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

{ ASKED FOR ALL WHO ARE CURRENTLY COHABITING
CPENGAG1

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

♦ *ENTER [1] if R both engaged and had definite plans to get married*

Yes, engaged to be married1
Not engaged but had definite plans to get married3
No, neither engaged nor had definite plans5

{ ASKED FOR ALL WHO ARE CURRENTLY COHABITING
WILLMARR

CC-7. Please look at Card 58. Do you think that you and [CHPNAME] will marry each other?

♦ *If R insists he does not know, enter [Ctrl] + [D]*

Definitely yes1
Probably yes2
Probably no3
Definitely no4

{ ASKED FOR ALL WHO ARE CURRENTLY COHABITING
CPHISP

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

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

{ ASKED FOR ALL WHO ARE CURRENTLY COHABITING
CPRACE

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

[HELP AVAILABLE]

ENTER all that apply

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

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

{ ASKED IF MORE THAN 1 RACE WAS REPORTED
CPBESTR

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

[HELP AVAILABLE]

{ Display only those categories reported in CC-9 CPRACE

{ ASKED FOR ALL WHO ARE CURRENTLY COHABITING

CPEDUC

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

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

{ ASKED FOR ALL WHO ARE CURRENTLY COHABITING

CPMARBEF

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

[HELP AVAILABLE]

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

{ ASKED FOR ALL WHO ARE CURRENTLY COHABITING

CPKIDS

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

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

{ ASKED IF HE HAD ANY CHILDREN

CPNUMKDS

CC-14. How many children did he have?

Number of children _____

{ ASKED IF HE HAD ANY CHILDREN

CPKIDLIV

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

Yes1
 No5

{ ASKED IF ONLY 1 CHILD

CPKID18A

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

Yes1 (CC-17 WHRCPKDS)
 No5 (CC-17 WHRCPKDS)

{ ASKED IF MORE THAN 1 CHILD

CPKID18B

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

Number of children _____

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

{ ASKED IF ANY CHILDREN ARE AGED 18 OR UNDER

WHRCPKDS

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

[HELP AVAILABLE]

ENTER all that apply

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

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

SUPPORTCP

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

♦ If R volunteers that her husband has joint physical custody with the child(ren)'s mother, enter 6.

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

Yes.....1
No.....5
If vol: Joint physical custody..6

{ ASKED IF R HAS EVER HAD A CHILD AND IS CURRENTLY COHABITING
(HASBABES=YES AND MARSTAT=2)

BIOCP

CC-19. You may have already told me this, but do you and (CURR COHAB PARTNER) have any biological children together? By that, I mean you are the biological mother and he is the biological father.

Yes1
No5 (GO TO SECTION CD)

{ ASKED IF THEY HAVE BIO CHILDREN TOGETHER

BIONUMCP

CC-20. How many biological children have you and he had together?

Number _____

FORMER (non-current) COHABITING PARTNERS (CD)

{ READ ONLY IF R HAS NEVER BEEN MARRIED AND IS NOT CURRENTLY COHABITING
C_INTRO4

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

LIVEOTH

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

Not counting anyone we've already talked about, have you ever lived together with any other man?

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

Yes.....1

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

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

HMOTHMEN

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

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

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

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

OTHMANX

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

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

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

{ OTHER VARIANTS BASED ON NUMBER OF FORMER COHAB PARTNERS

{ BEGIN LOOP FOR ASKING ABOUT EACH FORMER COHABITING PARTNER

{ ASKED FOR EACH FORMER COHAB PARTNER

STRTOTHX_M, STRTOTHX_Y

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

[HELP AVAILABLE]

♦ After R has given the year, say: Please record something in the appropriate box on the "Marriages, Cohabs, Partners" row on your calendar to indicate when this occurred.

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

HERAGECX

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

Age in years _____

{ ASKED FOR EACH FORMER COHAB PARTNER

HISAGECX

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

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

this resulting value for age in years.

Age in years _____

WNBRNCX_M, WNBRNCX_Y

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

ENGAG1CX

CD-8. At the time you began living together, were you and he engaged to be married or did you have definite plans to get married?

♦ *ENTER [1] if R both engaged and had definite plans to get married*

Yes, engaged to be married1

Not engaged but had definite plans to get married3

No, neither engaged nor had definite plans5

{ IF THIS IS NOT R's 1st COHABITING PARTNER, GO TO CD-12 MAREVCX.

{ ASKED ONLY FOR R's 1st (former) COHAB PARTNER

HISPCX

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

Yes1

No5

{ ASKED ONLY FOR R's 1st (former) COHAB PARTNER

RACECX

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

[HELP AVAILABLE]

ENTER all that apply

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

American Indian or Alaska Native1

Asian2

Native Hawaiian or Other Pacific Islander3

Black or African American4

White5

{ ASKED IF MORE THAN 1 RACE REPORTED FOR 1st (former) COHAB PARTNER

BSTRACX

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

[HELP AVAILABLE]

{ Display only those categories reported in CD-10 RACECX

{ ASKED FOR EACH FORMER COHAB PARTNER

MAREVCX

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

[HELP AVAILABLE]

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

{ ASKED FOR EACH FORMER COHAB PARTNER

CXKIDS

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

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

{ ASKED IF R HAS EVER HAD A CHILD (HASBABES=YES)

BIOFCPX

CD-13b. Did you and (FORMER COHAB PARTNER) have any biological children together? By that, I mean you are the biological mother and he is the biological father.

Yes1
No5 (GO TO CD-14M STPTOGCX_M)

BIONUMCX

CD-13c. How many biological children did you and he have together?

Number _____

{ ASKED FOR EACH FORMER COHAB PARTNER

STPTOGCX_M, STPTOGCX_Y

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

♦ After R has given the year, say: Please record something in the appropriate box on the "Marriages, Cohabs, Partners" row on your calendar to indicate when this occurred.

{ IF ANY MORE FORMER COHAB PARTNERS TO DISCUSS, RETURN TO CD-4 STRTOTHX.
{ ELSE IF R IS NOT CURRENTLY MARRIED OR COHABITING, CONTINUE WITH CD-15 COHCHANCE. ELSE IF R IS CURRENTLY MARRIED OR COHABITING, GO TO CE SERIES.

{ ASKED IF R IS NOT CURRENTLY MARRIED OR COHABITING

COHCHANCE

CD-15. Please look at Card 58. Do you think that you will ever (again) live together with a man to whom you are not married?

If R insists she does not know, enter [Ctrl] + [D]

Definitely yes1
Probably yes2
Probably no3
Definitely no4

{ ASKED IF R IS NOT CURRENTLY MARRIED

MARRCHANCE

CD-16. (Please look at Card 58.) You may have already told me this, but do you think that you will get married (again) someday?

If R insists she does not know, enter [Ctrl] + [D]

Definitely yes1
Probably yes2

Probably no3

Definitely no4 (SKIP CD-17 PMARCOH)

{ ASKED IF R SAYS THAT SHE MAY (RE)MARRY SOMEDAY

PMARCOH

CD-17. Again, you may have already told me this, but do you think that you will live together with your future husband before getting married?

If R insists she does not know, enter [Ctrl] + [D]

Definitely yes1

Probably yes2

Probably no3

Definitely no4

EVER HAD INTERCOURSE (CE)

{ IF R HAS EVER BEEN MARRIED, EVER COHABITED, OR EVER BEEN PREGNANT,
{ GO TO CE-3 WNFSTSEX.

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

EVERSEX

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

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

Yes1 (GO TO CE-3 WNFSTSEX)

No5

{ ASKED IF R HAS NEVER HAD SEX

YNOSEX

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

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

[HELP AVAILABLE]

Against religion or morals.....1

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

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

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

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

Other6

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

{ ASKED IF R HAS EVER HAD SEX

WNFSTSEX_M, WNFSTSEX_Y

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

[HELP AVAILABLE]

♦ If R refuses, remind her gently of the importance of the question and the confidentiality of her answer. If appropriate say: I understand that this may be a difficult question. However, this question is very important because it tells us when a woman is first exposed to the risk of becoming pregnant. Would you be willing to provide the month and year, or perhaps just the year? If not, we will move on to the next question.

♦ Sexual intercourse here refers to a sexual encounter between a man and a woman, in which the penis enters the vagina. Do not count oral sex, anal sex, heavy petting, or other forms of sexual activity that do not involve vaginal penetration. Do not count sex with a female partner.

♦ ENTER [96] if R insists that she has never had sexual intercourse.

{ ASKED IF R HAS EVER HAD SEX

AGEFSTSX

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

Age in years _____

♦ If R does not want to answer because first sex was not voluntary, allow her to move to the next question that she is comfortable with.

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

{ ASKED IF DK/RF ON AGEFSTSX

SEX18

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

Less than 18 years.....1

18 years or older.....2

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

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

SEX15

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

Less than 15 years.....1

15 years or older.....2

{ ASKED IF SEX18 = "18 years or older"

SEX20

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

Less than 20 years.....1

20 years or older.....2

{ ASKED ONLY IF AGE AT 1st SEX WAS LESS THAN 17 YEARS

GRFSTSX

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

ENTER 96 if R was not in school when she first had intercourse

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

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

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

[HELP AVAILABLE]

Yes	1
No	5

Sex Communication (CF)

{ CF SERIES IS ONLY ASKED OF 15-24 YEAR OLDS.
{ IF R IS OLDER THAN 24 YEARS, GO TO CG SERIES.

TALKPAR

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

ENTER all that apply.

How to say no to sex	1
Methods of birth control	2
Where to get birth control	3
Sexually transmitted diseases	4
How to prevent HIV/AIDS.....	5
How to use a condom	6
Waiting until marriage to have sex....	8
None of the above	95

SEDNO

CF-2. Now I'm interested in knowing about formal sex education you may have had. (Before you were 18, did you ever have/ Have you ever had) any formal instruction at school, church, a community center or some other place about how to say no to sex?

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

{ ASKED IF R REPORTED HAVING SEX ED ON THIS TOPIC

SEDNOLC

CF-2a. Looking at card 23a, where did you receive that instruction about how to say no to sex?

♦ ENTER all that apply

School.....1
 Church2
 A community center3
 Some other place4

{ ASKED IF R REPORTED HAVING SEX ED ON THIS TOPIC

SEDNOG

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

1st grade1
 2nd grade2
 3rd grade3
 4th grade4
 5th grade5
 6th grade6
 7th grade7
 8th grade8
 9th grade9
 10th grade10
 11th grade11
 12th grade12
 1st year of college13
 2nd year of college14
 3rd year of college15
 4th year of college16
 Not in school when received instruction96

{ IF R HAS NEVER HAD SEX, GO TO CF-5 SEDBC.

{ ELSE IF IT IS APPARENT WHICH CAME FIRST (this sex ed or R's 1st sex),
 { GO TO CF-5 SEDBC.

{ ASKED ONLY IF NOT APPARENT WHICH CAME FIRST (this sex ed or R's 1st sex - they were at the same grade)

SEDNOSX

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

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

SEDBC

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

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

{ ASKED IF R REPORTED HAVING SEX ED ON THIS TOPIC

SEDBCLC

CF-5a. Looking at card 23a, where did you receive that instruction about methods of birth control?

♦ ENTER all that apply

School.....1
Church2
A community center3
Some other place4

{ ASKED IF R REPORTED HAVING SEX ED ON THIS TOPIC

SEDBCG

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

1st grade1
2nd grade2
3rd grade3
4th grade4
5th grade5
6th grade6
7th grade7
8th grade8
9th grade9
10th grade10
11th grade11
12th grade12
1st year of college13
2nd year of college14
3rd year of college15
4th year of college16
Not in school when received instruction96

{ IF R HAS NEVER HAD SEX, GO TO CF-8 SEDWHBC.

{ ELSE IF IT IS APPARENT WHICH CAME FIRST (this sex ed or R's 1st sex),

{ GO TO CF-8 SEDWHBC.

{ ASKED ONLY IF NOT APPARENT WHICH CAME FIRST (this sex ed or R's 1st sex -- they were at the same grade)

SEDBCSX

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

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

SEDWHBC

CF-8. (Before you were 18, did you ever have/ Have you ever had) any formal instruction at school, church, a community center or some other place about where to get birth control?

Yes.....1
No.....5 (CF-11 SEDCOND)

{ ASKED IF R REPORTED HAVING SEX ED ON THIS TOPIC

SEDWHLC

CF-8a. Looking at card 23a, where did you receive that instruction about where to get birth control?

♦ ENTER all that apply

School.....1
 Church2
 A community center3
 Some other place4

SEDWHBCG

CF-9. What grade were you in when you first received instruction on where to get birth control?

1st grade1
 2nd grade2
 3rd grade3
 4th grade4
 5th grade5
 6th grade6
 7th grade7
 8th grade8
 9th grade9
 10th grade10
 11th grade11
 12th grade12
 1st year of college13
 2nd year of college14
 3rd year of college15
 4th year of college16
 Not in school when received instruction96

{ IF R HAS NEVER HAD SEX, GO TO CF-11 SEDCOND.
 { ELSE IF IT IS APPARENT WHICH CAME FIRST (this sex ed or R's 1st sex),
 { GO TO CF-11 SEDCOND.

{ ASKED ONLY IF NOT APPARENT WHICH CAME FIRST (this sex ed or R's 1st sex -- they were at the same grade)

SEDWHBCSX

CF-10. Did you receive instruction about where to get birth control before or after the first time you had sex?

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

SEDCOND

CF-11. (Before you were 18, did you ever have/ Have you ever had) any formal instruction at school, church, a community center or some other place about how to use a condom?

Yes.....1
 No.....5 (CF-14 SEDSTD)

{ ASKED IF R REPORTED HAVING SEX ED ON THIS TOPIC

SEDCONLC

CF-11a. Looking at card 23a, where did you receive that instruction about how to use a condom?

♦ ENTER all that apply

School.....1
 Church2

A community center3
 Some other place4

SEDCONDG

CF-12. What grade were you in when you first received instruction on how to use a condom?

1st grade1
 2nd grade2
 3rd grade3
 4th grade4
 5th grade5
 6th grade6
 7th grade7
 8th grade8
 9th grade9
 10th grade10
 11th grade11
 12th grade12
 1st year of college13
 2nd year of college14
 3rd year of college15
 4th year of college16
 Not in school when received instruction96

{ IF R HAS NEVER HAD SEX, GO TO CF-14 SEDSTD.
 { ELSE IF IT IS APPARENT WHICH CAME FIRST (this sex ed or R's 1st sex),
 { GO TO CF-14 SEDSTD.

{ ASKED ONLY IF NOT APPARENT WHICH CAME FIRST (this sex ed or R's 1st sex -- they were at the same grade)

SEDCONDSX

CF-13. Did you receive instruction about how to use a condom before or after the first time you had sex?

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

SEDSTD

CF-14. (Before you were 18, did you ever have/ Have you ever had) any formal instruction at school, church, a community center or some other place about sexually transmitted diseases?

Yes.....1
 No.....5 (CF-17 SEDHIV)

{ ASKED IF R REPORTED HAVING SEX ED ON THIS TOPIC

SEDSTDLC

CF-14a. Looking at card 23a, where did you receive that instruction about sexually transmitted diseases?

♦ ENTER all that apply

School.....1
 Church2
 A community center3
 Some other place4

SEDSTDG

CF-15. What grade were you in when you first received instruction on

sexually transmitted diseases?

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

```
{ IF R HAS NEVER HAD SEX, GO TO CF-17 SEDHIV
{ ELSE IF IT IS APPARENT WHICH CAME FIRST (this sex ed or R's 1st sex),
{   GO TO CF-17 SEDHIV.
```

```
{ ASKED ONLY IF NOT APPARENT WHICH CAME FIRST (this sex ed or R's 1st sex --
they were at the same grade)
```

SEDSTDSX

CF-16. Did you receive instruction about sexually transmitted diseases before or after the first time you had sex?

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

SEDHIV

CF-17. (Before you were 18, did you ever have/ Have you ever had) any formal instruction at school, church, a community center or some other place about how to prevent HIV/AIDS?

Yes.....	1
No.....	5 (CF-20 SEDABST)

```
{ ASKED IF R REPORTED HAVING SEX ED ON THIS TOPIC
```

SEDHIVLC

CF-17a. Looking at card 23a, where did you receive that instruction about how to prevent HIV/AIDS?

♦ *ENTER all that apply*

School.....	1
Church	2
A community center	3
Some other place	4

SEDHIVG

CF-18. What grade were you in when you first received instruction on how to prevent HIV/AIDS?

1st grade	1
2nd grade	2
3rd grade	3

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

{ IF R HAS NEVER HAD SEX, GO TO CF-20 SEDABST.
 { ELSE IF IT IS APPARENT WHICH CAME FIRST (this sex ed or R's 1st sex),
 { GO TO CF-20 SEDABST.

{ ASKED ONLY IF NOT APPARENT WHICH CAME FIRST (this sex ed or R's 1st sex --
 they were at the same grade)

SEDSHIVX

CF-19. Did you receive instruction about to prevent HIV/AIDS before or after
 the first time you had sex?

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

SEDABST

CF-20. (Before you were 18, did you ever have/ Have you ever had) any formal
 instruction at school, church, a community center or some other place
 about waiting until marriage to have sex?

Yes.....1
 No.....5 (IF R HAS HAD SEX GO TO CG-1 FRSTPRT. IF R HAS
 NOT HAD SEX GO TO SECTION D)

{ ASKED IF R REPORTED HAVING SEX ED ON THIS TOPIC

SEDABLC

CF-20a. Looking at card 23a, where did you receive that instruction
 about waiting until marriage to have sex?

♦ *ENTER all that apply*

School.....1
 Church2
 A community center.....3
 Some other place4

{ ASKED IF R REPORTED HAVING SEX ED ON THIS TOPIC

SEDABSTG

CF-21. What grade were you in when you first received instruction about
 waiting until marriage to have sex?

1st grade1
 2nd grade2
 3rd grade3
 4th grade4
 5th grade5

6th grade6
 7th grade7
 8th grade8
 9th grade9
 10th grade10
 11th grade11
 12th grade12
 1st year of college13
 2nd year of college14
 3rd year of college15
 4th year of college16
 Not in school when received instruction96

{ IF R HAS NEVER HAD SEX, GO TO SECTION D.
 { ELSE IF IT IS APPARENT WHICH CAME FIRST (this sex ed or R's 1st sex),
 { GO TO CG-1 FRSTPRT.

{ ASKED ONLY IF NOT APPARENT WHICH CAME FIRST (this sex ed or R's 1st sex --
 they were at the same grade)

SEDABSSX

CF-22. Did you receive instruction about waiting until marriage to have sex
 before or after the first time you had sex?

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

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

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

FIRST INTERCOURSE PARTNER (CG)**FRSTPART**

CG-1. I have some questions about your first male partner ever. Please tell
 me the first name or the initials of your first sexual partner so that
 I can refer to him in these questions.

[HELP AVAILABLE]

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

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

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

SAMEMAN

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

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

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

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

WHOFSTPR

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

(Respondent identifies him based on initials or name)

{ ASKED ONLY IF R IS 18 YEARS OR OLDER

FPAGE

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

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

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

FPRELAGE

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

Older1
 Younger2
 Same age3 (CG-5 KNOWFP)

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

FPRELYRS

CG-4c. By how many years?

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

KNOWFP

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

[HELP AVAILABLE]

Married to him1
 Engaged to him2
 Living together in a sexual relationship, but not engaged3
 Going with him or going steady4
 Going out with him once in a while5
 Just friends6
 Had just met him7
 Something else8

{ ASKED ONLY IF R IS NOT CURRENTLY MARRIED OR COHABITING

STILFPSX

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

[HELP AVAILABLE]

Yes1
 No5

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

FPOTHREL

CG-7a. Please look at Card 24. At the time you last had sexual intercourse with him, how would you describe your relationship with him?

[HELP AVAILABLE]

Married to him1

Engaged to him2
 Living together in a sexual relationship, but not engaged3
 Going with him or going steady4
 Going out with him once in a while5
 Just friends6
 Had just met him7
 Something else8

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

LSTSEXP_M, LSTSEXP_Y

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

[HELP AVAILABLE]

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

♦ *After R has given the year, say: Please record this partner and date in the appropriate box on the calendar in the "Marriages, Cohabs, Partners" row. You might use "LSEX" and his initials or some other abbreviation that you will recognize later.*

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

CG-7b. Please look at Card 11. What is the highest level of education (FIRST PARTNER) has completed?

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

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

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

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

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

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

[HELP AVAILABLE]

ENTER all that apply

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

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

{ ASKED IF FIRST PARTNER IS CURRENT, BUT NOT A COHABITING OR MARITAL PARTNER,
 { AND R REPORTED MORE THAN ONE RACE

FPRACEB

CG-7e. Which of these groups, that is (RESPONSES FROM FPRACE), would you say best describes his racial background?

[HELP AVAILABLE]

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

FPRN

CG-7f. Please look at Card 85. How would you describe your current relationship with (FIRST PARTNER)?

Engaged to him2
 Going with him or going steady4
 Going out with him once in a while5
 Just friends6
 Had just met him7
 Something else8

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

{ READ IF R's AGE AT FIRST SEX IS LESS THAN OR EQUAL TO AGE AT 1st PERIOD

C_INTRO6

CG-7g. IF AGE AT 1st SEX = AGE AT 1st MENSTRUAL PERIOD, SAY:
 You told me that you were [AGEFSTSX] years old the first time you had sexual intercourse, the same age you were when you had your first menstrual period. It is important for this study to know whether your first sexual intercourse was before or after your first menstrual period so we know something about your risk of pregnancy.

ELSE IF AGE AT 1st SEX IS YOUNGER THAN AGE AT 1st MENSTRUAL PERIOD, SAY:

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

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

WHICH1ST

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

[HELP AVAILABLE]

Sexual intercourse1
 Menstrual period2 (GO TO CH SERIES)

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

SEXAFMEN

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

[HELP AVAILABLE]

NOTE: Do not count oral sex, anal sex, heavy petting, or other

forms of sexual activity that do not involve vaginal penetration.

Yes1

No5 (CH-1 LIFEPR)

WNSEXAFM_M, WNSEXAFM_Y

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

[HELP AVAILABLE]

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

♦ After R has given the year, say: Please record this event in the appropriate box in the "Marriages, Cohabs, Partners" row of your calendar. You can use any abbreviation that you will recognize later.

AGESXAFM

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

[HELP AVAILABLE]

Age in years _____

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

{ ASKED IF AGESXAFM = DK OR RF

AFMEN18

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

Less than 18 years.....1

18 years or older.....2

{ IF AFMEN18 = RF, GO TO CH SERIES

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

AFMEN15

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

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

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

{ ASKED IF AFMEN18 = "18 years or older"

AFMEN20

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

Less than 20 years.....1

20 years or older.....2

NUMBERS OF SEXUAL PARTNERS (CH)

LIFEPR

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

Number _____

{ IF NUMBER WAS REPORTED, GO TO CH-2 PTSB4MAR

{ ASKED IF LIFEPR = DK OR RF

LIFEPR_LO

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

Number _____

{ ASKED IF LIFEPR = DK OR RF

LIFEPR_HI

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

Number _____

{ ASKED IF R HAS EVER BEEN MARRIED

PTSB4MAR

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

[HELP AVAILABLE]

Number _____

{ ASKED IF PTSB4MAR = DK OR RF

PTSB4MAR_LO

CH-2b. (ENTER LOWER BOUND OF RANGE FOR NUMBER OF MALE PARTNERS BEFORE MARRIAGE.)

Number _____

{ ASKED IF PTSB4MAR = DK OR RF

PTSB4MAR_HI

CH-2c. (ENTER UPPER BOUND OF RANGE FOR NUMBER OF MALE PARTNERS BEFORE MARRIAGE.)

Number _____

MON12PRT

CH-3. During the last 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1)), how many men, if any, have you had sexual intercourse with? Please count every male sexual partner, even those you had sex with only once.

[HELP AVAILABLE]

Number _____

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

{ ASKED IF MON12PRT = DK OR RF

MON12PRT_LO

CH-3b. (ENTER LOWER BOUND OF RANGE FOR NUMBER OF MALE PARTNERS IN LAST 12 MONTHS.)

Number _____

{ ASKED IF MON12PRT = DK OR RF

MON12PRT_HICH-3c. (ENTER UPPER BOUND OF RANGE FOR NUMBER OF MALE PARTNERS IN LAST
12 MONTHS.)

Number _____

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

{ IF R HAS ONLY HAD ONE PARTNER AND IT WAS
 { HER FIRST SEXUAL PARTNER EVER, AND SHE MARRIED OR COHABITED WITH THIS
 { MAN, GO TO SECTION D.
 { (ALL INFORMATION FOR THIS ONE PARTNER HAS ALREADY BEEN OBTAINED)

{ ELSE IF R HAS HAD ONLY ONE PARTNER AND SHE NEVER MARRIED OR COHABITED
 { WITH HIM,
 { OR IF R HAS HAD MORE THAN ONE PARTNER EVER,
 { PROCEED THROUGH CI SERIES AS APPLICABLE.
 { (WILL COLLECT ADDITIONAL DETAIL IF FIRST PARTNER IS STILL "CURRENT" --
 specifically education, race, and Hispanic origin)

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

WHOSNC1YCI-1. You mentioned that you have had one sexual partner since (INTERVIEW
MONTH, INTERVIEW YEAR - 1)). Is that (CURRENT H/P)?

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

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

P3INTROCI-2. In order to save time during the interview, I'll only ask you about
your 3 most recent partners in the past 12 months. Let's start with
your most recent partner.

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

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

ENTER Name _____

{ ASKED IF FIRST SEX WAS WITHIN PAST 12 MONTHS

MATCHFP

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

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

{ ASKED IF R HAS EVER COHABITED OR BEEN MARRIED

MATCHHPCI-5. Is (PARTNER'S NAME) any of the following husbands or partners we've
already talked about?*[Screen displays names or initials of all reported husbands and*

partners, along with start & end dates of marriage/cohabitation.]
 (If he is in the list, R identifies him based on initials or name)

{ ASKED IF R EVER HAD SEX AND PARTNER IS NOT SOMEONE ALREADY DISCUSSED
P1YLSEX_M, P1YLSEX_Y

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

[HELP AVAILABLE]

♦ After R has given the year, say: Please record this partner and date
 in the appropriate box on the calendar in the "Marriages, Cohabs,
 Partners" row. You might use LSEX and his initials or some other
 abbreviation that you will recognize later.

{ IF PARTNER BEING DESCRIBED IS R's CURRENT H/P OR
 { IF CI-1 WHOSNCLY = YES, GO TO CI-10 P1YLSEX.

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

P1YCURRP

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

[HELP AVAILABLE]

Yes1

No5

{ ASKED IF R IS NOT A CURRENT PARTNER. ALSO NOT ASKED IF THIS PARTNER WAS
 1ST PARTNER

P1YOTHREL

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

Married to him1

Engaged to him2

Living together in a sexual relationship, but not engaged3

Going with him or going steady4

Going out with him once in a while5

Just friends6

Had just met him7

Something else8

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

P1YRAGE

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

[HELP AVAILABLE]

Age in years _____

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

{ ASKED ONLY IF R IS 18 YEARS OR OLDER

P1YHSAGE

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

[HELP AVAILABLE]

Age in years _____

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

PIYRF

CI-11. Please look at Card 24. At the time you first had sexual intercourse with (PARTNER'S NAME), how would you describe your relationship with him?

[HELP AVAILABLE]

Married to him1
Engaged to him2
Living together in a sexual relationship, but not engaged3
Going with him or going steady4
Going out with him once in a while5
Just friends6
Had just met him7
Something else8

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

PIYFSEX M, PIYFSEX Y

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

ENTER 96 if R only had sex once with this partner

♦ After R has given the year, say: Please record this event in the appropriate box in the "Marriages, Cohabs, Partners" row of your calendar. You can use any abbreviation that you will recognize later.

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

PIYEDUC

CI-13. Please look at Card 11. What is the highest level of education he has completed?

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

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

PIYHISP

CI-14. Is (PARTNER'S NAME) Hispanic or Latino, or of Spanish origin?

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

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

PIYRACE

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

[HELP AVAILABLE]

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

{ ASKED IF THIS IS A CURRENT SEXUAL PARTNER, BUT NOT R'S CURRENT H/P
 { NOR FIRST PARTNER, AND R REPORTED MORE THAN ONE RACE

P1YRACEB

CI-16. Which of these groups, that is (RESPONSES FROM P1YRACEX), would
 you say best describes his racial background?

[HELP AVAILABLE]

{ Display only those categories reported in CI-15 P1YRACEX

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

P1YRN

CI-17. Please look at Card 85. How would you describe your current
 relationship with (PARTNER'S NAME)?

Engaged to him1
 Going with him or going steady2
 Going out with him once in a while3
 Just friends4
 Had just met him5
 Something else6

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

SECTION D

Sterilizing Operations and Impaired Fecundity**STERILIZATION OPERATIONS (DA)****INTRO_D1**

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

EVERTUBS

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

[HELP AVAILABLE]

YES.....1
 IF VOL: Operation failed3
 IF VOL: Had Essure® procedure.....4
 NO.....5
 IF VOL: Operation already reversed ..6

ESSURE

DA-1b. If DA-1 EVERTUBS= 3 or 5 or DK or RF, THEN ASK:
 Have you ever had a tubal sterilization procedure called "Essure®"?
 This is not generally considered an operation, but makes it impossible for you to have a baby.

[HELP AVAILABLE]

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

{ ASKED IF R IS NOT CURRENTLY PREGNANT

EVERHYST

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

Yes1
 No5

{ ASKED IF R IS NOT CURRENTLY PREGNANT

EVEROVRS

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

Yes1
 No5

{ ASKED FOR ALL

EVEROTHR

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

[HELP AVAILABLE]

Yes1
 No5 (GO TO DA-8 ANYOPSMN)

{ ASKED IF EVEROTHR = YES

WHTOOPRS

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

[HELP AVAILABLE]

RECORD answer verbatim

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

WHTOOPRC

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

OPERATION AFFECTS ONLY ONE TUBE...1

OPERATION AFFECTS ONLY ONE OVARY..2

SOME OTHER OPERATION.....3

OTHER STERILIZING OPERATION.....4

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

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

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

ONOTFUNC

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

Yes1 (DA-8 ANYOPSMN)

No5 (DA-8 ANYOPSMN)

{ ASKED IF WHTOOPRC = 3 (SOME OTHER OPERATION)

DFNLSTRL

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

Yes....1

No.....5

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

{ ASKED IF R IS CURRENTLY MARRIED OR COHABITING

ANYOPSMN

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

[HELP AVAILABLE]

Yes1

No5 (DB SERIES)

WHATOPSM

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

Vasectomy1 (DB SERIES)

Other operation2

IF VOL: Operation failed5 (DB SERIES)

IF VOL: Operation already reversed6 (DB SERIES)

{ ASKED IF "OTHER OPERATION" MENTIONED IN WHATOPSM

DFNLSTRM

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

Yes.....1

No.....5

OPERATION BY OPERATION SERIES (DB)

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

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

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

{ ASKED FOR EACH FEMALE STERILIZING OPERATION REPORTED

DATFEMOP_M, DATFEMOP_Y

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

[HELP AVAILABLE]

♦ After R has given the year, say: Please record this operation in the box for this month and year on the "Birth Control Methods" row of your calendar. You might use "TS" or some other abbreviation that you will recognize later. If this happened before January [YEAR OF INTERVIEW - 3], please record it in the box for "before January [YEAR OF INTERVIEW - 3]".

{ ASKED FOR EACH FEMALE OPERATION OCCURRING WITHIN LAST 5 YEARS

PLCFEMOP

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

Private doctor's office.....1
HMO facility2
Community health clinic, community clinic,
public health clinic3
Family planning or Planned Parenthood clinic4
Employer or company clinic5
School or school-based clinic6
Hospital outpatient clinic7
Hospital emergency room8
Hospital regular room9
Urgent care center, urgi-care, or walk-in facility ..10
In-store health clinic (like CVS, Target, or Walmart).11
Some other place20

{ ASKED FOR EACH FEMALE OPERATION OCCURRING WITHIN LAST 5 YEARS

PAYRSTER

DB-2b. Looking at Card 16, please tell me all of the ways in which the bill for this operation was paid.

[HELP AVAILABLE]

ENTER all that apply

Insurance1
Co-payment or out-of-pocket payment2

Medicaid3
 No payment required4
 Some other way5

{ ASKED FOR EACH FEMALE OPERATION OCCURRING WITHIN LAST 5 YEARS

RHADALL

DB-3a. At the time you had your (OPERATION) in (mo/yr), had you, yourself, had all the children you wanted?

Yes1
 No5

{ ASKED FOR EACH FEMALE OPERATION OCCURRING WITHIN LAST 5 YEARS

HHADALL

DB-3b. And what about your (husband/partner/husband or partner) (at the time)? At the time you had your (OPERATION) in (mo/yr), had he had all the children he wanted?

Yes1
 No5
 IF VOL: R was not in a relationship with
 a man at the time she had this operation6

{ ASKED FOR EACH FEMALE OPERATION OCCURRING WITHIN LAST 5 YEARS

FMEDREAS

DB-4. Please look at Card 26. Did you have any of these medical reasons for having your (OPERATION)?

ENTER all that apply

Medical problems with your female organs.....1
 Pregnancy would be dangerous to your health.....2
 You would probably lose a pregnancy.....3
 You would probably have an unhealthy child.....4
 Some other medical reason5
 No medical reason for operation6

{ ASKED FOR EACH FEMALE OPERATION OCCURRING WITHIN LAST 5 YEARS

BCREAS

DB-5a. IF R DID NOT VOLUNTEER (IN HHADALL) THAT SHE WAS NOT IN A RELATIONSHIP WITH A MAN AT THE TIME OF THE OPERATION, ASK:
 At the time you had your (OPERATION), had you or your (husband/partner/husband or partner) been having problems with your method or methods of birth control?

ELSE IF R DID VOLUNTEER (IN HHADALL) THAT SHE WAS NOT IN A RELATIONSHIP WITH A MAN AT THE TIME OF THE OPERATION, ASK:
 At the time you had your (OPERATION), had you been having problems with your method or methods of birth control?

Yes1
 No5 (DB-6 MINCDNNR)
 No, not using any method at the time6 (DB-6 MINCDNNR)

{ ASKED IF R REPORTED PROBLEMS WITH BIRTH CONTROL

BCWHYF

DB-5b. Was there a health or medical problem with the method of birth control you or your partner was using, or did you not like the method for some other reason?

Health or medical problem1
Some other reason2
Both3

{ IF R REPORTED ONLY 1 REASON FOR THIS OPERATION, GO TO NEXT OPERATION.
{ IF NO MORE OPERATIONS TO DESCRIBE, GO TO DB-6b OPERSAME.

{ ASKED IF R REPORTED MORE THAN 1 REASON FOR THIS OPERATION
MINCDNNR

DB-6. You mentioned that the reasons for your [OPERATION] were that... [ONLY
DISPLAY REASONS THAT R REPORTED ABOVE]. Which one of these was
the main reason that you had your [OPERATION]?

*ENTER 3 if any medical reasons reported as her main reason.
ENTER 5 if R reports that her main reason was something other
than a reason she reported previously.*

You had all the children you wanted1
Your husband or partner had all the children he wanted .2
Medical reasons3
Problems with other methods of birth control4
Some other reason not mentioned above5

{ RETURN TO DB-1 DATFEMOP TO ASK ABOUT NEXT OPERATION.
{ IF NO MORE OPERATIONS TO DESCRIBE, GO TO DB-6b OPERSAME.

{ ASKED IF 2 OR MORE OPERATIONS OCCURRED IN SAME MO/YR
OPERSAME

DB-6b. Did you have the (OPERATIONS OCCURRING IN SAME MO/YR) in the same
operation in (mo/yr), or were these separate operations?

Same operation1
Separate operations5

{ IF NO MALE OPERATION REPORTED, GO TO DC SERIES.

{ ASKED FOR MALE OPERATION
DATEOPMN_M, DATEOPMN_Y

DB-7. When did [HUSBAND/PARTNER] have his [OPERATION]?

♦ After R has given the year, say: Please record this operation
in the box for this month and year on the "Birth Control Methods"
row of your calendar. You might use "V" or some other
abbreviation that you will recognize later. If this happened
before January [YEAR OF INTERVIEW - 3], please record it in the
box for "before January [YEAR OF INTERVIEW - 3]"

{ IF OPERATION OCCURRED MORE THAN 5 YEARS AGO, GO TO DC SERIES.
{ IF OPERATION OCCURRED AFTER MO/YR WHEN R MARRIED HER CURRENT HUSBAND, AND
{ OCCURRED WITHIN THE LAST 5 YEARS, GO TO DB-9 PLACOPMN.

{ IF OPERATION OCCURRED BEFORE MARRIAGE DATE OR R IS COHABITING WITH THIS
{ MAN, AND OPERATION OCCURRED WITHIN THE LAST 5 YEARS

WITHIMOP

DB-8. You may have already told me this, but did he have his [OPERATION]
before you were in a relationship with him?

[HELP AVAILABLE]

Yes 1
 No 5

{ Ask if WITHIMOP=1 and date of male operation was dk/rf

VASJAN4YR

DB-8b. Did he have his [OPERMALE] since [MO/YR FOR JANUARY 4 YEARS
 BEFORE INTERVIEW]?

Yes 1
 No 5 (DC series)

{ ASKED FOR MALE OPERATIONS OCCURRING WITHIN THE LAST 5 YEARS AND OCCURRING
 { DURING THEIR RELATIONSHIP

PLACOPMN

DB-9. Looking at Card 25, please tell me where this operation was performed.

Private doctor's office.....1
 HMO facility2
 Community health clinic, community clinic,
 public health clinic3
 Family planning or Planned Parenthood clinic4
 Employer or company clinic5
 School or school-based clinic6
 Hospital outpatient clinic7
 Hospital emergency room8
 Hospital regular room9
 Urgent care center, urgi-care, or walk-in facility ..10
 In-store health clinic (like CVS, Target, or Walmart).11
 Some other place20

{ ASKED FOR MALE OPERATIONS OCCURRING WITHIN THE LAST 5 YEARS AND OCCURRING
 { DURING THEIR RELATIONSHIP

PAYMSTER

DB-10. Looking at Card 16, please tell me all of the ways in which the
 bill for [HUSBAND/PARTNER]'s operation was paid.

[HELP AVAILABLE]

ENTER all that apply

Insurance1
 Co-payment or out-of-pocket payment2
 Medicaid3
 No payment required4
 Some other way5

{ ASKED FOR MALE OPERATIONS OCCURRING WITHIN THE LAST 5 YEARS AND OCCURRING
 { DURING THEIR RELATIONSHIP

RHADALLM

DB-11a. At the time [HUSBAND/PARTNER] had his [OPERATION] in (MO/YR), had
 you, yourself, had all the children you wanted?

Yes1
 No5

{ ASKED FOR MALE OPERATIONS OCCURRING WITHIN THE LAST 5 YEARS AND OCCURRING
 { DURING THEIR RELATIONSHIP

HHADALLM

DB-11b. And what about him? At the time he had his [OPERATION], had he

had all the children he wanted?

Yes1

No5

{ ASKED FOR MALE OPERATIONS OCCURRING WITHIN THE LAST 5 YEARS AND OCCURRING
{ DURING THEIR RELATIONSHIP

MEDREAS

DB-12. Please look at Card 27. Did he have any of these medical reasons for having his (OPERATION)?

[HELP AVAILABLE]

ENTER all that apply

Pregnancy would be dangerous to your health.....1

You would probably lose a pregnancy2

You would probably have an unhealthy child.....3

He had health problem that required the
operation.....4

Some other medical reason5

No medical reason for operation6

6, DK, OR RF CANNOT BE ENTERED WITH CODES 1-5

{ ASKED FOR MALE OPERATIONS OCCURRING WITHIN THE LAST 5 YEARS AND OCCURRING
{ DURING THEIR RELATIONSHIP

BCREASM

DB-13a. At the time he had his [OPERATION], had you or [HUSBAND/PARTNER] been having problems with your method or methods of birth control?

Yes1

No5

No, not using any method at the time6

{ ASKED IF BIRTH CONTROL PROBLEMS REPORTED

BCWHYM

DB-13b. Was there a health or medical problem with the method of birth control you or he was using, or did you not like the method for some other reason?

[HELP AVAILABLE]

Health or medical problem1

Some other reason2

Both3

{ IF ONLY 1 REASON REPORTED FOR THE MALE OPERATION, GO TO DC SERIES.

{ ASKED IF MORE THAN 1 REASON REPORTED FOR THE MALE OPERATION

MINCDNMN

DB-14. You mentioned that the reasons that [HUSBAND/PARTNER] had [OPERATION] were that... [ONLY DISPLAY THOSE REASONS THAT R REPORTED FOR HUSBAND/PARTNER ABOVE]. Which one of these was the main reason that he had [OPERATION]?

ENTER 3 if any medical reasons reported as main reason.

ENTER 5 if R reports that his main reason was something other than a reason she reported previously.

You had all the children you wanted1
 Your husband or partner had all the children he wanted .2
 Medical reasons3
 Problems with other methods of birth control4
 Some other reason not mentioned above5

REVERSAL OF TUBAL LIGATION OR VASECTOMY (DC)

{ IF TUBAL LIGATION NOT REPORTED, GO TO DC-3 REVSVASX.

{ ASKED IF TUBAL LIGATION OR ESSURE PROCEDURE WAS REPORTED

REVSTUBL

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

Have you ever had surgery to reverse your tubal sterilization?

ELSE IF REVERSAL OPERATION WAS ALREADY REPORTED, ASK:

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

[HELP AVAILABLE]

Yes1

No5 (GO TO DC-3 REVSVASX)

{ ASKED IF R HAD REVERSAL OF TUBAL STERILIZATION

DATRVSTB_M, DATRVSTB_Y

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

[HELP AVAILABLE]

If R cannot recall month and year, REFER her to the life history calendar.

♦ *After R has given the year, say: Please record this operation in the box for this month and year on the "Birth Control Methods" row of your calendar. You might use "REV" or some other abbreviation that you will recognize later. If this happened before January [YEAR OF INTERVIEW - 3], please record it in the box for "before January [YEAR OF INTERVIEW - 3]".*

{ IF R DID NOT REPORT A VASECTOMY FOR HER CURRENT H/P, GO TO DC-5 RWANTRVT.

{ ASKED IF R REPORTED THAT HER CURRENT H/P HAD A VASECTOMY

REVSVASX

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

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

ELSE IF VASECTOMY REVERSAL WAS PREVIOUSLY REPORTED, ASK:

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

[HELP AVAILABLE]

Yes1

No5 (GO TO DC-5 RWANTRVT)

{ ASKED IF R REPORTED THAT HER CURRENT H/P HAD A VASECTOMY REVERSAL

DATRVVEX_M, DATRVVEX_Y

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

[HELP AVAILABLE]

If R cannot recall month and year, REFER her to the life history calendar.

♦ After R has given the year, say: Please record this operation in the box for this month and year on the "Birth Control Methods" row of your calendar. You might use "REV" or some other abbreviation that you will recognize later. If this happened before January [YEAR OF INTERVIEW - 3], please record it in the box for "before January [YEAR OF INTERVIEW - 3]".

{ IF R HAD ANY OPERATION BESIDES TUBAL STERILIZATION OR HER CURRENT H/P HAD AN OPERATION OTHER THAN VASECTOMY, GO TO DE SERIES.
 { THE REMAINING ITEMS IN THE DC SERIES ARE ASKED IF R's (OR COUPLE's) ONLY STERILIZATION OPERATIONS ARE A TUBAL OR A VASECTOMY.

{ ASKED IF R REPORTED AN UNREVERSED TUBAL

RWANTRVT

DC-5. As things look to you now, if your tubal sterilization could be reversed safely, would you want to have it reversed? Would you say definitely yes, probably yes, probably no, or definitely no?

Definitely yes1
 Probably yes2
 Probably no3
 Definitely no4

{ ASKED IF R IS CURRENTLY MARRIED OR COHABITING

MANWANTT

DC-6. Would [HUSBAND/PARTNER] like you to have your tubal sterilization reversed? Would you say definitely yes, probably yes, probably no, or definitely no?

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

{ IF NO VASECTOMY REPORTED, GO TO DD SERIES.

{ ASKED IF R REPORTED AN UNREVERSED VASECTOMY FOR HER CURRENT H/P

RWANTREV

DC-7. As things look to you now, if [HUSBAND/PARTNER]'s vasectomy could be reversed safely, would you want to have it reversed? Would you say definitely yes, probably yes, probably no, or definitely no?

Definitely yes1
 Probably yes2
 Probably no3
 Definitely no4

MANWANTR

DC-8. Would [HUSBAND/PARTNER] like to have his vasectomy reversed? Would you say definitely yes, probably yes, probably no, or definitely no?

Definitely yes1

Probably yes2
 Probably no3
 Definitely no4

NON-SURGICAL STERILITY (DE)

{ IF R IS SURGICALLY STERILE, GO TO SECTION E.
 { ELSE IF R IS CURRENTLY PREGNANT, GO TO DF-1 CANHAVER.
 { ASKED IF R IS NEITHER SURGICALLY STERILE NOR PREGNANT.

POSIBLPG

DE-1. Now I have a few more questions about your physical ability to have
 (a/another) baby at some time in the future.

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

Yes1
 No5

{ IF PHYSICALLY POSSIBLE, GO TO DE-3 POSIBLMN.

{ ASKED IF NOT PHYSICALLY POSSIBLE

REASIMPR

DE-2. Please look at Show Card 29a. What is the main reason it is impossible
 for you to have a baby in the future?

[HELP AVAILABLE]

♦ If the R volunteers any reason related to her husband or
 partner, probe for any female-related reasons. If none exist,
 ENTER CODE 30

Impossible due to problems with ovulation1
 Impossible due to problems with uterus, cervix,
 or fallopian tubes2
 Impossible due to other illnesses or treatment
 for other illnesses such as cancer3
 Impossible due to menopause4
 Impossible for other reasons (specify)20
 R volunteers it is not impossible for her30
 [If code 30 is reported, interviewer returns to reassign
 DE-1 POSIBLPG=1 and skips to DE-3 POSIBLMN]

{ ASKED IF R REPORTED "IMPOSSIBLE FOR OTHER REASONS" FOR DE-2 REASIMPR

REASIMPR_SP

DE-2b. (What is the other reason it is impossible?)

RECORD ANSWER VERBATIM:

[HELP AVAILABLE]

NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.

{ ASKED IF R HAS A CURRENT H/P AND HE IS NOT SURGICALLY STERILE.

POSIBLMN

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

Yes1

No5

{ ASKED IF PHYSICALLY IMPOSSIBLE FOR HIM

REASIMPPDE-4. Please look at Show Card 29b. What is the main reason it is impossible for [HUSBAND/PARTNER] to father a baby in the future?

[HELP AVAILABLE]

Impossible due to problems with sperm or semen1

Impossible due to testicular problems or varicocele2

Impossible due to other illnesses or treatment for other

illnesses3

Impossible for other reasons (specify)4

{ ASKED IF R REPORTED SOME OTHER REASON FOR DE-4 REASIMPP

REASIMPP_SP

DE-4b. (What is the other reason it is impossible?)

RECORD ANSWER VERBATIM:

[HELP AVAILABLE]

NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.

{ IF PHYSICALLY IMPOSSIBLE FOR R TO HAVE A BABY, GO TO DF-3 CANHAVEM.

PREGNANCY DIFFICULTY SERIES (DF)

{ ASKED IF PHYSICALLY POSSIBLE FOR R TO HAVE A BABY

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

[HELP AVAILABLE]

Yes1

No5 (GO TO DF-3 CANHAVEM)

{ ASKED IF R HAS DIFFICULTY

READIFF

DF-2. Please look at Card 28. What is the reason that it would be difficult for you to have (a/another) baby?

[HELP AVAILABLE]

ENTER all that apply

You have difficulty getting pregnant.....1

You have difficulty carrying baby to term.....2

Pregnancy is dangerous to your health.....3

You are likely to have an unhealthy baby4

Or some other reason5

{ ASKED IF R HAS A CURRENT H/P WHO IS PHYSICALLY ABLE TO FATHER A CHILD

CANHAVEM

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

Yes1
No5

{ ASKED IF PHYSICALLY POSSIBLE FOR R TO HAVE A BABY

PREGNONO

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

Yes1
No5 (GO TO SECTION E)

{ ASKED IF PREGNONO = YES

REASNONO

DF-5. Please look at Card 29 and tell me why the doctor advised you not to become pregnant?

ENTER all that apply

Dangerous for you1
Dangerous for your baby2
Some other reason3

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

LASTPER

DF-6. How long ago did your last period start? Was it...

Within the past 4 weeks1
Longer ago than 4 weeks, but less than 3 months ...2
Longer ago than 3 months, but less than 6 months ...3
Longer ago than 6 months, but less than 1 year4
Longer ago than 1 year5
IF VOLUNTEERED: Before last birth or pregnancy ...95

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

TRYPREG12

DF-7. At any point within the past 12 months, that is since (INTERVIEW MONTH, INTERVIEW YEAR - 1)?, were you trying to get pregnant?

Yes1
No5

Contraceptive History and Pregnancy Wantedness**CONTRACEPTIVE METHODS EVER USED (EA)****INTR-EA1**

EA-0. Card 30 lists methods that some people use to prevent pregnancy or to prevent sexually transmitted disease. As I read a method from the list, please tell me if you have ever used it for any reason. Just give me a "yes" or "no" answer. Please answer yes even if you have only used the method once.

PILL

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

[HELP AVAILABLE]

If R volunteers she never used a method, probe to make sure R has read the entire card and is sure of her answer.

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

{ IF R HAS NEVER HAD SEX GO TO DEPOPROV EA-4

{ ASKED IF R HAS EVER HAD SEX

CONDOM

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

[HELP AVAILABLE]

If R volunteers she never used a (another) method, probe to make sure R has read the entire card and is sure of her answer.

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

{ ASKED IF R HAS EVER HAD SEX

VASECTOMY

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

[HELP AVAILABLE]

If R volunteers she never used a (another) method, probe to make sure R has read the entire card and is sure of her answer.

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

DEPOPROV

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

[HELP AVAILABLE]

If R volunteers she never used a (another) method, probe to make sure R has read the entire card and is sure of her answer.

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

{ IF R HAS NEVER HAD SEX, GO TO PATCH EA-9

{ ASKED IF R HAS EVER HAD SEX

WIDRAWAL

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

[HELP AVAILABLE]

If R volunteers she never used a (another) method, probe to make sure R has read the entire card and is sure of her answer.

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

{ ASKED IF R HAS EVER HAD SEX

RHYTHM

EA-7a. Have you ever used the calendar rhythm method to prevent pregnancy? With these methods, a woman counts the days in her menstrual cycle to identify which days she can get pregnant, or "unsafe" days.

[HELP AVAILABLE]

If R volunteers she never used a (another) method, probe to make sure R has read the entire card and is sure of her answer.

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

SDAYCBDS

EA-7b. (Have you ever used) the "Standard Days Method" or "Cycle Beads" to prevent pregnancy? These methods identify days 8 to 19 of the cycle as days a woman can get pregnant, or "unsafe" days.

[HELP AVAILABLE]

If R volunteers she never used a (another) method, probe to make sure R has read the entire card and is sure of her answer.

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

{ ASKED IF R HAS EVER HAD SEX

TEMPSAFE

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

[HELP AVAILABLE]

If R volunteers she never used a (another) method, probe to make sure R has read the entire card and is sure of her answer.

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

PATCH

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

[HELP AVAILABLE]

If R volunteers she never used a (another) method, probe to make sure R has read the entire card and is sure of her answer.

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

RING

EA-10. (Have you ever used) The vaginal contraceptive ring (or "NuvaRing™")?

[HELP AVAILABLE]

If R volunteers she never used a (another) method, probe to make sure R has read the entire card and is sure of her answer.

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

{ IF R HAS NEVER HAD SEX, GO TO OTHRMETH EA-14
{ ASKED IF R HAS EVER HAD SEX

MORNPIILL

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

[HELP AVAILABLE]

♦ The following are additional brands or names for emergency contraception, that should count as a "yes" if mentioned by the respondent:

"Take Action", "My Way"

Read if necessary: This is a series of regular birth control pills taken within 72 hours, or within 5 days, after unprotected sex to help a woman avoid pregnancy.

If R volunteers she never used a (another) method, probe to make sure R has read the entire card and is sure of her answer.

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

{ IF R HAS NEVER USED EMERGENCY CONTRACEPTION GO TO EA-14 OTHRMETH

{ ASKED IF R HAS EVER USED EMERGENCY CONTRACEPTION

ECTIMESX

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

Number _____

{ ASKED IF R HAS EVER USED EMERGENCY CONTRACEPTION

ECREASON

EA-13. Did you use emergency contraception because you were worried your birth control method would not work, you didn't use birth control that time, or for some other reason?

ENTER all that apply

You were worried your birth control method would not work.....1
 You didn't use birth control that time.....2
 Some other reason.....3

{ ASKED IF R HAS EVER USED EMERGENCY CONTRACEPTION

ECRX

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

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

{ ASKED IF R HAS EVER USED EMERGENCY CONTRACEPTION

ECWHERE

EA-13a. Please look at Card 36. (The last time you used it,) where did you get the (prescription for) emergency contraception?

Private doctor's office.....1
 HMO facility.....2
 Community health clinic, Community clinic, Public health clinic....3
 Family planning or Planned Parenthood Clinic.....4
 Employer or company clinic.....5
 School or school-based clinic.....6
 Hospital outpatient clinic.....7
 Hospital emergency room.....8
 Hospital regular room.....9
 Urgent care center, urgi-care or walk-in facility.....10
 Friend.....11
 Partner or spouse.....12
 Drug store.....13
 Mail order/Internet.....14
 In-store health clinic (like CVS, Target, or Walmart).....15
 Some other place.....20

{ ASKED IF R HAS EVER USED EMERGENCY CONTRACEPTION

ECWHEN

EA-13b. (The last time you used it, was it / Was that) within the last 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1)?

Yes (Within the last 12 months).....1
 No (Over 12 months ago).....2

OTHRMETH

EA-14. On the right side of Card 30 is a list of some other methods of birth control. Which, if any, of the methods listed on that card have you ever used? Please tell me the method even if you have only used it once.

[HELP AVAILABLE]

ENTER all that apply

Hormonal implants (Norplant™ or Implanon™, or Nexplanon™).....	9
Diaphragm.....	12
Female condom, vaginal pouch.....	13
Foam.....	14
Jelly or cream.....	15
Cervical cap.....	16
Suppository, insert.....	17
Today™ sponge.....	18
IUD.....	19
Lunelle™	24
Other method.....	21
No other methods ever used.....	95

{ASKED IF R USED AN "OTHER" METHOD OF CONTRACEPTION

SP_OTHRMETH

EA-15. (On the right side of Card 30 is a list of some other methods of birth control. Which, if any, of the methods listed on that card have you ever used? Please tell me the method even if you have only used it once.)

Specify "other" birth control method(s)

NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.

{ASKED IF R EVER USED THE IUD

EVIUDTYP

EA-15a. Please look at card 30a. Which type or types of IUD have you ever used: a copper-bearing IUD such as Copper-T™ or ParaGard™, a Levonorgestrel or hormonal IUD, such as Mirena™, Skyla™, Liletta™, or Kyleena™, or another type?

If R says "3 year IUD" or "5 year IUD", enter [2]

If R says "10 year IUD", enter [1]

Copper-bearing (such as Copper-T™ or ParaGard™)	1
Hormonal IUD (such as Mirena™, Skyla™, Liletta™, or Kyleena™)	2
Other.....	3

{IF R HAS NEVER USED A METHOD, GO TO EC SERIES

{ ASKED IF R HAS EVER USED A METHOD

METHDISS

EA-16. Some people try a method and then don't use it again, or stop using it, because they are not satisfied with the method. Did you ever stop using a method because you were not satisfied with it in some way?

Do not count stopping a method for reasons other than dissatisfaction, for example, stopped to get pregnant or because not having intercourse

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

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

METHSTOP

EA-17. Please look at Card 31. What method or methods did you stop

because you were not satisfied?

ENTER all that apply

Birth control pills.....3
 Condom.....4
 Partner's vasectomy.....5
 Female sterilizing operation, such as tubal
 Sterilization.....6
 Withdrawal, pulling out.....7
 Depo-Provera™, injectables (shots)8
 Hormonal implant (Norplant™, Implanon™,
 or Nexplanon™)9
 Calendar rhythm, Standard Days, or
 Cycle Beads method10
 Safe period by temperature or cervical mucus
 test (Two Day, Billings Ovulation, or
 Sympto-thermal method).....11
 Diaphragm.....12
 Female condom, vaginal pouch.....13
 Foam.....14
 Jelly or cream.....15
 Cervical cap.....16
 Suppository, insert.....17
 Today™ sponge18
 IUD.....19
 Other method.....21
 Lunelle™ injectable (monthly shot)24
 Contraceptive patch (Ortho-Evra™ or
 Xulane™)25
 Vaginal contraceptive ring (Nuva Ring™)26

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

WHENPILL

EA-17a. Now, think about the last 12 months, that is, since (INTERVIEW
 MONTH, INTERVIEW YEAR - 1). During that time, did you stop using
 the pill because you were not satisfied with it?

Yes (stopped within the last 12 months).....1
 No (stopped over 12 months ago).....2

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

REASPILL

EA-18. Looking at Card 32, What was the reason or reasons you were not
 satisfied with the Pill?

ENTER all that apply

Too expensive.....1
 Insurance did not cover it.....2
 Too difficult to use -(specify).....3
 Too messy.....4
 Your partner did not like it.....5
 You had side effects -(specify).....6
 You were worried you might have side effects.....7
 You worried the method would not work.....8
 The method failed, you became pregnant.....9
 The method did not protect against disease.....10

Because of other health problems, a doctor
 told you that you should not use the method again....11
 The method decreased your sexual pleasure.....12
 Too difficult to obtain the method.....13
 Did not like the changes to your menstrual cycle.....14
 Other - (*specify*).....15

{ ASKED IF R HAD "OTHER REASON" FOR DISCONTINUING PILL DUE TO DISSATISFACTION
SP_REASPILL

EA-18b. Besides those reasons listed on Card 32, could you tell me what
 those other reasons were why you were not satisfied with the
 pill?

NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.

{ ASKED IF REASON FOR DISCONTINUING PILL WAS "TOO DIFFICULT TO USE"
SP_DIFFPILL

EA-18c. Could you say a bit more about why it was too difficult to use?

NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.

{ ASKED IF REASON FOR DISCONTINUING PILL WAS "SIDE EFFECTS"
SP_SIDEPIII

EA-18d. What were those side effects?

NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.

{ ASKED IF R EVER STOPPED USING THE CONDOM DUE TO DISSATISFACTION WITH THIS
 METHOD

WHENCOND

EA-18e. Now, think about the last 12 months, that is, since (INTERVIEW
 MONTH, INTERVIEW YEAR - 1). During that time, did you stop using
 the condom because you were not satisfied with it?

Yes (stopped within the last 12 months).....1
 No (stopped over 12 months ago).....2

{ ASKED IF R EVER STOPPED USING THE CONDOM DUE TO DISSATISFACTION
REASCOND

EA-19. Looking at Card 32, What was the reason or reasons you were not
 satisfied with the condom?

ENTER all that apply.

Too expensive.....1
 Insurance did not cover it.....2
 Too difficult to use -(*specify*).....3
 Too messy.....4
 Your partner did not like it.....5
 You had side effects -(*specify*).....6
 You were worried you might have side effects.....7
 You worried the method would not work.....8
 The method failed, you became pregnant.....9
 The method did not protect against disease.....10
 Because of other health problems, a doctor
 told you that you should not use the method again....11
 The method decreased your sexual pleasure.....12
 Too difficult to obtain the method.....13
 Did not like the changes to your menstrual cycle.....14

Other - (specify).....15

{ ASKED IF R HAD "OTHER REASON" FOR DISCONTINUING CONDOM DUE TO DISSATISFACTION

SP_REASCOND

EA-19b. Besides those reasons listed on Card 32, could you tell me what those other reasons were why you were not satisfied with the condom?

NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.

{ ASKED IF REASON FOR DISCONTINUING CONDOM WAS "TOO DIFFICULT TO USE"

SP_DIFFCOND

EA-19c. Could you say a bit more about why it was too difficult to use?

NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.

{ ASKED IF REASON FOR DISCONTINUING CONDOM WAS "SIDE EFFECTS"

SP_SIDECOND

EA-19d. What were those side effects?

NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.

{ ASKED IF R STOPPED USING IUD WITHIN PAST 12 MONTHS DUE TO DISSATISFACTION WITH THIS METHOD

WHENIUD

EA-20e. Now, think about the last 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1). During that time, did you stop using the IUD because you were not satisfied with it?

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

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

{ ASKED IF R EVER STOPPED USING IUD DUE TO DISSATISFACTION

TYPEIUD

EA-21. Please look at Card 30a. Which type or types of IUD did you stop using because you were not satisfied: a copper-bearing IUD such as Copper-T™ or ParaGard™, a Levonorgestrel or hormonal IUD, such as Mirena™, Skyla™, Liletta™, or Kyleena™, or another type?

If R says "3 year IUD" or "5 year IUD", enter 2

If R says "10 year IUD", enter 1

ENTER all that apply.

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

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

Other3

{ ASKED IF R EVER STOPPED USING IUD DUE TO DISSATISFACTION

REASIUD

EA-21a. Looking at Card 32, What was the reason or reasons you were not satisfied with the IUD?

ENTER all that apply.

Too expensive.....1

Insurance did not cover it.....2

Too difficult to use -(specify).....3

Too messy.....4
 Your partner did not like it.....5
 You had side effects -(specify).....6
 You were worried you might have side effects.....7
 You worried the method would not work.....8
 The method failed, you became pregnant.....9
 The method did not protect against disease.....10
 Because of other health problems, a doctor
 told you that you should not use the method again....11
 The method decreased your sexual pleasure.....12
 Too difficult to obtain the method.....13
 Did not like the changes to your menstrual cycle.....14
 Other - (specify).....15

{ ASKED IF R HAD "OTHER REASON" FOR DISCONTINUING THE IUD DUE TO
 DISSATISFACTION

SP_REASIUD

EA-21b. Besides those reasons listed on Card 32, could you tell me what
 those other reasons were why you were not satisfied with the IUD?

NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.

{ ASKED IF REASON FOR DISCONTINUING THE IUD WAS "TOO DIFFICULT TO USE"

SP_DIFFIUD

EA-21c. Could you say a bit more about why it was too difficult to use?

NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.

{ ASKED IF REASON FOR DISCONTINUING THE IUD WAS "SIDE EFFECTS"

SP_SIDEIUD

EA-21d. What were those side effects?

NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.

{ ASKED IF R EVER USED an IMPLANT OR IUD

LARC10

EA-22a. Now think about the past 10 years, that is, since
 TENYRS_FILL. Have you used an implant or IUD during that time?

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

{ ASKED IF R USED AN IMPLANT OR IUD IN THE PAST 10 YEARS

LARCremv

EA-22b. (You may have already told me about this, but / Many women who
 have used an implant or IUD get it removed at some point.) In the
past 10 years,) that is, since [YEAR OF INTERVIEW - 10], did you
 ever want to get an implant or IUD removed (for any reason)?

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

{ ASKED IF R EVER WANTED TO GET AN IMPLANT OR IUD REMOVED

REMOVWHY

EA-22c. Please look at show card 32a. Please tell me the reason or
 reasons you wanted to get an implant or IUD removed.

ENTER all that apply

I wanted to get pregnant.....1
 I didn't like the side effects.....2
 The method caused complications (for example, moved
 inside your body.....3
 It was expired and I needed a new one.....4
 Other.....5

{ ASKED IF R EVER WANTED TO GET AN IMPLANT OR IUD REMOVED

REMOVEDIF

EA-22d. In the past 10 years, that is, since [YEAR OF INTERVIEW - 10],
 did you ever have difficulty getting an implant or IUD removed?

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

{ ASKED IF R EVER HAD DIFFICULTY GETTING AN IMPLANT OR IUD REMOVED

REMOVEDIF

EA-22e. Please look at show card 32b. Please tell me the reason or
 reasons you had difficulty getting an implant or IUD removed.

ENTER all that apply

Provider discouraged me from getting implant or IUD removed.....1
 Provider didn't know how to remove implant or IUD.....2
 Insurance didn't cover removal of implant or IUD.....3
 Complications because of the method (for example: moved, became
 lodged).....4
 I still have my implant or IUD because I can't get it removed....5
 Other.....6

{ IF R HAS NEVER USED A CONTRACEPTIVE METHOD, BUT HAS HAD SEX, GO TO EC
 SERIES. { IF R HAS NEVER USED A CONTRACEPTIVE METHOD AND HAS NEVER HAD SEX, GO
 TO SECTION F

FIRST METHOD SERIES (EB)

INTR-EB1

EB-0. Now I need to ask a few questions about the very first time in
 your life that you used a birth control method for any reason.

FIRSTMETH

EB-1. What was the first birth control method you ever used for any reason?
 If you used more than one method, please tell me about each one.
 Please refer to Card 33.

[HELP AVAILABLE]

ENTER all that apply

*If R spontaneously mentions she was sterile (aside from sterilizing
 operation listed among categories), ENTER 22.*

*If R spontaneously mentions her partner was sterile (aside from
 vasectomy listed in categories), ENTER 23.*

Birth control pills.....3
 Condom.....4
 Partner's vasectomy.....5
 Female sterilizing operation, such as tubal

sterilization and hysterectomy.....	6
Withdrawal, pulling out.....	7
Depo-Provera™, injectables	8
Hormonal implants (Norplant™, Implanon™, or Nexplanon™).....	9
Rhythm or safe period by calendar.....	10
Safe period by temperature or cervical mucus test, natural family planning	11
Diaphragm.....	12
Female condom, vaginal pouch.....	13
Foam.....	14
Jelly or cream.....	15
Cervical cap.....	16
Suppository, insert.....	17
Today™ sponge.....	18
IUD.....	19
Emergency contraception.....	20
Other method	21
Respondent was sterile.....	22
Respondent's partner was sterile.....	23
Lunelle™ injectable (monthly shot)	24
Contraceptive patch (Ortho-Evra™ or Xulane™).....	25
Vaginal contraceptive ring.....	26

{ IF R HAS NEVER HAD SEX, GO TO EB-3 WNFSTUSE_MO

{ASKED IF R's FIRST METHOD WAS NOT A CONTINUOUS METHOD

FIRSTIME1

EB-2. Please look at Card 34. Thinking again of the very first time you ever used a method of birth control, when was it in relation to your first intercourse?

The first time you had intercourse.....	2
Less than a month after your first intercourse.....	3
One to three months after first intercourse.....	4
Four to twelve months after first intercourse.....	5
More than twelve months after first intercourse.....	6

{ASKED IF R's FIRST METHOD WAS A CONTINUOUS METHOD

FIRSTIME2

EB-2. Please look at Card 35. Thinking again of the very first time you ever used a method of birth control, when was it in relation to your first intercourse?

Before your first intercourse.....	1
The first time you had intercourse	2
Less than a month after your first intercourse.....	3
One to three months after first intercourse.....	4
Four to twelve months after first intercourse.....	5

More than twelve months after
first intercourse.....6

{ ASKED IF FIRST METHOD USE WAS NOT AT FIRST SEX
WNFSTUSE_M/WNFSTUSE_Y

EB-3. Now, please look at your calendar, and tell me in what month and year
you first used a method (for any reason).

Display if R HAS EVER HAD SEX:
*If respondent needs help, remind her of the date of her first
intercourse which was in [DATE].*

♦ After R has given the year, say: Please write this on your
calendar on the "Birth Control Methods" row, in the box for this
month and year. You can use an abbreviation for the method, or
anything that you will recognize later. If this date is before
January [YEAR OF INTERVIEW - 3], write the date and method in the
"Before January [YEAR OF INTERVIEW - 3]" box.

{ ASKED IF FIRST METHOD USE WAS NOT AT FIRST SEX
AGEFSTUS

EB-4. How old were you the first time you used a method for any reason?

Age in years _____

{ ASKED IF AGE IS 15-24 AND FIRST METHOD USED WAS A DRUG OR DEVICE
PLACGOTF

EB-5. Please look at Card 36. Where did you get the (prescription for the)
[FIRST METHOD USED]?

Private doctor's office.....	1
HMO facility.....	2
Community health clinic, Community clinic, Public health clinic....	3
Family planning or Planned Parenthood Clinic.....	4
Employer or company clinic.....	5
School or school-based clinic.....	6
Hospital outpatient clinic.....	7
Hospital emergency room.....	8
Hospital regular room.....	9
Urgent care center, urgi-care or walk-in facility.....	10
Friend.....	11
Partner or spouse.....	12
Drug store.....	13
Mail order/Internet.....	14
In-store health clinic (like CVS, Target, or Walmart).....	15
Some other place.....	20

{ IF FIRST METHOD USE WAS AT OR AFTER FIRST INTERCOURSE, GO TO EC SERIES

{ ASKED IF RESPONDENT EVER HAD SEX AND FIRST METHOD USE WAS BEFORE FIRST
INTERCOURSE

USEFRSTS

EB-6. Did you use any birth control method the first time you had
intercourse?

Yes.....1 (GO TO MTHFRSTS EB-8)
No.....5

{ ASKED IF FIRST METHOD USE WAS BEFORE FIRST INTERCOURSE AND A METHOD WAS ALSO
USED AT FIRST INTERCOURSE

MTHFRSTS

EB-8. Which method did you use the first time you had intercourse? The methods are listed on Card 33. If you used more than one method at the same time, please tell me about that.

[HELP AVAILABLE]

ENTER all that apply

If R spontaneously mentions she was sterile (aside from sterilizing operation listed in categories), ENTER 22.

If R spontaneously mentions her partner was sterile (aside from vasectomy listed in categories), ENTER 23.

Birth control pills.....	3
Condom.....	4
Partner's vasectomy.....	5
Female sterilizing operation, such as tubal sterilization and hysterectomy.....	6
Withdrawal, pulling out.....	7
Depo-Provera™, injectables	8
Hormonal implant (Norplant™, Implanon™, or Nexplanon™)	9
Calendar rhythm, Standard Days, or Cycle Beads method	10
Safe period by temperature or cervical mucus test (Two Day, Billings Ovulation, or Sympto-thermal method).....	11
Diaphragm.....	12
Female condom, vaginal pouch.....	13
Foam.....	14
Jelly or cream.....	15
Cervical cap.....	16
Suppository, insert.....	17
Today™ sponge	18
IUD.....	19
Emergency contraception.....	20
Other method.....	21
Respondent was sterile.....	22
Respondent's partner was sterile.....	23
Lunelle™ injectable (monthly shot)	24
Contraceptive patch (Ortho-Evra™ or Xulane™)	25
Vaginal contraceptive ring.....	26

PERIODS OF NON INTERCOURSE (EC)

{ IF R NEVER HAD SEX, GO TO ED SERIES

{ IF R's FIRST SEX WAS THE MONTH OF INTERVIEW, ASSIGN "YES" TO INTERCOURSE IN CURRENT MONTH, AND GO TO ED SERIES

INTR-EC1

EC-1. Many women have times when they are not having intercourse at all, for example, because of pregnancy, separation, not dating anyone, illness, or other reasons. I'd like to know the months since (the first time you had intercourse, which was in [DATE OF FIRST SEX]/ January [YEAR OF INTERVIEW - 3]) that you did not have intercourse at all for the entire month. First, let's make sure you have other information on your calendar.

{ INFORMATION ABOUT PREGNANCIES, IF ANY, APPEARS ON SCREEN THAT RESPONDENT HAS PROVIDED IN PRIOR SECTIONS, AS AN AID FOR ENTERING THE CURRENT INFORMATION

INTR-EC2

EC-2. (Many women have times when they are not having intercourse at all, for example, because of pregnancy, separation, not dating anyone, illness, or other reasons. I'd like to know the months since (the first time you had intercourse, which was in [DATE OF FIRST SEX]/ January [YEAR OF INTERVIEW - 3]) that you did not have intercourse at all for the entire month. First, let's make sure you have other information on your calendar.)

{ INFORMATION ABOUT DATES OF SEXUAL PARTNERS IF ANY, APPEARS ON SCREEN THAT RESPONDENT HAS PROVIDED IN PRIOR SECTIONS, AS AN AID FOR ENTERING THE CURRENT INFORMATION

INTR-EC3

EC-3. Since ([DATE OF FIRST SEX]/ January [YEAR OF INTERVIEW - 3]), have there been any times when you were not having intercourse at all for one month or more?

Remember,

'Yes' means the respondent had at least one month of no intercourse, and

'No' means R had intercourse every month.

Yes.....1

No.....5

{ IF R HAD INTERCOURSE EVERY MONTH, GO TO ED SERIES

INTR-EC4

EC-4. Start with the current month, [MONTH OF INTERVIEW], and think about each month one at a time, going back to (January [YEAR OF INTERVIEW]/[DATE OF FIRST SEX]). On the row labeled "Intercourse", please mark an "x" in the box for each month during which you had intercourse at least once. So the boxes in this row that are blank will be the ones during which you did not have intercourse at all for the whole month.

{ IF R's DATE OF FIRST SEX WAS ON OR AFTER January [INTERVIEW YEAR], GO TO INTR-EC7

INTR-EC5

EC-5. Now think about last year, [YEAR OF INTERVIEW - 1]. Start with December, and think about each month one at a time, going back to (January [YEAR OF INTERVIEW - 1]/[DATE OF FIRST SEX]). Please mark an "x" in the box for each month during which you had intercourse at least once.

{ IF R's DATE OF FIRST SEX WAS ON OR AFTER January [YEAR OF INTERVIEW - 1], GO TO INTR-EC7

INTR-EC6

EC-6. Finally, start with December [YEAR OF INTERVIEW - 2], and think about each month one at a time, going back to January [YEAR OF INTERVIEW - 3]/[DATE OF FIRST SEX]). Please mark an "x" in the box for each month during which you had intercourse at least once.

INTR-EC7

EC-7. Now I need to enter those months into the computer. Would you prefer that I look at your calendar, or would you rather tell me the months?

If Respondent is reading the months:

Please tell me the months that you had intercourse, starting with [January [YEAR OF INTERVIEW - 3]/DATE OF FIRST SEX].

MAKE SURE you know whether she is telling you the months she did NOT have intercourse or the months she DID have intercourse.

{ ASKED ONCE FOR EACH MONTH DURING [[January [YEAR OF INTERVIEW - 3]/DATE OF FIRST SEX] THROUGH CMINTVW.

MONSX

EC-8. ♦ *Did the Respondent mark an X in this month or mention intercourse occurred during:*

[MONTH AND YEAR]

Yes.....1

No.....5

CONTRACEPTIVE METHOD HISTORY (ED)

{ IF R HAS NEVER USED A CONTRACEPTIVE METHOD, GO TO EG SERIES

INTR-ED1

ED-1. Before we begin this next section on your birth control use, I need to make sure all of the information we need is on your calendar.

{ INFORMATION ABOUT PREGNANCIES, IF ANY, APPEARS ON SCREEN THAT RESPONDENT HAS PROVIDED IN PRIOR SECTIONS, AS AN AID FOR ENTERING THE CURRENT INFORMATION

INTR-ED2

ED-2. (Before we begin this next section on your birth control use, I need to make sure all of the information we need is on your calendar.)

{ MONTHS OF NONINTERCOURSE, IF ANY, APPEAR ON SCREEN THAT RESPONDENT HAS PROVIDED IN PRIOR SERIES, AS AN AID FOR ENTERING THE CURRENT INFORMATION

INTR-ED3

ED-3. (Before we begin this next section on your birth control use, I need to make sure all of the information we need is on your calendar.)

{ INFORMATION ON STERILIZING OPERATIONS, IF ANY, APPEAR ON SCREEN THAT RESPONDENT HAS PROVIDED IN PRIOR SECTION, AS AN AID FOR ENTERING THE CURRENT INFORMATION

Once R has entered all information and/or verified that it is correct, continue.

{ ASKED IF DATE OF R'S HYSTERECTOMY IS PRIOR TO STARTING MONTH OF METHOD
{ CALENDAR, ELSE GO TO ED-4b

INTR-ED4a

ED-4a. The next questions are about birth control methods you may have used between (START DATE OF METHOD CALENDAR) and (DATE OF INTERVIEW). Remember that this also refers to methods men use, such as condoms, vasectomy, and withdrawal.

As we discussed earlier, you had a hysterectomy in (DATE OF HYSTERECTOMY). Since (START DATE OF METHOD CALENDAR), have you used any other birth control methods for any reasons, such as preventing disease?

Yes.....1

No.....5

{ ASKED IF R WITH HYSTERECTOMY USED OTHER BIRTH CONTROL METHODS SINCE
 { START MONTH OF CALENDAR OR
 { IF R DID NOT HAVE A HYSTERECTOMY PRIOR TO START DATE OF CALENDAR

INTR-ED4b

ED-4b. I need to find out which birth control methods you used each month between (DATE OF FIRST METHOD USE) and January [YEAR OF INTERVIEW - 3]. I'll ask you about each method you've ever used, one at a time.

There will also be a chance to report methods you used during this time, that you may not have reported earlier, if any.

This can include any of the methods shown on Card 37, including those that men use such as withdrawal, condoms, and vasectomy.

If you used more than one method in the same month, it's important for me to record both or all of them.

Mark method history start and end dates on calendar for R.

{ IF R HAS HAD A STERILIZING OPERATION AND NOT REVERSED DURING METHOD CALENDAR MONTHS IN QUESTION

Even though you mentioned your sterilizing operation earlier, we are interested in any methods you might have used for any reason, during this time period.

{ Note: the below is script, not questions, but they are here to show the process by which interviewers and Rs will provide the information for the method calendar.

{ BEGIN SCRIPT for method calendar

{ ASKED IF R HAS EVER USED THE PILL

PILLMC

Earlier you mentioned you had used the birth control pill. If you have used it at any time since (START DATE OF METHOD CALENDAR), write a "P" in the box for each month that you used it at least once, going back to (START DATE OF METHOD CALENDAR), on the "Birth Control Methods" row.

If R used the pill since (START DATE OF METHOD CALENDAR), help her record pill use on the calendar.

{ ASKED IF R HAS EVER USED THE CONDOM

CONDMC

Earlier you mentioned you had sex with a partner who used the

condom. If you have had sex with a partner who used the condom at any time since (START DATE OF METHOD CALENDAR), write a "C" in the box for each month that you used it at least once, going back to (START DATE OF METHOD CALENDAR), on the "Birth Control Methods" row.

If R used the condom since (START DATE OF METHOD CALENDAR), help her record condom use on the calendar.

{ ASKED IF R HAS EVER USED VASECTOMY
VASECTMC

Earlier you mentioned you had had sex with a partner who had a vasectomy. If you have had sex with a partner with a vasectomy at any time since (START DATE OF METHOD CALENDAR), write a "V" in the box for each month that you used this method at least once, going back to (START DATE OF METHOD CALENDAR), on the "Birth Control Methods" row.

If R used vasectomy since (START DATE OF METHOD CALENDAR), help her record it on the calendar.

{ ASKED IF R HAS EVER USED DEPO-PROVERA™
DEPOMC

Earlier you mentioned you had used Depo-provera™. If you have gotten a shot of Depo-Provera™ at any time since (START DATE OF METHOD CALENDAR), write a "DP" in the box for each month that you got a shot, and the [2] months following that, going back to (START DATE OF METHOD CALENDAR), on the "Birth Control Methods" row.

If R got a Depo shot since (START DATE OF METHOD CALENDAR), help her record shot and 2 months after, on the calendar.

{ ASKED IF R HAS EVER USED WITHDRAWAL
WITHDRMC

Earlier you mentioned you had had sex with a partner who used withdrawal. If you have had sex with a partner who used withdrawal at any time since (START DATE OF METHOD CALENDAR), write a "WD" in the box for each month that you used this method at least once, going back to (START DATE OF METHOD CALENDAR), on the "Birth Control Methods" row.

If R used withdrawal since (START DATE OF METHOD CALENDAR), help her record it on the calendar.

{ ASKED IF R HAS EVER USED RHYTHM METHOD
RHYTHMMC

Earlier you mentioned you had used rhythm or safe period by calendar. If you have used this method at any time since (START DATE OF METHOD CALENDAR), write a "RH" in the box for each month that you used it, going back to (START DATE OF METHOD CALENDAR), on the "Birth Control Methods" row.

If R used the rhythm method since (START DATE OF METHOD CALENDAR), help her record rhythm method on the calendar.

{ ASKED IF R HAS EVER USED THE STANDARD DAYS METHOD OR CYCLE BEADS
SDAYCBMC

Earlier you mentioned you had used the Standard Days Method or Cycle Beads. If you have used this method to prevent pregnancy at

any time since (cmstrtmc), write a "SD" or "CB" in the box for each month that you used it, going back to (cmstrtmc), on the "Birth Control Methods" row.

If R used the standard days method or Cycle Beads since (START DATE OF METHOD CALENDAR), help her record the standard days method or Cycle Beads on the calendar.

{ ASKED IF R HAS EVER USED SAFE PERIOD BY TEMPERATURE OR CERVICAL MUCUS TEST
TEMPMC

Earlier you mentioned you had used safe period by temperature or cervical mucus test.

If you have used it to prevent pregnancy at any time since (START DATE OF METHOD CALENDAR), write a "TMP" in the box for each month that you used it at least once, going back to (START DATE OF METHOD CALENDAR), on the "Birth Control Methods" row.

If R used safe period by temperature or cervical mucus test since (START DATE OF METHOD CALENDAR), help her record it on the calendar.

{ ASKED IF R HAS EVER USED THE PATCH
PATCHMC

Earlier you mentioned you had used the patch.

If you have used it at any time since (START DATE OF METHOD CALENDAR), write a "PA" in the box for each month that you used it at least once, going back to (START DATE OF METHOD CALENDAR), on the "Birth Control Methods" row.

If R used the patch since (START DATE OF METHOD CALENDAR), help her record patch on the calendar.

{ ASKED IF R HAS EVER USED THE CONTRACEPTIVE RING
RINGMC

Earlier you mentioned you had used the contraceptive ring.

If you have used it at any time since (START DATE OF METHOD CALENDAR), write a "RI" in the box for each month that you used it at least once, going back to (START DATE OF METHOD CALENDAR), on the "Birth Control Methods" row.

If R used the ring since (START DATE OF METHOD CALENDAR), help her record ring on the calendar.

{ ASKED IF R HAS EVER USED EMERGENCY CONTRACEPTION
ECMC

Earlier you mentioned you had used emergency contraception.

If you have used it at any time since (START DATE OF METHOD CALENDAR), write a "EC" in the box for each month that you used this method at least once, going back to (START DATE OF METHOD CALENDAR), on the "Birth Control Methods" row.

If R used emergency contraception since (START DATE OF METHOD CALENDAR), help her record it on the calendar.

{ ASKED IF R HAS EVER USED NORPLANT™ / IMPLANON™ / NEXPLANON™
IMPLMC

Earlier you mentioned you had used implants (Norplant™, Implanon™, or Nexplanon™).

If you have used it at any time since (START DATE OF METHOD CALENDAR), write a "IM" in the box for each month that you used it at least once, going back to (START DATE OF METHOD CALENDAR), on the "Birth Control Methods" row.

If R used implants since (START DATE OF METHOD CALENDAR), help her record it on the calendar.

{ ASKED IF R HAS EVER USED THE DIAPHRAGM
DIAPHRMC

Earlier you mentioned you had used the diaphragm.
If you have used it at any time since (START DATE OF METHOD CALENDAR), write a "DI" in the box for each month that you used it at least once, going back to (START DATE OF METHOD CALENDAR), on the "Birth Control Methods" row.

If R used the diaphragm since (START DATE OF METHOD CALENDAR), help her record it on the calendar.

{ ASKED IF R HAS EVER USED THE FEMALE CONDOM
FCONDMC

Earlier you mentioned you had used the female condom.
If you have used it at any time since (START DATE OF METHOD CALENDAR), write a "FC" in the box for each month that you used it at least once, going back to (START DATE OF METHOD CALENDAR), on the "Birth Control Methods" row.

If R used the female condom since (START DATE OF METHOD CALENDAR), help her record it on the calendar.

{ ASKED IF R HAS EVER USED FOAM
FOAMMC

Earlier you mentioned you had used contraceptive foam.
If you have used it at any time since (START DATE OF METHOD CALENDAR), write a "FO" in the box for each month that you used it at least once, going back to (START DATE OF METHOD CALENDAR), on the "Birth Control Methods" row.

If R used foam since (START DATE OF METHOD CALENDAR), help her record it on the calendar.

{ ASKED IF R HAS EVER USED JELLY/CREAM
JELLYMC

Earlier you mentioned you had used contraceptive jelly or cream.
If you have used it at any time since (START DATE OF METHOD CALENDAR), write a "FO" in the box for each month that you used it at least once, going back to (START DATE OF METHOD CALENDAR), on the "Birth Control Methods" row.

If R used jelly/cream since (START DATE OF METHOD CALENDAR), help her record it on the calendar.

{ ASKED IF R HAS EVER USED THE CERVICAL CAP
CERVCMC

Earlier you mentioned you had used the cervical cap.
If you have used it at any time since (START DATE OF METHOD CALENDAR), write a "CAP" in the box for each month that you used it at least once, going back to (START DATE OF METHOD CALENDAR), on the "Birth Control Methods" row.

If R used cervical cap since (START DATE OF METHOD CALENDAR), help her record it on the calendar.

{ ASKED IF R HAS EVER USED THE SUPPOSITORY
SUPPMC

Earlier you mentioned you had used the contraceptive suppository. If you have used it at any time since (START DATE OF METHOD CALENDAR), write a "SU" in the box for each month that you used it at least once, going back to (START DATE OF METHOD CALENDAR), on the "Birth Control Methods" row.

If R used suppository since (START DATE OF METHOD CALENDAR), help her record it on the calendar.

{ ASKED IF R HAS EVER USED THE SPONGE
SPONGEMC

Earlier you mentioned you had used the sponge. If you have used it at any time since (START DATE OF METHOD CALENDAR), write a "SP" in the box for each month that you used it at least once, going back to (START DATE OF METHOD CALENDAR), on the "Birth Control Methods" row.

If R used the sponge since (START DATE OF METHOD CALENDAR), help her record it on the calendar.

{ ASKED IF R HAS EVER USED THE IUD
IUDMC

Earlier you mentioned you had used the IUD. If you have used it at any time since (START DATE OF METHOD CALENDAR), write a "I" in the box for each month that you used this method, going back to (START DATE OF METHOD CALENDAR), on the "Birth Control Methods" row.

If R used the IUD since (START DATE OF METHOD CALENDAR), help her record it on the calendar.

OTHMC

Now, looking at Card 37, write any other methods you have used since (START DATE OF METHOD CALENDAR), on the calendar, even if you did not mention earlier that you had used it.

If R used any other method(s) since (START DATE OF METHOD CALENDAR), help her record it/them on the calendar.

{ END SCRIPT for method calendar

INTR-ED5

ED-5. *When R has recorded all methods on the calendar, SAY:*

Now I need to enter the methods in the computer. It is important that we get these methods correct. If you notice that I have entered something incorrectly, please let me know.

Have R read methods to you if possible. Verify methods with R as you enter them.

{ DISPLAYED ONCE FOR EACH MONTH DURING [[January [YEAR OF INTERVIEW - 3]/START OF METHOD CALENDAR] THROUGH CMINTVW.

METHHIST

ED-6. What method(s) did the respondent use during:

[MONTH AND YEAR]

♦ If R spontaneously mentions she was sterile, for reasons other than an operation, and no method was used in the month, enter [22]

♦ If R spontaneously mentions her partner was sterile, for reasons other than vasectomy, and no method was used in the month, enter [23]

No method used.....1
 Same as previous month.....2
 Birth control pills.....3
 Condom.....4
 Partner's vasectomy.....5
 Female sterilizing operation, such as tubal
 sterilization and hysterectomy.....6
 Withdrawal, pulling out.....7
 Depo-Provera™, injectables.....8
 Hormonal implants (Norplant™, Implanon™,
 or Nexplanon™).....9
 Calendar rhythm, Standard Days, or Cycle Beads
 method.....10
 Safe period by temperature or cervical mucus
 Test (Two Day, Billings Ovulation, or
 Sympto-thermal Method).....11
 Diaphragm.....12
 Female condom, vaginal pouch.....13
 Foam.....14
 Jelly or cream.....15
 Cervical cap.....16
 Suppository, insert.....17
 Today™ sponge.....18
 IUD.....19
 Emergency contraception.....20
 Other method.....21
 Respondent sterile.....22
 Respondent's partner sterile.....23
 Contraceptive patch (Ortho-Evra™ or Xulane™) ..25
 Vaginal contraceptive ring.....26
 Same method used thru end of year.....55

{ ASKED IF CODE 55 IS USED IN A CALENDAR MONTH FOR SAME METHOD THROUGH END OF YEAR

SAMEAllYear

ED-8. I'm about to enter that you used [METHOD1, METHOD2, METHOD[x]] every month from [THIS MONTH] through [DECEMBER OF THAT YEAR or INTERVIEW if this is the interview year]. Is that correct?

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

[ED-9a MC1MONS1 through ED-9d MC1MONS3 are asked for the first month of method calendar only, and only if a method(s) is reported in that month. For 2nd and subsequent months of the method calendar, the next question is either ED-10 SIMSEQ or they proceed to the next month of the method calendar.]

{ ASKED IF R REPORTED 1 METHOD IN THE FIRST MONTH OF THE METHOD CALENDAR, January [YEAR OF INTERVIEW - 3])

MC1MONS1

ED-9a. I have entered that in January [INTVW YEAR-3] you used [METHOD]. For how many months altogether had you been using [METHOD] without a break, before January [INTVW YEAR-3]? If it is easier to recall, you can tell me the month and year you started.

_____ number of months (go to next month of the method history calendar)

- ENTER [995] if R offers the month and year she began using [METHOD]

{ ASKED IF R REPORTED MORE THAN 1 METHOD IN THE FIRST MONTH OF THE METHOD CALENDAR, January [YEAR OF INTERVIEW - 3])

MC1SIMSQ

ED-9b. I have entered that in January [INTVW YEAR-3] you used [METHOD1 and METHOD2] / [METHOD1, METHOD2, METHOD[x]]. Did you use (them / any of them) at different times during the month or did you use them (all) at the same time?

[HELP AVAILABLE]

Same time.....1

Different times.....2 (GO TO ED-9d MC1MONS3)

{ ASKED IF R USED FIRST METH CAL METHODS AT THE SAME TIME

MC1MONS2

ED-9c.

For how many months altogether had you been using [METHOD1, METHOD2,...] together, without a break, before January [YEAR OF INTERVIEW - 3]? If it is easier to recall, you can tell me the month and year you started.

_____ number of months (go to next month of the method history calendar)

- ENTER [995] if R offers the month and year she began using [METHODS]

{ ASKED IF R USED FIRST METH CAL METHODS AT DIFFERENT TIMES:

MC1MONS3

ED-9d.

IF ONE OF THE METHODS IS HORMONAL OR LONG-ACTING:

For how many months altogether had you been using the [THE HORMONAL/LONG-ACTING METHOD]? If it is easier to recall, you can tell me the month and year you started.

IF ONE OR MORE METHODS ARE HORMONAL OR LONG-ACTING:

Think about the one you started using most recently. For how many months had you been using it, without a break, before January [YEAR OF INTERVIEW - 3]? If it is easier to recall, you can tell me the month and year you started.

ELSE IF ALL METHODS ARE BARRIER OR OTHER NONHORMONAL/SHORT-TERM/LESS EFFECTIVE:

For how many months altogether had you been using a combination of [METHOD1, METHOD2, ...], without a break, before January [YEAR OF INTERVIEW - 3]? If it is easier to recall, you can tell me the month and year you started.

_____ number of months
(go to next month of the method history calendar)

- ENTER [995] if R offers the month and year she began using [METHOD(S)]

{ ASKED IF R REPORTED 1 OR MORE METHODS IN THE FIRST MONTH OF THE METHOD CALENDAR, January [YEAR OF INTERVIEW - 3], AND CHOSE TO REPORT THE DATE SHE BEGAN USING OF THAT METHOD/THOSE METHODS RATHER THAN NUMBER OF MONTHS USING)
DATBEGIN_M/DATBEGIN_Y

ED-9m/y.

{IF ONLY ONE METHOD REPORTED IN 1ST MONTH OF MC, ASK:

I have entered that in January [INTVW YEAR-3], you used [METHOD]. In what month and year did you start using [METHHIST_FILL] without a break, before January [YEAR OF INTERVIEW - 3]?

{IF MORE THAN ONE METHOD REPORTED IN THE 1ST MONTH OF MC, AND R USED ANY AT THE SAME TIME, ASK:

((Think about the one you started using most recently.) In what month and year did you start using (it / a combination of (METHOD[S]) / (METHOD[S] together,) without a break, before January [YEAR OF INTERVIEW - 3]?

[HELP AVAILABLE]

{ ASKED IF R USED TWO OR MORE METHODS IN ONE MONTH OF CALENDAR FOR MONTHS AFTER THE FIRST (January [INTVW YEAR-3])

SIMSEQ

ED-10. Did you use (those / any of those) methods at different times during the month, or did you use them (all) at the same time?

[HELP AVAILABLE]

Same time.....1
Different times.....2

{IF THERE ARE MONTHS REMAINING IN THE METHOD CALENDAR TO RECORD, GO BACK TO ED-6 METHHIST.

{IF R HAS NEVER HAD SEX:

AND CURRENT METHOD IS PILL, GO TO EJ SERIES

AND CURRENT METHOD IS NOT PILL, GO TO SECTION F

METHOD USE AT LAST (AND FIRST) SEX WITH UP TO 3 PARTNERS IN THE PAST 12 MONTHS (EF)

{IF R HAS NOT HAD NO SEXUAL PARTNERS IN THE PAST 12 MONTHS, GO TO EG SERIES

{ ASKED IF R HAD 1 OR MORE SEXUAL PARTNERS IN THE PAST 12 MONTHS

INTRBC12

EF_0. Now I have some questions about your use of birth control with your [(NUMBER OF PARTNERS IN PAST YEAR) sexual partners]/[sexual partner(s)] within the past year, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1). It will be helpful to look at your calendar for any information on sexual partners, months you did not have intercourse, and birth control methods you used. (In order to save time during the interview, I'll only ask you about your 3 most recent partners in the past 12 months. Let's start with [PARTNER].)

{ASKED FOR UP TO 3 PARTNERS IN THE PAST 12 MONTHS UNLESS ALREADY KNOWN (FROM FIRST METHOD USE SERIES)}

USELSTP

EF-1. Looking at Card 33, the (last) time you had intercourse with [PARTNER] in [DATE], did you or he use any method?

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

{ASKED IF NO METHOD USED AT LAST INTERCOURSE WITH PARTNER AND M/Y OF LAST SEX IS NOT EQUAL TO M/Y OF INTERVIEW}

WYNOLSTP

EF-1b. Is the reason you did not use a method of birth control because you, yourself, wanted to become pregnant?

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

{ASKED IF NO METHOD USED AT LAST INTERCOURSE WITH PARTNER}

HPLSTP

EF-1c. And your partner, did he want you to become pregnant?

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

{ASKED IF USED A METHOD AT LAST INTERCOURSE WITH PARTNER}

LSTMTHP

EF-2. Which method or methods on Card 33 did you or he use?

Birth control pills.....3
Condom.....4
Partner's vasectomy.....5
Female sterilizing operation, such as tubal
sterilization or hysterectomy.....6
Withdrawal, pulling out.....7
Depo-Provera™, injectables.....8
Hormonal implants (Norplant™, Implanon™,
or Nexplanon™).....9
Calendar rhythm. Standard Days, or Cycle Beads
method.....10
Safe period by temperature or cervical mucus
test (Two Day, Billings Ovulation, or
Sympto-thermal Method).....11
Diaphragm.....12
Female condom, vaginal pouch.....13
Foam.....14
Jelly or cream.....15
Cervical cap.....16
Suppository, insert.....17
Today™ sponge.....18
IUD.....19
Emergency contraception.....20
Other method.....21
Respondent was sterile.....22
Respondent's partner was sterile.....23
Lunelle™ injectable (monthly shot).....24
Contraceptive patch (Ortho-Evra™ or Xulane™)
.....25
Vaginal contraceptive ring.....26

{ASKED IF R REPORTED IUD, COIL, LOOP AT LAST INTERCOURSE WITH PARTNER

LPIUDTYP

EF-2b. Please look at Card 30a. Which type of IUD did you use? Was it a copper-bearing IUD such as Copper-T™ or ParaGard™, a Levonorgestrel or hormonal IUD, such as Mirena™, Skyla™, Liletta™, or Kyleena™, or another type?

If R says "3 year IUD" or "5 year IUD", enter [2]

If R says "10 year IUD", enter [1]

Copper-bearing (such as Copper-T™ or ParaGard™)1
 Hormonal IUD (such as Mirena™, Skyla™, Liletta™,
 or Kyleena™)2
 Other.....3

{ASKED FOR EACH PARTNER IN THE PAST 12 MONTHS UNLESS ALREADY KNOWN (FROM FIRST METHOD USE SERIES) OR UNLESS ONLY HAD SEX WITH HIM ONCE

USEFSTP

EF-3. Looking at Card 33, the first time you had intercourse with [PARTNER] in [DATE], did you or he use any method?

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

{ASKED IF USED A METHOD AT FIRST INTERCOURSE WITH PARTNER

FSTMTHP

EF-4. Which method or methods on Card 33 did you or he use?

Birth control pills.....3
 Condom.....4
 Partner's vasectomy.....5
 Female sterilizing operation, such as tubal
 sterilization or hysterectomy.....6
 Withdrawal, pulling out.....7
 Depo-Provera™, injectables8
 Hormonal implants (Norplant™, Implanon™, or
 Nexplanon™)9
 Calendar rhythm, Standard Days, or Cycle Beads
 method).....10
 Safe period by temperature or cervical mucus
 test (Two Day, Billings Ovulation, or
 Sympto-thermal Method).....11
 Diaphragm.....12
 Female condom, vaginal pouch.....13
 Foam.....14
 Jelly or cream.....15
 Cervical cap.....16
 Suppository, insert.....17
 Today™ sponge18
 IUD.....19
 Emergency contraception.....20
 Other method.....21
 Respondent was sterile.....22
 Respondent's partner was sterile.....23
 Lunelle™ injectable (monthly shot).....24
 Contraceptive patch (Ortho-Evra™ or
 Xulane™).....25
 Vaginal contraceptive ring.....26

{GO TO BEGINNING OF LOOP (EF-1 USELSTFP) FOR NEXT PARTNER IF ANY

{IF R HAS HAD NO PREGNANCIES GO TO SECTION EH

CONDITIONS SURROUNDING R's PREGNANCIES: WANTEDNESS; PARTNER(S); MOTIVATION; REASONS (EG)

{REPEAT INTR_EG1 THROUGH WHYNOUSE EG-24 FOR EACH PREGNANCY

INTR-EG1

INTR_EG1. Now let's talk about the period of time from (your first intercourse/[BABY NAME]'s birth in [DATE]/your nth pregnancy which ended in [DATE]) until you became pregnant (this time/with your (Nth+1) pregnancy (which ended in [DATE])).

{ASKED IF PREGNANCY BEGAN BEFORE January [YEAR OF INTERVIEW - 3] AND WE DON'T ALREADY KNOW THIS FROM DATE OF FIRST METHOD USE

EVUSEINT

EG-1. Did you ever use any method of birth control between (your first intercourse/[BABY NAME]'s birth in [DATE]/your [Nth] pregnancy which ended in [DATE]) and (DATE OF Nth pregnancy)/[BABY NAME]'s birth)? Remember to include methods men use--that is condoms, vasectomy, and withdrawal--in your answer.

Yes..... 1

No..... 5 (GO TO EG-5 RESNOUSE)

{ASKED IF R WAS USING A METHOD IN MONTH PREGNANCY BEGAN BUT DID NOT USE ONE IN THE MONTH AFTER PREGNANCY BEGAN OR IF R WAS USING A METHOD IN MONTH PREGNANCY BEGAN AND IN THE MONTH AFTER PREGNANCY BEGAN AND THEY WERE DIFFERENT METHODS

STOPDUSE

EG-2. Before you became pregnant (this time/with your (NTH) pregnancy which ended in (DATE)), had you stopped using all methods of birth control?

Yes.....1

No.....5 (GO TO EG-4 WHATMETH)

{ASKED IF STOPPED USING METHOD(S) IN MONTH PREGNANCY BEGAN

WHYSTOPD

EG-3. Was the reason you stopped using all methods of birth control because you yourself wanted to become pregnant?

Yes.....1 (GO TO EG-10 TIMINGOK)

No.....5 (GO TO INTR-EG2)

{ASKED IF R WAS USING A METHOD IN MONTH PREGNANCY BEGAN AND MONTH AFTER PREGNANCY BEGAN AND THEY WERE THE SAME METHOD

WHATMETH

EG-4. You may have already told me, but looking at Card 38, what methods were you using at the time you became pregnant (with your (NTH) pregnancy which ended in (DATE)/this time)?

If R spontaneously mentions "thought I was sterile" or "thought partner was sterile", ascertain whether any above methods were used. If not, code "none" (1)

[HELP AVAILABLE]

No method used.....	1
Office use only.....	2
Birth control pills.....	3
Condom.....	4
Partner's vasectomy.....	5
Female sterilizing operation, such as tubal sterilization.....	6
Withdrawal, pulling out.....	7
Depo-Provera™, injectables (shots).....	8
Hormonal implants (Norplant™, Implanon™, or Nexplanon™)	9
Calendar rhythm, Standard Days, or Cycle Beads method	10
Safe period by temperature or cervical mucus Test (Two Day, Billings Ovulation, or Sympto-thermal Method).....	11
Diaphragm.....	12
Female condom, vaginal pouch.....	13
Foam.....	14
Jelly or cream.....	15
Cervical cap.....	16
Suppository, insert.....	17
Today™ sponge	18
IUD.....	19
Emergency contraception (or Plan B™, Preven™, or Next Choice™)	20
Other method.....	21
Lunelle™ injectable (monthly shot)	24
Contraceptive patch (Ortho-Evra™ or Xulane™)	25
Vaginal contraceptive ring (Nuva Ring™).....	26

RESNOUSE

EG-5.

Before you became pregnant (with your (NTH) pregnancy which ended in (DATE)/this time), was the reason you did not use any birth control methods because you, yourself, wanted to become pregnant?

(IF USED A METHOD BETWEEN FIRST SEX/LAST PREGNANCY AND THIS ONE)
You told me you had stopped using a birth control method before you became pregnant (with your (NTH) pregnancy which ended in (DATE)/this time). Was the reason you had stopped using any methods because you yourself wanted to become pregnant?

(IF DID NOT USE A METHOD BETWEEN FIRST SEX/LAST PREGNANCY AND THIS ONE)
You did not use any method of birth control from (your first intercourse/[BABY NAME's] birth in [DATE]/your [Nth] pregnancy which ended in [DATE]) until you became pregnant (with your (NTH) pregnancy which ended in (DATE)/this time). Was the reason you were not using any methods because you yourself wanted to become pregnant?

[HELP AVAILABLE]

Yes..... 1 (GO TO EG-10 TIMINGOK)
No..... 5

{READ ONLY THE FIRST TIME THROUGH THIS LOOP, IN OTHER WORDS, FOR THE FIRST PREGNANCY ONLY

INTR-EG2

INTR_EG2. The next few questions are important. They are about how you felt right before you became pregnant (with your pregnancy which

ended in (DATE)/this time).

{ ASKED IF R RESPONDED "NO" TO WHETHER NOT USING/STOPPED CONTRACEPTION
 { BECAUSE WANTED A PREGNANCY

WANTBOLD

EG-6. Right before you became pregnant (with your (NTH) pregnancy which ended in (DATE)/this time), did you yourself want to have a(nother) baby at any time in the future?

[HELP AVAILABLE]

Yes.....1 (GO TO TIMINGOK EG-10)
 No.....5 (GO TO CNFRMNO EG-8)
 Not sure, don't know.....6

{ ASKED IF R RESPONDED NOT SURE, DON'T KNOW TO WHETHER WANTED BABY AT ANY TIME IN FUTURE

PROBBABE

EG-7. It is sometimes difficult to recall these things but, right before (this/that) pregnancy began, would you say you probably wanted a(nother) baby at some time in the future or probably not?

Probably yes..... 1 (GO TO TIMINGOK EG-10)
 Probably not..... 5
 Didn't care..... 6 (GO TO TIMINGOK EG-10)

(IF R IS AGE 20 OR OLDER, GO TO INTROWTH)

{ ASKED IF R IS UNDER 20 AND RESPONDED NO TO WHETHER WANTED BABY AT ANY TIME IN FUTURE

CNFRMNO

EG-8. So right before you became pregnant (this time/that time), you thought you did not want to have (any children/a Nth child) at any time in the future, is that correct?

Correct.....1 (GO TO INTROWTH)
 Incorrect.....5

{ ASKED IF R RESPONDED "INCORRECT" TO VERIFICATION OF NOT WANTING A(NOTHER) CHILD AT ANY TIME IN FUTURE

INCORTXT

EGINCO_1. I must have gotten something wrong. Let me ask this question again.

WANTBLD2

EG-9. Right before you became pregnant (with your (Nth) pregnancy (which ended in (DATE)/this time), did you yourself want to have a(nother) baby at any time in the future?

Yes.....1
 No.....5 (GO TO INTROWTH)
 Not sure, don't know.....6 (GO TO INTROWTH)
 Didn't care.....7 (GO TO INTROWTH)

{ASKED IF R WANTED TO HAVE A(NOTHER) BABY IN THE FUTURE

TIMINGOK

EG-10. So would you say you became pregnant too soon, at about the right time, or later than you wanted?

[HELP AVAILABLE]

Too soon..... 1
 Right time.....2
 Later.....3
 Didn't care.....4

{ASKED IF BECAME PREGNANT TOO SOON
 {R CAN ANSWER IN MONTHS OR YEARS

TOOSOONQ/TOOSOONQYIM

EG-11. How much sooner than you wanted did you become pregnant?

Number and (Month/years) _____

{ASKED IF BECAME PREGNANT LATER THAN WANTED
 {R CAN ANSWER IN MONTHS OR YEARS

LATERNUM/LATERMY

EG-11. How much later than you wanted did you become pregnant?

Number and (Month/years) _____

INTROWTH

INTROWTH_1. Sometimes how people feel about having a baby in general can be different from how they feel about having a baby with a certain partner.

{ASKED IF R BECAME PREGNANT AT THE RIGHT TIME OR LATER THAN SHE WANTED

WTHPART1

EG-12a. Right before (the/this/that) pregnancy, did you want to have a(nother) baby with that partner?

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

{GO TO FEELINPG EG-13

{ASKED IF PREGNANCY CAME TOO SOON OR WHEN R WANTED NO FUTURE BIRTHS

WTHPART2

EG-12b. Right before (the/this/that) pregnancy, did you think you might ever want to have a(nother) baby with that partner?

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

{IF PREGNANCY ENDED BEFORE January [YEAR OF INTERVIEW - 3], GO TO HPWNOLD EG-16

FEELINPG

EG-13. Please look at the scale on Card 39. On this scale, a zero means that you were very unhappy to be pregnant and a ten means that you were very happy to be pregnant. Tell me which number on the card best describes how you felt when you found out you were pregnant.

Number _____

HPWNOLD

EG-16. Right before you became pregnant (this time/that (Nth) time,) did

the father want you to have a(nother) baby at any time in the future?

[HELP AVAILABLE]

Yes.....1
No.....5
Not sure, don't know.....6

{ASKED IF R REPORTED "YES" TO ABOVE QUESTION

TIMOKHP

EG-17. So would you say you became pregnant sooner than he wanted, at about the right time, or later than he wanted?

Sooner..... 1
Right time.....2
Later..... 3
Didn't care..... 4

{ ASKED IF R IS NOT CURRENTLY MARRIED, OR MARRIED MORE THAN ONCE, OR TIMES MARRIED UNKNOWN, OR CENTURY MONTH MARRIED GREATER THAN CENTURY MONTH PREGNANCY ENDED, OR CENTURY MONTH MARRIED UNKNOWN, OR CENTURY MONTH PREGNANCY ENDED UNKNOWN

COHPBEG

EG-18a. Were you living with the father of (the pregnancy/this pregnancy/your (Nth) pregnancy which ended in (DATE)) at the beginning of the pregnancy?

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

{ASKED IF PREGNANCY IS NOT CURRENT

COHPEND

EG-18b. (When (BABY NAME) was born,) Were you either married to or living with (the/his/her) father of when the pregnancy ended?

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

{ IF R HAD A LIVE BIRTH AND WAS LIVING WITH THE BABY'S FATHER AT THE TIME OF BIRTH, GO TO EG-21 TRYSCALE

TELLFATH

EG-19. Did you tell the father of (the pregnancy/that (Nth) pregnancy/your current pregnancy) that you (were/are) pregnant?

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

{ IF R IS CURRENTLY PREGNANT, GO TO TRYSCALE EG-21

WHENTELL

EG-20. When did you tell him that you were pregnant during the pregnancy or after the baby was born/after the pregnancy ended?

(IF NON-LIVE BIRTH)

During the pregnancy.....1
After the pregnancy ended.....2

(IF LIVE BIRTH)

During the pregnancy.....1

After the baby was born.....2

{IF PREGNANCY ENDED BEFORE January [YEAR OF INTERVIEW - 3], GO TO EH SERIES

TRYSCALE

EG-21. Look at the scale on Card 40, where a 0 means trying hard not to get pregnant, and a 10 means trying hard to get pregnant. If you had to rate how much you were trying to get pregnant or avoid pregnancy right before you got pregnant (this time/that time), how would you rate yourself?

Number _____

WANTSCAL

EG-22. Look at the scale on Card 41, where a 0 means you wanted to avoid a pregnancy and a 10 means you wanted to get pregnant. If you had to rate how much you wanted or didn't want a pregnancy right before you got pregnant (this time/that time), how would you rate yourself?

Number _____

{IF PREGNANCY OCCURRED AT THE RIGHT TIME OR LATER THAN R WANTED, OR R DIDN'T CARE ABOUT TIMING:

GO BACK TO EGINTR_1 IF THERE ARE MORE PREGNANCIES TO DISCUSS, OTHERWISE
GO TO EH SERIES

{ASK IF R USED A METHOD IN MONTH PREGNANCY BEGAN AND PREGNANCY OCCURRED TOO SOON OR AT A TIME WHEN R WANTED NO FUTURE BIRTHS

WHYPRG

EG-23. (IF PREGNANCY OCCURRED TOO SOON)
Please look at Card 42. Earlier you told me your pregnancy occurred too soon. Which of the following statements applies to you right before you became pregnant (this time/that time (that is, with the pregnancy that ended in DATE)? Your birth control method failed, or you did not use your birth control method properly?

(IF PREGNANCY OCCURRED WHEN R WANTED NO FUTURE BIRTHS)
Please look at Card 42. Earlier you told me that your pregnancy occurred at a time when you wanted no future pregnancies. Which of the following statements applies to you right before you became pregnant (this time/that time (that is, with the pregnancy that ended in DATE)? Your birth control method failed, or you did not use your birth control method properly?

*ENTER all that apply**If Respondent volunteers she wasn't using a method, ENTER 3*

Your birth control method failed.....1

You did not use your birth control

method properly.....2

Respondent wasn't using a method.....3

{GO TO EH SERIES

{ASKED IF R DID NOT USE A METHOD IN MONTH PREGNANCY BEGAN AND PREGNANCY

OCCURRED TOO SOON OR AT A TIME WHEN R WANTED NO FUTURE BIRTHS

WHYNOUSE

EG-24. (IF PREGNANCY OCCURRED TOO SOON)

Please look at Card 43. Earlier you told me your pregnancy occurred too soon. Which of the following statements applies to you right before you became pregnant (this time/that time (that is, with the pregnancy that ended in DATE)? You did not use birth control because...

(IF PREGNANCY OCCURRED WHEN R WANTED NO FUTURE BIRTHS)

Please look at Card 43. Earlier you told me that your pregnancy occurred at a time when you wanted no future pregnancies. Which of the following statements applies to you right before you became pregnant (this time/that time (that is, with the pregnancy that ended in DATE)? You did not use birth control because...

[HELP AVAILABLE]

*ENTER all that apply**If Respondent volunteers sex was forced, code 1.**If Respondent volunteers she was using a method, ENTER 7**If Respondent had difficulties with a method that she DID use at the beginning of this pregnancy, ENTER 7. Example: "condom broke".**For examples of "not taking or using your method consistently" and other guidance, see the Help Screen.*

You did not expect to have sex.....1
 You did not think you could get pregnant.....2
 You didn't really mind if you got pregnant.....3

You were worried about the side effects of birth control...4
 Your male partner did not want you to use a birth control method.....5
 Your male partner himself did not want to use a birth control method.....6
 (If volunteered:) Respondent was using a method.....7
 You could not get a method.....8
 You were not taking, or using, your method consistently....9

{ IF R REPORTED SHE DID NOT THINK SHE COULD GET PREGNANT

WHYNOPG

EG-24aa. Could you say a bit more about why you did not think you could get pregnant?

NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.

{IF R REPORTED MORE THAN ONE REASON IN WHYNOUSE

MAINOUSE

EG-24a. Which one of these is the main reason that you did not use birth control?

[all response categories that respondent mentioned are displayed again]

{GO TO BEGINNING OF LOOP (INTR-EG1) FOR NEXT PREGNANCY IF ANY

OPEN INTERVAL QUESTIONS (EH)

{ IF R IS CURRENTLY PREGNANT SKIP THIS SERIES AND GO TO EJ SERIES
 { IF R DID NOT HAVE SEX IN CURRENT MONTH, OR IS SURGICALLY OR NONSURGICALLY
 STERILE (NOT AT RISK OF PREGNANCY) SKIP THIS SERIES AND GO TO EJ SERIES

INTR-EH1

INTR_EH1. Now, I have a few more questions about birth control.

{ASKED IF R USED NO METHODS IN THE CURRENT MONTH

WYNOTUSE

EH-1. You may have already answered a similar question, but is the reason you are not using a method of birth control now because you, yourself, want to become pregnant as soon as possible?

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

HPPREGQ

EH-2. And your partner, does he want you to become pregnant as soon as possible?

Yes.....1
 No.....5
 (if volunteered) no current partner...6

{ASKED IF R IS TRYING TO BECOME PREGNANT
 {R CAN SUPPLY EITHER MONTHS OR YEARS

DURTRY

EH-2a/b. How long have you been trying to become pregnant?

Months/Years _____

*If R has been trying for less than a month ENTER 0
 If R says she is / they are not trying, ENTER 95*

{ASKED IF R DOES NOT WANT TO BECOME PREGNANT, AND SAID NO OR DON'T KNOW TO
 WHETHER HER PARTNER WANTS A PREGNANCY.

WHYNOUSING

EH-2c. Please look at Card 43. Which of the following statements applies to you right now? You are not using birth control because...

[HELP AVAILABLE]

ENTER all that apply

If Respondent volunteers she is using a method, ENTER 7

If Respondent had difficulties with a method that she DID use in the month of the interview, ENTER 7. Example: "condom broke".

For examples of "not taking or using your method consistently" and other guidance, see the Help Screen.

You do not expect to have sex.....1
 You do not think you can get pregnant.....2

You don't really mind if you get pregnant.3
 You are worried about the side effects of
 birth control4
 Your male partner does not want you to use
 a birth control method.....5
 Your male partner himself does not want to
 use a birth control method.....6
 (If volunteered:)Respondent is using a
 method.....7
 You could not get a method.....8
 You are not taking, or using, your method
 consistently.....9

{ASKED IF R REPORTED SHE DID NOT THINK SHE COULD GET PREGNANT IN WHYNOUSING
WHYNOTPG

EH-2cc. Could you say a bit more about why you do not think you can get
 pregnant?

NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.

{ASKED IF R REPORTED MORE THAN ONE REASON IN WHYNOUSING
MAINNOUSE

EH-2d. Which one of these is the main reason that you are not using
 birth control?

[all response categories that respondent mentioned are displayed
 again]

PILL FOR HEALTH REASONS (EJ)

{ASKED IF R USED THE PILL IN CURRENT MONTH OR IN PRIOR MONTH
YUSEPILL

EJ-1. Now I have a question about your recent pill use. Please look at Card
 43b and tell me the reason or reasons for your recent pill use.

ENTER all that apply

Birth control.....1
 Cramps, or pain during menstrual periods...2
 Treatment for acne.....3
 Treatment for endometriosis.....4
 Other reasons.....5
 To regulate your menstrual periods.....6
 To reduce menstrual bleeding.....7
 Treatment for hot flashes or other
 peri-menopausal symptoms.....8

{ASKED IF R USED THE IUD IN CURRENT MONTH OR IN PRIOR MONTH
IUDTYPE

EJ-3. Now I'd like to ask about your recent IUD use. You mentioned that you
 used the IUD within the past 2 months. Please look at Card 30a. Which
 type are you using / did you use?

Was/is it a copper-bearing IUD such as Copper-T™ or ParaGard™, or
 was/is it a Levonorgestrel or hormonal IUD, such as Mirena™, Skyla™,
 Liletta™, or Kyleena™, or was/is it another type?

If R says "5 year IUD", enter 2

If R says "10 year IUD", enter 1

Copper-bearing (such as Copper-T™ or ParaGard™)...1
 Hormonal IUD (such as Mirena™, Skyla™, Liletta™,
 or Kyleena™)2
 Other3

{ASKED IF R USED THE HORMONAL IUD IN CURRENT MONTH OR IN PRIOR MONTH

YUSEIUD

EJ-3a. Now, please look at Card 43b and tell me the reason or reasons for your recent IUD use.

ENTER all that apply

Birth control.....1
 Cramps, or pain during menstrual periods...2
 Treatment for acne.....3
 Treatment for endometriosis.....4
 Other reasons.....5
 To regulate your menstrual periods.....6
 To reduce menstrual bleeding.....7
 Treatment for hot flashes or other
 peri-menopausal symptoms.....8

RECENT HORMONAL METHOD USE: SOURCE, INSURANCE, PAYMENT(EK)

{ASKED IF R USED PILL, DEPO, PATCH, RING, IUD, OR IMPLANT IN CURRENT MONTH OR IN PRIOR MONTH

(if >1 used in those 2 months, ask only about most effective one. Hierarchy = 1. implant, 2. IUD, 3. depo, 4. pill, 5. patch, 6. ring.)

CURBCPLC

EK-1. Please look at Card 25. Where did you get the [RECENT HORMONAL METHOD from MC] you used recently?

Private doctor's office.....1
 HMO facility.....2
 Community health clinic, Community clinic, Public health clinic...3
 Family planning or Planned Parenthood Clinic.....4
 Employer or company clinic.....5
 School or school-based clinic.....6
 Hospital outpatient clinic.....7
 Hospital emergency room.....8
 Hospital regular room.....9
 Urgent care center, urgi-care or walk-in facility.....10
 In-store health clinic (like CVS, Target, or Walmart).....11
 Some other place.....20

{ASKED IF R USED PILL IN CURRENT OR PREVIOUS MONTH

(and if more than one method from list above was used, if pill was most effective one)

NUMPILLS

EK-2. How many months' supply of birth control pills did you get the last time you got some?

Number _____

CURBCPAY

EK-3. Please look at Card 16a and tell me all the ways in which you paid for

your [RECENT HORMONAL METHOD from MC] the last time you got this method.

[HELP AVAILABLE]

Insurance.....1
 Co-payment.....2
 Out-of-pocket payment.....3
 Medicaid.....4
 No payment required.....5
 Some other way.....6

{ASK IF R DID NOT REPORT USING INSURANCE OR MEDICAID

CURBCINS

EK-4. The last time you got this method, did you have any kind of health insurance or Medicaid?

[HELP AVAILABLE]

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

{ASK IF R HAD INSURANCE OR MEDICAID BUT DID NOT REPORT USING IT TO PAY FOR METHOD

NOUSEINS

EK-5. Please look at Card 43c. Why did you not use your insurance to pay for your method supplies?

Insurance doesn't cover my method supplies.....1
 I had not yet met my insurance deductible.....2
 I did not want to use insurance because
 someone might find out about it.....3
 I did not need to use insurance because
 the method supplies were free.....4
 Some other reason.....5

{ASK IF R REPORTED CO-PAYMENT OR OUT-OF-POCKET PAYMENT

CURBCAMT

EK-6. Please look at Card 43d. How much did you pay for your co-payment or out-of-pocket payment when you received the method?

Under \$10.....1
 \$10-\$25.....2
 \$26-\$50.....3
 \$51-\$100.....4
 over \$100.....5

{ASKED IF R USED ANY METHOD IN CURRENT OR PREVIOUS MONTH

NOCOST1

EK-7. If you did not have to worry about cost and could use any type of contraceptive method available, would you want to use a different method?

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

{ASKED IF R USED NO METHODS IN CURRENT OR PREVIOUS MONTH

NOCOST2

EK-8. If you did not have to worry about cost and could use any type of contraceptive method available, would you want to use a method?

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

CONDOM CONSISTENCY: PAST 4 WEEKS & PAST 12 MONTHS (EL)

{ ASKED IF R HAD SEXUAL INTERCOURSE IN THE PAST 12 MONTHS

PST4WKSX

EL-1. Now please think about the last four weeks. How many times have you had sexual intercourse with a male in the last four weeks?

If R says "not at all" or "none", ENTER 0

Number _____

{ ASKED IF R EVER USED THE CONDOM AND HAD SEXUAL INTERCOURSE ONLY ONCE IN THE PAST 4 WKS

{ IF R NEVER USED THE CONDOM OR ANSWERED DK/RF, SKIP TO EL-5

PSWKCOND1

EL-2. Did you use a condom?

Yes.....1 (GO TO EL-3a CONDBRFL)
No.....5 (GO TO EL-3c MISSPILL)

{ ASKED IF R EVER USED THE CONDOM AND HAD SEXUAL INTERCOURSE MORE THAN ONCE IN THE PAST 4 WKS

PSWKCOND2

EL-3. How many of those times did you use a condom?

If R says "every time", enter number that was reported in PST4WKSX
If R says "not at all" or "never", enter 0

Number _____

{ ASKED IF R USED THE CONDOM ONCE IN THE PAST 4 WKS

COND1BRK

EL-3a. That time you used the condom in the past 4 weeks, did it break or completely fall off during intercourse or withdrawal?

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

{ ASKED IF R USED THE CONDOM ONCE IN THE PAST 4 WKS

COND1OFF

EL-3b. Was the condom used for only part of the time during intercourse? That is, was it put on after you started having sex, or taken off during sex but before ejaculation?

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

{ ASKED IF R USED THE CONDOM IN THE PAST 4 WKS MORE THAN ONCE

CONDBRFL

EL-3c. Of those (number from EL-3) times that you used a condom, how many times did the condom break or completely fall off during intercourse or withdrawal?

Number _____

{ ASKED IF R USED THE CONDOM IN THE PAST 4 WKS MORE THAN ONCE

CONDOFF

EL-3d. Of those (number from EL-3) times that you used a condom, how many times was the condom put on after you started having sex, or taken off during sex but before ejaculation?

Number _____

{ ASKED IF R USED THE PILL IN THE MONTH OF INTERVIEW OR MONTH BEFORE INTERVIEW

MISSPILL

EL-3e. Still thinking about the past 4 weeks, how many pills that you were supposed to take did you miss? Would you say you never missed a pill, missed only one pill, or missed two or more pills?

[HELP AVAILABLE]

Never missed.....1
Missed only one2
Missed two or more3
Did not use pill over past 4 weeks...4

{ ASKED IF R EVER USED THE CONDOM AND HAD SEXUAL INTERCOURSE IN THE PAST
{ 12 MONTHS

P12MOCON

EL-4. Please look at the Card 48. Thinking back over the past 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1), would you say you used a condom with your partner for sexual intercourse every time, most of the time, about half of the time, some of the time, or none of the time?

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

{ ASKED IF R EVER USED A METHOD AND HAD SEXUAL INTERCOURSE IN THE PAST
{ 12 MONTHS AND RESPONDED ANYTHING BUT "EVERY TIME" TO CONDOM FREQUENCY

PXNOFREQ

EL-5. Please look at Card 48. During the last 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1), how often did you or your partner use any method to prevent pregnancy or disease when you had sex together?

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

SECTION F**Family Planning and Medical Services****INTRSVC**

FA-0. We have already asked you a few questions about sterilizing operations. The questions in this section are about your medical visits for these and other types of birth control, pregnancy, and health care services for women.

Birth Control and Medical Services in Past 12 Months (FA)**INTRO_FA**

FA-1. You may have already told me this, but in the past 12 months, that is since [INTERVIEW MONTH, INTERVIEW YEAR - 1] have you received any of the following birth control services shown on card 49 from a doctor or other medical care provider?

{ SHOW CARD 49 IS DISPLAYED FOR FA-1b through FA-1h

BTHCON12

FA-1b. (In the past 12 months, have you received) A method of birth control or a prescription for a method?

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

MEDTST12

FA-1c. (In the past 12 months, have you received) A check-up or medical test related to using a birth control method?

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

BCCNS12

FA-1d. (In the past 12 months, have you received) Counseling or information about birth control?

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

STEROP12

FA-1e. (In the past 12 months, have you received) a sterilizing operation?

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

STCNS12

FA-1f. (In the past 12 months, have you received) Counseling or information about getting sterilized?

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

{ ASKED OF ALL RESPONDENTS

EMCON12

FA-1g. (In the past 12 months, have you received) Emergency contraception, also known as "Plan B" or the "Morning-after pill," or a prescription for it?

Yes.....1

No.....5

ECCNS12

FA-1h. (In the past 12 months, have you received) Counseling or information about Emergency contraception, also known as "Plan B" or the "Morning-after pill?"

Yes.....1

No.....5

BARRIER

FA-3h. You reported that you did not receive any of these services in the past 12 months. Please look at card 69c. Which of the reasons shown on this card explain why you did not receive any of these services?

ENTER all that apply.

I did not need to see a doctor in the last year.....1
 I did not know where to go for care.....2
 I could not afford to pay for a visit.....3
 I was afraid to hear bad news.....4
 I had privacy/confidentiality concerns.5
 I could not take time off from work.....6
 Something else (please specify)20

{ Asked if R said "something else" on ID-9 BARRIER

BARRIER_SP

FA-3hsp. What other reason(s) made it difficult for you to see a doctor in past 12 months?

NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.

{ IF R REPORTED NOT RECEIVING ANY SERVICES IN PAST 12 MONTHS, BUT REPORTED
 { EARLIER SHE USED A DRUG OR DEVICE METHOD IN THE PAST 12 MONTHS

FOLLOW12

FA-2. {IF R REPORTED ONE METHOD IN SECTION E'S METHOD HISTORY
 In the last 12 months, that is, since [INTERVIEW MONTH, INTERVIEW YEAR - 1] have you visited a doctor or medical care provider about the following method which you used in that period: [METHOD REPORTED IN SECTION E].

{IF R REPORTED TWO OR MORE METHODS IN SECTION E'S METHOD HISTORY
 Earlier you mentioned you have used [METHOD(S) FROM SECTION E] in the past 12 months. Did you receive any of these at a visit to a doctor or medical care provider within the past 12 months?

Yes.....1

No.....5

Didn't use the medical method(s) in 12 months after all....6

INTR_MED

FA-3. We're also interested in where women go to get other kinds of reproductive health care. Please look at Card 50.

In the past 12 months, that is, since [INTERVIEW MONTH, INTERVIEW YEAR - 1], have you received any of the following medical services from a doctor or other medical care provider:

{ SHOW CARD 50 IS DISPLAYED FOR FA-3a through FA-3g

{ IF R EVER HAD SEX

PRGTST12

FA-3a. (You may have already told me, but/In the past 12 months have you received) A pregnancy test?

Yes.....1

No.....5

{ IF R EVER HAD SEX

ABORT12

FA-3b. (In the past 12 months have you received) An abortion?

Yes.....1

No.....5

PAP12

FA-3c. (In the past 12 months have you received) A Pap test - where a doctor or nurse put an instrument in the vagina and took a sample to check for abnormal cells that could turn into cervical cancer?

Yes.....1

No.....5

PELVIC12

FA-3d. (In the past 12 months have you received) A pelvic exam -where a doctor or nurse puts one hand in the vagina and the other on the abdomen?

Yes.....1

No.....5

{ IF R HAD A PREGNANCY ENDING WITHIN THE LAST 12 MONTHS

PRENAT12

FA-3e You may have told me this already, but in the past 12 months, have you received prenatal care?

Yes.....1

No.....5

{ IF R'S MOST RECENT LIVE BIRTH WAS WITHIN THE LAST 12 MONTHS

PARTUM12

FA-3f. (In the past 12 months have you received) Post-pregnancy care?

Yes.....1

No.....5

STDSVC12

FA-3g. In the past 12 months, have you been tested for a sexually transmitted disease?

Yes.....1

No.....5

{ IF R HAD NO BIRTH CONTROL OR MEDICAL SERVICES IN THE PAST 12 MONTHS,
{ GO TO FB SERIES.

{ IF MORE THAN 1 SERVICE RECEIVED IN THE PAST 12 MONTHS)

NUMBCVIS

FA-4. You said that in the past 12 months you received the following services: (DISPLAY ABBREVIATED LIST OF SERVICES REPORTED IN BTHCON12 THROUGH ECCNS12 AND PRGTST12 THROUGH STDSVC12). Did you receive those services during a single visit, or in more than one visit?

Single visit.....1
More than one visit....5

{ ASKED FOR EACH SERVICE RECEIVED IF HAD MORE THAN ONE VISIT IN PAST 12 MONTHS

BC12PLCX

FA-5. Please look at Card 25. During the past 12 months, that is since [INTERVIEW MONTH, INTERVIEW YEAR - 1], where did you receive (DISPLAY (Nth) SERVICE(S) REPORTED IN BTHCON12 THROUGH ECCNS12 AND PRGTST12 THROUGH STDSVC12)?

Private doctor's office.....1
HMO facility.....2
Community health clinic, community clinic, public health clinic.3
Family Planning or Planned Parenthood.....4
Employer or company clinic5
School or School-based clinic.....6
Hospital outpatient clinic.....7
Hospital emergency room.....8
Hospital regular room.....9
Urgent care center, urgi-care or walk-in facility.....10
In-store health clinic (like CVS, Target, or Walmart).....11
Some other place.....20

{ASKED IF R RECEIVED a service in IN LAST 12 MONTHS

TALKPROV

FA-5a. During your visit in the past 12 months when you received one of these services, did a doctor or medical provider talk to you about any of the following?

ENTER all that apply

Birth control methods (including IUD and implants).....1
Condoms for STD prevention.....2
HPV vaccine3
None of the above.....4

{ IF R RECEIVED AN STD TEST IN LAST 12 MONTHS

WHYPSTD

FA-5e. Please look at Card 25b. In the past 12 months you received a test for a sexually transmitted disease from a [Display response to where received STD test]. What is the main reason that you chose this place for care?

Could walk in or get same-day appointment.....1
Cost.....2
Privacy concern.....3
Expert care here.....4

Embarrassed to go to usual provider.....5
 Other.....6

{ ASKED IF R DID NOT RECEIVE AN STD TEST IN LAST 12 MONTHS

WHYNOSTD

FA-5e1. In the past 12 months you did not receive a test for a sexually transmitted disease. Please look at show card 25c. Which one of these reasons would you say is the MAIN reason why you have not been tested for a sexually transmitted disease?

Didn't want parents to find out.....1
 Concerned about confidentiality.....2
 Doctor or health care provider never suggested it.....3
 Embarrassed or difficult to ask to be tested4
 Cost or lack of insurance.....5
 Other.....6

{ IF R RECEIVED BIRTH CONTROL COUNSELING IN LAST 12 MONTHS

BCCLARC

FA-5f. (During your visit in the past 12 months) when you received counseling or information about birth control, did a doctor or medical provider talk with you about a contraceptive implant or an IUD?

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

{ ASKED FOR EACH SERVICE RECEIVED IN LAST 12 MONTHS

BC12PAYX

FA-6. Looking at Card 16a, please tell me all of the ways in which the bill for [Nth SERVICE IN PAST 12 MONTHS REPORTED IN BTHCON12 THROUGH ECCNS12 AND PRGTST12 THROUGH STDSVC12] was paid.

[HELP AVAILABLE]

ENTER all that apply

Insurance.....1
 Co-payment.....2
 out-of-pocket payment.....3
 Medicaid.....4
 No payment required.....5
 Some other way.....6

{ FA-8 STATE_NAME THROUGH FA-9 REGCAR12 ASKED FOR EACH SERVICE RECEIVED IN THE LAST 12 MONTHS AT A CLINIC

NOTE: NO ADDRESS INFORMATION OR CLINIC NAMES ARE INCLUDED ON THE PUBLIC USE DATA FILES.

STATE_NAME

FA-8. What is the name and address of the clinic where you received (DISPLAY (ALL SERVICES) REPORTED IN BTHCON12 THROUGH ECCNS12 AND PRGTST12 THROUGH STDSVC12 THAT WERE RECEIVED AT A CLINIC)?

CLINIC12

FA-8a. What is the name and address of the place where you received (DISPLAY ALL SERVICES REPORTED)

[HELP AVAILABLE]

CONFIRM

FA-8g. I found a clinic (by that name/in that city) at (LIST CLINIC SELECTED). Is this correct?

Yes.....1
 No.....5
 Clinic not in database.....6

{ IF CLINIC NOT FOUND IN DATABASE

ADCLIN12

FA-8f. Interviewer: record name and address of clinic you were unable to find in database.

{ IF CLINIC MENTIONED IN FA-8a CLINIC12 IS DIFFERENT FROM CLINICS MENTIONED BEFORE

REGCAR12

FA-9. Is this clinic your regular place for medical care, or do you usually go somewhere else for medical care?

Regular place.....1
 Regular place, but go to more than 1 place regularly...2
 Usually go somewhere else.....3
 No usual place.....4

Clinic Series (FC)

{ IF R IS 25 OR OLDER, GO TO **FD-1 INTRPAP**.
 { IF R RECEIVED ANY SERVICES (PAST 12 MONTHS) AT A CLINIC, GO TO
 { **FD-1 INTRPAP**.

{ IF UNDER 25 AND DID NOT RECEIVE ANY SERVICES AT A CLINIC

EVERFPC

FC-1. Since your first menstrual period (when you were (AGE AT MENARCHE)), have you ever visited a clinic for any kind of medical or birth control service?

[HELP AVAILABLE]

Yes.....1
 No.....2 (GO TO **FD-1 INTRPAP**)

KNDMDHLP

FC-2. What kind of medical help did you receive at the clinic?

A method of birth control (or prescription).....1
 Birth control counseling.....2
 Emergency contraception.....3
 Counseling about emergency contraception.....4
 A check-up or test for birth control.....5
 Pregnancy test.....6
 An abortion.....7
 A pap smear or pelvic exam.....8
 Post-natal care.....9
 STD or HIV testing/treatment/counseling.....10
 Other.....20

Pap Test Series (FD)

{ ASKED OF ALL RESPONDENTS

INTRPAP

FD-1. Now we have some additional questions about medical tests you may have received.

{ Asked only if R did not have a Pap in the past 12 mos

LASTPAP

FD-2. Do you think your last Pap test was...?

A year ago or less1
 More than 1 year ago but not more than 2 years2
 More than 2 years ago but not more than 3 years3
 More than 3 years ago but not more than 5 years4
 Over 5 years ago5
 Never had Pap test6

{ Asked if R ever had Pap test

MREASPAP

FD-3. What was the MAIN reason you had your most recent Pap test? Was it part of a routine exam, because of a medical problem you were having, or some other reason?

Part of a routine exam.....1
 Because of a medical problem.....2
 Other reason.....3

{ Asked if R ever had Pap test

AGEFPAP

FD-4. At what age did you have your first Pap test?

_____ age in years

{ Asked if R does not know age of first Pap test

AGEFPAP2

FD-4a. Were you younger than 18, 18-21, 22-29, or older than 30 at your first Pap test?

Younger than 18.....1
 18-21.....2
 22-29.....3
 30 or older.....4

ABNPAP3

FD-5. Have you had a Pap test in the LAST 3 YEARS where the results were NOT normal?

Yes.....1
 No.....2
 No Pap test in past 3 years.....3

INTPAP

FD-6. Please look at show card 51a. How often do you think you will need to have a Pap test for regular cancer screening?

Every year.....1
 Every 2 years.....2

Every 3 years.....3
 Every 4 years.....4
 5 years or more5

Pelvic Exam Series (FE)

{ IF HAD A PELVIC EXAM IN LAST 12 MONTHS BUT NEVER A PAP TEST THEN GO TO FE-2
 {LASTPEL
 {ELSE IF HAD BOTH PAP AND PELVIC then go to FE-1 PELWPAP.
 {ELSE IF DON'T KNOW OR REFUSED WHETHER PELVIC EXAM IN LAST 12 MONTHS THEN GO
 {TO FE-2 LASTPEL

{ Asked if R had a pelvic exam in the past 12 months and ever had Pap test
PELWPAP

FE-1. You reported you had a pelvic exam in the past 12 months. Was the
 pelvic exam done at the same visit as your Pap test?

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

{ Asked if R did not have a pelvic exam and Pap test at the same time or if
 {never had a pap test

LASTPEL

FE-2. Do you think your last pelvic exam was...?

A year ago or less1
 More than 1 year ago but not more than 2 years2
 More than 2 years ago but not more than 3 years3
 More than 3 years ago but not more than 5 years4
 Over 5 years ago5
 Never had pelvic exam.....6

{ Asked if R ever had a pelvic exam

MREASPEL

FE-3. What was the MAIN reason you had your most recent pelvic exam -was it
 part of a routine exam, because of a medical problem, or some other
 reason?

Part of a routine exam.....1
 Because of a medical problem.....2
 Other reason.....3

{ Asked if R ever had a pelvic exam

AGEFPEL

FE-4. At what age did you have your first pelvic exam?
 _____ age in years

{ Asked if R does not know age of first pelvic exam

AGEPEL2

FE-4a. Were you younger than 18, 18-21, 22-29, or older than 30 at your
 first pelvic exam?

Younger than 18.....1
 18-21.....2
 22-29.....3
 30 or older.....4

INTPEL

FE-5. Please look at show card 51a. How often do you think you will need to
 have a pelvic exam?

Every year.....1
 Every 2 years.....2
 Every 3 years.....3
 Every 4 years.....4
 5 years or more5

Human Papilloma Virus (HPV) Testing Series (FF)

{ ASKED OF ALL

INTRHPV

FF-1. The next questions are about Human Papilloma Virus (HPV) tests.

EVHPVTST

FF-2. Have you ever had an HPV test -where a doctor or nurse put an instrument in the vagina and took a sample to test for the HPV virus?

Yes.....1
 No.....5 (FF-6 INTHPV)

{ Asked if R ever had an HPV test and a **pap in the past 12 months**

HPVWPAP

FF-3. You reported you had a Pap test in the past 12 months. Was the HPV test done at the same time as your Pap test?

Yes.....1 (go to FF-4 MREASHPV)
 No.....5

LASTHPV

FF-3c. When was your last HPV test?

A year ago or less1
 More than 1 year ago but not more than 2 years2
 More than 2 years ago but not more than 3 years3
 More than 3 years ago but not more than 5 years4
 Over 5 years ago5

{ Asked if R ever had an HPV test

MREASHPV

FF-4. What was the MAIN reason you had your most recent HPV test -was it part of a routine exam, because of a medical problem, or some other reason?

Part of a routine exam.....1
 Because of a problem.....2
 Other reason.....3

{ Asked if R ever had an HPV test

AGEFHPV

FF-5. At what age did you have your first HPV test?

_____ age in years

{ Asked if R does not know age of first HPV test

AGEHPV2

FF-5a. Were you younger than 18, 18-21, 22-29, or older than 30 at your first HPV test?

Younger than 18.....1
 18-21.....2

22-29.....3
30 or older.....4

{if R has not had a hysterectomy

INTHPV

FF-6. Please look at show card 51a. How often do you think you will need to have an HPV test?

Every year.....1
Every 2 years.....2
Every 3 years.....3
Every 4 years.....4
5 years or more5

FG Series: Additional questions regarding reproductive health

{ Asked of ALL

INTRFG

FG-1. The next questions are about things your doctor or other medical care provider may have asked you about in the past 12 months either in person, or via a computerized or paper form.

{ Asked of ALL

ASKSMOKE

FG-2. During the last 12 months, has a doctor or other medical care provider asked you whether you smoke cigarettes or use other kinds of tobacco?

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

{ Asked of ALL

ASKPREG

FG-3. In the past 12 months, has a doctor or other medical care provider asked you whether you wanted to get pregnant or have a baby?

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

{ Asked of ALL

ASKFOLIC

FG-4. In the past 12 months, has a doctor or other medical care provider advised you to take a vitamin with folic acid?

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

{Asked of all

TALKDM

FG-5. In the past 12 months, has a doctor or other medical care provider talked with you about using a condom at the same time as a female method of contraception?

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

FH Series: Most recent experience with provider

{Ask FH SERIES IF RECEIVED ONE OF THESE SERVICES IN THE PAST 12 MONTHS:

FA-1b BTHCON12=1(yes) [method of birth control or prescription] or
 FA-1dBCCNS12=1 (yes) [counseling about birth control] or
 FA-1c MEDTST12=1(yes) [checkup for birth control] or
 FA-1eSTEROP12=1(yes) [sterilization operation] or
 FA-1fSTCNS12=1 (yes) [counseling re sterilization operation] or
 FA-1gEMCON12=1 (yes) [emergency contraception or prescription] or
 FA-1hECCNS12=1 (yes) [counseling regarding emergency contraception]

{Asked if received a method of birth control or counseling about a method
INTROFH

FH-0. Earlier you mentioned that in the past 12 months you received a method of birth control or prescription for a method from a health care provider. I am now going to ask about your most recent experience with this provider. Please look at Card 51b and rate your experience with this provider on a scale of 1 to 5 (with 1 meaning "poor" and 5 meaning "excellent") with respect to the following qualities:

{Asked if received a method of birth control or counseling about a method
PROVRESP

FH-1. How did this provider rate on respecting you as a person?

Poor.....1
 Fair.....2
 Good.....3
 Very good.....4
 Excellent.....5

{Asked if received a method of birth control or counseling about a method
PROVSAYBC

FH-2. Looking at Card 51b, how did this provider rate with respect to letting you say what mattered most to you about your birth control method?

Poor.....1
 Fair.....2
 Good.....3
 Very good.....4
 Excellent.....5

{Asked if received a method of birth control or counseling about a method
PROVPREBC

FH-3. How did this provider rate on taking your preferences about birth control seriously?

Poor.....1
 Fair.....2
 Good.....3
 Very good.....4
 Excellent.....5

{Asked if received a method of birth control or counseling about a method
PROVINFOBC

FH-4. How did this provider rate on giving you enough information to make the best decision about your birth control method?

Poor.....1
 Fair.....2

Good.....3
Very good.....4
Excellent.....5

DRAFT

Birth Desires and Intentions**Birth Desires Series(GA)****GAINTRO1**

GA-0. Now, I would like to know your feelings about having (a/nother) baby, whether or not you are able to, or plan to have one.

RWANT

GA-1. (Looking to the future, do/If it were possible would) you, yourself, want to have (a/nother) baby at some time (after this pregnancy is over/in the future)?

[HELP AVAILABLE]

Yes1
No5

{ IF R SAID DON'T KNOW FOR WANTING TO HAVE A/NOTHER BABY

PROBWANT

GA-1a. (Do you think you probably want or probably do not want/If it were possible do you think you would probably want or would probably not want) to have (a/nother) baby at some time (after this pregnancy is over/in the future)?

Probably want1
Probably do not want5

{ IF R IS CURRENTLY MARRIED OR COHABITING

PWANT

GA-2. (If it were possible, would/Looking to the future, does/Does) (HUSBAND/PARTNER) want to have (a/nother) baby at some time (after this pregnancy is over/in the future)? Would you say...

[HELP AVAILABLE]

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

Joint Birth Intentions (Married/Cohabiting) (GB)

{ SECTION GB IS ASKED IF R IS CURRENTLY MARRIED OR COHABITING AND BOTH PARTNERS ARE PHYSICALLY ABLE TO HAVE CHILDREN }

GBINTRO1

GB-0. Sometimes what people want and what they intend are different because they are not able to do what they want. The next questions are about your and [husband/partner]'s intentions for (a/nother) baby in the future.

JINTEND

GB-1. Do you and (HUSBAND/PARTNER) intend to have (a/nother) baby at some time in the future (after this pregnancy is over)?

IF NECESSARY SAY: "Intend" refers to what R and her husband are

actually going to try to do. Do not count intended adoptions or stepchildren.

Yes.....1

No.....5

[IF R RESPONDS "DON'T KNOW", GO TO GB-4 JEXPECTL

IF R RESPONDS "REFUSED", GO TO SECTION H]

JSUREINT

GB-2. Of course, sometimes things do not work out exactly as we intend them to, or something makes us change our minds. In your case, how sure are you that you and (HUSBAND/PARTNER) will (not) have (a/nother) baby (after this pregnancy is over)? Would you say...

Very sure.....1

Somewhat sure.....2

Not at all sure.....3

{IF INTEND NO BABIES (GB-1 JINTEND=NO), GO TO SECTION H.

JINTENDN

GB-3. (Not counting your current pregnancy,) How many (more) babies do you and (HUSBAND/PARTNER) intend to have?

IF NECESSARY SAY: "Intend" refers to what R and her husband are actually going to try to do. Do not count intended adoptions or stepchildren.

Number of babies _____

{ IF DON'T KNOW HOW MANY (MORE) BABIES INTENDED

JEXPECTL

GB-4. Many people aren't sure, but still have some idea about the future. As you expect things to work out for you and (HUSBAND/PARTNER), what is the largest number of (additional) babies you and he expect to have (after this pregnancy is over)?

Number of babies _____ (IF 0, GO TO SECTION H)

{ ASKED IF NUMBER OF (ADDITIONAL) BABIES EXPECTED IS > ZERO

JEXPECTS

GB-5. What is the smallest number of (additional) babies you and he expect to have (after this pregnancy is over)?

Number of babies _____

JINTNEXT

GB-6. When do you and [HUSBAND/PARTNER] expect your first/next child to be born?

Within the next 2 years1

2 - 5 years from now2

More than 5 years from now3

Individual Intentions Series (GC)

{SECTION GC IS ASKED IF R IS NOT MARRIED OR COHABITING AND PHYSICALLY ABLE TO HAVE CHILDREN AND WANTS A/NOTHER BABY}

GCINTRO1

GC-0. Sometimes what people want and what they intend are different because they are not able to do what they want. The next questions are about your intentions for (a/nother) baby in the future.

INTEND

GC-1. Looking to the future, do you intend to have (a/nother) baby at some time (after this pregnancy is over)?

If necessary, say: "Intend" refers to what the R is actually going to try to do. Do not count intended adoptions or stepchildren.

Yes.....1

No.....5

[IF R RESPONDS "DON'T KNOW", GO TO GC-4 EXPECTL

IF R RESPONDS "REFUSED", GO TO SECTION H]

SUREINT

GC-2. Of course, sometimes things do not work out exactly as we intend them to, or something makes us change our minds. In your case, how sure are you that you will (not) have (a/nother) baby (after this pregnancy is over)? Would you say ...

Very sure.....1

Somewhat sure.....2

Not at all sure.....3

{IF INTEND NO BABIES (GC-1 INTEND=NO), GO TO SECTION H

INTENDN

GC-3. (Not counting your current pregnancy,) How many (more) babies do you intend to have?

IF NECESSARY, SAY "Intend" refers to what the R is actually going to try to do. Do not count intended adoptions or stepchildren.

Number of babies _____

{ ASKED IF R DOESN'T KNOW IF SHE INTENDS TO HAVE A/NOTHER BABY OR DOESN'T KNOW THE NUMBER SHE INTENDS TO HAVE

EXPECTL

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

Number of babies _____ (IF 0, GO TO SECTION H)

{ ASKED IF NUMBER OF (ADDITIONAL) BABIES EXPECTED IS > ZERO

EXPECTS

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

Number of babies _____

INTNEXT

GC-6. When do you expect your first/next child to be born?

Within the next 2 years1
2 - 5 years from now2
More than 5 years from now3

DRAFT

Infertility Services and Reproductive Health

{ IF R HAS NOT HAD SEX WITH A MALE AND SHE IS UNDER 18, GO TO HB-5 INTRO_H3.

{ SAID FOR ALL WHO HAVE HAD SEX WITH A MALE OR WHO ARE 18 YEARS OR OLDER
INTRO_H1

HA-0. The next questions are about any infertility services you may have ever received. This includes medical help to become pregnant or to prevent miscarriage. I will ask you about each type of help separately.

EVER RECEIVED MEDICAL HELP TO GET PREGNANT (HA)**HLPPRG**

HA-1. IF R HAS EVER BEEN MARRIED AND HAS ONLY 1 MALE SEXUAL PARTNER IN LIFETIME, ASK:
(Have/Did) you or your husband ever been to a doctor or other medical care provider to talk about ways to help you become pregnant?

ELSE IF R HAS NEVER BEEN MARRIED AND HAS NEVER HAD A MALE SEXUAL PARTNER, ASK:
Have you ever been to a doctor or other medical care provider to talk about ways to help you become pregnant?

ELSE ASK:
(During any of your relationships,) have you or your (husband or) partner at the time ever been to a doctor or other medical care provider to talk about ways to help you become pregnant?

[HELP AVAILABLE]

Yes1
No5 (GO TO HB SERIES)

{ IF R HAS HAD ONLY 1 MALE SEXUAL PARTNER IN LIFETIME, GO TO HA-5 TYPALLPG.

{ ASKED IF R HAS HAD MORE THAN 1 SEXUAL PARTNER IN LIFETIME
HOWMANYR

HA-2. In how many of your relationships did you seek medical help in order to become pregnant?

One.....1
More than one...5

{ IF R IS NOT CURRENTLY MARRIED, COHABITING, OR SEPARATED, GO TO HA-5 TYPALLPG

{ ASKED IF R IS MARRIED, COHABITING, OR SEPARATED, AND HOWMANYR = 1
SEEKWHO1

HA-3. IF R IS MARRIED OR SEPARATED, ASK:
Was that with your current husband or another partner?

Current husband.....1
Another partner.....5

ELSE IF R IS COHABITING, ASK:

Was that with your current partner or another partner?

Current partner.....1

Another partner.....5

{ IF HA-3 SEEKWHO1 WAS ASKED, GO TO HA-5 TYPALLPG.

{ ASKED IF R IS MARRIED, COHABITING, OR SEPARATED, AND HOWMANYR NE 1

SEEKWHO2

HA-4. Have you sought help with your current (husband/partner)?

Yes1

No5

{ ASKED IF R REPORTED SEEKING ANY MEDICAL HELP TO GET PREGNANT

TYPALLPG

HA-5. IF R HAS ONLY HAD 1 LIFETIME PARTNER OR IF R ONLY SOUGHT MEDICAL HELP IN ONE RELATIONSHIP, ASK:

Which of the services shown on Card 52 (have/did) you or your (husband/partner/previous partner (had/have) to help you become pregnant?

ELSE IF R SOUGHT MEDICAL HELP IN MORE THAN ONE RELATIONSHIP, ASK:
Think about all of the medical help you or your partners have ever received to help you become pregnant. Which of the services shown on Card 54 have you or they had (to help you become pregnant)?

[HELP AVAILABLE]

ENTER all that apply

Advice1

Infertility testing2

Drugs to improve your ovulation3

Surgery to correct blocked tubes4

Artificial insemination5

Other types of medical help6

{ ASKED IF INFERTILITY TESTING MENTIONED

WHOTEST

HA-5a. Who was it that had infertility testing? Was it you, him, or both of you?

You1

Him3

Both of you5

{ ASKED IF OVULATION DRUGS MENTIONED

OVUL12M

HA-5a2. You mentioned you have used drugs to improve your ovulation. Have you used any such drugs within the last 12 months, that is since (INTERVIEW MONTH, INTERVIEW YEAR - 1)?

Yes 1

No 5

{ ASKED IF ARTIFICIAL INSEMINATION MENTIONED

WHARTIN

HA-5b. You mentioned you have used artificial insemination to help you

get pregnant. Were you inseminated with sperm from your husband or partner only, from some other donor only, or from both?

Husband or partner.....1
 Donor.....3
 Both husband or partner and donor.....5

{ ASKED IF ARTIFICIAL INSEMINATION MENTIONED

INSEM12M

HA-5b2. Did you have this last insemination within the past 12 months, that is since (INTERVIEW MONTH, INTERVIEW YEAR - 1)?

Yes 1
 No 5

{ ASKED IF "OTHER TYPES OF MEDICAL HELP" MENTIONED

OTMEDHEP

HA-5c. Which of these other types of medical help listed on Card 53 did either of you receive for becoming pregnant?

[HELP AVAILABLE]

ENTER all that apply

Surgery or drug treatment for endometriosis1
 In vitro fertilization (IVF)2
 Surgery or drug treatment for uterine fibroids ..3
 Some other female pelvic surgery4
 Other medical help5

{ ASKED IF R REPORTED "other medical help" ON HA-5c OTMEDHEP

SP_OTMEDHEP

HA-5sp. What was this other type of medical help to help you become pregnant?

NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.

{ ASKED IF R REPORTED SEEKING ANY MEDICAL HELP TO GET PREGNANT

INSCOVPG

HA-6. Did either of you have private health insurance to cover any of the costs of medical help for becoming pregnant?

[HELP AVAILABLE]

Yes 1
 No 5

{ ASKED IF R REPORTED SEEKING ANY MEDICAL HELP TO GET PREGNANT

FSTHLPPG_M, FSTHLPPG_Y

HA-7. Please look at the calendar to help you remember when you (or your (husband/partner)) made your first visit to seek medical help for becoming pregnant. In what month and year was that?

[HELP AVAILABLE]

{ ASKED IF R REPORTED SEEKING ANY MEDICAL HELP TO GET PREGNANT

{ R can answer in months or years

TRYLONG2, UNIT_TRYLONG

HA-8. When you first went for medical help (in mo/yr from HA-7), how many months or years had you (and your (husband/partner)) been trying to become pregnant?

Number of months/years _____

{ ASKED IF R REPORTED SEEKING ANY MEDICAL HELP TO GET PREGNANT AND IS NOT CURRENTLY PREGNANT

HLPPGNOW

HA-9. Are you currently pursuing medical help to become pregnant?

[HELP AVAILABLE]

Yes1
No5

RCNTPGH_M, RCNTPGH_Y

HA-10. Again, please look at your calendar to help you remember. In what month and year was your (most recent/last) visit for help to become pregnant?

[HELP AVAILABLE]

{ IF NEITHER DATE (1st or most recent/last visit) IS WITHIN LAST 12 MONTHS,
{ GO TO HB SERIES.

{ IF EITHER DATE (1st or most recent/last visit) IS WITHIN LAST 12 MONTHS
NUMVSTPG

HA-11. During the last 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1), how many visits have you (or your (husband/partner)) made to a doctor or other medical care provider to help you get pregnant?

Number of visits _____

EVER RECEIVED MEDICAL HELP TO PREVENT MISCARRIAGE (HB)

{ ASKED FOR ALL
INTRO_H2

HB-0. Now there are a few questions about medical help you may have received to prevent miscarriage or pregnancy loss.

HLPNC

HB-1. (Not counting routine check-ups, prenatal care, or advice about a pregnancy,) have you ever been to a doctor or other medical care provider to talk about ways to help you prevent miscarriage or pregnancy loss?

[HELP AVAILABLE]

Yes 1
No 5 (GO TO HB-4 INFRTPRB)

{ ASKED IF R REPORTED MISCARRIAGE SERVICES
TYPALLMC

HB-2. Which of the services shown on Card 54 have you ever received to help you prevent miscarriage or pregnancy loss?

ENTER all that apply.

Instructions to take complete bed rest1
Instructions to limit your physical activity2
Testing to diagnose problems related to
miscarriage3
Drugs to prevent miscarriage, such as
progesterone suppositories4
Stitches in your cervix, also known as the
"purse-string" procedure5
Other types of medical help 6

{ ASKED IF R REPORTED "other types of medical help" on HB-2 TYPALLMC
SP_TYPALLMC

HB-2sp. What was this other type of medical help for preventing
miscarriage?

NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.

{ ASKED IF R REPORTED MISCARRIAGE SERVICES

MISCNUM

HB-3. When you first went for medical help for preventing miscarriage, how
many pregnancies had you lost, if any?

*INCLUDE any spontaneous pregnancy losses -- miscarriages, ectopic
pregnancies, stillbirths.*

Number _____

{ IF R REPORTED NEITHER INFERTILITY NOR MISCARRIAGE SERVICES, GO TO INTRO-H3.

{ ASKED IF R REPORTED MEDICAL HELP TO GET PREGNANT OR TO PREVENT MISCARRIAGE
INFRTPRB

HB-4. Looking at Card 55, when you went for medical help to (become pregnant/
prevent miscarriage/ to become pregnant and prevent miscarriage(or
pregnancy loss)), were you ever told that you or your husband or
partner had any of the following infertility problems shown on the
card?

[HELP AVAILABLE]

ENTER all that apply

Problems with ovulation1
Blocked tubes2
Other tube or pelvic problems3
Endometriosis4
Semen or sperm problems5
Any other infertility problems6
None of these problems.....7

{ ASKED FOR ALL

INTRO_H3

HB-5. The (remaining) questions in this section will ask about a variety of
things that can affect a woman's health and her ability to have
children.

DUCHFREQ

HC-1. Some women douche after intercourse or at other times, while other women do not. Looking at Card 56, during the past 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1), how often, if at all, did you douche?

[HELP AVAILABLE]

Never.....1
Once a month or less.....2
2-3 times a month3
Once a week4
2-3 times a week5
4-6 times a week6
Or every day.....7

PID AND OTHER HEALTH PROBLEMS RELATED TO CHILDBEARING (HD)

{ ASKED FOR ALL

PID

HD-1. Have you ever been treated for an infection in your fallopian tubes, womb, or ovaries, also called a pelvic infection, pelvic inflammatory disease, or P.I.D.?

[HELP AVAILABLE]

If don't know, PROBE: "This is a female infection that sometimes causes abdominal pain or lower stomach cramps."

Yes 1
No 5

{ IF PID = NO OR RF, GO TO HD-5 DIABETES.

{ ASKED IF PID = YES OR DK

PIDSYMPT

HD-2. Were you having any symptoms, such as pain or vaginal discharge or bleeding, that caused you to go for treatment?

Yes 1
No 5

{ IF HD-1 PID = DK, GO TO HD-5 DIABETES

{ ASKED ONLY IF PID = YES

PIDTX

HD-3. How many different times have you been treated for a pelvic infection or P.I.D.?

[HELP AVAILABLE]

Number _____

{ ASKED ONLY IF PID = YES

LSTPIDTX_M, LSTPIDTX_Y

HD-4. In what month and year did you last receive treatment for a pelvic infection or P.I.D.?

{ ASKED FOR ALL

DIABETES

HD-5. Has a doctor or other medical care provider ever told you that you had diabetes or "sugar"?

[HELP AVAILABLE]

♦ For any mention of gestational diabetes or diabetes during pregnancy enter [1].

Yes1
If vol: Borderline or Pre-Diabetes...3
No5

{ ASKED IF R WAS EVER PREGNANT AND REPORTED DIABETES (codes 1 or 3 on DIABETES)

GESTDIAB

HD-6. Were you ever told you had diabetes when you were not pregnant?

[HELP AVAILABLE]

Yes1
No5

{ ASKED FOR ALL

UF

HD-8. (You may have already told me this, but) has a doctor or other medical care provider ever told you that you had fibroid tumors or myomas in your uterus?

[HELP AVAILABLE]

Yes1
No5 (HD-9 ENDO)

{ ASKED IF R REPORTED FIBROIDS

UFSONO

HD-8a. Was your diagnosis of uterine fibroids confirmed by ultrasound?

Yes1
No5

{ ASKED IF R REPORTED FIBROIDS

UFCURR

HD-8b. Do you have uterine fibroids currently?

Yes1
No5

{ ASKED IF R REPORTED FIBROIDS

UFDIAGNOS

HD-8c. How many years ago were you first diagnosed with uterine fibroids? Was it...

Less than one year ago1
1-4 years ago2
5-9 years ago3

10 years ago or longer4

{ ASKED IF R REPORTED FIBROIDS

UFLIMIT

HD-8d. Have you ever had to miss work or school or been unable to perform daily activities due to pain or heavy periods from your uterine fibroids?

Yes1

No5

Screen displays only the numbered response categories.

Text in parentheses only appears on the show card.

{ ASKED IF R REPORTED FIBROIDS

UFTREAT

HD-8e. Looking at Card 56a, what treatments have you ever received for your uterine fibroids?

[HELP AVAILABLE]

♦ ENTER all that apply

Non-narcotic medicines to treat pain1
(such as Tylenol, ibuprofen, naproxen)

Narcotic medicines to treat pain2
(such as Percocet, Vicodin, Lortab, codeine, oxycodone, oxycontin, fentanyl)

Hormonal medicines3
(such birth control pills, Depo-Provera, danazol, Lupron, Synarel, Zoladex)

Progesterone releasing IUD or implant4
(such as Mirena, Skyla, Liletta, Implanon, Nexplanon)

Hysterectomy5

Other surgery 6
(such as abdominal, laparoscopic or hysteroscopic myomectomy, endometrial ablation)

Other nonsurgical treatment7
(such as uterine artery embolization, MRI-guided focused ultrasound surgery)

Complementary or alternative medicines or treatments8
(such as herbs, botanicals, dietary supplements, acupuncture, chiropractic or osteopathic manipulation, meditation, relaxation techniques, homeopathy, naturopathy, Ayurvedic or traditional Chinese medicine)

Never had any the above treatments for fibroids9

{ ASKED FOR ALL

ENDO

HD-9. (You may have already told me this, but) has a doctor or other medical care provider ever told you that you had endometriosis?

[HELP AVAILABLE]

Yes1

No5 (HD-10 OVUPROB)

{ ASKED IF R REPORTED ENDOMETRIOSIS

ENDOCURR

HD-9a. Do you have endometriosis currently?

Yes1
No5

{ ASKED IF R REPORTED ENDOMETRIOSIS

ENDODIAG

HD-9b. How many years ago were you first diagnosed with endometriosis?
Was it...

Less than one year ago1
1-4 years ago2
5-9 years ago3
10 years ago or longer4

{ ASKED IF R REPORTED ENDOMETRIOSIS

ENDOLIM

HD-9c. Have you ever had to miss work or school or been unable to
perform daily activities due to pain from your endometriosis?

Yes1
No5

Screen displays only the numbered response categories.

Text in parentheses only appears on the show card.

{ ASKED IF R REPORTED ENDOMETRIOSIS

ENDOTREAT

HD-9d. Looking at Card 56b, what treatments have you ever received for
your endometriosis?

[HELP AVAILABLE]

♦ *ENTER all that apply*

Non-narcotic medicines to treat pain1
(such as Tylenol, ibuprofen, naproxen)
Narcotic medicines to treat pain2
(such as Percocet, Vicodin, Lortab, codeine, oxycodone,
oxycontin, fentanyl)
Hormonal medicines3
(such birth control pills, Depo-Provera, danazol, Lupron,
Synarel, Zoladex)
Progesterone releasing IUD or implant4
(such as Mirena, Skyla, Liletta, Implanon, Nexplanon)
Hysterectomy5
Other surgery 6
(such as laparoscopy)
Other nonsurgical treatment7
(such as antidepressants, Neurontin, Lyrica, physical
therapy, nerve stimulation)
Complementary or alternative medicines or treatments8
(such as herbs, botanicals, dietary supplements,
acupuncture, chiropractic or osteopathic manipulation,
meditation, relaxation techniques, homeopathy, naturopathy,
Ayurvedic or traditional Chinese medicine)
Never had any the above treatments for endometriosis9

{ ASKED FOR ALL

OVUPROB

HD-10. (You may have already told me this, but) has a doctor or other
medical care provider ever told you that you had problems with
ovulation or menstruation?

[HELP AVAILABLE]

Yes1
 No5

{ ASKED FOR ALL

PCOS

HD-10b. (You may have already told me this, but) has a doctor or other medical care provider ever told you that you had Polycystic Ovarian Syndrome, also known as PCOS?

[HELP AVAILABLE]

Yes1
 No5 (HD-11 DEAF)

{ ASKED IF R REPORTED PCOS

PCOSSYMP

HD-10c. Was your PCOS diagnosis based on any of the following tests or symptoms shown on Card 56c?

[HELP AVAILABLE]

♦ *ENTER all that apply*

Irregular menstrual periods1
 Pelvic ultrasound2
 Acne3
 Body hirsutism (excessive hair growth)4
 Blood tests (including measurements of hormones
 such as FSH/LH, Testosterone,
 Thyroid stimulating hormone/TSH,
 or Prolactin)5
 Other tests or symptoms6
 None of these tests or symptoms7

{ ASKED FOR ALL

DEAF

HD-11. The following questions are about other health problems or impairments you have.

Do you have serious difficulty hearing?

Yes1
 No5

{ ASKED FOR ALL

BLIND

HD-12. Do you have serious difficulty seeing, even when wearing glasses?

Contact lenses should be considered in the same way as glasses.

Yes1
 No5

{ ASKED FOR ALL

DIFDECIDE

HD-13. Because of a physical, mental, or emotional condition, do you

have serious difficulty concentrating, remembering or making decisions?

Yes1
No5

{ ASKED FOR ALL

DIFWALK

HD-14. Do you have serious difficulty walking or climbing stairs?

Yes1
No5

{ ASKED FOR ALL

DIFDRESS

HD-15. Do you have difficulty dressing or bathing?

Yes1
No5

{ ASKED FOR ALL

DIFOUT

HD-16. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

Yes1
No5

{ Asked for all

EVRCANCER

HD-17. Now I would like to ask you about cancer. Have you ever been told by a doctor or other health care provider that you had cancer?

Yes1
No5 (GO TO HD-18 MAMMOG)

{ Asked if R has ever had cancer

AGECANCER

HD-17a. At what age were you first told that you had cancer? (If you have more than one cancer, please tell me about your first cancer)

_____ Age in years

{ Asked if R has ever had cancer

CANCATYPE

HD-17b. What type of cancer was it? If you had cancer more than once, please say what your first cancer was.

Bladder cancer.....01
Blood02
Bone cancer.....03
Brain cancer or tumor, spinal cord
cancer, or other cancer of the
central nervous system04
Breast cancer05
Cervical cancer (cancer of the
cervix)06

Colon cancer	07
Esophageal (Esophagus) cancer.....	08
Endometrial cancer (cancer of the uterus)	09
Gallbladder Cancer.....	10
Head and neck cancer.....	11
Heart cancer	12
Laryngeal (Larynx/Windpipe)cancer..	13
Leukemia	14
Liver cancer	15
Lung cancer	16
Lymphoma including Hodgkins disease/ Lymphoma and non-Hodgkins lymphomas	17
Melanoma	18
Neuroblastoma	19
Oral (mouth/tongue/lip) cancer	20
Ovarian (ovary) cancer.....	21
Pancreatic (pancreas) cancer.....	22
Pharyngeal (throat/pharynx) cancer.	23
BLANK	24
Rectal (rectum) cancer	25
Renal (kidney) cancer	26
Skin cancer (non-melanoma)	27
Skin cancer (DK what kind)	28
Soft Tissue (muscle or fat)sarcoma..	29
Stomach cancer	30
BLANK	31
Thyroid cancer	32
Other	33

[IF NO CODE 6 or 33 REPORTED ON CANCTYPE, GO TO HD-18 MAMMOG]

{Ask if CANCTYPE = 33 (other):

SP_CANCTYPE

HD-17sp. INTERVIEWER: Record verbatim what R reports for her type of cancer.

NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.

{Ask if CANCTYPE = 6 (cervical cancer):

PRECANCER

HD-17c. There are different types of diagnoses when you talk about cervical cancer. I'm going to describe 3 different scenarios, and you tell me which one you had. The first one is an abnormal Pap test result, which may be suspicious for cancer but no real cancer is found. The second one is called pre-cancer (sometimes called cervical intraepithelial lesion or CIN). And the third one is actual cervical cancer. Do you know which one you had?

Abnormal Pap test result, suspicious for cancer,
but no real cancer found1
Pre-cancer (cervical intraepithelial lesion or CIN)....2
Cervical cancer3

{ ASKED FOR ALL

MAMMOG

HD-18. A mammogram is an x-ray taken only of the breast by a machine that presses against the breast. Have you ever had a mammogram?

Yes1

No5 (GO TO HD-18C CLINEXAM)

{ Asked if R ever had a mammogram

AGEMAMM1

HD-18a. How old were you when you had your first mammogram?

_____ Age in years

{ Asked if ever had a mammogram

REASMAMM1

HD-18b. What was the main reason you had this first mammogram? Was it...

Part of a routine exam1

Because of a problem or lump2

Because of family or personal history of cancer3

Other reason4

{ ASKED FOR ALL

CLINEXAMHD-18c. A clinical breast exam is when a doctor or other health care professional uses his or her hands to feel for lumps or other changes in your breasts. Have you ever had a clinical breast exam?

Yes1

No5

{ ASKED FOR ALL

FAMHYSTHD-19. Thinking of your blood relatives, alive or deceased, has your mother, sister, aunt or grandmother been diagnosed with breast cancer on either side of the family?

Yes1

No5

{ ASKED FOR ALL

MOMRISK70HD-20. The next few questions ask about your opinions on factors related to breast cancer risk. Do you think that having a mother who was diagnosed with breast cancer at the age of 70 increases a woman's chances of getting breast cancer a lot, a little, or not at all or do you have no opinion?

A lot1

A little2

Not at all3

No opinion4

{ ASKED FOR ALL

MOMRISK40HD-20a. Do you think that having a mother who was diagnosed with breast cancer at the age of 40 increases a woman's chances of getting breast cancer a lot, a little, or not at all or do you have no opinion?

A lot1

A little2

Not at all3

No opinion4

For Year 5, deleting an item on perceived cancer risk due to birth control pill use

{ ASKED FOR ALL

ALCORISK

HD-22. Do you think that drinking more than 1 alcoholic beverages a day increases a woman's chances of getting breast cancer a lot, a little, or not at all or do you have no opinion?

A lot1

A little2

Not at all3

No opinion4

BFEEDRISK

HD-22a. Do you think that breastfeeding DECREASES a woman's chances of getting breast cancer a lot, a little, or not at all or do you have no opinion?

A lot1

A little2

Not at all3

No opinion4

HIV TESTING AND AIDS KNOWLEDGE/COUNSELING (HE)**INTRO_H4**

HE-0. Now I would like to ask you about testing for HIV, the virus that causes AIDS.

{ ASKED FOR ALL

DONBLOOD

HE-1. First, I'll ask you about blood and blood product donations you may have made to the Red Cross or other blood banks. By blood products, we mean such things as plasma, platelets, and marrow. Have you ever donated blood or blood products at the Red Cross, at a bloodmobile, at a blood drive, or at other blood banks?

[HELP AVAILABLE]

Yes 1

No 5

{ ASKED FOR ALL

HIVTEST

HE-2. (Not counting tests you may have had as part of donating blood or blood products,) have you ever been tested for HIV?

Yes 1

No 5

{ If HIVTEST = DK or RF, GO TO HE-5c PREPHIV.

{ If HIVTEST = 1, GO TO HE-3 WHENHIV_M/_Y

{ Asked if R never had an HIV test (HIVTEST=5)

NOHIVTST

HE-2b. IF HE-2 HIVTEST = NO ASK:

Which one of these reasons shown on Card 88 would you say is the MAIN reason why you have not been tested for HIV?

You have never been offered an HIV test.....1
 You are worried about what other people would think if you
 got tested for HIV.....2
 It's unlikely you've been exposed to HIV3
 You were afraid to find out if you were HIV positive (that
 you had HIV)4
 You don't like needles5
 Some other reason20

{ Asked if R reported 'some other reason' on HE-2b NOHIVTST

SP_NOHIVTST

HE-2sp. What was the MAIN reason why you have not been tested for HIV?

NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.

{ ASKED IF R REPORTED ANY HIV TESTING APART FROM BLOOD DONATION

WHENHIV_M, WHENHIV_Y

HE-3. (Not including tests you may have had as part of donating blood or blood products,) in what month and year was your last test for HIV, the virus that causes AIDS?

{ ASKED IF R DOES NOT REPORT SPECIFIC MONTH AND YEAR

{ Asked if R does not report specific month and year and year is within last 2 years

HIVTSTYR

HE-3b. Did you have this last HIV test since [INTERVIEW MONTH, INTERVIEW YEAR-1]?

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

{ ASKED IF R REPORTED ANY HIV TESTING APART FROM BLOOD DONATION

HIVRESULT

HE-3d. After your last test for HIV, did you find out your test result?

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

[IF HIVRESULT= YES, DK, or RF, GO TO HE-4 PLCHIV]

{Asked if never received test result (HIVRESULT=5)

WHYNOGET

HE-3e. What was the main reason why you did not find out your test result?

You thought the testing site would contact you.....1
 You were afraid to find out if you were HIV positive (that
 you had HIV).....2
 You didn't want to know your HIV test result.....3
 You didn't know where or how to get your test result.....4
 Some other reason20

{Asked if some other reason for not receiving test result

SP_WHYNOGET

HE3e_sp. What was this other reason that you did not find out your HIV test result?

NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.

{ ASKED IF R REPORTED ANY HIV TESTING APART FROM BLOOD DONATION

PLCHIV

HE-4. Please look at Card 72. (Not including tests you may have had as part of donating blood or blood products,) where did you have that last test for HIV?

Private doctor's office.....1
 HMO facility2
 Community health clinic, community clinic,
 public health clinic3
 Family planning or Planned Parenthood clinic4
 Employer or company clinic5
 School or school-based clinic (including college or
 university)6
 Hospital outpatient clinic7
 Hospital emergency room8
 Hospital regular room9
 Urgent care center, urgi-care, or walk-in facility ..10
 Your worksite11
 Your home12
 Military induction or military service site13
 Sexually transmitted disease (STD) clinic.....14
 Laboratory or blood bank15
 Some other place -- specify.....20

{ ASKED IF R REPORTED SOME OTHER PLACE FOR HE-4 PLCHIV)

SP_PLCHIV

HE-4sp. Where was this other place that you had your last HIV test?

NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.

NOTE: NO ADDRESS INFORMATION OR CLINIC NAMES ARE INCLUDED ON THE PUBLIC USE DATA FILES.

{ ASKED IF R RECEIVED AN HIV TEST IN THE LAST 12 MONTHS AT A CLINIC SITE

STATE_NAME_H_1

HE-4a. What is the name and address of the place where you received your last HIV test?

What state is the place in?

[HELP AVAILABLE]

CLINICHIV_H_1

HE-4b.(What is the name and address of the place where you received your last HIV test?)

[HELP AVAILABLE]

CityName_H_1

HE-4c

ClinicName_H_1

HE-4d

ClinicCode_H_1

HE-4e

ClinicType_H_1
HE-4g

Confirm

HE-4h. I have found a clinic (by that name/in that city) at (LIST CLINIC
SELECTED):

Is this correct?

Yes.....1
No.....5
Clinic not in database.....6

{ASKED IF CLINIC NOT IDENTIFIED IN THE DATABASE
ADCLINHIV_H_1

HE-4i. (What is the name and address of the place where you received
your last HIV test?)

♦INTERVIEWER: ENTER name and address of clinic you were unable to
find in database

{ Asked if R reported their last HIV test was done at their home (PLCHIV=12)
RHHIVT1

HE-4j. A rapid home HIV test is a test you can use to test yourself that
can provide results in about 20 minutes or less. The last time
you had an HIV test, did you use a rapid home HIV test?

Yes.....1
No.....5 (HE-5 HIVTST)

{ Asked if R reported their last HIV test was a rapid home HIV test
RHHIVT2

HE-4k. People use a rapid home HIV test for many different reasons.
Looking at Card XX, which of these reasons did you have for using
the rapid home HIV test?

ENTER all that apply

I didn't want to get tested by a doctor or
at an HIV testing site1
I didn't want other people to know I am getting tested ...2
I wanted to get tested together with someone, before
we had sex3
I wanted to get tested by myself, before having sex4
I wanted to get tested by myself, after having sex5
A sex partner asked me to take a rapid home HIV test6
Other reason20

{ ASKED IF R REPORTED ANY HIV TESTING APART FROM BLOOD DONATION
HIVTST

HE-5. Please look at Card 73a. I am going to show you a list of reasons why
some people have been tested for HIV, the virus that causes AIDS.

(Not including tests you may have had as part of donating blood or
blood products), which of these would you say was the main reason for
your last HIV test?

Part of a medical checkup or surgical procedure (a doctor or
 medical provider asked for the test).....1
 Required for health or life insurance coverage.....2
 Required for marriage license or to get married.....3
 Required for military service or a job4
 You wanted to find out if infected or not (you were the one
 who asked for the test).....5
 Someone else suggested you should be tested6
 You were pregnant and it was part of prenatal care7
 You might have been exposed through sex or drug use8
 You might have been exposed in some other way9
 Some other reason - *specify*20

{ ASKED IF R REPORTED SOME OTHER REASON FOR HE-5 HIVTST

SP_HIVTST

HE-5sp. What was the main reason for your last HIV test?

NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.

{ASKED FOR ALL

PREPHIV There are medications available for people who do not have HIV to
 HE-5c. keep them from getting HIV. Have you heard of these medicines?

Yes1
 No5

{ ASKED FOR ALL Rs

TALKDOCT

HE-6. Has a doctor or other medical care provider ever talked with you about
 HIV, the virus that causes AIDS?

Yes1
 No5 (HE-8 RETROVIR)

{ Asked if TALKDOCT=YES

AIDSTALK

HE-7. Looking at Card 74, what topics related to HIV or AIDS were covered in
 the discussion you had with the doctor or other medical care provider?

ENTER all that apply

How HIV/AIDS is transmitted1
 Other sexually transmitted diseases like
 gonorrhea, herpes, or Hepatitis C2
 The correct use of condoms3
 Needle cleaning/using clean needles4
 Dangers of needle sharing5
 Abstinence from sex (not having sex)6
 Reducing your number of sexual partners.....7
 Condom use to prevent HIV or STD transmission....8
 "Safe sex" practices (abstinence,
 condom use, etc).....9
 Getting tested and knowing your HIV status10
 Medicines to prevent getting HIV (pre-exposure
 prophylaxis, also known as PrEP.....11
 Other20

{ ASKED IF R RESPONDED "OTHER" TO HE-7 AIDSTALK

SP_AIDSTALK

HE-7sp. What was the other topic covered in your discussion with the doctor or medical care provider about HIV or AIDS?

NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.

{ ASKED FOR ALL

RETROVIR

HE-8. Please tell me if you think the following statement is definitely true, probably true, probably false, or definitely false, or if you don't know whether it is true or false.

"There is a treatment available for pregnant women who are infected with the HIV virus to prevent passing the virus to their baby."

Definitely true1
Probably true2
Probably false3
Definitely false4
Don't know if true or false ...5

{ IF R HAS NEVER BEEN PREGNANT OR HER LAST PREGNANCY ENDED MORE THAN 12 MONTHS AGO, GO TO HF-1 EVERVACC.

{ ASKED IF R'S LAST COMPLETED PREGNANCY WAS WITHIN LAST 12 MONTHS

PREGHIV

HE-9.

The last time you were pregnant (before you became pregnant this time), were you tested for the HIV virus when you visited the doctor for prenatal care?

Yes1
No5
Never went for prenatal care ...6

HUMAN PAPILLOMA VIRUS (HPV) Series (HF)

{ Asked if R was younger than age 25 at time of screener

EVERVACC

HF-1. HPV is a common sexually transmitted virus that can cause genital warts and cervical and other types of cancer in men and women. Vaccines to prevent some HPV infections are available for men and women 9-26 years of age and are sometimes called the HPV shot, Cervarix or Gardasil.

Have you received the cervical cancer vaccine, also known as the HPV shot, Cervarix, or Gardasil?

♦ If R volunteers that she has had any of the 3 shots or doses that comprise HPV vaccination, enter [1].

Yes1
No5 (HF-3 VACCPROB)

{ Asked if R had the HPV vaccine

HPVSHOT1

HF-2. How old were you when you received your first HPV vaccine shot?

_____ years

{ Asked if AGEFSTSX = HPVSHOT1 (age of first sex same as age of first receiving HPV vaccine

HPVSEX1

HE-2b. Earlier you reported having your first sexual intercourse at this same age. Which occurred first - your first sexual intercourse or your first HPV vaccine shot?

First intercourse1
First HPV vaccine shot5

{ Asked if R has not had the HPV vaccine (EVERVACC=5)

VACCPROB

HF-3. How likely is it that you will receive the HPV shot in the next 12 months?

Very likely1
Somewhat likely2
Not too likely3
Not likely at all4

Blood Pressure Screening Series (HG)

{ Asked for all Rs

BLDPRESS

HG-1. The next couple of questions are about your blood pressure. In the past 12 months, that is, since (CMLSTYR_FILL), have you had your blood pressure checked by a doctor or other medical care provider?

Yes.....1
No.....5 (GO TO HG-4 NUTRINFO)

{ Asked if BLDPRESS=yes

HIGHBP

HG-2. During your visit in the past 12 months, did a doctor or other medical care provider tell you that you had hypertension, also called high blood pressure?

Yes.....1
No.....5
IF VOL: Not told results.....6

{ Asked if R was told her blood pressure was high (HIGHBP=1)

BPMEDS

HG-3. Are you currently taking any medicine prescribed by a doctor for your high blood pressure?

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

{ ASKED IF R LIVES WITH AT LEAST A CHILD 5 YEARS OLD OR YOUNGER

NUTRINFO

HG-4. The next question is about which source(s) you used to obtain nutritional information for the child or children aged 5 or younger who live with you. Now thinking about the past 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1), which of the sources shown on Card 74a did you use for information or advice about nutrition for this child or children?

♦ *ENTER all that apply*

Friends1
Family (such as spouse, mother, mother-in-law, sister)2
Child's doctor or other health care provider3
Child's daycare provider, nanny, or teacher4
Websites, blogs, or social media5
None of the above sources6

DRAFT

**Insurance; Residence and Place of Birth; Religion;
Past and Current Work (R and Current H/P); Child Care; Attitudes**

{ ASKED FOR ALL

INTRO_I1

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

♦ ENTER [1] to continue

Access to Health Care (IA)**USUALCAR**IA-0a. Is there a place that you usually go to when you are sick or need advice about health?

Yes1

No5 (GO TO IA-1 CURRCOV)

{ ASKED IF R HAS A USUAL PLACE FOR HEALTH CARE

USLPLACE

IA-0b. Please look at Card 25a. What kind of place is it?

Private doctor's office or HMO.....1

Community health clinic, community clinic,

public health clinic2

Family planning or Planned Parenthood clinic3

Employer or company clinic4

School or school-based clinic5

Hospital outpatient clinic6

Hospital emergency room7

Hospital regular room8

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

Sexually transmitted disease (STD) clinic.....10

In-store health clinic (like CVS, Target, or Walmart)..11

Some other place20

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

USL12MOS

IA-0c. Have you gone to this place in the last 12 months, that is, since [INTERVIEW MONTH, INTERVIEW YEAR - 1]?

Yes.....1

No.....5

CURRCOVIA-1. Are you currently covered by any kind of health insurance or some other kind of health care plan?

[HELP AVAILABLE]

Yes1

No5 (GO TO IA-6 COVER12)

{ASKED IF R IS COVERED BY HEALTH INSURANCE (CURRCOV = 1)

COVERHOW

IA-2.Card 76 shows different types of health care coverage. Which of these are you covered by?

[HELP AVAILABLE]

ENTER all that apply

A private health insurance plan (from employer or workplace;
 purchased directly; through a state or local government program
 or community program).....1
 Medicaid-additional name(s) for Medicaid in this state: [DISPLAY
 STATE MEDICAID PROGRAM NAME(S)].....2
 Medicare.....3
 Medi-Gap.....4
 Military health care, including: the VA, CHAMPUS, TRICARE, CHAMP-VA.5
 Indian Health Service.....6
 CHIP (Children's Health Insurance Program-additional name(s) for
 CHIP in this state: [DISPLAY STATE CHIP PROGRAM NAME(S)].....7
 Single-service plan (e.g., dental, vision, prescriptions).....8
 State-sponsored health plan (called [DISPLAY STATE PLAN NAME] in
 this state).....9
 Other government health care.....10

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

PARINSUR

IA-3. Are you covered on your parents' private health insurance plan?

Yes1
 No5

{ ASKED IF R IS CURRENTLY COVERED BY HEALTH INSURANCE

INS_EXCHIA-4. (Was/Were any of) your health insurance plan(s) obtained through
Healthcare.gov or the [DISPLAY STATE MARKETPLACE NAME]?

Yes1
 No5

{ ASKED IF R CURRENTLY HAS HEALTH INSURANCE

INS_PREMIA-5. A health insurance premium is the amount you or a family member
pays each month for health care coverage. Do you or a family
member pay a premium for (any of) your health insurance plan(s)?

Yes1
 No5

{ ASKED FOR ALL

COVER12IA-6. Looking at Card 75 for examples of types of health insurance coverage,
in the past 12 months, that is, since [INTERVIEW MONTH, INTERVIEW YEAR
- 1], was there any time that you did not have any health insurance or
coverage?

[HELP AVAILABLE]

Yes1
 No5 (GO TO IB-1 SAMEADD)

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

NUMNOCOV

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

Number of months _____

Residence and Place of Birth (IB)

{ ASKED FOR ALL

SAMEADD

IB-1. Now I have some questions about where you live.

Were you living at this same address on April 1, 2010?

Yes.....1 (GO TO IB-8 BRNOUT)

No.....5

{ ASKED IF NOT LIVING AT THIS ADDRESS ON APRIL 1, 2010

CNTRY10

IB-2. Were you living in the United States on April 1, 2010?

[HELP AVAILABLE]

Yes.....1

No.....5 (GO TO IB-8 BRNOUT)

ASTATE

IB-5. Please tell me in which state you were living on April 1, 2010.

[LINK STATE DATABASE]

State _____

(THIS INFORMATION WILL NOT BE PLACED ON THE FINAL DATA FILE.)

{ ASKED FOR ALL

BRNOUT

IB-8. Were you born outside of the United States?

[HELP AVAILABLE]

Yes1

No5 (GO TO IC-1 RELRSD)

{ASKED IF R WAS BORN OUTSIDE THE U.S.

STRUS_M/STRUS_Y

IB-9. In what month and year did you come to the United States to stay?

[HELP AVAILABLE]

Religion (IC)

{ ASKED FOR ALL

RELRSD

IC-1. Now I have a few questions about religion. Please look at Card 77. In what religion were you raised, if any?

[HELP AVAILABLE]

If R says Protestant, ask: What is the complete name of the denomination? If necessary, ENTER [11].

ENTER [1] if R was raised "atheist" or "agnostic".

None.....	1
Catholic.....	2
Jewish.....	3
Southern Baptist.....	4
Baptist.....	5
Methodist or African Methodist.....	6
Lutheran.....	7
Presbyterian.....	8
Episcopal or Anglican.....	9
Church of Jesus Christ of Latter Day Saints (LDS/Mormon).....	10
Other	11

{ ASKED IF R'S RELIGION RAISED WAS "OTHER" (IC-1 RELRSD = 11)

RELRS1

IC-2. Please look at Card 78. In what religion were you raised?

[HELP AVAILABLE]

Assemblies of God.....	12
Church of Nazarene.....	13
The Church of God.....	14
The Church of God (Cleveland, TN).....	15
The Church of God in Christ.....	16
7 th Day Adventist.....	17
United Pentecostal Church.....	18
Pentecostal Assemblies.....	19
Jehovah's Witness.....	20
Christian, another denomination not listed.....	21
Christian, no specific denomination.....	22
Unitarian-Universalist.....	23
Greek Orthodox.....	24
Other Orthodox	25
Muslim.....	26
Buddhist.....	27
Hindu.....	28
Other	29

{ ASKED IF R IS UNDER AGE 25

ATTND14

IC-4. Please look at Card 79. When you were 14, about how often did you usually attend religious services?

[HELP AVAILABLE]

More than once a week.....	1
Once a week.....	2
2-3 times a month.....	3
Once a month (about 12 times a year).....	4
3-11 times a year.....	5
Once or twice a year.....	6
Never.....	7

{ ASKED FOR ALL

RELNOW

IC-5. Please look at Card 77. What religion are you now, if any?

If R says Protestant, ASK: What is the complete name of the denomination? If necessary, ENTER [11].

ENTER [1] if R was raised "atheist" or "agnostic".

None.....	1
Catholic.....	2
Jewish.....	3
Southern Baptist.....	4
Baptist.....	5
Methodist or African Methodist.....	6
Lutheran.....	7
Presbyterian.....	8
Episcopal or Anglican.....	9
Church of Jesus Christ of Latter Day Saints (LDS/Mormon).....	10
Other	11

{ ASKED IF R'S RELIGION IS "OTHER" (IC-5 RELNOW = 11)

RELNOW1

IC-6. Please look at Card 78. What religion are you now?

Assemblies of God.....	12
Church of Nazarene.....	13
The Church of God.....	14
The Church of God (Cleveland, TN).....	15
The Church of God in Christ.....	16
7 th Day Adventist.....	17
United Pentecostal Church.....	18
Pentecostal Assemblies.....	19
Jehovah's Witness.....	20
Christian, another denomination not listed.....	21
Christian, no specific denomination.....	22
Unitarian-Universalist.....	23
Greek Orthodox.....	24
Other Orthodox	25
Muslim.....	26
Buddhist.....	27
Hindu.....	28
Other	29

{ IF R'S RELIGION IS JEWISH, MUSLIM, BUDDHIST, HINDU, DON'T KNOW, OR REFUSED,
 { GO TO IC-9 RELDLIFE
 { ELSE IF R'S RELIGION IS NONE, GO TO IC-10 ATTNDNOW
 { ELSE ASK IC-8 FUNDAM

FUNDAM

IC-8. Please look at Card 80. Which of these do you consider yourself to be, if any?

ENTER all that apply.

A born again Christian.....	1
A charismatic.....	2
An evangelical.....	3
A fundamentalist	4
None of the above.....	5

[Response category 5 cannot be entered in combination with any other response.]

{ ASKED IF R REPORTED A RELIGION

RELDLIFE

IC-9. Currently, how important is religion in your daily life? Would you say it is very important, somewhat important, or not important?

[HELP AVAILABLE]

Very important.....1
Somewhat important.....2
Not important.....3

{ ASKED FOR ALL

ATTNDNOW

IC-10. Please look at Card 79. About how often do you attend religious services?

[HELP AVAILABLE]

More than once a week.....1
Once a week.....2
2-3 times a month.....3
Once a month (about 12 times a year).....4
3-11 times a year.....5
Once or twice a year.....6
Never.....7

Work and Military Service(ID)

{ ASKED IF R WAS 18 OR OLDER AT TIME OF HH SCREENER

MILSVC

ID-1. Have you ever been on active duty in the Armed Forces for a period of 6 months or more?

Yes.....1
No.....5 (ID-4 WRK12MOS)

{ ASKED IF R WAS EVER ON ACTIVE DUTY IN THE ARMED FORCES

BEGMIL_M/BEGMIL_Y

ID-2. In what month and year did that period of active duty begin?

ENDMIL_M/ENDMIL_Y

ID-3. What was the month and year of your last separation from active duty?

If R is still on active duty, enter 96 for month.

{ ASKED FOR ALL

WRK12MOS

ID-4. Now I'd like to ask about your work experience in the last 12 months. By work, I mean any job for pay that was regularly scheduled, that you were expected to perform. Please include full-time, part-time, and temporary or summer jobs.

In the last 12 months, that is since [INTERVIEW MONTH, INTERVIEW YEAR - 1], for how many months did you have any job for pay?

[HELP AVAILABLE]

♦ Active duty military is considered full-time employment/work

Number of months _____ (IF ZERO, DK, RF, GO TO IE-1
DOLASTWK)

{ ASKED IF R WORKED 1-12 MONTHS IN THE LAST 12 MONTHS

FPT12MOS

ID-5. In the last 12 months, did you work all full-time, all part-time or
some of each?

[HELP AVAILABLE]

Full-time.....1
Part time.....2
Some of each.....3

Current/Last Job Series (IE)

{ ASKED FOR ALL

DOLASTWK

IE-1. Please look at Card 81. Last week, what were you doing? Were you
working, keeping house, going to school, or something else?

[HELP AVAILABLE]

ENTER all that apply

Working..... 1
Not working at job due to temporary illness,
vacation, strike, etc..... 2
On maternity or family leave from job..... 3
Unemployed, laid off, or looking for work..... 4
Keeping house..... 5
Taking care of family6
Going to school..... 7
On permanent disability..... 8
Something else 9

{ IF R IS CURRENTLY EMPLOYED OR WORKED IN THE LAST 12 MONTHS, GO TO IE-3
RNUMJOB.

{ ASKED IF R DIDN'T WORK IN THE LAST 12 MONTHS

{ AND WASN'T WORKING LAST WEEK

RPAYJOB

IE-2. Did you ever work at a job or business for pay on a regular basis?

Yes.....1
No.....5 (GO TO IF SERIES)
(IF DON'T KNOW OR REFUSED, GO TO IF SERIES)

{ ASKED IF R IS CURRENTLY EMPLOYED, OR WORKED IN THE LAST 12 MONTHS, OR EVER
WORKED

RNUMJOB

IE-3. How many jobs did you work (last week/during the last week you worked)?

Number of jobs _____

RFTPTX

IE-4. (Please think about the last week you worked on your (primary) job.
Did/At your primary job, do/Do) you work part-time or full-time, or

some of each? By full-time I mean 35 or more hours a week.

Full time.....1
 Part time.....2
 Some of each.....3

Spouse/Partner's Current/Last Job Series (IF)

{ IF R IS NOT CURRENTLY MARRIED OR COHABITING, GO TO IH SERIES

{ ASKED IF R IS CURRENTLY MARRIED OR COHABITING

SPLSTWK

IF-1. Please look at Card 82. Last week, what was (HUSBAND/PARTNER) doing?
 Was he working, keeping house, going to school, or something else?

[HELP AVAILABLE]

ENTER all that apply

Working..... 1
 Not working at job due to temporary illness,
 vacation, strike, etc..... 2
 On paternity or family leave from job..... 3
 Unemployed, laid off, or looking for work..... 4
 Keeping house..... 5
 Taking care of family6
 Going to school..... 7
 On permanent disability..... 8
 Something else9

{ IF HUSBAND/PARTNER EMPLOYED/WORKING LAST WEEK (IF-1 SPLSTWK = 1, 2, OR 3),
 { GO TO IF-3 SPNUMJOB

{ ASKED IF HUSBAND/PARTNER NOT EMPLOYED/WORKING LAST WEEK

SPPAYJOB

IF-2. Did he ever work at a job or business for pay on a regular basis?

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

{ ASKED IF R'S HUSBAND/PARTNER WAS WORKING LAST WEEK OR HE EVER WORKED FOR
 PAY

SPNUMJOB

IF-3. How many jobs did he work (last week/ during the last week he worked)?

Number of jobs _____

SPFTPTX

IF-4. (Please think about the last week he worked on his (primary) job.
 Did/At his primary job, does/Does) he work part time or full time, or
 some of each? By full time I mean 35 or more hours a week.

Full-time.....1
 Part time.....2
 Some of each.....3

Attitudes towards Sex, Contraception, Marriage, Gender, and Parenthood
(IH/II)

{ ASKED FOR ALL

IHINTRO1

IH-0. Next, I would like to get your opinion on some matters concerning family life. Please look at Card 84 to see the response options. I will read you some statements, and I would like you to tell me if you strongly agree, agree, disagree, or strongly disagree. The first statement is:

SAMESEX

IH-1. Sexual relations between two adults of the same sex are all right.

Strongly agree1
 Agree2
 Disagree3
 Strongly disagree4
 IF R INSISTS: Neither agree nor disagree5

CHSUPPOR

IH-2. It is okay for a young, unmarried woman to have and raise a child.

Strongly agree.....1
 Agree2
 Disagree3
 Strongly disagree.....4
 IF R INSISTS: Neither agree nor disagree5

{ ASKED IF NEITHER R NOR HER HUSBAND/PARTNER, IF CURRENTLY MARRIED OR
 { COHABITING, IS STERILE AND SHE IS NOT CURRENTLY PREGNANT

REACTSLF

IH-3. If you got pregnant now how would you feel? Would you be very upset, a little upset, a little pleased, or very pleased?

Very upset1
 A little upset2
 A little pleased3
 Very pleased4
 IF R INSISTS: She wouldn't care..5

{ ASKED OF ALL

CHBOTHER

IH-4. If it turns out that you do not have any (additional) children, would that bother you a great deal, some, a little, or not at all?

[HELP AVAILABLE]

A great deal1
 Some2
 A little3
 Not at all4

{ QUESTION ONLY INTENDED FOR INTERVIEWER.

ACASILANG

IH-5. Interviewer: Should ACASI be conducted in English or Spanish?

English.....1
 Spanish.....2

Audio CASI

{ READ BY INTERVIEWER FROM THE SCREEN.

INTRO_J1

INTRO-J1. For this last part of the interview, I'll turn the computer over to you so that you can enter your answers yourself. We have these headphones so that you can listen to the questions in privacy, and you can also read the questions on the computer screen. I will not be able to hear the questions or see the answers you type into the computer. After I explain a few of the keys that you'll be using, I'll help you with the first few practice questions, just to get you started. Then I'll leave you on your own to answer the rest of the questions in privacy.

When you are done with this section, a screen will come up that will tell you how to lock away your responses so that no one can see how you answered the questions. Then you can return the computer to me.

INTRO_J1b

INTRO-J1b. INTERVIEWER: Explain the following things to R:

Connect the headphones to the laptop.
Give the computer to Respondent.
Show Respondent where to find number keys, Enter, Backspace, F11, F12, and Hyphen keys.

Show Respondent the Aid Card.

Explain that on the back of this page is a list they will be referring to toward the end of this section.

Explain how to adjust the volume.

Explain that you will be doing an unrelated task while Respondent completes Audio CASI, but Respondent should feel free to interrupt with questions.

The next screen is for the Respondent.

A-CASI PRACTICE QUESTIONS (JA)

{ MACHINE AUDIO BEGINS HERE.

INTRO_J2

INTRO-J2. These questions are just for practice. The interviewer is going to help you do this.

Press the [BACKSPACE] key to erase an answer you want to change or when the computer asks you to correct an answer.

Please press the large [Enter] key on the right side of the keyboard to see the first question.

PRACYEAR

JA-1. In what year were you born?

Please enter the 4-digit year you were born and press the [Enter] key.

Year _____

PRACMNTH

JA-2. In what month in [PRACYEAR] were you born?

Please enter the number for the month.

January1
February2
March3
April4
May5
June6
July7
August8
September9
October10
November11
December12

PRACCNFM

JA-3. The computer has recorded that you were born in [PRACMNTH, PRACYEAR].
Is this correct?

Yes1 (JA-3a INTROJ3a)
No5 (RETURN TO CORRECT INFORMATION AS NEEDED)

INTROJ3a

JA-3a. Thank you. Now we will go over a few keystrokes which will help you complete the survey.

Please press [Enter] to continue

INTROJ3ab

JA-3ab. If you want to replay the audio, press the [F11] key. It is located near the top right side of the keyboard.

Please press [Enter] to continue.

INTROJ3b

JA-3b. If you want to hide the question, press the [F12] key. To make the question reappear, simply press [F12] again. The [F12] key is located near the [F11] key on the top right side of the keyboard.

Please press [Enter] to continue

INTROJ3c

JA-3c. If you do not know the answer to a question, press the [CTRL] and [D] keys at the same time.

The [CTRL] key is at the bottom left of the keyboard. It is labeled "Ctrl".

Please press [Enter] to continue

INTROJ3d

JA-3d. If you do not wish to answer a particular question, press the

[CTRL] and [R] keys at the same time.

Please press [Enter] to continue

INTROJ3e

JA-3e. If you have any questions about how to use the computer, please ask your interviewer now. Otherwise, please press the [Enter] key to continue on your own.

INTRO_J4

INTRO-J4. These first questions are about your general health.

Please press [Enter] to continue

GENHEALT

JA-4. In general, how is your health? Would you say it is...

Excellent1
Very good2
Good3
Fair4
Poor5

{ ASKED IF R NOT CURRENTLY PREGNANT

RHEIGHT_FT

JA-5. How tall are you?

First, please select the number of feet, then press [Enter].

3 feet3
4 feet4
5 feet5
6 feet6
7 feet7

{ IF RHEIGHT = DK OR RF, GO TO JA-6 RWEIGHT.

RHEIGHT_IN

JA-5. Now please select the number of inches and then press [Enter].

0 inches0
1 inch1
2 inches2
3 inches3
4 inches4
5 inches5
6 inches6
7 inches7
8 inches8
9 inches9
10 inches10
11 inches11

{ ASKED IF R NOT CURRENTLY PREGNANT

RWEIGHT

JA-6. How much do you weigh?

Please answer in pounds and then press [Enter].

Pounds _____

{ Asked for all Rs

DRWEIGH

JA-6a. The next couple of questions are about your weight. In the past 12 months, that is, since (CMLSTYR_FILL), did a doctor or other medical care provider weigh you?

Yes.....1

No.....5

{ Asked if DRWEIGH=yes

TELLWGHT

JA-6b. During your visit in the past 12 months, did a doctor or other medical care provider tell you that you were underweight, normal weight, overweight, obese, or were you not told?

Underweight.....1

Normal weight.....2

Overweight.....3

Obese.....4

Not told.....5

{ Asked if R was told she was overweight or obese (TELLWGHT=3 OR 4)

WGHTSCRN

JA-6c. During your visit in the past 12 months, did a doctor or other medical care provider refer you to diet or exercise counseling?

Yes.....1

No.....5

{ Asked for all Rs

ENGSPK

JA-7. The next question is about your ability to speak English. How well do you speak English?

Very well1

Well2

Not well3

Not at all4

PREGNANCY REPORTING (JB)

INTRO_J5

INTRO-J5. Sometimes women are reluctant to tell an interviewer about some of their pregnancies, especially those pregnancies that ended in abortion or with babies they no longer live with. In the next set of questions, please give a complete count of all your pregnancies, even if you did not mention them all to the interviewer.

Please press [Enter] to continue.

CASIBIRTH

JB-1. Between January (year of interview -5) and December (year of interview -1), how many pregnancies did you have that resulted in live birth, that is, a baby born alive?

Having twins or triplets should be counted as 1 pregnancy.

CASILOSS

JB-2. Between January (year of interview -5) and December (year of interview -1), how many pregnancies did you have that ended in miscarriage, stillbirth, or ectopic pregnancy?

Number _____

CASIABOR

JB-3. Between January (year of interview -5) and December (year of interview -1), how many pregnancies did you have that ended in abortion?

Number _____

CASIADOP

JB-4. Have you ever placed a child you gave birth to for adoption?

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

Suspension/Expulsion; Homelessness; Substance Use (JC)

{ Asked only if R is 15-24 years old

EVSUSPEN

JC-0a. The next couple of questions are about your school experience.
Have you ever been suspended or expelled from school?

Yes1
No5 (GO TO JC-1 SMK100)

{ Asked only if R is 15-24 years old

GRADSUSP

JC-0b. What grade were you in when you were suspended or expelled from school?
If you were suspended or expelled more than once, please enter the grade you were in the most recent time.

Grade _____

{ Asked for all Rs

NOBEDYR

JC-0c. In the last 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1), was there ever a time when you did not have a permanent place to stay and had to stay at least overnight in a location such as a shelter, a car or someplace outdoors?

Yes1
No5

{ Asked for all Rs

STAYREL

JC-0d

In the last 12 months, was there ever a time when you did not have a permanent place to stay and had to stay at least overnight with a friend or relative?

Yes1
No5

JC-1. These next questions are about your use of cigarettes, alcohol, and other substances.

In your entire life, have you smoked at least 100 cigarettes?

100 cigarettes is about 5 packs.

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

{ ASKED IF SMOKED AT LEAST 100 CIGARETTES IN LIFETIME
AGESMK

JC-2. How old were you when you first started smoking fairly regularly?

Please enter your age in years.
If you never smoked regularly, enter 0.

Age in years _____

{ ASKED IF SMOKED AT LEAST 100 CIGARETTES IN LIFETIME
SMOKE12

JC-3. During the last 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1), how many cigarettes did you smoke a day, on average?

None.....1
About one cigarette a day or less.....2
Just a few cigarettes a day (2-4).....3
About half a pack a day (5-14).....4
About a pack a day (15-24).....5
More than a pack a day (25 or more)...6

{ Asked if R reported any amount of smoking in the last 12 months
SMKSTOP

JC-3a. During the last 12 months, has a doctor or other medical care provider provided you with counseling or support for you to stop smoking or using other kinds of tobacco?

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

{ASKED FOR ALL
DRINK12

JC-4. During the last 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1), how often have you had beer, wine, liquor, or other alcoholic beverages?

Never1 (GO TO JC-6 POT12)
Once or twice during the year2
Several times during the year3
About once a month4
About once a week5
About once a day6

{ Asked if R reported any drinking in the past 12 months
UNIT30D

JC-4a_U. This next question asks about your drinking over the past 30 days. Would you prefer to answer in terms of days per week or days per month?

Days per week1
 Days per month5

{ Asked if R answered UNIT30D with 1, 5, or DK

DRINK30D

JC-4a_N. IF UNIT30D = 1, ASK:
 During the past 30 days, that is, since (mo/day/yr), on how many days per week did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

ELSE IF UNIT30D = 5 OR DK, ASK:
 During the past 30 days, that is, since (mo/day/yr), on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

____ Number of days [IF 0, GO TO POT12]

{ Asked if R reported any drinking in the past 30 days

DRINKDAY

JC-4b. One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

____ Number of drinks

{ Asked if R reported any drinking in the past 30 days.

BINGE30

JC-4c. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 4 or more drinks on an occasion?

____ Number of times

{ Asked if R reported any drinking in the past 30 days.

DRNKMOST

JC-4d. During the past 30 days, what is the largest number of drinks you had on any occasion?

____ Number of drinks

{ ASKED IF R REPORTED ANY AMOUNT OF DRINKING IN LAST YEAR OR SAID DK

BINGE12

JC-5. During the last 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1), how often did you have 4 or more drinks within a couple of hours?

Never1
 Once or twice during the year2
 Several times during the year3
 About once a month4
 About once a week5
 About once a day6

POT12

JC-6. During the last 12 months, how often have you smoked marijuana?

Never1
Once or twice during the year2
Several times during the year3
About once a month4
About once a week5
About once a day or more.....6

COC12

JC-7. During the last 12 months, how often have you used cocaine?

Never1
Once or twice during the year2
Several times during the year3
About once a month or more.....4

CRACK12

JC-8. During the last 12 months, how often have you used crack?

Never1
Once or twice during the year2
Several times during the year3
About once a month or more.....4

CRYSTMTH

JC-8a. During the last 12 months, how often have you used Crystal or meth,
also known as tina, crank, or ice?

Never1
Once or twice during the year2
Several times during the year3
About once a month or more4

INJECT12

JC-9. During the last 12 months, how often have you shot up or injected
drugs other than those prescribed to you? By shooting up, we mean
anytime you might have used drugs with a needle, by mainlining, skin-
popping, or muscling.

Never1
Once or twice during the year2
Several times during the year3
About once a month or more.....4

Sex with Males (JD)**INTRO_J7**

JD_0. The next questions are about sexual experiences you may have had with a
male.

Please press [Enter] to continue.

INTRO_J8

JD_0. Here are some things you may have done with a male. If you have ever
done this at least one time with a male, answer yes. If you
have never done this, answer no.

Please press [Enter] to continue.

{ ASKED IF R HAS NEVER MARRIED, NEVER COHABITED, NEVER BEEN PREGNANT (BASED ON CAPI OR ACASI)

VAGSEX

JD-1. Has a male ever put his penis in your vagina (also known as vaginal intercourse)?

Yes1

No5 (JD-6 GETORALM)

{ Asked only if VAGSEX=1

AGEVAGR

JD-2. The first time this occurred, how old were you?

Age in years _____

{ Asked if R is younger than 18 years

AGEVAGM

JD-3. IF R < 18 YEARS AND JD-1 VAGSEX WAS NOT ASKED (VAGSEX = SYSMIS), ASK:
This first question is about your first vaginal intercourse with a male partner. The first time this occurred, how old was he?

ELSE IF R < 18 YEARS AND JD-1 VAGSEX WAS ASKED (VAGSEX NE SYSMIS), ASK:
The first time this occurred, how old was he?

Age in years _____

{ ASKED FOR ALL WHO REPORTED EVER HAVING VAGINAL INTERCOURSE

CONDVAG

JD-4. IF R IS 18 OR OLDER AND JD-1 VAGSEX WAS NOT ASKED (VAGSEX = SYSMIS),
ASK:
This first question is about your last vaginal intercourse with a male partner. Was a condom used the last time you had vaginal intercourse with a male?

ELSE ASK:

Was a condom used the last time you had vaginal intercourse with a male?

Yes1

No5 (JD-6 GETORALM)

WHYCONDL

JD-5. The last time you had vaginal intercourse with a male, did you use the condom to...

To prevent pregnancy,1

To prevent diseases like gonorrhea, chlamydia, syphilis,
herpes or AIDS,2

For both reasons,3

Or for some other reason4

{ASKED FOR ALL

GETORALM

JD-6. The next few questions are about oral sex. By oral sex, we mean stimulating the genitals with the mouth. Has a male ever performed oral sex on you?

Yes1

No5

{ASKED FOR ALL

GIVORALM

JD-7. Have you ever performed oral sex on a male? That is, have you ever stimulated his penis with your mouth?

Yes1

No5 (JD-9 ANALSEX)

{ASKED FOR ALL

CONDFELL

JD-8. Was a condom used the last time you performed oral sex on a male?

Yes1

No5

{ASKED IF R IS 15-24 AND HAS EVER HAD ORAL SEX AND VAGINAL INTERCOURSE

TIMING

JD-8b. Thinking back to when you had oral sex with a male for the first time, was it before, after, or on the same occasion as your first vaginal intercourse with a male?

Before first vaginal intercourse1

After first vaginal intercourse3

Same occasion.....5

{ASKED FOR ALL

ANALSEX

JD-9. Has a male ever put his penis in your rectum or butt (also known as anal sex)?

Yes1

No5 (JD-11 CONDSEXL)

{ASKED IF R EVER HAD ANAL SEX

CONDANAL

JD-10. Was a condom used the last time you had anal sex with a male?

Yes1

No5

{ ASKED IF R REPORTED MORE THAN 1 FORM OF MALE-GENITAL-INVOLVING SEX, AND SHE
 { REPORTED CONDOM USE AT LAST SEX FOR ANY SPECIFIC TYPE

CONDSEXL

JD-11. The very last time you had any type of sex -- that is, vaginal intercourse or anal sex or oral sex -- with a male partner, was a condom used?

Yes1

No5

{ IF R IS 18 OR OLDER, CONTINUE WITH JE SERIES.
 { ELSE IF R IS YOUNGER THAN 18, GO TO JF SERIES.

Non Voluntary Intercourse: Male - Female (JE)

{ JE SERIES ONLY ASKED FOR R's AGED 18 YEARS OR OLDER

{ IF R DID NOT REPORT HAVING VAGINAL SEX (IN AUDIO CASI), GO TO JE-5 EVRFORCD

{ ASKED IF R REPORTED EVER HAVING VAGINAL SEX

WANTSEX1

JE-1. Think back to the very first time you had vaginal intercourse with a male. Which would you say comes closest to describing how much you wanted that first vaginal intercourse to happen?

I really didn't want it to happen at the time1
I had mixed feelings -- part of me wanted it to
happen at the time and part of me didn't2
I really wanted it to happen at the time3

VOLSEX1

JE-2. Would you say then that this first vaginal intercourse was voluntary or not voluntary, that is, did you choose to have sex of your own free will or not?

Voluntary.....1
Not voluntary.....5

HOWOLD

JE-3. How old were you when this first vaginal intercourse happened?

Age in years _____

{ IF R's FIRST VAGINAL SEX WAS WANTED AND VOLUNTARY, GO TO JF-5 EVRFORCD

{ ASKED ONLY IF R REPORTED HER 1st VAGINAL SEX AS "Not voluntary"
{ OR DIDN'T WANT IT TO HAPPEN OR HAD MIXED FEELINGS (WANTSEX1 = 1 or 2)

INTRO-J9

INTRO-J9. Were any of these kinds of force used?

Please press [Enter] to continue.

{ JE-4a THROUGH JE-4g ASKED ONLY IF R REPORTED HER 1st VAGINAL SEX AS "Not
{ voluntary" OR DIDN'T WANT IT TO HAPPEN OR HAD MIXED FEELINGS (WANTSEX1 = 1
{ or 2)

GIVNDRUG

JE-4a. Were you given alcohol or drugs?

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

HEBIGOLD

JE-4b. Did you do what he said because he was bigger than you or a grown-up, and you were young?

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

ENDRELAT

JE-4c. Were you told that the relationship would end if you didn't have sex?

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

WORDPRES

JE-4d. Were you pressured into it by his words or actions, but without

threats of harm?

Yes.....1

No.....5

THRTPHYS

JE-4e. Were you threatened with physical hurt or injury?

Yes.....1

No.....5

PHYSHURT

JE-4f. Were you physically hurt or injured?

Yes.....1

No.....5

HELDDOWN

JE-4g. Were you physically held down?

Yes.....1

No.....5

EVRFORCD

JE-5. (Besides the time you already reported/At any time in your life,) have you ever been forced by a male to have vaginal intercourse against your will?

Yes.....1

No.....5 (GO TO JF SERIES)

AGEFORC1

JE-6. (After the time you already reported, when you were age (JE-3 HOWOLD),) how old were you the (very first time/next time) you were forced by a male to have vaginal intercourse against your will?

Age in years _____

{ IF R's 1st VAGINAL SEX WAS "not voluntary" GO TO JF SERIES.
{ REMAINDER OF JE SERIES ASKED ONLY IF R's 1st VAGINAL SEX WAS VOLUNTARY BUT
{ SHE REPORTED HAVING EVER BEEN FORCED AT ANOTHER TIME BY A MALE TO HAVE
{ VAGINAL SEX OR R'S 1ST VAGINAL SEX WAS REALLY NOT WANTED AT THE TIME OR
{ R HAD MIXED FEELINGS AT THE TIME (WANTSEX1=1 OR 2)

JE-0. Were any of these kinds of force used?

Please press [Enter] to continue.

GIVNDRG2

JE-7a. Were you given alcohol or drugs?

Yes.....1

No.....5

HEBIGOL2

JE-7b. Did you do what he said because he was bigger than you or a grown-up, and you were young?

Yes.....1

No.....5

ENDRELA2

JE-7c. Were you told that the relationship would end if you didn't have sex?

Yes.....1

No.....5

WRDPRES2

JE-7d. Were you pressured into it by his words or actions, but without threats of harm?

Yes.....1

No.....5

THRTPHY2

JE-7e. Were you threatened with physical hurt or injury?

Yes.....1

No.....5

PHYSHRT2

JE-7f. Were you physically hurt or injured?

Yes.....1

No.....5

HELDDWN2

JE-7g. Were you physically held down?

Yes.....1

No.....5

STD/HIV Risk Behaviors (JF)

{ IF R DID NOT REPORT (IN A-CASI) ANY VAGINAL, ORAL, OR ANAL SEX WITH A MALE,
{ GO TO JG SERIES.

INTROJ11

JF_0. This next section is also about your male sex partners. This time, think about any male with whom you have had vaginal intercourse, oral sex, or anal sex -- any of these.

Please press [Enter] to continue.

PARTSLIF

JF-1. Thinking about your entire life, how many male sex partners have you had? Please count every partner, even those you had sex with only once.

Number _____

PARTS12M

JF-2. Thinking about the last 12 months, how many male sex partners have you had in the 12 months since (INTERVIEW MONTH)? Please count every partner, even those you had sex with only once in those 12 months.

Number _____

{NEWYEAR AND NEWLIFE ASKED IF R REPORTS MORE MALE PARTNERS IN LAST 12 MONTHS THAN IN LIFETIME

NEWYEAR

JF-2YR. Earlier you reported having more male partners in the last 12 months than you have had in your life. One or both of these numbers appear to be entered incorrectly, so those questions will be asked again. Your previous answers are displayed below:

___ male partners in last 12 months

___ male partners in lifetime

NEWLIFE

JF-2LF. How many male partners did you have in your lifetime?

___ male partners in lifetime

{ Asked if R has ever had vaginal intercourse

VAGNUM12

JF-2YRa. Your number of male partners in the last 12 months is displayed below. Thinking of your male partners in the last 12 months, with how many of them did you have vaginal intercourse?

DISPLAY:___ male partners in last 12 months

{ Asked if R has ever had oral sex with a male

ORALNUM12

JF-2YRb. (Your number of male partners in the last 12 months is displayed below.) Thinking of your male partners in the last 12 months, with how many of them did you have oral sex, either giving or receiving?

DISPLAY:___ male partners in last 12 months

{ Asked if R has ever had anal sex with a male

ANALNUM12

JF-2YRc. (Your number of male partners in the last 12 months is displayed below.) Thinking of your male partners in the last 12 months, with how many of them did you have anal sex?

DISPLAY:___ male partners in last 12 months

{ IF R IS UNDER AGE 18 AND HAS 1 OR MORE CURRENT SEXUAL PARTNER, CONTINUE.
{ ELSE IF R REPORTED 0 MALE PARTNERS IN LAST 12 MONTHS, GO TO JG SERIES.
{ ELSE GO TO JF-3 BISEXPRT.

INTROJ12

INTROJ12. You indicated in the interview that you have (NUMBER) current sexual partner(s). Here is an additional question about (him/those partners/some of those partners).

Please press [Enter] to continue.

{ SCREEN WILL DISPLAY UP TO 3 CURRENT SEXUAL PARTNERS FOR R's UNDER 18 YEARS.
{ R WILL BE LOOPED FROM CURRPAGE THROUGH HOWMUCH as applicable.

CURRPAGE

JF-2a. Earlier you reported that you last had sexual intercourse with the (blank/first/second/third) person shown on the screen in (mo/yr). How old was he at that time?

Age in years _____

{ IF AGE REPORTED OR RF, GO TO NEXT PARTNER IF THERE IS ONE.
 { ELSE GO TO JF-3 BISEXPRT.

{ ASKED IF CURRPAGE = DK

RELAGE

JF-2b. Is he older than you, younger than you or the same age?

Older1
 Younger2
 Same age3

{ IF R SAID "same age" GO TO NEXT PARTNER IF THERE IS ONE.
 { IF NO MORE PARTNERS TO LOOP THROUGH, GO TO JF-3 BISEXPRT.

{ ASKED IF RELAGE = older or younger

HOWMUCH

JF-2c. By how many years?

1-2 years1
 3-5 years2
 6-10 years3
 More than 10 years4

{ IF ANY MORE CURRENT PARTNERS, RETURN TO CURRPAGE.

{ IF R REPORTED 0 MALE PARTNERS IN LAST 12 MONTHS, GO TO JG SERIES.

{ REMAINDER OF JF SERIES ASKED IF R REPORTED ANY MALE PARTNERS IN LAST 12
 { MONTHS OR SAID DK

BISEXPRT

JF-3. (Now please think about all of your male sexual partners in the last 12 months, that is since (INTERVIEW MONTH, INTERVIEW YEAR - 1).)
 Have any of your male partners in the last 12 months ever had sex with other males?

Yes1
 No5

NONMONOG

JF-4. In the last 12 months, did you have sex with any males who were also having sex with other people at around the same time?

Yes1
 No5

{ASKED IF R HAD SEX WITH MALE(S) WHO HAD SEX WITH OTHER PEOPLE DURING THE PAST 12 MONTHS (NONMONOG=1), AND R HAD MORE THAN 1 MALE PARTNER IN PAST 12 MONTHS

{Rs WITH ONLY 1 MALE PARTNER IN PAST 12 MONTHS GO STRAIGHT TO JF-5B

NNONMONOG1

JF-5a. To the best of your knowledge, how many of your male sexual partners in the last 12 months were having sex with other people

around the same time?

- 1 partner1
2 or more partners.....2

NNONMONOG2

JF-5b. (Thinking of your 1 male partner in the last 12 months), how many other partners do you think this partner had around the same time as he was having sex with you?

- 1 other partner besides you1
2 other partners besides you2
3 or more other partners besides you3

{ASKED IF NONMONOG=1 AND R HAD AT LEAST 2 MALE PARTNERS WHO HAD SEX WITH OTHER PEOPLE DURING THE PAST 12 MONTHS

NNONMONOG3

JF-5c. Thinking of your most recent male partner who had other sexual partners, how many other partners do you think he had around the same time as he was having sex with you?

- 1 other partner besides you1
2 other partners besides you2
3 or more other partners besides you3

MALSHT12

JF-6. In the last 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1), have you had sex with a male who takes or shoots street drugs using a needle?

- Yes1
No5

PROSTFRQ

JF-7. In the last 12 months, has a male given you money or drugs to have sex with him?

- Yes1
No5

JOHNFREQ

JF-8. In the last 12 months, have you given a male money or drugs to have sex with you?

- Yes1
No5

HIVMAL12

JF-9. In the last 12 months, have you had sex with a male who you knew was infected with the AIDS virus?

- Yes1
No5

Sex with Females (JG)

{ ASKED FOR ALL

GIVORALF

JG-1a. The next questions ask about sexual experiences you may have had with another female. Have you ever performed oral sex on another

female?

Yes.....1

No.....5

GETORALF

JG-1b. Has another female ever performed oral sex on you?

Yes.....1

No.....5

{ ASKED IF R HAS NOT ALREADY REPORTED ORAL SEX WITH A FEMALE

FEMSEX

JG-1c. Have you ever had any sexual experience of any kind with another female?

Yes.....1

No.....5

{ ASKED IF R HAS HAD ANY SEXUAL EXPERIENCE WITH A FEMALE PARTNER. IF R HAS NOT HAD ANY SEXUAL EXPERIENCE WITH A FEMALE PARTNER, GO TO JH SERIES.

FEMPARTSJG-2. Thinking about your entire life, how many female sex partners have you had?

Number _____

FEMPRT12JG-3. Thinking about the last 12 months, how many female sex partners have you had in the 12 months since (INTERVIEW MONTH)? Please count every partner, even those you had sex with only once in those 12 months.

Number _____

SAMESEX1JG-4. Thinking back to the first time you ever had oral sex or another kind of sexual experience with a female partner, how old were you?

Age in years _____

{ Asked for all Rs who have ever had any sexual experience with a female partner

FSAMEREL

JG-4a. Please look at Card 24. At the time you first had any sexual experience with a female partner, how would you describe your relationship with her?

Married to her1

Engaged to her2

Living together in a sexual relationship, but not engaged3

Going with her or going steady4

Going out with her once in a while5

Just friends6

Had just met her7

Something else8

Sexual Attraction, Orientation, & Experience with STDs (JH)

{ ASKED ONLY IF R REPORTED HAVING SEX WITH BOTH MALES & FEMALES

MFLASTP

JH-1. The very last time you had any type of sex -- that is vaginal intercourse or anal sex or oral sex -- was that last sexual partner male or female?

Male1

Female2

{ASKED FOR ALL

DATEAPP

JH-1a. In the past 12 months, have you had sex with anyone you first met using a dating or "hookup" website or mobile app? Sex includes vaginal, anal and oral sex.

Yes1

No5

{ ASKED FOR ALL

ATTRACT

JH-2. People are different in their sexual attraction to other people. Which best describes your feelings? Are you...

Only attracted to males1

Mostly attracted to males2

Equally attracted to males and females3

Mostly attracted to females4

Only attracted to females5

Not sure6

{ ASKED FOR ALL - USED IN RANDOM HALF SAMPLE OF NSFG RESPONDENTS

ORIENT_A

JH-3a. Do you think of yourself as ...

Heterosexual or straight,1

Homosexual, gay, or lesbian,2

Or bisexual3

{ ASKED FOR ALL - USED IN RANDOM HALF SAMPLE OF NSFG RESPONDENTS

ORIENT_B

JH-3b. Which of the following best represents how you think of yourself?

Lesbian or gay1

Straight, that is, not lesbian or gay.....2

Bisexual3

Something else4

INTROJ13

INTROJ13. The next questions are about your sexual and reproductive health.

Please press [Enter] to continue.

{ Asked for all Rs aged 15-25

CONFCNC

JH-3a. Would you ever not go for sexual or reproductive health care because your parents might find out?

Yes1

No5

{ Asked for all Rs aged 15-17

TIMALON

JH-3b. The last time you had a health care visit in the past 12 months, did a doctor or other health provider spend any time alone with you without a parent, relative or guardian in the room?

Enter 6 if you did not have a health care visit in the past 12 months.

Yes1

No5

{ Asked for all Rs

RISKCHK1

JH-3c. In the last 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1), has a doctor or other medical care provider asked you about your sexual orientation or the sex of your sexual partners?

Yes1

No5

{ Asked for all Rs

RISKCHK2

JH-3d. In the last 12 months, has a doctor or other medical care provider asked you about your number of sexual partners?

Yes1

No5

{ Asked for all Rs

RISKCHK3

JH-3e. In the last 12 months, has a doctor or other medical care provider asked you about your use of condoms?

Yes1

No5

{ Asked for all Rs

RISKCHK4

JH-3f. In the last 12 months, has a doctor or other medical care provider asked you about the types of sex you have, whether vaginal, oral, or anal?

Yes1

No5

{ ASKED FOR ALL

CHLAMTST

JH-4. In the last 12 months, that is, since [INTERVIEW MONTH, INTERVIEW YEAR - 1], have you been tested for Chlamydia?

Yes1

No5

{ ASKED FOR ALL

STDOTHR12

JH-4b. In the last 12 months, have you been tested for any other sexually transmitted disease like gonorrhea, herpes, or syphilis?

Yes1

No5

{ ASKED FOR ALL

STDTRT12

JH-5. In the last 12 months, have you been treated or received medication from a doctor or other medical care provider for a sexually transmitted disease like gonorrhea, chlamydia, herpes, or syphilis?

Yes1

No5

{ ASKED FOR ALL

GON

JH-6. In the last 12 months, have you been told by a doctor or other medical care provider that you had gonorrhea?

Yes1

No5

{ ASKED FOR ALL

CHLAM

JH-7. In the last 12 months, have you been told by a doctor or other medical care provider that you had chlamydia?

Yes1

No5

{ ASKED FOR ALL

HERPES

JH-8. At any time in your life, have you ever been told by a doctor or other medical care provider that you had genital herpes?

Yes1

No5

{ ASKED FOR ALL

GENWARTS

JH-9. At any time in your life, have you ever been told by a doctor or other medical care provider that you had genital warts or human papillomavirus also called HPV?

Yes1

No5

{asked of all respondents

ABNHPV

JH-9a. At any time in the last 5 years, have you had an HPV test where the results were not normal?

Yes1

No5

{ ASKED FOR ALL

SYPHILIS

JH-10. At any time in your life, have you ever been told by a doctor or other medical care provider that you had syphilis?

Yes1

No5

{ASKED IF R REPORTED NEVER INJECTING DRUGS OTHER THAN THOSE PRESCRIBED IN THE PAST 12 MONTHS (JC-9 INJECT12=1) OR DK/RF

EVRINJECT

JH-11. At any time in your life, have you ever shot up or injected drugs other than those prescribed for you?

Yes.....1

No.....5 (JI Series)

{ASKED IF R REPORTED EVER INJECTING DRUGS OTHER THAN THOSE PRESCRIBED IN PAST 12 MONTHS (JC-9 INJECT12=2,3,4)

EVRSHARE

JH-12. At any time in your life, have you ever shot up or injected drugs with a needle that someone else had used before you?

Yes1

No5

Individual Earnings and Family Income and Public Assistance (JI)

{ ASKED FOR ALL

INTROJ14

INTROJ14. Income is important in analyzing the information we collect. For example, this information helps us to learn whether persons in each income group get the health services they need.

Please press [Enter] to continue.

{ IF R HAS NEVER WORKED GO TO JI-1 INTROJ15

{ ASKED IF R EVER WORKED

EARNTYPE

JI-0a. Next, please enter your total earnings before taxes (on your last job). Will it be easier for you to enter your total earnings per week, per month, or per year?

Week.....1

Month.....2

Year.....3

EARN

JI-0b. Which category represents your total (weekly/monthly/yearly) earnings before taxes (on your last job)?

(WEEKLY INCOME CATEGORIES)

UNDER \$96	1
\$ 96-143	2
\$ 144-191	3
\$ 192-239	4
\$ 240-288	5
\$ 289-384	6
\$ 385-480	7
\$ 481-576	8
\$ 577-672	9
\$ 673-768	10
\$ 769-961	11
\$ 962-1,153	12
\$1,154-1,441	13
\$1,442-1,922	14

\$1,923 or more 15

(MONTHLY INCOME CATEGORIES)

UNDER \$417 1
 \$ 417-624 2
 \$ 625-832 3
 \$ 833-1,041 4
 \$1,042-1,249 5
 \$1,250-1,666 6
 \$1,667-2,082 7
 \$2,083-2,499 8
 \$2,500-2,916 9
 \$2,917-3,332 10
 \$3,333-4,166 11
 \$4,167-4,999 12
 \$5,000-6,249 13
 \$6,250-8,332 14
 \$8,333 or more 15

(YEARLY INCOME CATEGORIES)

UNDER \$5,000 1
 \$ 5,000- 7,499 2
 \$ 7,500- 9,999 3
 \$10,000-12,499 4
 \$12,500-14,999 5
 \$15,000-19,999 6
 \$20,000-24,999 7
 \$25,000-29,999 8
 \$30,000-34,999 9
 \$35,000-39,999 10
 \$40,000-49,999 11
 \$50,000-59,999 12
 \$60,000-74,999 13
 \$75,000-99,999 14
 \$100,000 or more 15

{ASKED IF R ANSWERED DK OR RF TO JI-0b EARN

EARNDK1

JI-0c. Was it \$20,000 or more per year?

Yes.....1

No.....5 (GO TO JI-1 INTROJ15)

{ASKED IF R ANSWERED "YES" TO JI-0c EARNDK1

EARNDK2

JI-0d. Was it \$50,000 or more per year?

Yes.....1

No.....5 (GO TO JI-1 INTROJ15)

{ASKED IF R ANSWERED "YES" TO JI-0d EARNDK2

EARNDK3

JI-0e. Was it \$75,000 or more per year?

Yes.....1

No.....5 (GO TO JI-1 INTROJ15)

{ASKED IF R ANSWERED "YES" TO JI-0e EARNDK3

EARNDK4

JI-0f. Was it \$100,000 or more per year?

Yes1
No5

{ READ IF HOUSEHOLD INCLUDES MORE THAN JUST RESPONDENT

INTROJ15

JI-1. IF R IS MARRIED AND HOUSEHOLD SIZE > 2, SAY:
The next questions are about your combined family income last year, that is, in the (year of interview - 1). When answering these questions, please remember that "combined family income" means your income plus your husband's income, income from any of your family members that live here, and income from any of your husband's family members that live here, before taxes.

{THERE ARE OTHER WORDING VARIANTS, DETERMINED BY HOUSEHOLD SIZE & COMPOSITION

Please press [Enter] to continue.

SOURCES

JI-1a. IF ROSCNT = 1, ASK:

Please look at the list of possible sources of income on the back of the last card in the showcard booklet. In thinking about your income, please include any income you received from any of those sources last year. When you have read through the list please press the [Enter] key to continue.

ELSE IF ROSCNT > 1, ASK:

Please look at the list of possible sources of income on the back of the last card in the showcard booklet. In thinking about your combined family income, please include any income anyone in your family received from any of those sources last year. When you have read through the list please press the [Enter] key to continue.

TOINCWMY

JI-2. Remember, this item is important and your answers will be kept confidential. Will it be easier for you to report (your/the) total (LASTYEAR_FILL) income per week, per month, or per year?

Week.....1
Month.....2
Year.....3

TOTINC

JI-3. Which category represents (your total (weekly/monthly/yearly) income/ the total combined (weekly/monthly/yearly) income of your family) in the year (year of interview - 1). Please enter the amount before taxes.

{ ONSCREEN NOTES REMIND R OF WHOSE INCOME TO INCLUDE

(WEEKLY INCOME CATEGORIES)

UNDER \$96 1
\$ 96-143 2
\$ 144-191 3
\$ 192-239 4
\$ 240-288 5
\$ 289-384 6
\$ 385-480 7
\$ 481-576 8
\$ 577-672 9

\$ 673-768	10
\$ 769-961	11
\$ 962-1,153	12
\$1,154-1,441	13
\$1,442-1,922	14
\$1,923 or more	15

(MONTHLY INCOME CATEGORIES)

UNDER \$4171	
\$ 417-624	2
\$ 625-832	3
\$ 833-1,041	4
\$1,042-1,249	5
\$1,250-1,666	6
\$1,667-2,082	7
\$2,083-2,499	8
\$2,500-2,916	9
\$2,917-3,332	10
\$3,333-4,166	11
\$4,167-4,999	12
\$5,000-6,249	13
\$6,250-8,332	14
\$8,333 or more	15

(YEARLY INCOME CATEGORIES)

UNDER \$5,000	1
\$ 5,000- 7,499	2
\$ 7,500- 9,999	3
\$10,000-12,499	4
\$12,500-14,999	5
\$15,000-19,999	6
\$20,000-24,999	7
\$25,000-29,999	8
\$30,000-34,999	9
\$35,000-39,999	10
\$40,000-49,999	11
\$50,000-59,999	12
\$60,000-74,999	13
\$75,000-99,999	14
\$100,000 or more	15

{ IF JI-3 TOTINC IS REPORTED, GO TO JI-4 PUBASST.

{ ASKED IF INCOME = DK OR RF

FMINCDK1

JI-3a. Was it less than \$50,000 or \$50,000 or more in (year of interview - 1)?

Less than \$50,000.....1
\$50,000 or more.....5 (GO TO JI-3d FMINCDK4)

(ASKED IF INCOME WAS LESS THAN \$50,000

FMINCDK2

JI-3b. Was it less than \$35,000?

Yes1
No5 (GO TO JI-4 PUBASST)

{ ASKED IF INCOME WAS LESS THAN \$35,000

FMINCDK3

JI-3c. Was it less than (poverty threshold for a family the size of the respondent's)?

Yes1 (GO TO JI-4 PUBASST)
 No5 (GO TO JI-4 PUBASST)

(ASKED IF INCOME WAS MORE THAN \$50,000
FMINCDK4 Was it \$75,000 or more last year?
 JI-3d

Yes1
 No5 (GO TO JI-4 PUBASST)

(ASKED IF INCOME WAS MORE THAN \$75,000
FMINCDK5
 JI-3e. Was it \$100,000 or more last year?

Yes1
 No5

{ ASKED FOR ALL
PUBASST

JI-4. At any time during (year of interview - 1), even for one month,
 did you or any members of your family living here receive
 any cash assistance from a state or county welfare program, such
 as (DISPLAY STATE PROGRAM NAME(S))?

*Do not include Food Stamps, SSI, Energy Assistance, WIC, School
 Meals, or Transportation, Child Care, Rental or Education
 Assistance.*

Yes1
 No5 (GO TO JI-6 FOODSTMP)

{ ASKED IF ANY GOVT PAYMENTS WERE REPORTED
PUBASTYP

JI-5. From what type of program did you or any members of your family
 living here receive the ~~CASH~~ cash assistance? Was it a welfare
 or welfare-to-work program such as (DISPLAY STATE PROGRAM
 NAME(S)), General Assistance, Emergency Assistance, or some other
 program?

Please enter all that apply.

To enter multiple answers, enter the number of the first answer,
 press the space bar, enter the number of the next answer, and so
 forth. The space bar is the long key at the bottom of the
 keyboard, in the middle. Press [Enter] once you're finished
 entering all your answers.

(STATE PROGRAM NAME(S))/welfare/AFDC.....1
 General Assistance.....2
 Emergency Assistance/short-term cash assistance.....3
 Some other program.....4

{ ASKED FOR ALL
FOODSTMP

JI-6. The next question is about SNAP, the Supplemental Nutrition
 Assistance Program, formerly known as the Food Stamp Program.
 SNAP benefits are provided on an electronic debit card {called
 [DISPLAY STATE PROGRAM NAME(S)]/or EBT card}. In the (year of
 interview - 1), did you or any members of your family living here
 receive food stamps or SNAP benefits?

Yes1
No5

{ ASKED FOR ALL

WIC

JI-7. In the year (year of interview - 1), did you or any members of your family living here receive WIC, the Women, Infants, and Children Nutrition Program?

Yes1
No5

{ ASKED FOR ALL

HLPTRANS

JI-8a. In the year (year of interview - 1), did you or any members of your family living here receive the following type of government assistance because your income was low...

Transportation assistance, such as gas vouchers, bus passes, or help registering, repairing, or insuring a car?

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

{ ASKED FOR ALL

HLPCHLDC

JI-8b. (In the year (year of interview - 1), did you or any members of your family living here receive the following type of government assistance because your income was low...)

Any child care services or assistance so you or they could go to work or school or training?

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

{ ASKED FOR ALL

HLPJOB

JI-8c. (In the year (year of interview - 1), did you or any members of your family living here receive the following type of government assistance because your income was low...)

A social services or Welfare office's help with job training, a Job Club, a job search program, or anything else to help you or anyone in the household try to find a job?

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

{ ASKED FOR ALL

FREEFOOD

JI-9. In the last 12 months, did you receive free or reduced-cost food or meals because you couldn't afford to buy food?

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

HUNGRY

JI-10. In the past 12 months, were you or any member of your family

ever hungry, but you just couldn't afford more food?

Yes.....1

No.....5

MED_COST

JI-11.

In the past 12 months, was there anyone in your household who needed to see a doctor or go to the hospital but couldn't go because of the cost?

Yes.....1

No.....5

Lock

The responses you have given in this section will now be locked away to maintain your privacy. In order to activate the lock, please enter a number between 1 and 100 and press [Enter].

CONCLUSN

CONCLUSN.

Thank you again for your participation in this study. Your responses to this special section have been successfully locked away. Please turn the computer back to the interviewer.

INTVCLOSE

INTVCLOSE. INTERVIEWER: PLEASE ENTER [1] TO END THE INTERVIEW.

**OMB Renewal Package for NSFG
Attachment K - Male CAPI-lite Questionnaire**

**2011-2019 National Survey of Family Growth
MALE Questionnaire
(Year 7 CAPI-lite, fielded since Sept 2017)**

NOTE: CAPI is Computer-Assisted Personal Interviewing. This is the "CAPI-Lite" version of the 2011-2019 NSFG, Year 7 (2017) showing basic question wording and routing. The full specifications, used to program the questionnaire, are included in the CAPI Reference Questionnaire ("CRQ").

NOTE: Questions are numbered sequentially in each sub-series. However, due to the addition and removal of questions over questionnaire versions, there may be gaps in numbering or numbers followed by letters in a sub-series. In some instances, entire subsections have been removed.

SECTION A

**Demographic characteristics; Household roster; Childhood
background; Marital/cohabiting status**

INTRO_1

AA_0.Now we can begin.

THIS ITALICIZED TEXT CURRENTLY APPEARS ON SCREEN, IN COMPLIANCE WITH OMB GUIDELINES.

Public reporting burden of this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, GA 30333; ATTN: PRA (OMB No. 0920-0314)

<p>Assurance of Confidentiality - All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347). By law, every employee as well as every agent has taken an oath and is subject to a jail term of up to five years, a fine of up to \$250,000, or both if he or she willfully discloses ANY identifiable information about you.</p>

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

{ NOTE:

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

Age and Date of Birth (AA)

AGE_A

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

ENTER age at last birthday in years _____

BIRTHDAY

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

ENTER MM/DD/YYYY, with or without dividers _____

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

(ASKED IF RESPONDENT DID NOT KNOW OR REFUSED TO PROVIDE AGE AND BIRTHDAY

MISSBRTH:

AA-2A. In order to proceed with this interview, we need to know either your age or your date of birth. I'd like to assure you that all information collected in this survey will remain confidential and be used only for statistical tabulations. Would you please give me your age or date of birth?

Yes1 RETURN TO AGE_A AA-1

No5 GO TO TERMINATION SCRIPT TERMAGE AA-3A.

{ IF R IS BETWEEN THE AGES OF 15 and 49, GO TO AC SERIES

TERMINATION SCRIPTS:

TERMAGE That's all the questions I have for you. Thank you for your time.
 AA-3A.

◆ ENTER [1] to exit interview

----- EXIT APPLICATION {age not given} -----

TERM In this survey we are only interviewing men who are between the
 AA-3. ages of 15 and 49. Therefore, that's all the questions I have for you. Thank you for your time.

◆ ENTER [1] to exit interview

----- EXIT APPLICATION {age ineligible}-----

Hispanic Origin and Race (AC)

HISP

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

[HELP AVAILABLE]

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

INTROCARD

AC-1a. For many questions on this survey, I'll ask you to look at numbered cards that list answer choices. After you've read the choices on the card, you can tell me your answer or, if you prefer, you can just tell me the number next to the answer you choose.

{ASKED IF HISPANIC

HISPGRP

AC-2. Looking at card 1a, are you Puerto Rican; Cuban; Mexican, Mexican American or Chicana; Central or South American; or another Hispanic, Latina, or Spanish origin? One or more categories may be selected.

♦ *ENTER all that apply*

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

RRACE

AC-3. Looking at Card 1b, what is your race? One or more races may be selected.

[HELP AVAILABLE]

♦ *ENTER all that apply*

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

White 1
Black or African American..... 2
American Indian or Alaska Native..... 3

Asian Indian..... 4
Chinese 5
Filipino 6
Japanese..... 7
Korean..... 8
Vietnamese 9
Other Asian 10

Native Hawaiian 11
Guamanian or Chamorro 12
Samoan 13

Other Pacific Islander 14

{ASKED ONLY IF MULTIPLE RACE GROUPS MENTIONED

RACEBEST

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

[HELP AVAILABLE]

{ DISPLAY ONLY THOSE GROUPS MENTIONED IN RRACE AC-3

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

OBSERVE

AC-5. ENTER race of respondent by observation

Black.....1
White.....2
Other.....7

{ Asked of all Rs

PRIMLANG

AC-6. What languages do you usually speak at home?

♦ ENTER all that apply.

English.....1
Spanish.....2
Other.....7

Household Roster and Marital/Cohabiting Status (AD)

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

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

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

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

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

{ASKED OF ALL RESPONDENTS:

Verify[X]

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

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

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

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

If no, GO TO AD-7 ENDROSTER

If yes, CONTINUE

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

Name[X]

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

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

UsualRes[X]

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

Yes1
No5

Sex[X]

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

Male1
Female2

Age[X]

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

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

Age _____

Relar[X]

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

[HELP AVAILABLE]

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

If R says 'foster sister' or 'foster brother', enter 23, 'Other non relative'.

(IF HOUSEHOLD MEMBER IS MALE, DISPLAY:)

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

(IF HOUSEHOLD MEMBER IS FEMALE, DISPLAY:)

Wife/spouse.....	1
Female unmarried partner	2
Biological daughter	3
Step-daughter (daughter of spouse)	4
Adopted daughter	5
Legal ward	6
Foster child	7
Partner's daughter	8
Granddaughter	9
Niece	10
Biological mother	11
Step-mother (wife of father)	12
Adoptive mother	13
Legal guardian	14
Foster parent	15
Your parent's female partner	16

Grandmother	17
Aunt	18
Sister	19
Other female relative	20
Roommate (female)	21
Tenant or boarder (female)	22
Other female nonrelative	23

{ASKED IF R IS MARRIED TO OR COHABITING WITH A MALE

SMSEXMAR

AD-5a. For the next several parts of our interview, the questions about marriage and other sexual relationships are limited to those with opposite-sex spouses or partners. You will still be asked questions that may apply to you about children you have fathered or raised, and health services you have received. In the final section of the interview, some questions will ask about sexual experience with same-sex spouses or partners. For this part of the interview, please answer as many questions as are relevant to you.

{ASKED OF ALL RESPONDENTS:

RowDone[X]

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

{ASKED OF ALL RESPONDENTS:

ENDROSTER

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

MARSTAT

AD-7b. Now I'd like to ask about marital status and living together. Please look at Card 4. What is your current marital or cohabiting status?

[HELP AVAILABLE]

♦ ENTER [2] if R is living together with a partner of the opposite sex to whom she is not married, even if she is also widowed, divorced, separated, or never-married

♦ IF R volunteers living in a same-sex marriage or with a same-sex partner, probe for R's marital or cohabitation status with respect to opposite sex spouses or cohabiting partners. If R has not had an opposite sex marriage and is not currently cohabiting with an opposite sex partner, enter [6].

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

{ ASKED IF COHABITING (MARSTAT = 2)

FMARSTAT

AD-7c. What is your formal marital status? That is, are you widowed, divorced, separated, or have you never been married?

[HELP AVAILABLE]

Widowed.....3
 Divorced or annulled4
 Separated, because you and your spouse are
 not getting along.....5
 Never been married.....6

{ASKED IF R IS MARRIED/COHABITING BUT WIFE/PARTNER NOT LISTED IN HH ROSTER
WPLOCATN

AD-8. Please look at Card 5. Where is your (wife/partner) currently living?

Friend's home.....1
 Relative's home.....2
 College/university.....3
 Armed forces.....4
 Employed in another city.....5
 Medical institution (hospital,
 rehabilitation facility).....6
 Correctional institution (jail, prison)...7
 Other8

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

RELWOM[X]

AD-9. I need to find out about [WIFE/PARTNER'S NAME]'s relationship to the children who live here. Please look at Card 7. What is [WIFE/PARTNER'S NAME]'s relationship to [CHILD'S NAME]?

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

Regular school and GED (AE)

{ASKED OF ALL RESPONDENTS

GOSCHOL

AE-1. I'd like to talk about your education in regular school. By regular school I mean elementary, junior high or middle school, high school, college, or graduate school.

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

[HELP AVAILABLE]

If R says he is taking GED courses now, or "taking a semester or quarter off", or in "vocational school", enter [5].

Yes1
 No5 (GO TO HIGRADE AE-3)

{ ASKED IF R IN SCHOOL, AGED 15-19, and INTERVIEW IS CONDUCTED IN MAY-SEPT
VACA

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

[HELP AVAILABLE]

Yes1
 No5

HIGRADE

AE-3. Please look at Card 8. What (is the highest grade or year of (regular) school you have ever attended?) /(grade or year of school are you in/were you in before vacation began)?

[HELP AVAILABLE]

No formal schooling0
 1st grade1
 2nd grade2
 3rd grade3
 4th grade4
 5th grade5
 6th grade6
 7th grade7
 8th grade8
 9th grade9
 10th grade10
 11th grade11
 12th grade12
 1 year of college or less13
 2 years of college14
 3 years of college15
 4 years of college/grad school16
 5 years of college/grad school17
 6 years of college/grad school18
 7 or more years of college and/or grad school ...19

{ IF HIGHEST GRADE ATTENDED IS DON'T KNOW OR REFUSED, GO TO AE-6 DIPGED
 { IF HIGHEST GRADE ATTENDED IS 0, GO TO AFINTRO

{ASKED IF HIGHEST GRADE ATTENDED IS 1 THROUGH 19)

COMPGRD

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

Yes1
 No5

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

{ASKED IF R HAS 12 YRS OF SCHOOLING

DIPGED

AE-6. Do you have a high school diploma, a GED certificate, or both?

High school diploma only ...1
 GED only.....2 (GO TO AE-8 HISCHGRD)

Both3
 Neither.....5 (GO TO AE-8 HISCHGRD)

{ ALL DATES IN THE INTERVIEW ARE ASKED IN THE SAME MANNER AS SHOWN BELOW FOR
EARNHS_M and **EARNHS_Y**

{ ASKED IF R HAS A HIGH SCHOOL DIPLOMA

EARNHS_M

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

ENTER month.

PROBE for season if DK month.

1. January	5. May	9. September	13. Winter
2. February	6. June	10. October	14. Spring
3. March	7. July	11. November	15. Summer
4. April	8. August	12. December	16. Fall

{ ASKED IF R HAS A HIGH SCHOOL DIPLOMA

EARNHS_Y

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

ENTER year in 4 digits _____

{ASKED IF R DOES NOT HAVE A H.S. DIPLOMA AND HIGHEST GRADE IS > 12 or DK/RF
HISCHGRD

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

[HELP AVAILABLE]

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

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

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

[HELP AVAILABLE]

{ASKED IF HIGHEST GRADE >12

HAVEDEG

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

If R indicates he has a trade-school degree, such as cosmetology
 or truck driving, ENTER [5].

Yes1
 No5 (GO TO AF SERIES)

{ASKED IF R HAS A COLLEGE OR UNIVERSITY DEGREE

DEGREES

AE-11. Please look at Card 9. What is the highest college or university degree you have?

Associate's degree1 (GO TO AF SERIES)
 Bachelor's degree2
 Master's degree3
 Doctorate degree4
 Professional School degree ...5

{ ASKED IF R HAS AT LEAST A BACHELOR'S DEGREE

EARNBA_M, EARNBA_Y

AE-12. In what month and year did you get your Bachelor's degree?

{ ASKED IF R IS NOT CURRENTLY GOING TO SCHOOL AND HAS LESS THAN A BACHELOR'S
 { DEGREE

EXPSCHL

AE-13. Do you expect to go back to regular school at any time in the future?

[HELP AVAILABLE]

Yes1 (ASK AE-13a)
 No5 (GO TO AF-0)

{ ASKED IF R EXPECTS TO GO BACK TO SCHOOL OR IS CURRENTLY ENROLLED

EXPGRADE

AE-14. Please look at Card 8. What is the highest grade or degree you expect to complete?

[HELP AVAILABLE]

1st grade1
 2nd grade2
 3rd grade3
 4th grade4
 5th grade5
 6th grade6
 7th grade7
 8th grade8
 9th grade9
 10th grade10
 11th grade11
 12th grade12
 1 year of college or less13
 2 years of college14
 3 years of college15
 4 years of college/grad school16
 5 years of college/grad school17
 6 years of college/grad school18
 7 or more years of college and/or grad school ...19

Childhood background (AF)

AFINTRO

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

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

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

ONOWN

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

Please include times you were away at college or in the Armed Forces.
But, do not include times you were away at boarding school for
elementary, middle, or high school, or living in an institution or jail
or group home. Also, please do not include temporary supervised
arrangements such as summer camp.

[HELP AVAILABLE]

Yes1
No5

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

INTACT

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

*If R volunteers that he never lived on his own, ask him whether
he has always lived with both parents between his birth or
adoption and the present time.*

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

{ASKED OF ALL

PARMARR

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

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

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

LVSIT14F

AF-3. Now, think about when you were 14 years old. Looking at Card 10, what
female and male parents or parent-figures were you living with at age
14?

[HELP AVAILABLE]

ENTER female adult first

No female parent or parent-figure present...1
 Biological mother.....2
 Stepmother.....3
 Adoptive mother.....4
 Father's girlfriend.....5
 Foster mother.....6
 Grandmother.....7
 Aunt.....8
 Other female9

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

LVSIT14M

AF-4. Ask if necessary:

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

[HELP AVAILABLE]

ENTER male adult

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

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

WOMRASDU

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

Biological mother.....1
 Adoptive mother.....2
 Step-mother.....3
 Father's girlfriend.....4
 Foster mother.....5
 Grandmother.....6
 Other female relative....7
 Female non-relative.....8
 No such person.....9
 Other10

{IF R DID NOT HAVE A MOTHER OR MOTHER FIGURE, GO TO AF-11 MANRASDU

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

MOMDEGRE

AF-6. Please look at Card 11. What is the highest level of education (she/your mother) completed?

Less than high school1
 High school graduate or GED2
 Some college but no degree3
 2-year college degree (e.g., Associates degree)..4

4-year college graduate (e.g., BA, BS)5
 Graduate or professional school.....6

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

MOMWORKD

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

[HELP AVAILABLE]

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

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

MOMFSTCH

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

◆ ENTER 96 if R says that her mother or mother-figure did not have any children

Age in years

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

MOM18

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

Under 18.... 1
 18-192
 20-243
 25 or older.....4

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

MANRASDU

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

Biological father.....1
 Adoptive father.....2
 Step-father.....3
 Mother's boyfriend.....4
 Foster father.....5
 Grandfather.....6
 Other male relative.....7
 Male non-relative.....8
 No such person.....9
 Other10

{ NOW ASKED OF ALL Rs

FOSTEREV

AF-13. Did you ever live in state-sponsored foster care? This includes settings such as a family foster home, a relative foster home, a group home, institution, or supervised independent living.

◆ *If necessary say:* If someone from the state or from family services arranged for you to live there, it is considered foster care.

Yes.....1

No.....5

{ ASKED IF R EVER LIVED WITH A FOSTER PARENT

MNYFSTER

AF-14. In how many different foster care settings or locations have you lived?

◆ *ENTER number*

{ ASKED IF R EVER LIVED WITH A FOSTER PARENT

DURFSTER

AF-15. Looking at Card 11a, approximately how much time did you spend in foster care during your life?

Less than six months.....1

At least six months, but less than a year.....2

At least a year but less than two years.....3

At least two years but less than three years.....4

Three years or more.....5

{ ASKED IF R EVER LIVED WITH A FOSTER PARENT BUT DOES NOT CURRENTLY DO SO

AGEFSTER

AG-16. The last time you left foster care, how old were you?

◆ *ENTER age in years*

UNDERLYING RANGE: 0 to 21

Marriage and Cohabitation (AG)

{ASKED OF ALL RESPONDENTS

AGINTRO

AG-1. Now I have some questions about marriage and cohabitation.

{ IF R HAS NEVER BEEN MARRIED, GO TO AG-5 EVCOHAB2

{ ASKED IF EVER MARRIED

TIMESMAR

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

[HELP AVAILABLE]

Number

{ IF R IS COHABITING, GO TO NUMCOH1 AG-4.

{ ASKED IF EVER MARRIED

EVCOHAB1

AG-3. Not including the (woman/women) you married, have you ever lived together with any other female sexual partner? By living together, I mean having a sexual relationship while sharing the same usual

residence.

IF NECESSARY SAY: Remember, do not include the woman/women who you married.

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

Yes.....1

No.....5

{ IF R NEVER COHABITED, GO TO SECTION B

{ ASKED IF EVER MARRIED AND EVER COHABITED WITH ANY OTHER WOMEN, EVCOHAB1=1
NUMCOH1

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

[HELP AVAILABLE]

Number _____ (GO TO SECTION B)

{ IF R IS CURRENTLY COHABITING, GO TO NUMCOH2 AG-6.

{ ASKED IF NEVER MARRIED AND NOT CURRENTLY COHABITING
EVCOHAB2

AG-5. Have you ever lived together with a female sexual partner? By living together, I mean having a sexual relationship while sharing the same usual residence.

Yes.....1

No.....5

{ IF R NEVER COHABITED, GO TO SECTION B

{ ASKED IF NEVER MARRIED AND EVER COHABITED, EVCOHAB2 AG-5 = 1
NUMCOH2

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

[HELP AVAILABLE]

Number _____

SECTION B**SEX COMMUNICATION, EVER SEX, NUMBER OF SEXUAL PARTNERS****Ever had Sex; Sex Communication (BA)**

{ ASKED IF R NEVER MARRIED, NEVER COHABITED

EVERSEX

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

Have you ever had sexual intercourse with a female (sometimes this is called making love, having sex, or going all the way)?

[HELP AVAILABLE]

Yes.....1

No.....5

{ ASKED IF R NEVER MARRIED, NEVER COHABITED BUT HAD SEX

SXMTONCE

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

[HELP AVAILABLE]

Yes1

No5

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

YNOSEX

BA-3. As you know, some people have had sexual intercourse by your age and others have not. Please look at Card 13 which lists some reasons that people give for not having sexual intercourse.

[HELP AVAILABLE]

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

Against religion or morals.....1

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

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

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

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

Other6

{ BA SERIES IS ONLY ASKED OF 15-24 YEAR OLDS.

{ IF R IS OLDER THAN 24 YEARS, **GO TO BB-1 EVEROPER****TALKPAR**

BA-4. The next questions are about how you learned about sex and birth control. (Before you were 18 years old,) which, if any, of the topics shown on Card 23 did you ever talk with a parent or guardian about?

ENTER all that apply.

How to say no to sex1

Methods of birth control2
 Where to get birth control3
 Sexually transmitted diseases ...4
 How to prevent HIV/AIDS.....5
 How to use a condom6
 Waiting until marriage to have
 sex..... 8
 None of the above95

SEDNO

BA-5. Now I'm interested in knowing about formal sex education you may have had. (Before you were 18, did you ever have/ Have you ever had) any formal instruction at school, church, a community center or some other place about how to say no to sex?

Yes.....1
 No.....5 (GO TO BA-8 SEDBC)

{ ASKED IF R REPORTED HAVING SEX ED ON THIS TOPIC

SEDNOLC

BA-5a. Looking at card 23a, where did you receive that instruction about how to say no to sex?

♦ *ENTER all that apply*

School.....1
 Church2
 A community center3
 Some other place4

{ ASKED IF R REPORTED HAVING SEX ED ON THIS TOPIC

SEDNOG

BA-6. What grade were you in when you first received instruction on how to say no to sex?

1st grade1
 2nd grade2
 3rd grade3
 4th grade4
 5th grade5
 6th grade6
 7th grade7
 8th grade8
 9th grade9
 10th grade10
 11th grade11
 12th grade12
 1st year of college13
 2nd year of college14
 3rd year of college15
 4th year of college16
 Not in school when received instruction96

{ IF R HAS NEVER HAD SEX, GO TO BA-8 SEDBC.

SEDNOSX

BA-7. Did you receive instruction about how to say no to sex before or after

the first time you had sex?

Before.....1

After.....2

SEDBC

BA-8. (Before you were 18, did you ever have/ Have you ever had) any formal instruction at school, church, a community center or some other place about methods of birth control?

Yes.....1

No.....5 (BA-11 SEDWHBC)

{ ASKED IF R REPORTED HAVING SEX ED ON THIS TOPIC

SEDBCCLC

BA-8a. Looking at card 23a, where did you receive that instruction about methods of birth control?

♦ *ENTER all that apply*

School.....1

Church2

A community center3

Some other place4

{ ASKED IF R REPORTED HAVING SEX ED ON THIS TOPIC

SEDBCX

BA-9. What grade were you in when you first received instruction on methods of birth control?

1st grade1

2nd grade2

3rd grade3

4th grade4

5th grade5

6th grade6

7th grade7

8th grade8

9th grade9

10th grade10

11th grade11

12th grade12

1st year of college13

2nd year of college14

3rd year of college15

4th year of college16

Not in school when received instruction96

{ IF R HAS NEVER HAD SEX, GO TO BA-11 SEDWHBC.

SEDBCX

BA-10. Did you receive instruction about methods of birth control before or after the first time you had sex?

Before.....1

After.....2

SEDWHBC

BA-11. Before you were 18, did you ever have/ Have you ever had) any formal instruction at school, church, a community center or some other place about where to get birth control?

Yes.....1

No.....5 (BA-14 SEDCOND)

{ ASKED IF R REPORTED HAVING SEX ED ON THIS TOPIC

SEDWHLC

BA-11a. Looking at card 23a, where did you receive that instruction about where to get birth control?

♦ ENTER all that apply

School.....1

Church2

A community center3

Some other place4

SEDWHBCG

BA-12. What grade were you in when you first received instruction on where to get birth control?

1st grade1

2nd grade2

3rd grade3

4th grade4

5th grade5

6th grade6

7th grade7

8th grade8

9th grade9

10th grade10

11th grade11

12th grade12

1st year of college13

2nd year of college14

3rd year of college15

4th year of college16

Not in school when received instruction96

{ IF R HAS NEVER HAD SEX, GO TO BA-14 SEDCOND.

SEDWHBCSX

BA-13. Did you receive instruction about where to get birth control before or after the first time you had sex?

Before.....1

After.....2

SEDCOND

BA-14. Before you were 18, did you ever have/ Have you ever had) any formal instruction at school, church, a community center or some other place about how to use a condom?

Yes.....1

No.....5 (BA-17 SEDSTD)

{ ASKED IF R REPORTED HAVING SEX ED ON THIS TOPIC

SEDCONLC

BA-14a. Looking at card 23a, where did you receive that instruction about how to use a condom?

♦ ENTER all that apply

School.....1
Church2
A community center3
Some other place4

SEDCONDG

BA-15.What grade were you in when you first received instruction on how to use a condom?

1st grade1
2nd grade2
3rd grade3
4th grade4
5th grade5
6th grade6
7th grade7
8th grade8
9th grade9
10th grade10
11th grade11
12th grade12
1st year of college13
2nd year of college14
3rd year of college15
4th year of college16
Not in school when received instruction96

{ IF R HAS NEVER HAD SEX, GO TO BA-17 SEDSTD.

SEDCONDSX

BA-16.Did you receive instruction about how to use a condom before or after the first time you had sex?

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

SEDSTD

BA-17. Before you were 18, did you ever have/ Have you ever had) any formal instruction at school, church, a community center or some other place about sexually transmitted diseases?

Yes.....1
No.....5 (BA-20 SEDHIV)

{ ASKED IF R REPORTED HAVING SEX ED ON THIS TOPIC

SEDSTDLC

BA-17a. Looking at card 23a, where did you receive that instruction about sexually transmitted diseases?

♦ ENTER all that apply

School.....1
 Church2
 A community center3
 Some other place4

SEDSTDG

BA-18. What grade were you in when you first received instruction on sexually transmitted diseases?

1st grade1
 2nd grade2
 3rd grade3
 4th grade4
 5th grade5
 6th grade6
 7th grade7
 8th grade8
 9th grade9
 10th grade10
 11th grade11
 12th grade12
 1st year of college13
 2nd year of college14
 3rd year of college15
 4th year of college16
 Not in school when received instruction96

{ IF R HAS NEVER HAD SEX, GO TO BA-20 SEDHIV.

SEDSTDSX

BA-19. Did you receive instruction about sexually transmitted diseases before or after the first time you had sex?

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

SEDHIV

BA-20. (Have you ever had/Before you were 18, did you ever have) any formal instruction at school, church, a community center or some other place about how to prevent HIV/AIDS?

Yes.....1
 No.....5 (BA-23 SEDABST)

{ ASKED IF R REPORTED HAVING SEX ED ON THIS TOPIC

SEDHIVLC

BA-20a. Looking at card 23a, where did you receive that instruction about how to prevent HIV/AIDS?

♦ *ENTER all that apply*

School.....1
 Church2
 A community center3

Some other place4

SEDHIVG

BA-21. What grade were you in when you first received instruction on how to prevent HIV/AIDS?

1st grade1
 2nd grade2
 3rd grade3
 4th grade4
 5th grade5
 6th grade6
 7th grade7
 8th grade8
 9th grade9
 10th grade10
 11th grade11
 12th grade12
 1st year of college13
 2nd year of college14
 3rd year of college15
 4th year of college16
 Not in school when received instruction96

{ IF R HAS NEVER HAD SEX, GO TO BA-23 SEDABST.

SEDHIVSX

BA-22. Did you receive instruction about how to prevent HIV/AIDS before or after the first time you had sex?

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

SEDABST

BA-23. (Before you were 18, did you ever have/ Have you ever had) any formal instruction at school, church, a community center or some other place about waiting until marriage to have sex?

Yes.....1
 No.....5 (BB-1 EVEROPER)

{ ASKED IF R REPORTED HAVING SEX ED ON THIS TOPIC

SEDBCLC

BA-23a. Looking at card 23a, where did you receive that instruction about methods of birth control?

♦ *ENTER all that apply*

School.....1
 Church2
 A community center3
 Some other place4

{ ASKED IF R REPORTED HAVING SEX ED ON THIS TOPIC

SEDABLC

BA-23a. Looking at card 23a, where did you receive that instruction

about waiting until marriage to have sex?

♦ *ENTER all that apply*

School.....1
 Church2
 A community center3
 Some other place4

SEDABSTG

BA-24. What grade were you in when you first received instruction about waiting until marriage to have sex?

1st grade1
 2nd grade2
 3rd grade3
 4th grade4
 5th grade5
 6th grade6
 7th grade7
 8th grade8
 9th grade9
 10th grade10
 11th grade11
 12th grade12
 1st year of college13
 2nd year of college14
 3rd year of college15
 4th year of college16
 Not in school when received instruction96

{ IF R HAS NEVER HAD SEX, GO TO BB-1 EVEROPER.

SEDSABSSX

BA-25. Did you receive instruction about waiting until marriage to have sex before or after the first time you had sex?

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

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

{ ASKED OF ALL

EVEROPER

BB-1. Some men have operations that make it impossible for them to father a child.

[HELP AVAILABLE]

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

*ENTER [1] if the respondent had a vasectomy for any reason.
 ENTER [1] if respondent says he had a vasectomy and had a reversal.*

Yes.....1

No.....5 (GO TO FATHPOSS BB-8)

{ ASKED IF HAD ANY STERILIZING OPERATION

TYPEOPER

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

Vasectomy.....1 (GO TO BB-4 YRVASEC)

Other operation2

Vasectomy failed.....3 (GO TO BB-4 YRVASEC)

Vasectomy already surgically reversed.....4 (GO TO BB-4 YRVASEC)

{ ASKED IF HAD OTHER OPERATION OR DK/RF TO TYPE OF OPERATION

STEROPER

BB-3. As far as you know, are you completely sterile from this operation; that is, does it make it impossible for you to father a baby in the future?

Yes1

No5 (GO TO FATHDIFF BB-9)

{ ASKED IF HAD VASECTOMY OR HAD OTHER OPERATION THAT MADE IMPOSSIBLE TO FATHER A CHILD

VASEC_M/VASEC_Y

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

{ ASKED IF VASECTOMY/STERILIZING OPERATION WAS IN LAST FIVE YEARS

PLCSTROP

BB-5. Please look at Card 25 and tell me where (your vasectomy / your sterilizing operation) was performed.

Private doctor's office.....1

HMO facility2

Community health clinic, community clinic,
public health clinic3

Family planning or Planned Parenthood clinic4

Employer or company clinic5

School or school-based clinic6

Hospital outpatient clinic7

Hospital emergency room8

Hospital regular room9

Urgent care center, urgi-care, or walk-in facility ..10

Some other place20

{ IF R HAD OPERATION OTHER THAN VASECTOMY, GO TO SECTION BC

{ ASKED IF R HAD VASECTOMY

RVRSVAS

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

[HELP AVAILABLE]

Yes.....1

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

{ ASKED IF R HAD VASECTOMY AND REVERSAL

VASREV_M/VASREV_Y

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

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

FATHPOSS

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

[HELP AVAILABLE]

Yes1

No5 (GO TO BC SERIES)

{ ASKED IF R DID NOT HAVE STERILIZING OPERATION AND PHYSICALLY POSSIBLE
{ (OR DK/RF) TO FATHER CHILD OR HAD OTHER STERILIZING OPERATION BUT NOT
{ IMPOSSIBLE TO HAVE CHILD

FATHDIFF

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

[HELP AVAILABLE]

Yes1

No5

Number of Sexual Partners (BC)

{ IF R NEVER HAD SEX, GO TO SECTION F

{ ASKED IF R EVER MARRIED, EVER COHABITED, OR HAS HAD SEX MORE THAN ONCE IN THEIR LIFE

LIFEPR

BC-6. The next questions are about relationships with females.

Please look at Card 14. How many different females have you ever had intercourse with? This includes any female you had intercourse with, even if it was only once or if you did not know her well.

[HELP AVAILABLE]

One1

Two2 (GO TO BC-8 MON12PRT)

Three3 (GO TO BC-8 MON12PRT)

Four4 (GO TO BC-8 MON12PRT)

Five5 (GO TO BC-8 MON12PRT)

Six6 (GO TO BC-8 MON12PRT)

7 or more7 (GO TO BC-8 MON12PRT)

{ ASKED IF R HAS ONLY HAD SEX ONCE

SXMON12

BC-7. (The next questions are about relationships with females. You said that you had sexual intercourse with a female once in your life. Was

that in the last 12 months,/ Have you had sexual intercourse with this female in the last 12 months,) that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1)?

[HELP AVAILABLE]

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

{ ASKED IF R HAD MORE THAN ONE PARTNER IN LIFE

MON12PRT

BC-8. Please look at Card 15. How many different females have you had sexual intercourse with in the past 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1)?

[HELP AVAILABLE]

None0 (GO TO SECTION BD)
One1
Two2
Three3
Four4
Five5
Six6
7 or more7

{ ASKED IF R HAD SEX PARTNER IN THE LAST 12 MONTHS, ONLY HAD SEX ONCE IN LIFE

P12MOCONO

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

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

{ ASKED IF R HAD AT LEAST ONE SEX PARTNER IN THE LAST 12 MONTHS AND
{ HAS HAD SEX MORE THAN ONCE, OR (SEXSTAT=NULL/BLANK)

P12MOCON

BC-8b. Please look at card 48. Thinking back over the past 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1), would you say you used a condom with your partner or partners for sexual intercourse every time, most of the time, about half of the time, some of the time, or none of the time?

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

{ IF R NEVER HAD SEX, GO TO SECTION F
{ IF R DIDN'T HAVE SEX IN THE LAST 12 MONTHS, GO TO SECTION BD

{ ASKED IF R HAD AT LEAST ONE SEX PARTNER IN THE LAST 12 MONTHS

SEXFREQ

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

[HELP AVAILABLE]

Number of times

{ ASKED IF R HAD AT LEAST ONE SEX PARTNER IN THE LAST 12 MONTHS
 { AND HAD SEX IN THE LAST 4 WEEKS

CONFREQ

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

[HELP AVAILABLE]

Number of times

Enumeration of recent sex partner(s) or last partner ever (BD)

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

P1NAME

BD-1. So, that I can refer to her in the interview, please give me the name or initials of the female with whom you (most recently) had sexual intercourse.

[HELP AVAILABLE]

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

{ ASKED IF R EVER MARRIED

P1RLTN1

BD-2. Were you ever married to (PARTNER'S NAME)?

Yes1

No5

{ ASKED IF R CURRENTLY MARRIED

P1CURRWIFE

BD-3. *If necessary, ASK:* (Is she your current wife?)

Yes1

No5

{ ASKED IF R CURRENTLY SEPARATED

P1CURRSEP

BD-4. *If necessary, ASK:* (Is she the woman you are separated from now?)

Yes1

No5

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

P1RLTN2

BD-5. Did you ever live together with (PARTNER'S NAME)?

[HELP AVAILABLE]

Yes1

No5

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

P1COHABIT

BD-6. *If necessary, ASK:* (Is she the woman you live with now?)

Yes1

No5

P1SXLAST_M/P1SXLAST_Y

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

[HELP AVAILABLE]

{ IF R HAD NONE OR ONE PARTNER IN LAST 12 MONTHS, GO TO END OF SECTION B

P2NAME

BD-9. Now think of the last female with whom you had sexual
intercourse before (LAST PARTNER'S NAME). Please give me her name or
initials.

[HELP AVAILABLE]

Name/ initials _____

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

P2RLTN1

BD-10. Were you ever married to (PARTNER'S NAME)?

Yes1

No5

{ ASKED IF R CURRENTLY MARRIED AND CURRENT WIFE NOT YET IDENTIFIED

P2CURRWIFE

BD-11. *If necessary, ASK:* (Is she your current wife?)

Yes1

No5

{ ASKED IF R CURRENTLY SEPARATED AND THAT WIFE NOT IDENTIFIED YET

P2CURRSEP

BD-12. *If necessary, ASK:* (Is she the woman you are separated from now?)

Yes1

No5

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

P2RLTN2

BD-13. Did you ever live together with (PARTNER'S NAME)?

[HELP AVAILABLE]

Yes1

No5

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

{ PARTNER AND HE IS CURRENTLY COHABITING AND THIS COHABITING PARTNER NOT YET

{ IDENTIFIED

P2COHABIT

BD-14. *If necessary, ASK: (Is she the woman you live with now?)*

Yes1

No5

P2SXLAST_M/P2SXLAST_Y

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

[HELP AVAILABLE]

{ IF R HAD 2 SEXUAL PARTNERS IN THE LAST 12 MONTHS, GO TO END OF SECTION B

P3NAME

BD-17. Think of the last female with whom you had sexual intercourse before (2ND TO LAST PARTNER'S NAME). Please give me her name or initials.

[HELP AVAILABLE]

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

P3RLTN1

BD-18. Were you ever married to (PARTNER'S NAME)?

Yes1

No5

{ ASKED IF R CURRENTLY MARRIED AND CURRENT WIFE NOT YET IDENTIFIED

P3CURRWIFE

BD-19. *If necessary, ASK: (Is she your current wife?)*

Yes1

No5

{ ASKED IF R CURRENTLY SEPARATED AND THAT WIFE NOT IDENTIFIED YET

P3CURRSEP

BD-20. *If necessary, ASK: (Is she the woman you are separated from now?)*

Yes1

No5

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

P3RLTN2

BD-21. Did you ever live together with (PARTNER'S NAME)?

[HELP AVAILABLE]

Yes1

No5

{ ASKED IF R WAS NEVER MARRIED TO THIS PARTNER AND HE EVER LIVED WITH THIS
{ PARTNER AND HE IS CURRENTLY COHABITING AND THIS COHABITING PARTNER NOT YET
{ IDENTIFIED

P3COHABIT

BD-22. *If necessary, ASK: (Is she the woman you live with now?)*

Yes1

No5

P3SXLAST_M/P3SXLAST_Y

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

[HELP AVAILABLE]

{ ASKED IF TWO OR THREE PARTNERS BOTH IN LIFETIME AND IN THE LAST 12 MONTHS
FIRST

BD-25. Were (either/any) of the females we've talked about, [DISPLAY PARTNER NAMES HERE], the first female with whom you ever had sexual intercourse?

[HELP AVAILABLE]

Yes, (PARTNER 1 NAME).....1 (GO TO SECTION C)

Yes, (PARTNER 2 NAME).....2 (GO TO SECTION C)

Yes, (PARTNER 3 NAME).....3 (GO TO SECTION C)

No5 (GO TO BD-26 FIRST2)

{ ASKED IF TWO OR THREE PARTNERS BOTH IN LIFETIME AND IN THE LAST 12 MONTHS
NONE OF THEM WAS FIRST PARTNER EVER

FIRST2

BD-26. So that I can refer to her in the interview, please tell me the name or initials of the first female with whom you ever had sexual intercourse.

[HELP AVAILABLE]

Name/ initials _____

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

SECTION C**CURRENT WIFE OR COHABITING PARTNER**

{ IF MARRIED OR COHABITING, CONTINUE WITH CA SERIES
{ ELSE GO TO SECTION D

Key Dates in Current Marriage or Cohabitation (CA)**CAINTRO**

CA-0. Now I have some questions about your relationship with your
(wife/partner).

{ ASKED IF SHE WAS NOT NAMED IN SECTION B

CA_NAME

CA-1. You may have already told me this, but please tell me her name or
initials so that I can refer to her during the interview.

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

[IF COHABITING, GO TO CA-5 STRTWFCP_M]

MARRDATE_M/MARRDATE_Y

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

[HELP AVAILABLE]

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

HISAGEM

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

Age in years _____

{ ASKED IF R MARRIED TO THIS WOMAN

LIVTOGWF

CA-4. Some couples live together without being married. By living together,
we mean having a sexual relationship while sharing the same usual
address. Did you and your wife live together before you got married?

[HELP AVAILABLE]

Yes1

No5 (GO TO SECTION CB)

{ ASKED IF R [IS MARRIED TO AND DID COHABIT WITH] OR [IS COHABITING WITH]
{ THIS WOMAN

STRTWFCP_M/STRTWFCP_Y

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

[HELP AVAILABLE]

{ ASKED IF R [IS MARRIED TO AND DID COHABIT WITH] OR [IS COHABITING WITH]
 { THIS WOMAN AND START DATE OF COHABITATION = DK/RF

HISAGEC

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

Age in years _____

{ ASKED IF R [IS MARRIED TO AND DID COHABIT WITH] OR [IS COHABITING WITH]
 { THIS WOMAN

ENGATHEN

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

Yes, engaged to be married1
 Not engaged but had definite plans to get married3
 No, neither engaged nor had definite plans5

{ ASKED IF R IS COHABITING WITH THIS WOMAN

WILLMARR

CA-8. Please look at Card 58. Do you think that you and (PARTNER) will marry each other?

♦ If R insists he does not know, enter [Ctrl] + [D]

Definitely yes1
 Probably yes2
 Probably no3
 Definitely no4

Characteristics of Wife/Partner (CB)**CWPD0B_M/CWPD0B_Y**

CB-1. In what month and year was she born?

{ ASKED IF R DOESN'T KNOW HER BIRTH DATE

CWPAGE

CB-2. How old is (WIFE/PARTNER) now?

Age in years at last birthday _____

CWPHISP

CB-3. Is your (wife/partner) Hispanic or Latino, or of Spanish origin?

Yes1
 No5

CWPRACE

CB-4. Which of the groups shown on Card 2 describes (WIFE/PARTNER)'s racial background? Please select one or more groups.

[HELP AVAILABLE]

NOTE: If the respondent mentions a mixture of multiple races (e.g. biracial, mixed, mulatto), probe for and code all racial groups that are part of the mix.

American Indian or Alaska Native1

Asian2
 Native Hawaiian or Other Pacific Islander3
 Black or African American4
 White5

{ ASKED IF MORE THAN ONE RACE GROUP MENTIONED

CWPRACEB

CB-5. Which of these groups, that is (responses from CWPRACE), would you say best describes your (wife/partner)'s racial background?

[HELP AVAILABLE]

{ DISPLAY THOSE GROUPS MENTIONED IN CWPRACE CB-4

CWPEDUCN

CB-6. Please look at Card 11. What is the highest level of education (WIFE/PARTNER) has completed?

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

CWPBORN

CB-7. Was (WIFE/PARTNER) born outside the United States?

[HELP AVAILABLE]

Yes1
 No5

CWPMARBF

CB-8. (At the time you and she were married, had / Has) (WIFE/PARTNER) been married before?

[HELP AVAILABLE]

Yes1
 No5

First Sex with Current Wife/Partner (CC)

CWPSX1WN_M/CWPSX1WN_Y

CC-1. Now I have some questions about the beginning of your relationship with your (wife/partner).

Think back to the very first time that you had sexual intercourse with your (wife/partner). In what month and year was that?

[HELP AVAILABLE]

{ ONLY ASKED IF DK/RF DATE OF FIRST SEX

CWPSX1AG

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

[HELP AVAILABLE]

Age in years _____

{ ONLY ASKED IF THIS WOMAN IS FIRST SEX PARTNER EVER

CWPSX1RL

CC-3. Please look at Card 44. At the time you first had sexual intercourse
with (WIFE/PARTNER), how would you describe your relationship with her?

Married to her1
Engaged to her, and living together2
Engaged to her, but not living together3
Living together in a sexual relationship, but not engaged4
Going with her or going steady5
Going out with her once in a while6
Just friends7
Had just met her8
Something else9

CWPFUSE

CC-4. That first time that you had sexual intercourse with (WIFE/PARTNER),
did you or she use any methods to prevent pregnancy or sexually
transmitted disease? Please look at Card 45a for some examples of
methods, before answering "yes" or "no."

[HELP AVAILABLE]

Yes1
No5 (GO TO SECTION CD)

{ASKED IF METHODS WERE USED

CWPFMET

CC-5. Looking at Card 45b, that first time, what methods did you and she use
to prevent pregnancy or sexually transmitted disease?

[HELP AVAILABLE]

ENTER all that apply.

Condom or rubber1
Withdrawal or pulling out2
Vasectomy or male sterilization3
Pill4
Tubal sterilization ("tubes tied") or other female
Sterilization5
Injection (Depo-Provera™ or Lunelle™)6
Spermicidal foam/jelly/cream/film/suppository7
Hormonal implant (Norplant™ or Implanon™)8
Rhythm or safe period9
Contraceptive patch (Ortho-Evra™)10
Vaginal contraceptive ring (Nuva Ring™)11
IUD, coil, loop.....12
Something else.....13

Sterilization and Impaired Fecundity (CD)

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

CWPOPSTR

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

Yes1

No5 (GO TO CWPPOSS CD-5)

CWPTYPOP

CD-2. (You said that your (wife/partner) has had a sterilizing operation.) Which of these types of sterilizing operations did she have? Did she have a tubal ligation or tubal sterilization, a hysterectomy, or something else?

[HELP AVAILABLE]

ENTER all that apply.

Tubal ligation or tubal sterilization1

Hysterectomy2

Something else3

{ ASKED IF STERILIZING OPERATION WAS "SOMETHING ELSE"

CWPTOTST

CD-3. As far as you know, did the operation make your (wife/partner) completely sterile, that is, is it completely impossible for her to have a baby?

Yes1

No5

{ ASKED IF R's W/CP HAD TUBAL AND NO OTHER STERILIZING OPERATION

CWPREVST

CD-4. Has your (wife/partner) ever had surgery to reverse her tubal sterilization?

[HELP AVAILABLE]

Yes1 (GO TO SECTION CE)

No5 (GO TO SECTION CE)

{ ASKED IF W/CP DID NOT HAVE STERILIZING OPERATION

CWPPOSS

CD-5. Some women are not physically able to have children. As far as you know, is it physically possible for (WIFE/PARTNER) to have a baby?

[HELP AVAILABLE]

Yes1

No5 (GO TO SECTION CE)

{ ASKED IF W/CP DID NOT HAVE OPERATION AND IS PHYSICALLY ABLE TO HAVE
 { CHILDREN (OR DK/RF TO CWPPOSSB) OR IF W/CP HAD OPERATION THAT DID
 { NOT MAKE IT COMPLETELY IMPOSSIBLE FOR HER TO HAVE CHILDREN

CWPDIFF

CD-6. Some women are physically able to have another baby, but
 have difficulty getting pregnant or carrying the baby to term. As far
 as you know, would (WIFE/PARTNER) have any difficulty getting pregnant
 or carrying a baby?

[HELP AVAILABLE]

Yes1
 No5

Most Recent Sex with Current Wife/Partner (CE)

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

CWPLSXWN_M, CWPLSXWN_Y

CE-2. Think back to the most recent time that you had sexual
 intercourse with your (wife/partner). In what month and year was
 that?

[HELP AVAILABLE]

CWPLUSE1

CE-5. That last time that you had sexual intercourse with your
 (wife/partner), did you, yourself use any methods to prevent pregnancy
 or sexually transmitted disease? Please look at Card 46a for some
 examples of methods for males, before answering "yes" or "no."

[HELP AVAILABLE]

Yes1
 No5 (GO TO CE-7 CWPLUSE2)

{ ASKED IF HE USED A METHOD

CWPLMET1

CE-6. Looking at Card 46b, that last time, what methods did you use?

[HELP AVAILABLE]

ENTER all that apply.

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

CWPLUSE2

CE-7. That last time that you had sexual intercourse with your
 (wife/partner), did she use any methods to prevent pregnancy or
 sexually transmitted disease? Please look at Card 47a for some examples
 of methods for females, before answering "yes" or "no."

[HELP AVAILABLE]

♦ Do not probe a DK response

Yes1

No5 (GO TO CF SERIES)

{ ASKED IF CE-7 CWPLUSE2 IS DON'T KNOW

DKCWPLUSE

CE-7b. Is it that you don't recall right now, or that you never knew?

Don't recall.....1

Never knew.....2

{ ASKED IF SHE USED A METHOD

CWPLMET2

CE-8. Looking at Card 47b, that last time, what methods did she use?

[HELP AVAILABLE]

ENTER all that apply.

♦ Do not probe a DK response

Pill.....4
 Tubal sterilization or other female sterilization.....5
 Injection (Depo-Provera™ or Lunelle™)6
 Spermicidal foam/jelly/cream/film/suppository.....7
 Hormonal implant (Norplant™ or Implanon™)8
 Rhythm or safe period.....9
 Contraceptive patch (Ortho-Evra™)10
 Vaginal contraceptive ring (Nuva Ring™)11
 IUD, coil, loop.....12
 Something else.....13

{ ASKED IF CE-8 CWPLMET2 IS DON'T KNOW

DKCWPLMET

CE-8b. Is it that you don't recall right now, or that you never knew?

Don't recall.....1

Never knew.....2

Methods Used in the Last 12 Months (CF)

CFINTRO

CF-0. Now I have some questions about methods that you and (WIFE/PARTNER) used in the past 12 months, that is since (INTERVIEW MONTH, INTERVIEW YEAR - 1), to prevent pregnancy or sexually transmitted disease.

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

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

CWPRECBC

CF-1. During the last 12 months, did you or your (wife/partner) use any methods to prevent pregnancy or sexually transmitted disease when you had intercourse together? Please answer yes if you used a method even

once. (If necessary: Please look at Card 45a for some examples of methods, before answering "yes" or "no.")

[HELP AVAILABLE]

Yes1
No5 (GO TO SECTION CG)

CWPALLBC

CF-2. Please look at Card 45b. Including any methods you may have already told me about and methods you may have used only once, during the last 12 months, which of these methods did you and she use to prevent pregnancy or sexually transmitted diseases?

[HELP AVAILABLE]

ENTER all that apply.

Condom or rubber.....	1
Withdrawal or pulling out	2
Vasectomy or male sterilization	3
Pill	4
Tubal sterilization or other female sterilization	5
Injection (Depo-Provera TM or Lunelle TM)	6
Spermicidal foam/jelly/cream/film/suppository.....	7
Hormonal implant (Norplant TM or Implanon TM)	8
Rhythm or safe period	9
Contraceptive patch (Ortho-Evra TM)	10
Vaginal contraceptive ring (Nuva Ring TM)	11
IUD, coil, loop.....	12
Something else.....	13

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

CWPBCMST

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

[HELP AVAILABLE]

{ DISPLAY ONLY THOSE METHODS MENTIONED IN CWPALLBC CF-2

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

CONDFREQ

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

[HELP AVAILABLE]

Percentage _____ (IF 100%, GO TO SECTION CG)

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

CWPNOFRQ

CF-5. Please look at Card 48. During the last 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR-1), how often did you or she use any method when you had sex together?

Every time1
Most of the time.....2

About half of the time3
 Some of the time.....4
 None of the time.....5

Biological Children (CG)

{ ASKED DIRECTLY FOR MARRIED/COHABITING MEN WHO DID NOT REPORT BIO KIDS IN THEIR HOUSEHOLD ROSTER; AUTOMATICALLY CODED YES FOR THOSE WHO DID

CWPBIOKD

CG-1. Now I have some questions about children that you and your (wife/partner) may have had together. By this I mean, you were the biological father and she was the biological mother.

Have you and (WIFE/PARTNER) ever had a child together?

Include all children R and his wife/partner have had together, regardless of whether they were married at the time or whether they are raising the child(ren) themselves or have placed the child(ren) for adoption.

Yes1
 No5 (GO TO SECTION CH)

{ ASKED IF CWPBIOKD = YES

CWPNUMKD

CG-2. Altogether, how many children have you had together?

[HELP AVAILABLE]

Number of children _____

CWPCHNAM

CG-3. IF NUMBER OF CHILDREN =1, ASK:

What is the child's first name or initials?

ELSE IF NUMBER OF CHILDREN >1, ASK:

What is the first name or initials of each of the children?

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

{ BEGIN LOOP TO ASK ABOUT EACH CHILD

{ ASKED IF MORE THAN ONE CHILD

TALKBC

CG-4. Let's talk about [CHILD'S NAME].

CWPCHSEX

CG-5. *If necessary*, ASK: (Is this child male or female?)

Male1
 Female2

CWPCHDOB_M/CWPCHDOB_Y

CG-6. In what month and year was (CHILD'S NAME) born?

{ ASKED IF DOB OF THIS CHILD = DOB OF CHILD DESCRIBED EARLIER

MULTBIRT

CG-7. The birthday of this child is the same as (ANOTHER CHILD'S NAME). Was this a multiple birth?

Yes1 (GO TO CWPCHLIV CG-11)

No5

{ ASKED IF R MARRIED AND CAN'T TELL FROM DATES WHETHER MARRIAGE OR
{ CHILDBIRTH CAME FIRST

CWPCHMAR

CG-8. Were you married to (WIFE/PARTNER) at the time of [CHILD NAME]'s birth?

Yes1 (GO TO CWPCHLIV CG-11)

No5

{ ASKED IF COHABITING WITH THIS WOMAN NOW OR (IF MARRIED TO HER NOW) NOT
{ MARRIED TO HER AT CHILDBIRTH, BUT HAD PREMARITALLY COHABITED

CWPCHRES

CG-9. Were you living together with (WIFE/PARTNER) at the time of the birth?

[HELP AVAILABLE]

Yes1 (GO TO CWPCHLIV CG-11)

No5

{ ASKED IF NOT MARRIED TO OR LIVING WITH WOMAN AT TIME OF BIRTH

CWPCHLRN

CG-10. When did you find out that (WIFE/PARTNER) was pregnant? Was it during the pregnancy or after the child was born?

During the pregnancy1

After the child was born2

{ ASKED ABOUT ALL CHILDREN

CWPCHLIV

CG-11. Please look at Card 57. Where does (CHILD NAME) usually live now?

[HELP AVAILABLE]

ENTER all that apply.

Only probe AO for responses 2-5

If child lives with R part-time, PROBE: Where else does this child live?

In this household full-time1

In this household part-time2

Away at school or college3

Living on own4

Living with other relatives5

Deceased6

Placed for adoption or adopted7

Placed in foster care8

Someplace else9

RANGE CHECK: 1,6,7,8, DK/RF CANNOT BE COMBINED WITH ANY OTHER RESPONSES.

{ ASKED IF CHILD'S DATE OF BIRTH IS MISSING

CWPCHAGE

CG-12. How old is (CHILD) now? Is [he/she] less than 5 years old, 5 to 18 years old, or 19 years or older?

Less than 5 years old1
 5-18 years old2
 19 years or older3

{ ASKED IF CHILD < 19 YEARS AND BORN OUT OF WEDLOCK, BUT NOT DEAD, ADOPTED,
 { OR IN FOSTER CARE

CWPCHSIG

CG-13a. Did you ever sign the application for [CHILD'S NAME]'s birth certificate or sign a statement that legally says you are [CHILD'S NAME]'s father?

Yes1
 No5

{ ASKED IF CHILD < 19 YEARS AND BORN OUT OF WEDLOCK, BUT NOT DEAD, ADOPTED,
 { OR IN FOSTER CARE

CWPCHCRT

CG-13b.

Did you have to go to court to establish that you are [CHILD'S NAME]'s legal father?

Yes1
 No5

{ ASKED IF CHILD < 19 YEARS AND BORN OUT OF WEDLOCK, BUT NOT DEAD, ADOPTED,
 { OR IN FOSTER CARE

CWPCHGEN

CG-14. Were you legally identified by a blood test or other genetic test as [CHILD'S NAME]'s father?

Yes1
 No5

{ IF RESPONDENT LIVES WITH CHILD, GO TO CWPCHWNT CG-17

{ ASKED IF CHILD < 19 AND NOT DEAD, ADOPTED, OR IN FOSTER CARE, AND
 { R DIDN'T LIVE WITH CHILD AT BIRTH, AND DOESN'T LIVE WITH CHILD NOW

CWPCHEVR

CG-15. Did you ever live with [CHILD NAME]?

Yes1
 No5

{ ASKED IF CHILD < 19 AND NOT DEAD, ADOPTED OR IN FOSTER CARE AND
 { DOESN'T LIVE WITH R NOW

CWPCHFAR

CG-16. About how many miles away from here does (CHILD) live?

Number of miles _____
 ENTER 0 if less than 1 mile

{ IF CHILD IS AGE 19 OR OLDER, GO TO END OF SECTION CG

{ ASKED IF CHILD IS AGE 18 OR YOUNGER AND R WAS MARRIED
 { TO/LIVING WITH MOTHER OR KNEW ABOUT PREGNANCY BEFORE THE BIRTH
 { ASKED EVEN IF CHILD IS DEAD, ADOPTED, IN FOSTER CARE

CWPCHWNT

CG-17. Please look at Card 58. Right before (WIFE/PARTNER) became pregnant with [CHILD], did you, yourself, want to have a child at some time in the future?

[HELP AVAILABLE]

NOTE: If R says that he already had a child, SAY: Right before she became pregnant, did you, yourself, want to have another child at some time in the future.

Definitely yes1
 Probably yes2
 Probably no3 (GO TO CG-19 CWPCHHPY)
 Definitely no4 (GO TO CG-19 CWPCHHPY)

{ ASKED IF CHILD IS AGE 18 OR YOUNGER AND R WAS MARRIED
 { TO/LIVING WITH MOTHER OR KNEW ABOUT PREGNANCY BEFORE THE BIRTH
 { AND R DEFINITELY OR PROBABLY WANTED A CHILD
 { ASKED EVEN IF CHILD IS DEAD, ADOPTED, IN FOSTER CARE

CWPCHSON

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

[HELP AVAILABLE]

Too soon1
 Right time2
 Later3
 Didn't care4

{ ASKED IF THE PREGNANCY CAME TOO SOON
 { R CAN ANSWER IN MONTHS OR YEARS

CWPSONNN/CWPSONMY2

CG-18a. How much sooner than you wanted did the pregnancy occur?

Number and (Month/years) _____

{ ASKED IF THE PREGNANCY CAME LATER THAN WANTED
 { R CAN ANSWER IN MONTHS OR YEARS

CWPLATEN/ CWPLATEMY

CG-18c. How much later than you wanted did the pregnancy occur?

♦ Number and (Months/Years) _____

{ ASKED IF CHILD IS AGE 18 OR YOUNGER AND R WAS MARRIED
 { TO/LIVING WITH MOTHER OR KNEW ABOUT PREGNANCY BEFORE THE BIRTH
 { ASKED EVEN IF CHILD IS DEAD, ADOPTED, IN FOSTER CARE

CWPCHHPY

CG-19. Please look at Card 59. On this scale, a zero means that you were very unhappy about that pregnancy, and a ten means that you were very happy about that pregnancy. Tell me which number on

the card best describes how you felt when you found out that your (wife/partner) was pregnant that time.

Number from 0 to 10

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

Current Pregnancy (CH)

{ IF SHE IS STERILE, GO TO SECTION CI

{ ASKED IF W/CP NOT STERILE AND R HAD SEX WITH HER IN LAST 12 MOS

CWPPRGNW

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

Yes1 (GO TO CH-4 CWPCPWNT)

No5

{ ASKED IF R'S W/CP NOT PREGNANT NOW

CWPTRYPG

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

Yes1

No5 (GO TO SECTION CI)

{ ASKED IF R'S W/CP NOT PREGNANT NOW AND THEY'VE BEEN TRYING TO GET PREGNANT

CWPTRYLG

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

Number of months _____ (GO TO SECTION CI)

{ ASKED IF R'S W/CP IS PREGNANT NOW

CWPCPWNT

CH-4. Please look at Card 58. Right before (WIFE/PARTNER) became pregnant, did you, yourself, want to have a child at some time in the future?

[HELP AVAILABLE]

NOTE: If R says that he already had children, say "Right before she became pregnant, did you, yourself, want to have another child at some time in the future?"

Definitely yes1

Probably yes2

Probably no3 (GO TO CH-6 CWPCPHPY)

Definitely no4 (GO TO CH-6 CWPCPHPY)

{ ASKED IF R'S W/CP IS PREGNANT NOW AND R DEFINITELY OR PROBABLY WANTED CHILD

CWPCPSON

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

[HELP AVAILABLE]

Too soon1

Right time2

Later3

Didn't care4

{ ASKED IF R'S CWP IS PREGNANT NOW AND THE PREGNANCY CAME TOO SOON.
{ R CAN ANSWER IN MONTHS OR YEARS

CWPCPSNN/CWPCPSNMY

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

Number and (Month/years) _____

{ ASKED IF THE PREGNANCY CAME LATER THAN WANTED
{ R CAN ANSWER IN MONTHS OR YEARS

CWPCPLATEN/ CWPCPLATEMY

CH-5c. How much later than you wanted did the pregnancy occur?

♦ Number and (Months/Years)_____

{ ASKED IF R'S W/CP IS PREGNANT NOW

CWPCPHPY

CH-6. Please look at Card 59. On this scale, a zero means that you were very unhappy about that pregnancy, and a ten means that you were very happy about that pregnancy. Tell me which number on the card best describes how you felt when you found out that your (wife/partner) was pregnant that time.

Number from 0 to 10

Other Children -- Wife/Partner's Children from Her Previous Relationships
(CI)

{ ASKED FOR ALL CURRENTLY MARRIED OR COHABITING MEN

CWPOTKID

CI-1. Now I would like to ask you about any other children, whether biological, adopted, foster or legally guarded children, that (WIFE/PARTNER'S NAME) may have had. Please be sure to include all of her children, even if they never lived with you.

When you began living with (WIFE/PARTNER'S NAME), did she have any other children?

Yes1

No5 (GO TO SECTION CJ)

CWPOKNUM

CI-2. How many children did she have?

Number of children _____

CWPOKWTH

CI-3. (Did this child/Did any of these children) ever live with you?

Yes1

No5 (GO TO SECTION CJ)

{ ASKED IF HIS CURRENT WIFE OR PARTNER HAD MORE THAN ONE CHILD AND HER
 { CHILDREN LIVED WITH R

CWPOKWTHN

CI-4. How many of these children lived with you?

Number of children _____

{ ASKED IF R LIVED WITH ANY OF HER CHILDREN

CWPOKNAM

CI-5. What is the first name or initials of (this child/the children
 who lived with you/one of the children who lived with you)?

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

{ SET UP LOOP TO ASK ABOUT EACH CHILD REPORTED IN CI-5 CWPOKNAM

{ ASKED FOR EACH NAMED CHILD

CWPOKSEX

CI-6. (Thinking now of (CHILD'S NAME), is/Is) this child male or
 female?

Male1

Female2

CWPOKAD

CI-7. Did you legally adopt this child or become (CHILD'S NAME)'s legal
 guardian?

[HELP AVAILABLE]

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

Yes, adopted 1(GO TO CI-10 CWPOKLIV)

Yes, became guardian 3

No, neither 5(GO TO CI-9 CWPOKTHR)

{ ASKED IF R BECAME LEGAL GUARDIAN TO THIS CHILD

CWPOKTRY

CI-8. Are you in the process of trying to legally adopt (CHILD'S NAME)?

[HELP AVAILABLE]

Yes1 (GO TO CI-10 CWPOKLIV)

No5 (GO TO CI-10 CWPOKLIV)

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

CWPOKTHR

CI-9. Are you in the process of trying to legally adopt (CHILD'S NAME)
 or to become this child's legal guardian?

[HELP AVAILABLE]

Yes, trying to adopt1

Yes, trying to become guardian3

No, neither5

{ ASKED FOR EACH NAMED CHILD

CWPOKLIV

CI-10. Please look at Card 60. Where does this child usually live now?

[HELP AVAILABLE]

ENTER all that apply

If child lives with R part-time, PROBE: Where else does this child live?

If child lives with other parent (i.e., biological father), enter [5].

In this household full-time1
 In this household part-time2
 Away at school or college3
 Living on own4
 Living with other relatives5
 Deceased6
 Someplace else7

RANGE CHECK: 1, 6 CANNOT BE COMBINED WITH ANY OTHER RESPONSES

{ ASKED IF CHILD IS NOT DECEASED AND DOES NOT LIVE WITH R NOW

CWPOKFAR

CI-11. About how many miles away from here does (CHILD'S NAME) live?

Number of miles _____
ENTER 0 if less than 1 mile

{ ASKED IF R EVER LIVED WITH CHILD AND CHILD IS NOT DECEASED

CWPOKAGE

CI-12. How old is (CHILD'S NAME) now?

Age in years at last birthday _____

ENTER 0 if less than 1 year

ENTER [96] if R volunteers that child is deceased

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

{ IF NO OTHER CHILD TO BE DISCUSSED, GO TO CJ-1 CWPNBEVR

Other Children (CJ)

{ ASKED FOR ALL CURRENTLY MARRIED OR COHABITING MEN

CWPNBEVR

CJ-1. Besides any children that we may have talked about, have you and your (wife/partner) ever had any other children live with you under your care and responsibility? Please do not include any of your biological children, your (wife/partner)'s biological children, or children from previous relationships.

[HELP AVAILABLE]

If necessary, say: By this I mean that neither you nor your (wife/partner) are the child's biological parents, but you served as a

formal or informal guardian to the child or that you were chiefly responsible for the child's care.

R's own biological children from any previous relationships should not be included here. For example, any biological children that he had with a former wife, cohabiting partner, girlfriend, and so forth will be discussed in later questions.

Yes1
No5 (GO TO SECTION D)

CWPNBNUM

CJ-2. How many children?

Number of children _____

CWPNBNAM

CJ-3. What is the first name or initials of (this child/each of these children)?

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

{ SET UP LOOP TO ASK ABOUT EACH CHILD REPORTED IN CJ-3 CWPBNAM

{ ASKED FOR EVERY CHILD UNDER R'S AND CURRENT WIFE/PARTNER'S CARE

CWPNBREL

CJ-4. When (CHILD'S NAME) began living with you, was he or she the child of a relative by blood or by marriage?

[HELP AVAILABLE]

Yes, by blood1
Yes, by marriage.....3
No5

CWPNBFOS

CJ-5. Was this child a foster child who was placed in your home by a court, child welfare department, or social service agency?

[HELP AVAILABLE]

Yes1
No5

CWPNBSEX

CJ-6. Is this child male or female?

Male1
Female2

CWPNBAD

CJ-7. Did you legally adopt this child or become (CHILD'S NAME)'s legal guardian?

[HELP AVAILABLE]

- ENTER [1] if R both adopted and became legal guardian to

this child.

Yes, adopted1 (GO TO CJ-10 CWPNB LIV)

Yes, became guardian..3 (GO TO CJ-8 CWPNB TRY)

No, neither.....5 (GO TO CJ-9 CWPNB THR)

{ ASKED IF R BECAME LEGAL GUARDIAN TO THIS CHILD

CWPNB TRY

CJ-8. Are you in the process of trying to legally adopt (CHILD'S NAME)?

[HELP AVAILABLE]

Yes1 (GO TO CJ-10 CWPNB LIV)

No5 (GO TO CJ-10 CWPNB LIV)

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

CWPNB THR

CJ-9. Are you in the process of trying to legally adopt (CHILD'S NAME) or to become this child's legal guardian?

[HELP AVAILABLE]

Yes, trying to adopt1

Yes, trying to become guardian3

No, neither5

CWPNB LIV

CJ-10. Please look at Card 60. Where does (CHILD'S NAME) usually live now?

ENTER all that apply

If child lives with R part-time, PROBE: Where else does this child live?

If child lives with a parent, enter [5]

In this household full-time1

In this household part-time2

Away at school or college3

Living on own4

Living with other relatives5

Deceased6

Someplace else7

RANGE CHECK: 1, 6 CANNOT BE COMBINED WITH ANY OTHER RESPONSES

{ ASK IF CHILD NOT DECEASED AND NOT IN R'S HH

CWPNB FAR

CJ-11. About how many miles away from here does (CHILD'S NAME) live?

Number of miles _____

ENTER 0 if less than 1 mile

{ ASKED IF CHILD NOT DECEASED

CWPNB AGE

CJ-12. How old is (CHILD'S NAME) now?

Age in years at last birthday _____

ENTER 0 if less than 1 year

ENTER [96] if R volunteers that child is deceased

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

{ ELSE, IF NO MORE CHILDREN TO DISCUSS, GO TO SECTION D.

DRAFT

SECTION D

RECENT (OR LAST) SEXUAL PARTNER(S) AND FIRST SEXUAL PARTNER**Screener to identify partner (DA)****Establish routing for up to 3 recent partners in last 12 months or last partner ever (if none in last 12 months) (DA)**

- If partner is current wife (not separated) or current cohabiting partner, skip to end of loop and check next most recent partner. If no more partners to describe, go to "First sex ever" series (DL)
- If partner is former wife (including separated) or cohab(never wife), ask next series (DB)
- If partner is someone R was never in marr/cohab union, go to flow check before "stability of curr rel'p" series (DC)

Key Dates for Former Wives & Cohabiting Partners (DB)**DINTRO_1**

DB-0. Now I have some questions about [PxNAME].

{ ASKED IF R EVER MARRIED TO THIS WOMAN

MARDATEN_M/MARDATEN_Y

DB-1. In what month and year were you and she married?

[HELP AVAILABLE]

{ ASKED IF R EVER MARRIED TO THIS WOMAN BUT MARRIAGE DATE = DK/RF

AGEMARR

DB-2. How old were you when you and (PARTNER'S NAME) got married?

Age in years _____

{ ASKED IF R EVER MARRIED TO THIS WOMAN

LIVTOGN

DB-3. Some couples live together without being married. By living together, we mean having a sexual relationship while sharing the same usual address. Did you and (PARTNER'S NAME) live together before you got married?

[HELP AVAILABLE]

Yes1

No5 (GO TO MARREND DB-7)

{ ASKED IF R EVER COHABITED WITH THIS WOMAN

STRTLIVE_M/STRTLIVE_Y

DB-4. In what month and year did you and she first start living together?

[HELP AVAILABLE]

{ ASKED IF R EVER COHABITED WITH THIS WOMAN, BUT START DATE = DK/RF

AGELIV

DB-5. How old were you when you and (PARTNER'S NAME) first started living

together?

[HELP AVAILABLE]

Age in years _____

{ ASKED IF R EVER COHABITED WITH THIS WOMAN

ENGAGTHN

DB-6. At the time you first began living together, were you and she engaged to be married or did you have definite plans to get married?

Yes, engaged to be married1

Not engaged but had definite plans to get married3

No, neither engaged nor had definite plans5

{ ASKED IF R EVER MARRIED TO THIS WOMAN

MARREND

DB-7. (You may have told me this already, but) How did your marriage end?

[HELP AVAILABLE]

Death of wife1

Divorce2 (GO TO DIVORFIN DB-9)

Annulment3 (GO TO DIVORFIN DB-10)

Separation4 (GO TO DIVORFIN DB-11)

{ ASKED IF R EVER MARRIED TO THIS WOMAN AND MARRIAGE ENDED BY HER DEATH

WIFEDIED_M/WIFEDIED_Y

DB-8. In what month and year did (WIFE/PARTNER) die?

ENTER DATE, THEN GO TO PXMOLAST DD-2

{ ASKED IF R EVER MARRIED TO THIS WOMAN AND MARRIAGE ENDED BY DIVORCE

DIVORFIN_M/DIVORFIN_Y

DB-9. In what month and year did your divorce become final?

[HELP AVAILABLE]

ENTER DATE, THEN GO TO STOPLIVE DB-11

{ ASKED IF R EVER MARRIED TO THIS WOMAN AND MARRIAGE ENDED BY ANNULMENT

ANNULLED_M/ANNULLED_Y

DB-10. In what month and year did your annulment take place?

{ ASKED IF [R EVER MARRIED TO THIS WOMAN AND [[MARRIAGE ENDED IN DIVORCE OR
{ ANNULMENT] OR [R IS CURRENTLY SEPARATED FROM HER]]] OR IF R NEVER MARRIED
{ TO THIS WOMAN BUT DID COHABIT WITH HER

STOPLIVE_M/STOPLIVE_Y

DB-11. In what month and year did you and (PARTNER'S NAME) last stop living together?

[HELP AVAILABLE]

Stability of Relationship with Current Partner (DC)

{ ASKED FOR ALL R's WHO HAD AT LEAST 1 PARTNER IN THE LAST 12 MONTHS AND
 { ABOUT ALL RECENT PARTNERS, EXCEPT IF SHE WAS A WIFE AND SHE DIED

PXCURR

DC-1. (Now I have some more questions about (PARTNER'S NAME)). Do you
 consider (PARTNER'S NAME) a current sexual partner?

[HELP AVAILABLE]

Yes1
 No5 (GO TO PXLAST DD-1)

{ ASKED IF R WAS NEVER MARRIED TO THIS WOMAN AND SHE IS A CURRENT PARTNER

PXMARRY

DC-2. Please look at Card 58. Do you think that you and (PARTNER'S NAME) will
 marry each other?

♦ If R insists he does not know, enter [Ctrl] + [D]

Definitely yes1
 Probably yes2
 Probably no3
 Definitely no4

Last Sex with Recent Partner (DD)**PXLRUSE**

DD-5. That (last) time that you had sexual intercourse with (PARTNER'S NAME),
 did you, yourself, use any methods to prevent pregnancy or sexually
 transmitted disease? Please look at Card 46a for some examples of
 methods for males, before answering "yes" or "no".

[HELP AVAILABLE]

Yes1
 No5 (GO TO DD-7 PXLPUSE)

{ ASKED IF HE USED METHOD AT LAST SEX

PXLRMETH

DD-6. Looking at Card 46b that (last) time, what methods did you,
 yourself, use to prevent pregnancy or sexually transmitted
 disease?

[HELP AVAILABLE]

ENTER all that apply.

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

PXLPUSE

DD-7. That (last) time that you had sexual intercourse with (PARTNER'S NAME), did she use any methods to prevent pregnancy or sexually transmitted disease? Please look at Card 47a for some examples of methods for females, before answering "yes" or "no".

[HELP AVAILABLE]

♦ Do not probe a DK response

Yes1

No5 (GO TO DD-9 PXLSPRB)

{ ASKED IF DD-7 PXLPUSE IS DON'T KNOW

DKPXLPUSE

DD-7b. Is it that you don't recall right now, or that you never knew?

Don't recall.....1

Never knew.....2

{ ASKED IF SHE USED A METHOD AT LAST SEX

PXLPMETH

DD-8. Looking at Card 47b, that (last) time, what methods did she use to prevent pregnancy or sexually transmitted disease?

[HELP AVAILABLE]

ENTER all that apply.

♦ Do not probe a DK response

Pill.....4
 Tubal sterilization or other female sterilization.....5
 Injection (Depo-Provera™ or Lunelle™)6
 Spermicidal foam/jelly/cream/film/suppository.....7
 Hormonal implant (Norplant™ or Implanon™)8
 Rhythm or safe period.....9
 Contraceptive patch (Ortho-Evra™)10
 Vaginal contraceptive ring (Nuva Ring™)11
 IUD, coil, loop.....12
 Something else.....13

{ ASKED IF DD-8 PXLPMETH=19

DKPXLPMETH

DD-8b. Is it that you don't recall right now, or that you never knew?

Don't recall.....1

Never knew.....2

{ ASKED IF NEVER MARRIED TO OR LIVED WITH THIS PARTNER AND

{ NO METHOD OR ONLY A MALE METHOD REPORTED AT LAST SEX

PXLSPRB

DD-9. That (last) time, could [PARTNER'S NAME] have used a method that you didn't know about?

♦ Do not probe a DK response

Yes1
No5

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

PXMTONCE

DD-10. Have you had (did you have) sexual intercourse with (PARTNER'S NAME) more than once?

[HELP AVAILABLE]

Yes1
No5

{ IF AGE <18, GO TO PXFRLTN DD-14

{ ASKED IF R IS 18 OR OLDER OR IF R IS <18 AND PARTNER NOT CURRENT.

PXPAGE

DD-11. How old was (PARTNER'S NAME) when you last had sex with her?

[HELP AVAILABLE]

Age in years _____

{ ASKED IF R DIDN'T KNOW HER AGE AT LAST SEX

PXRELAGE

DD-12. Is she older than you, younger than you, or about the same age?

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

{ ASKED IF R DIDN'T KNOW HER AGE AT LAST SEX AND SHE WAS OLDER OR YOUNGER

PXRELYRS

DD-13. By how many years?

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

{ ASKED IF R NEVER MARRIED TO AND NEVER LIVED WITH THIS PARTNER

PXFRLTN

DD-14. Please look at Card 44. At the time you (first / last) had sexual intercourse with (PARTNER'S NAME), how would you describe your relationship with her?

Married to her1
Engaged to her, and living together.....2
Engaged to her, but not living together.....3
Living together in a sexual relationship, but not engaged ...4
Going with her or going steady5
Going out with her once in a while6
Just friends7
Had just met her8
Something else.....9

{ ASKED OF CURRENT PARTNERS, MOST RECENT PARTNER, AND OF FORMER WIFE/COHAB
PXHISP

DD-15. Is (PARTNER'S NAME) Hispanic or Latino, or of Spanish origin?

Yes1

No5

{ ASKED OF CURRENT PARTNERS, MOST RECENT PARTNER, AND OF FORMER WIFE/COHAB
PXRACE

DD-16. Which of the groups shown on Card 2 describes (PARTNER'S NAME)'s racial background? Please select one or more groups.

[HELP AVAILABLE]

ENTER all that apply.

NOTE: If the respondent mentions a mixture of multiple races (e.g. biracial, mixed, mulatto), probe for and code all racial groups that are part of the mix.

American Indian or Alaska Native.....1

Asian.....2

Native Hawaiian or other Pacific Islander.....3

Black or African American.....4

White.....5

{ ASKED IF MULTIPLE RACE GROUPS SELECTED

PXBEST

DD-17. Which of these groups, that is (RESPONSES TO DD-16), would you say best describes (PARTNER'S NAME)'s racial background?

[HELP AVAILABLE]

{ ONLY DISPLAY RESPONSES FROM DD-16.

{ IF NEVER MARRIED TO OR LIVED WITH THIS PARTNER AND
 { PARTNER IS NOT CURRENT OR MOST RECENT, GO TO SECTION DF.

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

{ ASKED IF EVER MARRIED TO OR EVER LIVED WITH THIS WOMAN

PXDOB_M/PXDOB_Y

DE-1. In what month and year was (PARTNER'S NAME) born?

{ ASKED THIS PARTNER IS CURRENT OR THE MOST RECENT

PXEDUC

DE-2. Please look at Card 11. What is the highest level of education she has completed?

Less than high school1

High school graduate or GED2

Some college but no degree3

2-year college degree (e.g., Associate's degree).4

4-year college graduate (e.g., BA, BS)5

Graduate or professional school6

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

PXMARBF

DE-3. (Has (PARTNER) ever been married/ At the time you and (PARTNER) (were
married/started living together), had she been married before?

[HELP AVAILABLE]

Yes1
No5

{ ASKED IF NEVER MARRIED TO OR LIVED WITH THIS PARTNER AND SHE IS CURRENT
{ OR MOST RECENT

PXANYCH

DE-4. When your relationship with (PARTNER'S NAME) began, did she have any
biological, adopted, or foster children?

Yes1
No5 (GO TO DE-6 PXABLECH)

{ ASKED IF NEVER MARRIED TO OR LIVED WITH THIS PARTNER AND SHE IS CURRENT
{ OR MOST RECENT AND SHE HAD CHILD/REN

PXANYCHN

DE-5. Altogether, how many children did she have?

Number of children _____

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

PXABLECH

DE-6. Some women are not physically able to have children. As far as you
know, is it physically possible for (PARTNER'S NAME) to have a baby?

[HELP AVAILABLE]

Yes1
No5

{ IF R HAD SEX WITH THIS PARTNER ONLY ONCE, GO TO SECTION DH

First Sex with Recent Partner (DF)

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

PXSXFRST_M/PXSXFRST_Y

DF-1. Now I have some questions about the very first time that you had sexual
intercourse with (PARTNER'S NAME).

[HELP AVAILABLE]

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

{ ASKED IF DATE OF FIRST SEX MISSING

PXAGFRST

DF-2. The very first time that you had sexual intercourse with (PARTNER'S NAME), how old were you?

[HELP AVAILABLE]

Age in years _____

{ ASKED IF R HAD SEX WITH HER

{ MORE THAN ONCE

PXFRLTN2

DF-3. Please look at Card 44. At the time you first had sexual intercourse with (PARTNER'S NAME), how would you describe your relationship with her?

Married to her1
 Engaged to her, and living together.....2
 Engaged to her, but not living together.....3
 Living together in a sexual relationship, but not engaged ...4
 Going with her or going steady5
 Going out with her once in a while6
 Just friends7
 Had just met her8
 Something else.....9

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

PXFUSE

DF-4. That first time that you had sexual intercourse with (PARTNER'S NAME), did you or she use any methods to prevent pregnancy or sexually transmitted disease? Please look at Card 45a for some examples of methods, before answering "yes" or "no."

[HELP AVAILABLE]

Yes1
 No5 (GO TO SECTION DG)

{ ASKED IF R HAD SEX WITH THIS WOMAN MORE THAN ONCE AND USED METHOD AT 1ST SEX

PXFMETH

DF-5. Looking at Card 45b, that first time, what methods did you and she use to prevent pregnancy or sexually transmitted disease?

[HELP AVAILABLE]

ENTER all that apply.

Condom or rubber.....1
 Withdrawal or pulling out.....2
 Vasectomy or male sterilization.....3
 Pill.....4
 Tubal sterilization or other female sterilization.....5
 Injection (Depo-Provera™ or Lunelle™)6
 Spermicidal foam/jelly/cream/film/suppository7
 Hormonal implant (Norplant™ or Implanon™)8
 Rhythm or safe period9
 Contraceptive patch (Ortho-Evra™)10

Vaginal contraceptive ring (Nuva Ring™)	11
IUD, coil, loop.....	12
Something else.....	13

{ IF NO SEX WITH THIS PARTNER IN LAST 12 MONTHS, GO TO SECTION DH

Methods Used in Past 12 Months (DG)

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

DGINTRO

DG-0. Now I have some questions about methods that you and (PARTNER'S NAME) used in the past 12 months, that is since (INTERVIEW MONTH, INTERVIEW YEAR - 1), to prevent pregnancy or sexually transmitted disease.

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

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

PXANYUSE

DG-1. During the past 12 months, did you or she use any methods to prevent pregnancy or sexually transmitted disease when you had intercourse together? Please answer yes if you used a method even once. Please look at Card 45a for some examples of methods, before answering "yes" or "no".

[HELP AVAILABLE]

Yes1
No5 (GO TO SECTION DH)

{ ASKED OF CURRENT OR MOST RECENT PARTNER IF USED ANY METHOD IN LAST 12 MONTHS

PXMETHOD

DG-2. Please look at Card 45b. Including any methods you may have already told me about and methods you may have used only once, during the past 12 months, which of these methods did you and she use to prevent pregnancy or sexually transmitted diseases?

[HELP AVAILABLE]

ENTER all that apply.

Condom or rubber.....	1
Withdrawal or pulling out	2
Vasectomy or male sterilization	3
Pill	4
Tubal sterilization or other female sterilization	5
Injection (Depo-Provera™ or Lunelle™)	6
Spermicidal foam/jelly/cream/film/suppository	7
Hormonal implant (Norplant™ or Implanon™)	8
Rhythm or safe period	9
Contraceptive patch (Ortho-Evra™)	10
Vaginal contraceptive ring (Nuva Ring™)	11
IUD, coil, loop.....	12

Something else..... 13

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

PXMSTUSE

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

[HELP AVAILABLE]

{ DISPLAY ONLY METHODS REPORTED IN PXMETHOD DG-2

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

PXCONFRQ

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

[HELP AVAILABLE]

Percent from 0 to 100 _____ (IF 100%, GO TO SECTION DH)

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

PXNOFREQ

DG-5. Please look at Card 48. During the last 12 months, that is since (INTERVIEW MONTH, INTERVIEW YEAR - 1), how often did you or she use any method to prevent pregnancy or disease when you had sex together?

[HELP AVAILABLE]

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

Biological Children with Recent Partner or Last Partner (DH)

{ ASKED OF ALL WHO HAD ANY SEXUAL PARTNER OTHER THAN THEIR CURRENT W/P

PXCHILD

DH-1. Now I have some questions about children that you and (PARTNER'S NAME) may have had together. By this I mean that you were the biological father and she was the biological mother.

(Have you and (PARTNER'S NAME) ever had / Did you and (PARTNER'S NAME) ever have) a child together?

Include all children R and his wife/partner have had together, regardless of whether they were married at the time or whether they are raising the child(ren) themselves or have placed the child(ren) for adoption.

Yes1
No5 (GO TO SECTION DI)

PXCHILDN

DH-2. Altogether, how many children have you had together?

Number of children _____

[HELP AVAILABLE]

PXCXNAM

DH-3. What is the first name or initials of (this child/each of these children)?

Name/ initials _____

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

{ SET UP LOOP TO ASK ABOUT EACH CHILD

{ ASKED IF MORE THAN ONE CHILD

DHINTRO2

DH-4. Let's talk about (CHILD)

PXCXSEX

DH-5. If necessary, ASK: (Is (CHILD) male or female?)

Male.....1

Female.....2

PXCXBORN_M/PXCXBORN_Y

DH-6. In what month and year was (CHILD) born?

{ ASKED IF DOB OF THIS CHILD = DOB OF CHILD DESCRIBED EARLIER

MULTBIRT

DH-7. The birthday of this child is the same as (ANOTHER CHILD'S NAME). Was this a multiple birth?

Yes1

No5

{ ASKED IF R MARRIED AND CAN'T TELL FROM DATES WHETHER MARRIAGE OR
{ CHILDBIRTH CAME FIRST

PXCXMARB

DH-8. Were you married to (PARTNER'S NAME) at the time of the birth?

[HELP AVAILABLE]

Yes1 (GO TO DH-11 PXCXLIV)

No5

{ ASKED IF COHABITING WITH THIS WOMAN OR (IF MARRIED) NOT MARRIED TO
{ HER AT CHILDBIRTH, BUT HAD PREMARITALLY COHABITED

PXCXRES

DH-9. Were you living together with (PARTNER'S NAME) at the time of the birth?

[HELP AVAILABLE]

Yes1 (GO TO DH-11 PXCXLIV)

No5

{ ASKED IF NOT MARRIED TO OR LIVING WITH WOMAN AT TIME OF BIRTH OR DK/RF
PXCXKNOW

DH-10. When did you find out that (PARTNER'S NAME) was pregnant? Was it during the pregnancy or after the child was born?

During the pregnancy.....1

After the child was born.....2

PXCXLIV

DH-11. Please look at Card 61. Where does [CHILD NAME] usually live now?

[HELP AVAILABLE]

ENTER all that apply.

If child lives with R part-time, PROBE: Where else does this child live?

In this household full-time1
 In this household part-time2
 With his/her mother3
 Away at school or college4
 Living on own5
 Living with other relatives6
 Deceased7
 Placed for adoption or adopted8
 Placed in foster care9
 Someplace else10

RANGE CHECK: 1,7,8,9 CANNOT BE COMBINED WITH ANY OTHER RESPONSES.

{ IF CHILD IS ALIVE, BUT CHILD'S DATE OF BIRTH IS MISSING

PXCXAGE

DH-12. How old is [CHILD NAME] now? Is [he/she] less than 5 years old, 5 to 18 years old, or 19 years or older?

Less than 5 years old1

5-18 years old2

19 years or older3

{ ASKED IF CHILD < 19 YEARS AND BORN OUT OF WEDLOCK, BUT NOT DEAD, ADOPTED,
 { OR IN FOSTER CARE

PXCXSIG

DH-13a. Did you ever sign the application for [CHILD NAME]'s birth certificate or sign a statement that legally says you are [CHILD'S NAME]'s father?

Yes1

No5

{ ASKED IF CHILD < 19 YEARS AND BORN OUT OF WEDLOCK, BUT NOT DEAD, ADOPTED,
 { OR IN FOSTER CARE

PXCXCRT

DH-13b. Did you have to go to court to establish that you are [CHILD NAME]'s legal father?

Yes1

No5

{ ASKED IF CHILD < 19 YEARS AND BORN OUT OF WEDLOCK, BUT NOT DEAD, ADOPTED,
{ OR IN FOSTER CARE

PXCXGEN

DH-14. Were you legally identified by a blood test or other genetic test
as [CHILD NAME]'s father?

Yes1

No5

{ IF RESPONDENT LIVES WITH CHILD, GO TO PXRWANT DH-18

{ ASKED IF CHILD < 19 AND NOT DEAD, ADOPTED, OR IN FOSTER CARE AND
{ R DIDN'T LIVE WITH CHILD AT BIRTH AND DOESN'T LIVE WITH CHILD NOW

PXCXEVER

DH-15. Did you ever live with [CHILD NAME]?

Yes1

No5

{ ASKED IF CHILD < 19 AND NOT DEAD, ADOPTED OR IN FOSTER CARE AND
{ DOESN'T LIVE WITH R NOW

PXCXFAR

DH-16. About how many miles away from here does [CHILD NAME] live?

Number of miles _____

ENTER 0 if less than 1 mile

{ ASKED IF R CHILD IS < 19 AND R WAS MARRIED TO/LIVING WITH MOTHER
{ OR KNEW ABOUT PREGNANCY BEFORE THE BIRTH
{ ASKED EVEN IF CHILD IS DEAD, ADOPTED, IN FOSTER CARE

PXWANT

DH-17. Please look at Card 58. Right before (PARTNER'S NAME) became
pregnant with (CHILD'S NAME), did you, yourself, want to have a
child at some time in the future?

[HELP AVAILABLE]

*NOTE: If R says that he already had a child, SAY "Right before
she became pregnant, did you, yourself, want to have another
child at some time in the future?"*

♦ ENTER [Ctrl+D] if R insists

Definitely yes1

Probably yes2

Probably no3 (GO TO DH-19 PXHPYPG)

Definitely no4 (GO TO DH-19 PXHPYPG)

{ ASKED IF R CHILD IS < 19 AND R WAS MARRIED TO/LIVING WITH MOTHER
 { OR KNEW ABOUT PREGNANCY BEFORE THE BIRTH AND R DEFINITELY OR PROBABLY
 { WANTED A CHILD
 { ASKED EVEN IF CHILD IS DEAD, ADOPTED, IN FOSTER CARE

PXSOON

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

[HELP AVAILABLE]

Too soon1
 Right time2
 Later3
 Didn't care4

{ ASKED IF THE PREGNANCY CAME TOO SOON.
 { R CAN ANSWER IN MONTHS OR YEARS

PXSOONN/PXSOONMY

DH-18a. How much sooner than you wanted did the pregnancy occur?

Number and (Month/years) _____

{ ASKED IF THE PREGNANCY CAME LATER THAN WANTED
 { R CAN ANSWER IN MONTHS OR YEARS

PXLATEN/ PXLATEMY

DH-18c. How much later than you wanted did the pregnancy occur?

Number and (Months/Years) _____

{ ASKED IF CHILD IS AGE 18 OR YOUNGER AND R WAS MARRIED
 { TO/LIVING WITH MOTHER OR KNEW ABOUT PREGNANCY BEFORE THE BIRTH
 { ASKED EVEN IF CHILD IS DEAD, ADOPTED, IN FOSTER CARE

PXHPYPG

DH-19. Please look at Card 59. On this scale, a zero means that you were very unhappy about that pregnancy, and a ten means that you were very happy about that pregnancy. Tell me which number on the card best describes how you felt when you found out that (PARTNER'S NAME) was pregnant that time.

Number from 0 to 10 _____

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

Current Pregnancy (DI)

{ IF PARTNER STERILE, GO TO END OF SECTION DI

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

PXCPREG

DI-1. Is (PARTNER'S NAME) pregnant with your child now?

Yes1 (GO TO DI-4 PXRWANT)
 No5

PXTRYING

DI-2. Are you and (PARTNER'S NAME) currently trying to get pregnant?

Yes1

No5 (GO TO END OF SECTION DI)

PTRYLONG

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

Number of months _____ (GO TO END OF SECTION DI)

PXRWANT

DI-4. Please look at Card 58. Right before (PARTNER'S NAME) became pregnant, did you, yourself, want to have a child at some time in the future?

If R says that he already had a child, SAY "Right before she became pregnant, did you, yourself, want to have another child at some time in the future?"

[HELP AVAILABLE]

♦ ENTER [Ctrl+D] if R insists.

Definitely yes1

Probably yes2

Probably no3 (GO TO DI-6 PXCPFEEL)

Definitely no4 (GO TO DI-6 PXCPFEEL)

{ IF R DEFINITELY OR PROBABLY WANTED A CHILD

PXRSOON

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

[HELP AVAILABLE]

Too soon1

Right time2

Later3

Didn't care4

{ ASKED IF THE PREGNANCY CAME TOO SOON.

{ R CAN ANSWER IN MONTHS OR YEARS

PXRSOONN/PXRSOONMY

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

Number and (Month/years) _____

{ ASKED IF THE PREGNANCY CAME LATER THAN WANTED

{ R CAN ANSWER IN MONTHS OR YEARS

PXRLATEN/PXRLATEMY

DI-5a. How much later than you wanted did the pregnancy occur?

Number and (Months/Years) _____

PXCPFEEL

DI-6. Please look the scale on Card 59. On this scale, a zero means that you were very unhappy about this pregnancy, and a ten means that you were

very happy about this pregnancy. Please tell me which number on the card best describes how you felt when you found out that (PARTNER'S NAME) was pregnant this time.

Number from 0 to 10

{ IF R WAS NEVER MARRIED TO AND NEVER LIVED WITH THIS PARTNER,
{ GO TO SECTION DL

Other Children -- Former Wife/Partner's Children from her Previous Relationships (former w/p's who were also recent or last partners) (DJ)

{ ASKED IF R EVER MARRIED TO OR LIVED WITH THIS PARTNER AND SHE IS A RECENT PARTNER OR HIS LAST PARTNER

PXOTKID

DJ-1. Now I would like to ask you about any other children, whether biological, adopted, foster or legally guarded children, that (PARTNER'S NAME) may have had. Please be sure to include all of her children, even if they never lived with you.

When you began living with (PARTNER'S NAME), did she have any other children?

Yes1

No5 (GO TO SECTION DK)

{ ASKED IF THIS PARTNER HAD CHILDREN WHEN R BEGAN LIVING WITH HER
PXOKNUM

DJ-2. How many children did she have?

Number of children _____

PXOKWTH

DJ-3. (Did this child/Did any of these children) ever live with you?

Yes1

No5 (GO TO SECTION DK)

{ ASKED IF THIS PARTNER HAD MORE THAN 1 CHILD WHEN R BEGAN LIVING WITH HER
PXOKWTHN

DJ-4. How many of these children lived with you?

Number of children _____

{ ASKED IF R EVER LIVED WITH ANY OF THIS WIFE/PARTNER'S CHILDREN
PXOKNAM

DJ-5. What is the first name or initials of (this child/each of these children/one of these children)?

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

{ SET UP LOOP TO ASK FOR EACH CHILD WITH WHOM HE LIVED

PXOKSEX

DJ-6. (Thinking now of (CHILD'S NAME), is/Is) this child male or

female?

Male1

Female2

PXOKAD

DJ-7. Did you legally adopt (CHILD'S NAME) or become (CHILD'S NAME)'s legal guardian?

[HELP AVAILABLE]

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

Yes, adopted 1

Yes, became guardian 3

No, neither 5 (GO TO DJ-10 PXOKAGE)

{ ASKED IF R ADOPTED OR BECAME LEGAL GUARDIAN FOR THIS CHILD

PXOKLIV

DJ-8. Please look at Card 62. Where does this child usually live now?

ENTER all that apply

If child lives with R part-time, PROBE: Where else does this child live?

In this household full-time1

In this household part-time2

With his/her biological parent(s)3

Away at school or college4

Living on own5

Living with other relatives6

Deceased7

Someplace else8

RANGE CHECK: 1, 7 CANNOT BE COMBINED WITH ANY OTHER RESPONSES

{ ASKED IF R ADOPTED OR BECAME LEGAL GUARDIAN FOR THIS CHILD,

{ THE CHILD IS NOT DECEASED, AND DOES NOT LIVE IN R'S HH

PXOKFAR

DJ-9. About how many miles away from here does (CHILD'S NAME) live?

Number of miles _____

ENTER 0 if less than 1 mile

{ ASKED IF CHILD LIVED WITH R

PXOKAGE

DJ-10. How old is (CHILD'S NAME) now?

Age in years at last birthday _____

ENTER 0 if less than 1 year

ENTER [96] if R volunteers that child is deceased

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

{ ELSE, IF NO MORE CHILDREN TO DISCUSS, GO TO SECTION DK.

Other Nonbiological Children (DK)

{ ASKED IF R EVER MARRIED TO OR LIVED WITH THIS WOMAN AND SHE IS A RECENT OR
{ HIS LAST PARTNER

PXNBVR

DK-1. Besides any children that we may have talked about already, did you and this (wife/partner) ever have any other children live with you under your care and responsibility? Please do not include any of your biological children, your (wife/partner)'s biological children, or children from previous relationships.

If necessary, say: By this I mean that neither you nor your (wife/partner) are the child's biological parents, but you served as a formal or informal guardian to the child or that you were chiefly responsible for the child's care.

[HELP AVAILABLE]

Yes1
No5 (GO TO SECTION DL)

{ ASKED IF R AND PREVIOUS WIFE/PARTNER HAD OTHER CHILDREN LIVE WITH THEM

PXNBNUM

DK-2. How many children?

Number of children _____

{ ASKED FOR EVERY CHILD UNDER R'S AND PREVIOUS WIFE/PARTNER'S CARE

PXNBNAM

DK-3. What is the first name or initials of (this child/each of these children)?

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

{ SET UP LOOP TO ASK FOR EACH CHILD WITH WHOM HE LIVED

{ ASKED FOR EVERY CHILD UNDER R'S AND PREVIOUS WIFE/PARTNER'S CARE

PXNBREL

DK-4. (Thinking now of (CHILD'S NAME), when/When) (CHILD'S NAME) began living with you, was he or she the child of a relative by blood or by marriage?

[HELP AVAILABLE]

Yes 1
No 5

{ ASKED FOR EVERY CHILD UNDER R'S AND PREVIOUS WIFE/PARTNER'S CARE

PXNBFOFOS

DK-5. Was (CHILD'S NAME) a foster or related child who was placed in your home by a court, child welfare department, or social service agency?

[HELP AVAILABLE]

Yes 1
No 5

{ ASKED FOR EVERY CHILD UNDER R'S AND PREVIOUS WIFE/PARTNER'S CARE

PXNBSEX

DK-6. Is (CHILD'S NAME) male or female?

Male1
Female2

{ ASKED FOR EVERY CHILD UNDER R'S AND PREVIOUS WIFE/PARTNER'S CARE

PXNBAD

DK-7. Did you legally adopt (CHILD'S NAME) or become (CHILD'S NAME)'s legal guardian?

[HELP AVAILABLE]

Yes, adopted1
Yes, became guardian..3
No, neither.....5

{ ASKED IF R ADOPTED THIS CHILD OR BECAME THIS CHILD'S LEGAL GUARDIAN

PXNBBLIV

DK-8. Please look at Card 62. Where does (CHILD'S NAME) usually live now?

ENTER all that apply

If child lives with R part-time, PROBE: Where else does this child live?

In this household full-time1
In this household part-time2
With his/her biological parent(s).....3
Away at school or college4
Living on own5
Living with other relatives6
Deceased7
Someplace else8

RANGE CHECK: 1, 7 CANNOT BE COMBINED WITH ANY OTHER ANSWERS

{ ASK IF ADOPTED OR LEGALLY GUARDED CHILD IS NOT DECEASED AND NOT IN R's HH

PXNBFAFAR

DK-9. About how many miles away from here does (CHILD'S NAME) live?

Number of miles _____
ENTER 0 if less than 1 mile

{ ASKED IF CHILD LIVED WITH R

PXNBAGE

DK-10. How old is (CHILD'S NAME) now?

Age in years at last birthday _____

ENTER 0 if less than 1 year

ENTER [96] if R volunteers that child is deceased

{ IF ANOTHER CHILD TO DESCRIBE, RETURN TO DK-4 PKNBREL.
 { ELSE, IF NO MORE CHILDREN, RETURN TO BEGINNING OF SECTION D TO DISCUSS NEXT
 { PARTNER.
 { ELSE, IF NO MORE PARTNERS TO DISCUSS, GO TO SECTION DL.

First sex ever (DL)

{ IF FIRST PARTNER ALREADY DISCUSSED, GO TO END OF SECTION D

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

FPFIRST_M/FPFIRST_Y

DL-1. The next section is about your first sexual experience with a female.

[HELP AVAILABLE]

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

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

FPAGE

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

[HELP AVAILABLE]

Age in years _____ (GO TO FPNAME DL-6)

{ ASKED IF VERY FIRST SEX PARTNER WAS NOT A RECENT PARTNER AND R DOESN'T
 { KNOW HIS AGE AT FIRST SEX

FPAGE18

DL-3. Were you less than 18 or were you 18 years old or older?

Less than 18.....1

18 years or older....2 (GO TO FPAGE20 DL-5)

FPAGE15

DL-4. Were you less than 15 or were you 15 years old or older?

Less than 151 (GO TO FPNAME DL-6)

15 years or older2 (GO TO FPNAME DL-6)

FPAGE20

DL-5. Were you less than 20 or were you 20 years old or older?

Less than 201

20 years or older2

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

FPNAME

DL-6. Please tell me the name or initials of your first sexual partner so that I can refer to her during the interview.

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

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

FPPAGE

DL-7. How old was (FPNAME/your first partner) when you had sexual intercourse with her that first time?

[HELP AVAILABLE]

Age in years _____ (GO TO FPRLTN DL-10)

{ ASKED IF VERY FIRST SEX PARTNER WAS NOT A RECENT PARTNER AND R DOESN'T
{ KNOW HER AGE AT FIRST SEX

FPRELAGE

DL-8. Was she older than you, younger than you or the same age?

Older1
Younger2
About same age ...3 (GO TO FPRLTN DL-10)

FPRELYRS

DL-9. By how many years?

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

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

FPRLTN

DL-10. Please look at Card 44. At the time you first had sexual intercourse with (FPNAME/your first partner), how would you describe your relationship with her?

Married to her1
Engaged to her, and living together.....2
Engaged to her, but not living together.....3
Living together in a sexual relationship, but not engaged ...4
Going with her or going steady5
Going out with her once in a while6
Just friends7
Had just met her8
Something else.....9

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

FPUSE

DL-11. That first time that you had sexual intercourse with (FPNAME/your first partner), did you or she use any methods to prevent pregnancy or sexually transmitted disease? Please look at Card 45a for some examples of methods, before answering "yes" or "no."

[HELP AVAILABLE]

Yes1

No5 (GO TO DL-13 FPPROBE)

{ ASKED IF VERY FIRST SEX PARTNER WAS NOT A RECENT PARTNER AND METHOD
 { USED AT FIRST SEX

FPMETH

DL-12. Looking at Card 45b, that first time, what methods did you and
 she use to prevent pregnancy or sexually transmitted disease?

[HELP AVAILABLE]

ENTER all that apply

Condom or rubber.....1
 Withdrawal or pulling out2
 Vasectomy or male sterilization3
 Pill4
 Tubal sterilization or other female sterilization5
 Injection (Depo-Provera™ or Lunelle™)6
 Spermicidal foam/jelly/cream/film/suppository7
 Hormonal implant (Norplant™ or Implanon™)8
 Rhythm or safe period9
 Contraceptive patch (Ortho-Evra™)10
 Vaginal contraceptive ring (Nuva Ring™)11
 IUD, coil, loop.....12
 Something else.....13

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

FPPROBE

DL-13. That first time, could (FPNAME/she) have used a method that you
 didn't know about?

♦Do not probe a DK response

Yes1
 No5

{ IF NEVER MARRIED OR COHABITED, GO TO SECTION F.

SECTION E**FORMER WIVES AND FIRST COHABITING PARTNER****Enumeration of former wives and first cohabiting partner (EA)**

{ IF NO FORMER WIVES OR FIRST COHABITING PARTNER TO DISCUSS HERE,
 { GO TO SECTION F

{ ASKED IF R HAS AT LEAST ONE FORMER WIFE AND/OR ONE FORMER COHAB
EAINTRO1

EA-0. You've said that you have been married to one woman. In this section,
 I'll ask you about your former wife.

{ THIS INTRO HAS MANY OTHER VARIANTS BASED ON THE NUMBER OF FORMER WIVES OR
 { COHABITING PARTNERS R HAS HAD.
 { IF R HAS HAD MORE THAN 1 FORMER COHABITING PARTNER, HE WILL BE ASKED ONLY
 { ABOUT THE FIRST ONE.

{ ASKED IF R HAS AT LEAST ONE FORMER WIFE
FWNAME[X]

EA-1. So that I can refer to her in the interview, please tell me the first
 name or initials of your (former wife / wife / (first/second/third/etc)
 wife).

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

{ ASKED IF R WAS MARRIED TO AT LEAST ONE OF HIS 3 MOST RECENT PARTNERS
 REPORTED IN SECTION B

FWVERIFY[X]

EA-2. I need to check whether we've already talked about (WIFE). We talked
 about (your recent / some of your recent) sexual partners, that is,
 women you had sex with in the past 12 months. Is (WIFE) one of your
 recent sexual partners that we already talked about?

Yes1
 No5

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

EA-3. You may have already told me this, but please tell me the first name or
 initials of (first of the other women / other woman / first of the
 women / woman) you lived with.

Name or initials _____

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

FCVERIFY

EA-4. I need to check whether we've already talked about (PARTNER). We talked
 about (your recent / some of your recent) sexual partners, that is,
 women you had sex with in the past 12 months. Is (PARTNER) one of your
 recent sexual partners that we already talked about?

Yes1 (GO TO SECTION F)
 No5

{ IF THERE ARE ANY FORMER WIVES OR FIRST COHABITING PARTNER TO DISCUSS HERE
 { IN SECTION E, CONTINUE; ELSE GO TO SECTION F.

Key Dates for Former Wives & First Cohabiting Partner (EB)

EBINTRO

EB-1. Now I'll ask you about your relationship with (WIFE/PARTNER).

{ ASKED IF R WAS EVER MARRIED TO THIS WOMAN

FWMAREND_M/FWMAREND_Y

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

[HELP AVAILABLE]

{ ASKED IF R EVER MARRIED TO THIS WOMAN BUT MARRIAGE DATE = DK/RF

AGEMARRN

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

Age in years _____

{ ASKED IF R EVER MARRIED TO THIS WOMAN

LIVTOGN

EB-4. Some couples live together without being married. By living together, we mean having a sexual relationship while sharing the same usual address. Did you and (WIFE/PARTNER) live together before you got married?

[HELP AVAILABLE]

Yes1

No5 (GO TO EB-8 MARREND)

{ ASKED IF R EVER COHABITED WITH THIS WOMAN

STRTLIVE_M/STRTLIVE_Y

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

[HELP AVAILABLE]

{ ASKED IF R EVER COHABITED WITH THIS WOMAN, BUT START DATE = DK/RF

AGELIV

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

Age in years _____

{ COMPARE DATES OF FIRST MARRIAGE AND FIRST COHABITATION. IF RESPONDENT NEVER

{ MARRIED OR IF FIRST COHABITATION CAME BEFORE FIRST MARRIAGE, GO TO ENGAGTHN

{ EB-7. ELSE, IF FIRST COHABITATION CAME AFTER FIRST MARRIAGE, GO TO SECTION

{ F. ELSE, IF CAN'T TELL, ASK FSTUNION EB-6a.

{ ASKED IF R EVER COHABITED WITH THIS WOMAN

ENGAGTHN

EB-7. At the time you first started living together, were you and she engaged to be married or did you have definite plans to get married?

ENTER [1] if R both engaged and had definite plans to get married

Yes, engaged to be married1

Not engaged but had definite plans to get married3

No, neither engaged nor had definite plans5

{ IF NEVER MARRIED TO THIS WOMAN, GO TO STOPLIVE EB-12

{ ASKED IF R EVER MARRIED TO THIS WOMAN

MARREND

EB-8. How did your marriage end?

[HELP AVAILABLE]

Death of wife1

Divorce2 (GO TO EB-10 DIVORFIN)

Annulment3 (GO TO EB-11 ANNULLED)

Separation4 (GO TO EB-12 STOPLIVE)

{ ASKED IF R EVER MARRIED TO THIS WOMAN AND MARRIAGE ENDED BY HER DEATH

WIFEDIED_M/WIFEDIED_Y

EB-9. In what month and year did (WIFE/PARTNER) die?

ENTER DATE, THEN GO TO EC SERIES

{ ASKED IF R EVER MARRIED TO THIS WOMAN AND MARRIAGE ENDED BY DIVORCE

DIVORFIN_M/DIVORFIN_Y

EB-10. In what month and year did your divorce become final?

[HELP AVAILABLE]

ENTER DATE, THEN GO TO STOPLIVE EB_12

{ ASKED IF R EVER MARRIED TO THIS WOMAN AND MARRIAGE ENDED BY ANNULMENT

ANNULLED_M/ANNULLED_Y

EB-11. In what month and year did your annulment take place?

{ ASKED IF [R EVER MARRIED TO THIS WOMAN AND [[MARRIAGE ENDED IN DIVORCE OR

{ ANNULMENT] OR [R IS CURRENTLY SEPARATED FROM HER]]] OR IF R NEVER MARRIED

{ TO THIS WOMAN BUT DID COHABIT WITH HER

STOPLIVE_M/STOPLIVE_Y

EB-12. In what month and year did you and (WIFE/PARTNER) last stop living together?

[HELP AVAILABLE]

Characteristics Wife/Partner (EC)

{ ASKED IF R EVER MARRIED TO OR LIVED WITH THIS WOMAN

FWPDOB_M/FWPDY

EC-1. Now I have some more questions about (WIFE/PARTNER).

In what month and year was she born?

{ ASKED IF R EVER MARRIED TO OR LIVED WITH THIS WOMAN AND

{ HER BIRTH DATE = DK/RF

FWPAGE

EC-2. How old was (WIFE/PARTNER) when (she died/ your divorce became final/your annulment took place/ you and she last stopped living together)?

Age in years _____

{ ASKED IF THIS WOMAN WAS R's FIRST WIFE OR COHABITING PARTNER

FWPHISP

EC-3. (Was/Is (WIFE/PARTNER) Hispanic or Latino, or of Spanish origin)?

Yes1

No5

{ ASKED IF THIS WOMAN WAS R's FIRST WIFE OR COHABITING PARTNER

FWPRACE

EC-4. Which of the groups shown on Card 2 describes (WIFE/PARTNER)'s racial background? Please select one or more groups.

[HELP AVAILABLE]

ENTER all that apply.

NOTE: If the respondent mentions a mixture of multiple races (e.g. biracial, mixed, mulatto), PROBE for and CODE all racial groups that are part of the mix.

American Indian or Alaska Native1

Asian2

Native Hawaiian or Other Pacific Islander3

Black or African American4

White5

{ ASKED IF THIS WOMAN WAS R's FIRST WIFE OR COHABITING PARTNER AND MORE THAN

{ ONE RACE GROUP MENTIONED

FWPRACEB

EC-5. Which of these groups, that is (RESPONSES IN FWPRACE), would you say best describes your (WIFE/PARTNER)'s racial background?

[HELP AVAILABLE]

{DISPLAY ONLY CATEGORIES MENTIONED FROM FWPRACE EC-4

{ ASKED IF R EVER MARRIED TO OR LIVED WITH THIS WOMAN

FWPMARBF

EC-6. At the time you and she (were married/ started living together), had she ever been married (before)?

[HELP AVAILABLE]

Yes1

No5

Biological Children with Former Wife/Cohabiting Partner (ED)

{ ASKED OF ALL WHO HAVE A FORMER WIFE OR COHABITING PARTNER COVERED IN SECTION E

FWPBIOKID

ED-1. Now I have some questions about children that you and (WIFE/PARTNER) may have had together. By this I mean that you were the biological father and she was the biological mother.

Did you and (WIFE/PARTNER) ever have a child together?

Include all children R and his former wife/partner had together, regardless of whether they were married at the time or whether they raised the child(ren) themselves or placed the child(ren) for adoption.

Yes1

No5 (GO TO SECTION EE)

{ ASKED IF THEY HAD CHILD/REN

FWPNUMKD

ED-2. Altogether, how many children did you have together?

[HELP AVAILABLE]

Number of children _____

{ ASKED IF THEY HAD CHILD/REN

FWPCHNAM

ED-3. What is the first name or initials of (this child/each of these children)?

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

{SET UP LOOP TO ASK ABOUT EACH CHILD

{ ASKED IF MORE THAN ONE CHILD

EDINTRO2

ED-4. Let's talk about (CHILD NAME).

FWPCHSEX

ED-5. *If necessary, ASK:* (Is (CHILD) male or female?)

Male1

Female2

FWPCHDOB_MO/FWPCHDOB_YR

ED-6. In what month and year was (CHILD) born?

{ ASKED IF BIRTHDAY OF THIS CHILD IS SAME AS PREVIOUSLY MENTIONED CHILD
MULTBIRT

ED-7. The birthday of this child is the same as (ANOTHER CHILD'S NAME),
was this a multiple birth?

Yes1 (GO TO ED-11 FWPCHLIV)
No5

{ ASKED IF THEY WERE MARRIED AND CAN'T TELL FROM DATES WHETHER MARRIAGE OR
{ CHILDBIRTH CAME FIRST

FWCHMARB

ED-8. Were you married to (WIFE/PARTNER) at the time of the birth?

[HELP AVAILABLE]

Yes1 (GO TO ED-11 FWPCHLIV)
No5

{ ASKED IF COHABITED WITH THIS WOMAN OR (IF MARRIED) NOT MARRIED TO
{ HER AT CHILDBIRTH, BUT HAD PREMARITALLY COHABITED

FWPCHRES

ED-9. Were you living together with (WIFE/PARTNER) at the time of the birth?

[HELP AVAILABLE]

Yes1 (GO TO ED-11 FWPCHLIV)
No5

{ ASKED IF NOT MARRIED TO OR LIVING WITH WOMAN AT TIME OF BIRTH OR DK/RF
FWPCHLRN

ED-10. When did you find out that (WIFE/PARTNER) was pregnant? Was it
during the pregnancy or after the child was born?

During the pregnancy1
After the child was born2

{ ASKED ABOUT ALL CHILDREN

FWPCHLIV

ED-11. Please look at Card 61. Where does (CHILD) usually live now?

[HELP AVAILABLE]

ENTER all that apply.

*If child lives with R part-time, PROBE: Where else does this
child live?*

In this household full-time1
In this household part-time2
With his/her mother3
Away at school or college4
Living on own5
Living with other relatives6
Deceased7
Placed for adoption or adopted8

Placed in foster care9
 Someplace else10

{ ASKED IF CHILD IS ALIVE AND CHILD'S DATE OF BIRTH IS MISSING

FWPCHAGE

ED-12. How old is (CHILD NAME) now? Is [he/she] less than 5 years old,
 5 to 18 years old, or 19 years or older?

Less than 5 years old1
 5-18 years old2
 19 years or older3

{ ASKED IF CHILD < 19 YEARS AND BORN OUT OF WEDLOCK, BUT NOT DEAD, ADOPTED,
 { OR IN FOSTER CARE

FWPCHSIG

ED-13a. Did you ever sign the application for {CHILD'S NAME}'s birth
 certificate or sign a statement that legally says you are
 {CHILD'S NAME}'s father?

Yes1
 No5

{ ASKED IF CHILD < 19 YEARS AND BORN OUT OF WEDLOCK, BUT NOT DEAD, ADOPTED,
 { OR IN FOSTER CARE

FWPCHCRT

ED-13b. Did you have to go to court to establish that you are {CHILD'S
 NAME}'s legal father?

Yes1
 No5

{ ASKED IF CHILD < 19 YEARS AND BORN OUT OF WEDLOCK, BUT NOT DEAD, ADOPTED,
 { OR IN FOSTER CARE

FWPCHGEN

ED-14. Were you legally identified by a blood test or other genetic test
 as {CHILD'S NAME}'s father?

Yes1
 No5

{ IF RESPONDENT LIVES WITH CHILD, GO TO FWPRWANT ED-18

{ ASKED IF CHILD < 19 AND NOT DEAD, ADOPTED, OR IN FOSTER CARE AND
 { R DIDN'T LIVE WITH CHILD AT BIRTH AND DOESN'T LIVE WITH CHILD NOW

FWPCHEVR

ED-15. Did you ever live with (CHILD)?

Yes1
 No5

{ ASKED IF CHILD <19 AND NOT DEAD, ADOPTED OR IN FOSTER CARE AND
 { DOESN'T LIVE WITH R NOW

FWPCHFAR

ED-16. About how many miles away from here does (child) live?

Number of miles _____
 ENTER 0 if less than 1 mile

{ ASKED IF R CHILD LE 18 AND R WAS MARRIED TO/LIVING WITH MOTHER
 { OR KNEW ABOUT PREGNANCY BEFORE THE BIRTH;
 { ASKED EVEN IF CHILD IS DEAD, ADOPTED, IN FOSTER CARE

FWPRWANT

ED-17. Please look at Card 58. Right before (WIFE/PARTNER) became pregnant with (CHILD'S NAME), did you, yourself, want to have a child at some time in the future?

[HELP AVAILABLE]

NOTE: If R says that he already had a child, SAY Right before she became pregnant, did you, yourself, want to have another child at some time in the future?

♦ ENTER [Ctrl+D] if R insists.

Definitely yes1
 Probably yes2
 Probably no3 (GO TO ED-19 FWPHPYPG)
 Definitely no4 (GO TO ED-19 FWPHPYPG)

{ ASKED IF R CHILD < 19 AND R WAS MARRIED TO/LIVING WITH MOTHER
 { OR KNEW ABOUT PREGNANCY BEFORE THE BIRTH AND R DEFINITELY OR
 { PROBABLY WANTED A CHILD
 { ASKED EVEN IF CHILD IS DEAD, ADOPTED, IN FOSTER CARE

FWPSOON

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

[HELP AVAILABLE]

Too soon1
 Right time2
 Later3
 Didn't care4

{ ASKED IF THE PREGNANCY CAME TOO SOON
 { R CAN ANSWER IN MONTHS OR YEARS.

FWPSOONN/FWPSOONMY

ED-18a. How much sooner than you wanted did the pregnancy occur?

Number and (Month/years) _____

{ ASKED IF THE PREGNANCY CAME LATER THAN WANTED
 { R CAN ANSWER IN MONTHS OR YEARS

FWPLATEN/ FWPLATEMY

ED-18c. How much later than you wanted did the pregnancy occur?

Number and (Months/Years) _____

{ ASKED IF CHILD IS AGE 18 OR YOUNGER AND R WAS MARRIED
 { TO/LIVING WITH MOTHER OR KNEW ABOUT PREGNANCY BEFORE THE BIRTH
 { ASKED EVEN IF CHILD IS DEAD, ADOPTED, IN FOSTER CARE

FWPHPYPG

ED-19. Please look at Card 59. On this scale, a zero means that you were very unhappy about that pregnancy, and a ten means that you were very happy about that pregnancy. Tell me which number on the card best describes how you felt when you found out that (WIFE/PARTNER) was pregnant that time.

Number from 0 to 10

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

Other Children -- Former Wife/Partner's Children (EE)

{ ASKED IF INFORMATION ABOUT THIS FORMER WIFE OR THE 1ST COHABITING
 { PARTNER NOT COLLECTED IN PREVIOUS SECTIONS

FWPOTKID

EE-1. Now I would like to ask you about any other children, whether biological, adopted, foster or legally guarded children, that (WIFE/PARTNER) may have had. Please be sure to include all of her children, even if they never lived with you.

When you began living with (WIFE/PARTNER), did she have any other children?

Yes1

No5 (GO TO SECTION EF)

{ ASKED IF THIS WIFE/PARTNER HAD CHILDREN WHEN R BEGAN LIVING WITH HER
FWPOKNUM

EE-2. How many children did she have?

Number of children _____

{ ASKED IF THIS WIFE/PARTNER HAD CHILDREN WHEN R BEGAN LIVING WITH HER
FWPOKWTH

EE-3. (Did this child/Did any of these children) ever live with you?

Yes1

No5 (GO TO SECTION EF)

{ ASKED IF THIS WIFE/PARTNER HAD MORE THAN 1 CHILD WHEN R BEGAN LIVING
 { WITH HER
FWPOKWTHN

EE-4. How many of these children lived with you?

Number of children _____

{ SET UP LOOP TO ASK FOR EACH CHILD WITH WHOM HE LIVED

{ ASKED IF R LIVED EVER WITH ANY OF THIS WIFE/1ST COHABITING PARTNER'S
 { CHILDREN

FWPOKNAM

EE-5. What is the first name or initials of (this child/each of these children/one of these children)?

Name/ initials _____

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

{ ASKED FOR EACH CHILD OF R'S FORMER WIFE/PARTNER WHO LIVED WITH HIM

FWPOKSEX

EE-6. (Thinking now of (CHILD'S NAME), is/Is) this child male or female?

Male1

Female2

FWPOKAD

EE-7. Did you legally adopt (CHILD'S NAME) or become (CHILD'S NAME)'s legal guardian?

[HELP AVAILABLE]

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

Yes, adopted 1

Yes, became guardian 3

No, neither 5 (GO TO FWPOKAGE)

{ ASKED IF R ADOPTED OR BECAME LEGAL GUARDIAN FOR THIS CHILD

FWPOKLIV

EE-8. Please look at Card 62. Where does this child usually live now?

ENTER all that apply

If child lives with R part-time, PROBE: Where else does this child live?

In this household full-time1

In this household part-time2

With his/her biological parent(s).....3

Away at school or college4

Living on own5

Living with other relatives6

Deceased7

Someplace else8

RANGE CHECK: 1, 7 CANNOT BE COMBINED WITH ANY OTHER RESPONSES

{ ASKED IF R ADOPTED OR BECAME LEGAL GUARDIAN FOR THIS CHILD,
{ THE CHILD IS NOT DECEASED, AND CHILD DOES NOT LIVE IN R'S HH

FWPOKFAR

EE-9. About how many miles away from here does (CHILD'S NAME) live?

Number of miles _____

ENTER 0 if less than 1 mile

{ ASKED IF CHILD LIVED WITH R

FWPOKAGE

EE-10. How old is (CHILD'S NAME) now?

Age in years at last birthday _____

ENTER 0 if less than 1 year old.

ENTER [96] if R volunteers that child is deceased

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

Other Nonbiological Children (EF)**FWPNBEVR**

EF-1. Besides any children that we may have talked about already, did you and (WIFE/PARTNER) ever have any other children live with you under your care and responsibility? Please do not include any of your biological children, (WIFE/PARTNER)'s biological children, or children from previous relationships.

[HELP AVAILABLE]

IF NECESSARY, SAY: By this I mean that neither you nor (WIFE/PARTNER) are the child's biological parents, but you served as a formal or informal guardian to the child or that you were chiefly responsible for the child's care.

Yes1

No5 (GO TO SECTION F)

FWPNBNUM

EF-2. How many children?

Number of children _____

FWPNBNAM

EF-3. What is the first name or initials of (this child/each of these children)?

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

{ SET UP LOOP TO ASK ABOUT EACH CHILD WITH WHOM HE LIVED

{ ASKED FOR EVERY CHILD UNDER R'S AND PREVIOUS WIFE'S CARE

FWPNBREL

EF-4. When (CHILD'S NAME) began living with you, was he or she the child of a relative by blood or by marriage?

[HELP AVAILABLE]

Yes 1

No 5

{ ASKED FOR EVERY CHILD UNDER R'S AND PREVIOUS WIFE'S CARE

FWPNBFOS

EF-5. Was (CHILD'S NAME) a foster or related child who was placed in your home by a court, child welfare department, or social service agency?

[HELP AVAILABLE]

Yes 1

No 5

{ ASKED FOR EVERY CHILD UNDER R'S AND PREVIOUS WIFE'S CARE

FWPNBSEX

EF-6. Is (CHILD'S NAME) male or female?

Male1

Female2

{ ASKED FOR EVERY CHILD UNDER R'S AND PREVIOUS WIFE'S CARE

FWPNBAD

EF-7. Did you legally adopt (CHILD'S NAME) or become (CHILD'S NAME) legal guardian?

[HELP AVAILABLE]

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

Yes, adopted1

Yes, became guardian..3

No, neither.....5

{ ASKED IF R ADOPTED THIS CHILD OR BECAME THIS CHILD'S LEGAL GUARDIAN

FWPNBLIV

EF-8. Please look at Card 62. Where does (CHILD'S NAME) usually live now?

ENTER all that apply

If child lives with R part-time, PROBE: Where else does this child live?

In this household full-time1

In this household part-time2

With his/her biological parent(s)3

Away at school or college4

Living on own5

Living with other relatives6

Deceased7

Someplace else8

RANGE CHECK: 1,7 CANNOT BE COMBINED WITH ANY OTHER RESPONSES

{ ASKED IF ADOPTED OR LEGALLY GUARDED CHILD IS NOT DECEASED AND NOT IN R's HH

FWPNBFAR

EF-9. About how many miles away from here does (CHILD'S NAME) live?

Number of miles _____

ENTER 0 if less than 1 mile

{ ASKED IF CHILD LIVED WITH R

FWPNBAGE

EF-10. How old is (CHILD'S NAME) now?

Age in years _____

ENTER 0 if less than 1 year old.

ENTER [96] if R volunteers that child is deceased

{ RETURN TO BEGINNING OF LOOP TO DISCUSS NEXT CHILD, IF ANY.

{ ELSE, RETURN TO BEGINNING OF SECTION EB TO DISCUSS NEXT FORMER WIFE OR

{ COHABITING PARTNER, IF ANY.

{ ELSE, IF NO OTHER FORMER WIFE OR COHABITING PARTNER TO DISCUSS, GO TO
{ SECTION F

DRAFT

SECTION F**OTHER BIOLOGICAL CHILDREN, OTHER ADOPTED CHILDREN, OTHER PREGNANCIES**

```
{ IF ALL SEXUAL PARTNERS OF THE RESPONDENT HAVE BEEN DISCUSSED ALREADY AND:
{AGE < 18, GO TO SECTION FC
{AGE >= 18, GO TO SECTION FB
{ IF NEVER HAD SEX AND:
{   AGE < 18 GO TO SECTION H
{   AGE >=18 GO TO SECTION FB
```

Other biological children with nonmarital partners (FA)

```
{ ASKED IF R HAS HAD SEX AND HAS MORE SEXUAL PARTNERS THAN HAVE BEEN
{ DISCUSSED IN SECTIONS C-E
```

OTBCHIL

FA-1. Now, I would like to ask you about (other) biological children you may have had with any other sexual partners you never married. (Not counting any children we already talked about, as/As) far as you know, have you had any other biological children?

Yes1
No5 (GO TO FA-2 OTBPROBE)

```
{ ASKED IF OTBCHIL=NO OR DK/RF
```

OTBPROBE

FA-2. Could you have fathered a child with a sexual partner and you didn't know about it?

Yes1 (GO TO SECTION FB)
No5 (GO TO SECTION FB)

```
{ ASKED IF R HAS HAD CHILDREN WITH OTHER SEXUAL PARTNERSOTBCHILN
```

FA-3. How many (biological/ other biological) children have you had?

Number of children _____

OTBCHNAM

FA-4. What is the first name or initials of (this child/each of these children)?

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

```
{ ASKED IF MORE THAN ONE CHILD REPORTED
```

OTBSAME

FA-5. Do these children have the same biological mother?

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

OTBMOMX

FA-6. What is the first name or initials of (CHILD'S NAME /THEIR) biological

mother?

Mother's name/initials _____ **(NO NAMES OR INITIALS ARE
PLACED ON THE FINAL DATA
FILE.)**

{ SET UP LOOP TO ASK ABOUT EACH CHILD

DISPLAY FOR INTERVIEWER:

These children are displayed for the interviewer's reference only.

[CHILD'S NAME] is the child of [MOTHER'S NAME]

FAINTRO

FA-7. Let's talk about (CHILD'S NAME)

OBCSEXX

FA-8. *If necessary, ASK:* (Is (CHILD'S NAME) male or female?)

Male.....1

Female.....2

OBCDOB_M/OBCDOB_Y

FA-9. In what month and year was (CHILD'S NAME) born?

{ ASKED IF BIRTHDAY OF THIS CHILD SAME AS PREVIOUS CHILD

MULTBIRT

FA-10. The birthday of this child is the same as (ANOTHER CHILD'S NAME).
Was this a multiple birth?

Yes1 (GO TO FA-12 OBCLIVE)

No5

OBCMAGEX

FA-11. When (CHILD'S NAME) was born, how old was (MOTHER'S NAME)?

Age in years _____

OBCMLIV

FA-12. Were you living together with (MOTHER'S NAME) at the time of the
birth?

[HELP AVAILABLE]

Yes1 (GO TO FA-14 OBCLIVEX)

No5

{ ASKED IF NOT LIVING WITH WOMAN AT TIME OF BIRTH

OBCKNOWX

FA-13. When did you find out that (MOTHER'S NAME) was pregnant? Was it
during the pregnancy or after the child was born?

During the pregnancy.....1

After the child was born.....2

{ ASKED ABOUT ALL CHILDREN

OBCLIVEX

FA-14. Please look at Card 61. Where does (CHILD'S NAME) usually live now?

[HELP AVAILABLE]

ENTER all that apply.

If child lives with R part-time, PROBE: Where else does this child live?

In this household full-time1
 In this household part-time2
 With his/her mother3
 Away at school or college4
 Living on own5
 Living with other relatives6
 Deceased7
 Placed for adoption or adopted8
 Placed in foster care9
 Someplace else10

RANGE CHECK: 1,7,8,9 CANNOT BE COMBINED WITH ANY OTHER RESPONSES.

{ ASKED IF CHILD ALIVE AND CHILD'S DATE OF BIRTH MISSING

OBCAGE

FA-15. How old is (CHILD'S NAME) now? Is [he/she] less than 5 years old, 5 to 18 years old, or 19 years or older?

Less than 5 years old1
 5-18 years old2
 19 years or older3

{ ASKED IF CHILD < 19 YEARS AND BUT NOT DEAD, ADOPTED, OR IN FOSTER CARE

OBCCHSIG

FA-16a. Did you ever sign the application for {CHILD'S NAME}'s birth certificate or sign a statement that legally says you are {CHILD'S NAME}'s father?

Yes1
 No5

{ ASKED IF CHILD < 19 YEARS AND BUT NOT DEAD, ADOPTED, OR IN FOSTER CARE

OBCCHCRT

FA-16b. Did you have to go to court to establish that you are {CHILD'S NAME}'s legal father?

Yes1
 No5

{ ASKED IF CHILD < 19 YEARS BUT NOT DEAD, ADOPTED, OR IN FOSTER CARE

OBCCHGEN

FA-17. Were you legally identified by a blood test or other genetic test as {CHILD'S NAME}'s father?

Yes1
 No5

{ IF RESPONDENT LIVES WITH CHILD, GO TO OBCRWANX FA-21

{ ASKED IF CHILD < 19 AND NOT DEAD, ADOPTED, OR IN FOSTER CARE AND
 { DOESN'T LIVE WITH R NOW

OBCEVER

FA-18. Did you ever live with (CHILD'S NAME)?

Yes.....1

No.....5

{ ASKED IF CHILD < 19 AND NOT DEAD, ADOPTED OR IN FOSTER CARE AND
 { DOESN'T LIVE WITH R NOW

OBCFAR

FA-19. About how many miles away from here does (CHILD'S NAME) live?

Number of miles _____

ENTER 0 if less than 1 mile

{ ASKED IF R CHILD IS < 19 AND R WAS LIVING WITH MOTHER OR KNEW ABOUT
 { PREGNANCY BEFORE THE BIRTH;

{ ASKED EVEN IF CHILD IS DEAD, ADOPTED, IN FOSTER CARE

OBCRWANX

FA-20. Please look at Card 58. Right before (PARTNER) became pregnant with (CHILD'S NAME), did you, yourself, want to have a child at some time in the future?

[HELP AVAILABLE]

♦ If R insists he does not know, enter [Ctrl] + [D]"

NOTE: If R says that he already had a child, SAY: Right before she became pregnant, did you, yourself, want to have another child at some time in the future?

Definitely yes1

Probably yes2

Probably no3 (GO TO FA-22 OBCHPYX)

Definitely no4 (GO TO FA-22 OBCHPYX)

{ ASKED IF R CHILD IS < 19 AND R WAS LIVING WITH MOTHER OR KNEW ABOUT
 { PREGNANCY BEFORE THE BIRTH AND R DEFINITELY OR PROBABLY WANTED A CHILD;

{ ASKED EVEN IF CHILD IS DEAD, ADOPTED, IN FOSTER CARE

OBCSOONX

FA-21. Would you say that the pregnancy came sooner than you wanted, at about the right time, or later than you wanted?

[HELP AVAILABLE]

Too soon1

Right time2

Later3

Didn't care4

{ ASKED IF THE PREGNANCY CAME TOO SOON
 { R CAN ANSWER IN MONTHS OR YEARS

OBCSOONN/OBCSOONMY

FA-21a. How much sooner than you wanted did the pregnancy occur?

Number and (Month/years) _____

{ ASKED IF THE PREGNANCY CAME LATER THAN WANTED
 { R CAN ANSWER IN MONTHS OR YEARS

OBCLATEN/OBCLATEMY

FA-21c. How much later than you wanted did the pregnancy occur?

♦ Number and (Months/Years) _____

{ ASKED IF R CHILD IS < 19 AND R WAS LIVING WITH MOTHER OR
 { KNEW ABOUT PREGNANCY BEFORE THE BIRTH;
 { ASKED EVEN IF CHILD IS DEAD, ADOPTED, IN FOSTER CARE

OBCHPYX

FA-22. Please look at Card 59. On this scale, a zero means that you were very unhappy about that pregnancy, and a ten means that you were very happy about that pregnancy. Tell me which number on the card best describes how you felt when you found out that (MOTHER'S NAME) was pregnant that time.

Number from 0 to 10

{ RETURN TO BEGINNING OF LOOP TO DISCUSS NEXT CHILD, IF ANY

Other Nonbiological Children (FB)

{ ASKED OF Rs 18 AND OLDER

OTACHIL

FB-1. The next question is about (children/ other children) who may have lived with you under your care and responsibility, but you were not their biological father. By this I mean that you served as a formal or informal guardian to the child or that you were chiefly responsible for the child's care.

[HELP AVAILABLE]

(Besides any children that we may have talked about already, have/Have) you ever had any (children/other children) like this under your care and responsibility?

Yes1

No5 (GO TO SECTION FC)

OTACHILN

FB-2. (Besides any children that we may have talked about already, how/How) many (children/other children), who were not your biological children, have ever lived with you under your care and responsibility?

Number of children _____

OTNBNAM

FB-3. What is the first name or initials of (this child/each of these children)?

Child's name/initials _____ **(NO NAMES OR INITIALS ARE
PLACED ON THE FINAL DATA
FILE.)**

{ SET UP LOOP TO ASK ABOUT EACH NAMED CHILD

{ ASKED FOR EVERY CHILD UNDER R'S CARE

OTNBREL

FB-4. (Thinking now of (CHILD'S NAME), when/When) (CHILD'S NAME) began living with you, was he or she the child of a relative by blood or by marriage?

[HELP AVAILABLE]

Yes 1
No 5

{ ASKED FOR EVERY CHILD UNDER R'S CARE

OTNBFOS

FB-5. Was (CHILD'S NAME) a foster or related child who was placed in your home by a court, child welfare department, or social service agency?

[HELP AVAILABLE]

Yes 1
No 5

{ ASKED FOR EVERY CHILD UNDER R'S CARE

OTNBSEX

FB-6. Is (CHILD'S NAME) male or female?

Male1
Female2

{ ASKED FOR EVERY CHILD UNDER R'S CARE

OTNBAD

FB-7. Did you legally adopt (CHILD'S NAME) or become (CHILD'S NAME)'s legal guardian?

[HELP AVAILABLE]

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

Yes, adopted1
Yes, became guardian..3
No, neither.....5

{ ASKED IF R ADOPTED THIS CHILD OR BECAME THIS CHILD'S LEGAL GUARDIAN

OTNBLIV

FB-8. Please look at Card 62. Where does (CHILD'S NAME) usually live now?

ENTER all that apply

If child lives with R part-time, PROBE: Where else does this child live?

In this household full-time1
 In this household part-time2
 With his/her biological parent(s)3
 Away at school or college4
 Living on own5
 Living with other relatives6
 Deceased7
 Someplace else8

RANGE CHECK: 1, 7 CANNOT BE COMBINED WITH ANY OTHER RESPONSES

{ ASKED IF ADOPTED OR LEGALLY GUARDED CHILD IS NOT DECEASED AND NOT IN R's HH
OTNBFAR

FB-9. About how many miles away from here does (CHILD'S NAME) live?

Number of miles _____
 ENTER 0 if less than 1 mile

{ ASKED IF CHILD LIVED WITH R
OTNBAGE

FB-10. How old is (CHILD'S NAME) now?

Age in years _____
 ENTER 0 if less than 1 year
 ENTER [96] if R volunteers that child is deceased

{ RETURN TO BEGINNING OF LOOP TO ASK ABOUT NEXT CHILD, IF ANY
 { IF NO MORE CHILDREN TO DISCUSS, GO TO SECTION FC

Other Pregnancies, Total Pregnancies, and Number of Sexual Partners (FC)

{ IF R NEVER HAD SEX, BUT DOES HAVE ADOPTED CHILD/REN GO TO SECTION G
 { ELSE GO TO SECTION H

OTPREG

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

[HELP AVAILABLE]

Yes1 (GO TO FC-3 OTPRGN)
 No5

{ ASKED IF OTPREG= NO OR DK/RF
OTPRGPRB

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

Yes1 (GO TO FC-8 TOTPRG)
 No5 (GO TO FC-8 TOTPRG)

OTPRGN

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

Number of pregnancies _____

{ ASKED IF ONLY ONE PREGNANCY

OTPRGEND

FC-4. Please look at Card 63. In which of the ways shown on this card did that pregnancy end?

Miscarriage.....1 (GO TO FC-7a AGENONLB)

Stillbirth.....2 (GO TO FC-7a AGENONLB)

Abortion.....3 (GO TO FC-7a AGENONLB)

{ ASKED IF MORE THAN ONE PREGNANCY

OTMSN

FC-5. How many pregnancies ended in miscarriage?

[HELP AVAILABLE]

Number of pregnancies _____

{ ASKED IF MORE THAN ONE PREGNANCY

OTSTN

FC-6. How many pregnancies ended in stillbirth?

[HELP AVAILABLE]

Number of pregnancies _____

{ ASKED IF MORE THAN ONE PREGNANCY

OTABN

FC-7. How many pregnancies ended in abortion?

[HELP AVAILABLE]

Number of pregnancies _____

{ Asked if R has ever fathered a nonlivebirth pregnancy

AGENONLB

FC-7a.

IF OTPREGS = 1, ASK:

When you had this pregnancy that did not end with a live birth, how old were you when the pregnancy ended?

ELSE IF OTPREGS > 1, ASK:

Thinking of the first time you ever had a pregnancy with a woman that did not end with a live birth, how old were you when this pregnancy ended?

Age in years _____

{ Asked if R has ever fathered a nonlivebirth pregnancy

HERAGENLB

FC-7b.

Thinking of this same pregnancy, how old was the mother when this pregnancy ended?

Age in years _____

TOTPRG

FC-8. Altogether, including pregnancies that ended in live birth, pregnancies that ended in miscarriage, stillbirth, or abortion, and pregnancies that are ongoing, as far as you know, how many times have you ever made someone pregnant?

[HELP AVAILABLE]

Number of pregnancies _____

Establishment of Duplicate Children and Chronologically Arranged Variables for Biological Children (FD)

DUPLIST

FD-1. Before we move on to some other questions about the children you've told me about, let's make sure we have things right.

These are some children that may have been listed more than once. There's ...

(BKIDNAM[X]) is your biological (daughter/son), age (BKIDAGE[X])
(BKIDNAM[X]) is your biological (daughter/son), age (BKIDAGE[X])

ALLOW AS MANY ENTRIES AS THERE ARE DUPLICATE CHILDREN AMONG THE BIODIDS
NUMBER OF CHILDREN

Have we listed any of these children more than once?

Yes1

No5 (Flow Check F-23)

{ ASKED IF CHILD LISTED MORE THAN ONCE

DUPCHECK

FD-2. Which child has been listed more than once?

1. (BKIDNAM[X]) is your biological (daughter/son), age (BKIDAGE[X])
2. (BKIDNAM[X]) is your biological (daughter/son), age (BKIDAGE[X])

ENTER all that apply.

Numbers of partners in lifetime & last 12 months (FE)

{ IF RESPONDENT HAD FEWER THAN 7 SEX PARTNERS IN HIS LIFE, GO TO SECTION G

{ ASKED ONLY IF RESPONDENT HAD 7 OR MORE SEXUAL PARTNERS IN HIS LIFETIME
NUMLIFE

FE-1. Altogether, how many different females have you ever had intercourse with? This includes any female you had intercourse with, even if it was only once or if you did not know her well.

[HELP AVAILABLE]

Number of partners _____

{ IF RESPONDENT HAD FEWER THAN 7 SEXUAL PARTNERS IN THE LAST 12 MONTHS,
{ GO TO SECTION G

{ ASKED ONLY IF RESPONDENT HAD 7 OR MORE SEXUAL PARTNERS IN LAST 12 MONTHS
NUM12MO

FE-2. Altogether, how many different females have you had sexual intercourse with in the past 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1)?

[HELP AVAILABLE]

Number of partners _____

SECTION G**FATHERING**

{ IF RESPONDENT HAS NO CHILDREN UNDER AGE 19 IN HIS HH AND NO BIOLOGICAL
 { OR ADOPTED CHILDREN UNDER AGE 19 WHO LIVE ELSEWHERE, GO TO SECTION H

{ IF RESPONDENT HAS NO CHILDREN UNDER AGE 19 IN HIS HH, BUT HAS BIOLOGICAL
 { OR ADOPTED CHILDREN UNDER AGE 19 WHO LIVE ELSEWHERE, GO TO SECTION GB

{ Up to two focal children are selected in this series, one residential and one nonresidential. If more than one child fits either category, then the focal child is the youngest one.

Residential Children (GA)**INTRO_G**

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

{ FOR R WITH ANY RESIDENTIAL CHILD(REN)

GAINTRO

GA-0. I would like to ask some questions about your [son/daughter/child].[NAME] who is [AGE] years old.

{ IF [Residential Focal Child] is aged 0-4 then go to GA-1 ROUTG04

{ IF [Residential Focal Child] is aged 5-18 then go to GA-14 ROUTG518

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

ROUTG04

GA-1. Please look at card 65.(In the last four weeks, how often did you...)
 Spend time with [NAME] on an outing away from home to places such as museums, zoos, movies, sports, playground, park, etc.?

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

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

RMEAL04

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

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

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

RERRAND04

GA-3. (In the last four weeks, how often did you...)
 Take [NAME] along while doing errands like going to the grocery

store, post office, or bank?

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

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

RPLAY04

GA-4. (In the last four weeks, how often did you...)
 Play with [NAME] or play games with [him/her]?

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

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

RREAD04

GA-5. (In the last four weeks, how often did you...)
 Read to [NAME]?

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

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

RAFFECT04

GA-6. (In the last four weeks, how often did you...)
 Show [NAME] physical affection (kiss, hug, stroke hair, etc.)?

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

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

RPRAISE04

GA-7. (In the last four weeks, how often did you...)
 Praise [NAME] for doing something worthwhile?

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

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

RFEED04

GA-8. (In the last four weeks, how often did you...)
 Feed [NAME]?

Not at all1

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

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

RBATH04

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

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

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

RDIAPER04

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

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

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

RBED04

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

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

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

RAPPT04

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

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

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

RDISC04

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

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

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

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

ROUTG518

GA-14. Please look at card 65. (In the last four weeks, how often did you...)
 Spend time with [NAME] on an outing away from home to places such as museums, zoos, movies, sports, playground, park, etc.?

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

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

RMEAL518

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

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

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

RERRAND518

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

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

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

RAFFECT518

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

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

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

RPRAISE518

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

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

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

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

RTAKE518

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

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF RESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD

RAPPT518

GA-20. (In the last four weeks, how often did you...)
 Take [NAME] to/from appointments such as doctor's visits?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF RESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD

RHELP518

GA-21. (In the last four weeks, how often did you...)
 Help your child with [his/her] homework or check that [he/she] did it?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF RESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD

RDISC518

GA-22. Most children misbehave from time to time. In the last 4 weeks,
 how often did you discipline [NAME] by putting [him/her] in time
 out, taking away privileges, or spanking [him/her]?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF RESIDENTIAL FOCAL CHILD IS 5-18 YEARS

RCLFR518

GA-23. Please look at card 65a. How much would you say that you know
 about [NAME]'s close friends?

Knows everything1
 Knows most things2
 Knows some things3
 Knows a little4

Knows nothing5

{ ASKED IF RESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD

RDO518

GA-24. How much would you say that you know about what [NAME] is doing when not at home?

Knows everything1
Knows most things2
Knows some things3
Knows a little4
Knows nothing5

Nonresidential Children (GB)

{ GB SERIES ASKED ONLY IF R HAS A NON-RESIDENTIAL BIOLOGICAL OR ADOPTED CHILD
{ WHO IS LESS THAN 18 YEARS OLD. IF R HAS NO BIOLOGICAL OR ADOPTED CHILDREN
{ LIVING ELSEWHERE (NOT IN THE HH), GO TO SECTION H.

INTRO

GA-0a. I would like to ask you some questions about the children who do not live with you. To make it easier for you, the computer will select 1 child to ask about.

GBINTRO

GB-0. Here are some questions about your [AGE] [son/daughter/child], who does not live with you.

{ IF Nonresidential Focal Child is aged 0-4 then go to GB-1 NRVISIT04
{ IF Nonresidential Focal Child is aged 5-18 then go to GB-17 NRVISIT518

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD

NRVISIT04

GB-1. Please look at card 65. During the last 4 weeks, about how often did you see or have a visit with [NAME]?

Not at all1
Less than once a week2
About once a week3
Several times a week4
Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD

NRSATVIS04

GB-2. Please look at card 67. On this scale, 0 means very dissatisfied and 10 means very satisfied. Overall, how satisfied are you with how often you see or have a visit with [NAME]?

Number from 0 to 10

{ IF R HAS NOT SEEN OR VISITED [Nonresidential Focal Child] IN LAST 4 WEEKS,
{ THEN GO TO GC-1 NRMONEY

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST
{ SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NROUTG04

GB-3. Please look at card 65. (In the last four weeks, how often did you...)
Spend time with [NAME] on an outing away from home to places such as museums, zoos, movies, sports, playground, park, etc.?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST
 { SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRMEAL04

GB-4. (In the last four weeks, how often did you...)
 Eat evening meals together with [NAME]?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST
 { SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRERRAND04

GB-5. (In the last four weeks, how often did you...)
 Take [NAME] along while doing errands like going to the grocery store,
 post office, or bank?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST
 { SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NROVRNT04

GB-6. (In the last four weeks, how often did ...)
 [NAME] stay overnight with you?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST
 { SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRPLAY04

GB-7. (In the last four weeks, how often did you...)
 Play with [NAME] or play games with [him/her]?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST
 { SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRREAD04

GB-8. (In the last four weeks, how often did you...)
Read to [NAME]?

Not at all1
Less than once a week2
About once a week3
Several times a week4
Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST
{ SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRAFFECT04

GB-9. (In the last four weeks, how often did you...)
Show [NAME] physical affection (kiss, hug, stroke hair, etc.)?

Not at all1
Less than once a week2
About once a week3
Several times a week4
Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST
{ SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRPRAISE04

GB-10. (In the last four weeks, how often did you...)
Praise [NAME] for doing something worthwhile?

Not at all1
Less than once a week2
About once a week3
Several times a week4
Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST
{ SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRFEED04

GB-11. (In the last four weeks, how often did you...)
Feed [NAME]?

Not at all1
Less than once a week2
About once a week3
Several times a week4
Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST
{ SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRBATH04

GB-12. (In the last four weeks, how often did you...)
Give [NAME] a bath?

Not at all1
Less than once a week2
About once a week3
Several times a week4
Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST
 { SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRDIAPER04

GB-13. (In the last four weeks, how often did you...)
 Diaper or help [him/her] use the toilet?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST
 { SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRBED04

GB-14. (In the last four weeks, how often did you...)
 Put [him/her] to bed?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST
 { SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRAPPT04

GB-15. (In the last four weeks, how often did you...)
 Take [NAME] to or from appointments such as a doctor's visit?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 0-4 YEARS OLD AND R HAS HAD AT LEAST
 { SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRDISC04

GB-16. Most children misbehave from time to time. In the last 4 weeks,
 how often did you discipline [NAME] by putting [him/her] in time
 out, taking away privileges, or spanking him/her?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ Go to GC-1 NRMONEY (child support)

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD

NRVISIT518

GB-17. Please look at card 65. During the last 4 weeks, about how often
 did you see or have a visit with [NAME]?

Not at all1
 Less than once a week2

About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD

NRSATVIS518

GB-18. Please look at card 67. On this scale, 0 means very dissatisfied and 10 means very satisfied. Overall, how satisfied are you with how often you see or have a visit with [NAME]?

Number from 0 to 10

{ IF R HAS NOT SEEN OR VISITED [Nonresidential Focal Child] IN LAST 4 WEEKS,
 { THEN GO TO NRMONEY

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD AND R HAS HAD AT
 { LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NROUTG518

GB-19. Please look at card 65. (In the last four weeks, how often did you...)
 Spend time with [NAME] on an outing away from home to places such as museums, zoos, movies, sports, playground, park, etc.?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD AND R HAS HAD AT
 { LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRMEAL518

GB-20. (In the last four weeks, how often did you...)
 Eat evening meals together with [NAME]?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD AND R HAS HAD AT
 { LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRERRAND518

GB-21. (In the last four weeks, how often did you...)
 Take [NAME] along while doing errands like going to the grocery store, post office, or bank?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD AND R HAS HAD AT
 { LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NROVRNT518

GB-22. (In the last four weeks, how often did...)

[NAME] stay overnight with you?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD AND R HAS HAD AT
 { LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRAFFECT518

GB-23. (In the last four weeks, how often did you...)
 Show [NAME] physical affection (kiss, hug, stroke hair, etc.)?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD AND R HAS HAD AT
 { LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRPRaise518

GB-24. (In the last four weeks, how often did you...)
 Praise [NAME] for doing something worthwhile?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD AND R HAS HAD AT
 { LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRTAKE518

GB-25. (In the last four weeks, how often did you...)
 Take [NAME] to or from activities?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD AND R HAS HAD AT
 { LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRAPPT518

GB-26. (In the last four weeks, how often did you...)
 Take [NAME] to or from appointments such as doctor's visits?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD AND R HAS HAD AT
 { LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRHELP518

GB-27. (In the last four weeks, how often did you...)
 Help your child with [his/her] homework or check that [he/she] did it?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD AND R HAS HAD AT
 { LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRDISC518

GB-28. Most children misbehave from time to time. In the last 4 weeks,
 how often did you discipline [NAME] by putting [him/her] in time
 out, taking away privileges, or spanking him/her?

Not at all1
 Less than once a week2
 About once a week3
 Several times a week4
 Every day (at least once a day)5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD AND R HAS HAD AT
 { LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRCLFR518

GB-29. Please look at card 65a. How much would you say that you know
 about [NAME]'s close friends?

Knows everything1
 Knows most things2
 Knows some things3
 Knows a little4
 Knows nothing5

{ ASKED IF NONRESIDENTIAL FOCAL CHILD IS 5-18 YEARS OLD AND R HAS HAD AT
 { LEAST SOME CONTACT WITH THE CHILD IN THE LAST 4 WEEKS

NRDO518

GB-30. How much would you say that you know about what [NAME] is doing
 when not at home?

Knows everything1
 Knows most things2
 Knows some things3
 Knows a little4
 Knows nothing5

{Go to GC-1 NRMONEY (child support)}

Nonresidential children -- Financial Support (GC)

{ GC SERIES ASKED ONLY IF [nonresidential focal child] is under age 18

{ ASKED IF HAS NONRESIDENTIAL FOCAL CHILD AGED 0-18

NRMONEY

GC-1. Now I have a few questions about your financial support of [NAME].
 In the last 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR
 - 1), did you contribute money or child support for [NAME]'s upbringing?

[HELP AVAILABLE]

Yes.....1
No.....5

{ IF DID NOT CONTRIBUTE MONEY OR FINANCIAL SUPPORT IN THE PAST 12 MONTHS GO TO
HA-1 HAINTR

{ ASKED IF CONTRIBUTED CHILD SUPPORT IN THE PAST 12 MONTHS
NREG

GC-2. Did you do this on a regular basis, or once in a while?

[HELP AVAILABLE]

Regular basis.....1
Once in a while...5

{ ASKED IF CONTRIBUTED CHILD SUPPORT IN THE PAST 12 MONTHS
NRAMOUNT

GC-3a. In the last 12 months, how much did you give?

*R can report weekly, monthly, or yearly amount
If R says that the payments are not always the same, say:
How much do you "usually" give? OR How much did you give total?*

Amount in dollars _____
Enter '0' for none

{ IF GAVE NO MONETARY SUPPORT (NRAMOUNT = 0), THEN GO TO SECTION H

{ ASKED IF CONTRIBUTED CHILD SUPPORT IN THE PAST 12 MONTHS
NRUNIT

GC-3b. (In the last 12 months, how much did you give?)

\$_[NRAMOUNT] per (Week, Month, Year)

Week1
Month2
Year3

{ ASKED IF CONTRIBUTED CHILD SUPPORT IN THE PAST 12 MONTHS
NRAGREE

GC-4. Was any of this/the amount paid as the result of a child support
order?

Yes1
No5

{ ASKED IF HAS NONRESIDENTIAL FOCAL CHILD AGED 0-18
COPARENT

GD-1. The next question is about you and [NAME]'s mother as parents for
[NAME]. For the following statement, please tell me if you strongly
agree, agree, are not sure, disagree, or strongly disagree. [NAME]'s
mother and I are a good parenting team....

STRONGLY AGREE..... 1
AGREE..... 2

NOT SURE.....	3
DISAGREE.....	4
STRONGLY DISAGREE.....	5

DRAFT

SECTION H

Desires and Intentions for Future ChildrenDesires for future children Series (HA)**HCINTR**

HA-1. Now, I would like to know your feelings about having (a/another) child, whether or not you are able to, or plan to have one.

By "having a child," I mean that you are the biological father of that child.

RWANT

HA-2. (Looking to the future, do / If it were possible, would) you, yourself, want to have (a/another) child at some time in the future (after this pregnancy is over)?

Yes1
No5

{ IF R SAYS ANYTHING BESIDES "DON'T KNOW" TO RWANT, GO TO HB SERIES

{ ASKED IF R SAYS "DON'T KNOW" TO RWANT

PROBWANT

HA-3. (If it were possible, do you think you would / Do you think you) probably want or would probably not want to have (a/another child) at some time (in the future / after this pregnancy is over)?

Probably want1
Probably do not want2

{ IF R IS MARRIED OR COHABITING AND BOTH HE AND HIS WIFE/PARTNER ARE ABLE TO HAVE CHILDREN, ASK JOINT INTENTION SERIES (HB)

{ ELSE IF R IS MARRIED OR COHABITING AND EITHER HE OR HIS WIFE/PARTNER ARE UNABLE TO HAVE CHILDREN, GO TO SECTION I, INTRO_I1

{ ELSE IF R IS NOT MARRIED OR COHABITING AND HE IS ABLE TO HAVE CHILDREN, GO TO HC SERIES

{ ELSE IF R IS NOT MARRIED OR COHABITING AND HE IS UNABLE TO HAVE CHILDREN, GO TO SECTION I, INTRO_I1

Joint Intention Series (HB)

{ R IS CURRENTLY MARRIED OR COHABITING AND HE AND HIS WIFE/PARTNER ARE BOTH ABLE TO HAVE CHILDREN.

HCINTRO2

HB-1. Sometimes what people want and what they intend are different because they are not able to do what they want. The next questions are about your and (WIFE/PARTNER)'s intentions to have (a/another) child in the future.

By "have a child," I mean that you are the biological father and she is the biological mother of that child.

JINTEND

HB-2. Do you and (WIFE/PARTNER) intend to have (a/another) child at some time (in the future/after this pregnancy is over)?

If Necessary, SAY: Intend refers to what you and she are actually going to try to do.

Do not count intended adoptions or stepchildren.

Yes1

No5

{ IF JINTEND = "DON'T KNOW" GO TO HB-5 JEXPECTL.

{ IF JINTEND = "REFUSED" GO TO SECTION I.

{ ASKED IF JINTEND = YES OR NO

JSUREINT

HB-3. Of course, sometimes things do not work out exactly as we intend them to or something makes us change our minds. In your case, how sure are you that you and (WIFE/PARTNER) will (not) have (a/another) child (after this pregnancy is over)? Would you say very sure, somewhat sure, or not sure at all?

Very sure1

Somewhat sure2

Not at all sure3

{ IF R INTENDS NO MORE CHILDREN, GO TO SECTION I.

{ ASKED IF JINTEND = YES

JINTENDN

HB-4. (Not counting her current pregnancy, how / How) many (more) children do you and (WIFE/PARTNER) intend to have?

If Necessary, SAY: Intend refers to what you and she are actually going to try to do.

Do not count intended adoptions or stepchildren.

Number of children _____ (IF A NUMBER GIVEN, GO TO SECTION I)

{ IF R GIVES THE NUMBER OF CHILDREN THEY INTEND TO HAVE OR REFUSES TO GIVE A NUMBER, GO TO HB-7 JINTNEXT

{ ASKED IF R DOESN'T KNOW THE NUMBER OF CHILDREN THEY INTEND

JEXPECTL

HB-5. Many people aren't sure, but still have some idea about the future. As you expect things to work out for you and (WIFE/PARTNER), what is the largest number of (additional) children you and she expect to have (after this pregnancy is over)?

Number of children _____ (IF ZERO, GO TO SECTION I)

{ ASKED IF NUMBER OF (ADDITIONAL) BABIES EXPECTED IS > ZERO

JEXPECTS

HB-6. What is the smallest number of (additional) children you and (WIFE/PARTNER) expect to have (after this pregnancy is over)?

Number of children _____

JINTNEXT

HB-7. When do you and [WIFE/PARTNER] expect your first/next child to be born (after this pregnancy)? Would you say, within the next 2 years, 2-5 years from now, or more than 5 years from now?

Within the next 2 years1
 2 - 5 years from now2
 More than 5 years from now3

Individual Intention for Future Children (HC)

{ HC SERIES IS ASKED IF R IS NOT MARRIED OR COHABITING AND IS ABLE TO HAVE A CHILD AND WANTS A CHILD

HCINTRO3

HC-1. Sometimes what people want and what they intend are different because they are not able to do what they want. The next questions are about your intentions to have (a/another) child in the future.

By "have a child," I mean that you are the biological father of that child.

INTEND

HC-2. Please look at Card 58. Looking to the future, do you intend to have (a/another) child at some time (after this pregnancy is over)?

If necessary, SAY: Intend refers to what you are actually going to try to do.

Please do not count intended adoptions or stepchildren.

Definitely Yes1
 Probably Yes.....2
 Probably No.....3 (GO TO SECTION I)
 Definitely No.....4 (GO TO SECTION I)

{ASKED IF INTENDS TO HAVE A/NOTHER CHILD

INTENDN

HC-3. (Not counting the current pregnancy, how / How) many (more) children do you intend to have?

If Necessary, Say: Intend refers to what you are actually going to try to do.

Do not count intended adoptions or stepchildren.

Number of children _____ (IF A NUMBER IS GIVEN, GO TO HC-6 INTNEXT)

{ ASKED IF R DOESN'T KNOW WHETHER HE INTENDS TO HAVE CHILDREN OR DOESN'T KNOW THE NUMBER OF CHILDREN HE INTENDS

EXPECTL

HC-4. Many people aren't sure, but still have some idea about the future. As you expect things to work out for you, what is the largest number of (additional) children you, yourself, expect to have (after this pregnancy is over)?

Number of children _____ (IF ZERO, GO TO SECTION I)

{ ASKED IF NUMBER OF (ADDITIONAL) BABIES EXPECTED IS > ZERO

EXPECTS

HC-5. What is the smallest number of (additional) children you, yourself, expect to have (after this pregnancy is over)?

Number of children _____

INTNEXT

HC-6. When do you expect your first/next child to be born (after this pregnancy)? Would you say, within the next 2 years, 2-5 years from now, or more than 5 years from now?

Within the next 2 years1
2 - 5 years from now2
More than 5 years from now3

SECTION I
HEALTH CONDITIONS AND HEALTH SERVICES

{ ASKED FOR ALL

INTRO_I1

IA-0. The next questions are about your experiences with health care providers, health insurance, and health problems.

Access to Health Care (IA)

{ ASKED FOR ALL

USUALCAR

IA-1. Is there a place that you usually go to when you are sick or need advice about health?

Yes1

No5 (IA-3 **CURRCOV**)

{ ASKED IF R HAS A USUAL PLACE FOR HEALTH CARE

USLPLACE

IA-2. Please look at Card 25a. What kind of place is it?

Private doctor's office or HMO.....1

Community health clinic, community clinic,

public health clinic2

Family planning or Planned Parenthood clinic3

Employer or company clinic4

School or school-based clinic5

Hospital outpatient clinic6

Hospital emergency room7

Hospital regular room8

Urgent care center, urgi-care, or walk-in facility9

Sexually transmitted disease (STD) clinic.....10

In-store health clinic (like CVS, Target, or Walmart)..11

Some other place20

{ ASKED IF R REPORTED A USUAL SOURCE OF CARE IN USUALCAR

USL12MOS

IA-2a. Have you gone to this place in the last 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1)?

Yes1

No5

{Asked for all Rs

CURRCOV

IA-3. Are you currently covered by any kind of health insurance or some other kind of health care plan?

[HELP AVAILABLE]

Yes1

No5 (GO TO IA-8 COVER12)

{ASKED IF R IS COVERED BY HEALTH INSURANCE (**CURRCOV** = 1)}

COVERHOW

IA-4. Card 76 shows different types of health care coverage. Which of these are you covered by?

[HELP AVAILABLE]

ENTER all that apply

A private health insurance plan (from employer or workplace;
 purchased directly; through a state or local government program
 or community program).....1
 Medicaid-additional name(s) for Medicaid in this state: [DISPLAY
 STATE MEDICAID PROGRAM NAME(S)].....2
 Medicare.....3
 Medi-Gap.....4
 Military health care, including: the VA, CHAMPUS, TRICARE, CHAMP-VA.5
 Indian Health Service.....6
 CHIP (Children's Health Insurance Program-additional name(s) for
 CHIP in this state: [DISPLAY STATE CHIP PROGRAM NAME(S)].....7
 Single-service plan (e.g., dental, vision, prescriptions).....8
 State-sponsored health plan (called [DISPLAY STATE PLAN NAME] in
 this state).....9
 Other government health care.....10

{ ASKED IF R IS 18-25 AND CURRENTLY HAS PRIVATE INSURANCE COVERAGE

PARINSUR

IA-5. Are you covered on your parents' private health insurance plan?

Yes1
 No5

*{ We may narrow this universe further to specific types, as in NHIS series:
 private, Medicaid, CHIP, state-sponsored, and other government health care*

{ ASKED IF R CURRENTLY COVERED BY HEALTH INSURANCE

INS_EXCH

IA-6. (Was/Were any of your) your health insurance plan(s) obtained
 through Healthcare.gov or the [DISPLAY STATE MARKETPLACE NAME]?

Yes1
 No5

{ ASKED IF R CURRENTLY HAS HEALTH INSURANCE

INS_PREM

IA-7. A health insurance premium is the amount you or a family member
 pays each month for health care coverage. Do you or a family
 member pay a premium for (any of) your health insurance plan(s)?

Yes1
 No5

{ ASKED FOR ALL

COVER12

IA-8. Looking at Card 75 for examples of types of health insurance coverage,
 in the past 12 months, that is, since [INTERVIEW MONTH, INTERVIEW YEAR
 - 1], was there any time that you did not have any health insurance or
 coverage?

[HELP AVAILABLE]

Yes1
No5 (GO TO IB-1 **YOUGOFPC**)

{ ASKED IF R HAD NO HEALTH INSURANCE AT SOME TIME IN THE PAST YEAR
NUMNOCOV

IA-9. In how many of the past 12 months were you without coverage?

Number of months _____

Use of Family Planning Clinic (IB)

{ ASKED OF ALL RESPONDENTS

YOUGOFPC

IB-1. Now please look at Card 69, which shows some family planning and health services. Have you, yourself, ever received services such as these from a family planning clinic or Planned Parenthood clinic?

Yes1
No5 (IC-1 DEAF)

{ ASKED IF RECEIVED SERVICES FROM A FAMILY PLANNING CLINIC

WHENGOFPC

IB-2. When was the last time you received services from a family planning clinic or Planned Parenthood clinic? Was it within the last 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1), or more than 12 months ago?

Within the last 12 months1
More than 12 months ago2 (IC-1 DEAF)

{ ASKED IF R RECEIVED SERVICES FROM A FAMILY PLANNING CLINIC WITHIN THE LAST
{ 12 MONTHS

YOUFPSVC

IB-3. Please look again at Card 69. Which of these services did you receive at that visit?

♦ *ENTER all that apply*

Physical exam1
HIV testing3
Testing for sexually transmitted diseases other than
HIV.....4
Treatment for sexually transmitted diseases other than HIV
.....5
Information or advice on strategies to prevent pregnancy, for
example, birth control methods7
Information or advice on strategies to prevent STDs or HIV, for
example, using condoms or reducing your number of partners.....8
Some other service.....9

Health Problems or Impairments (IC)

{ ASKED OF ALL RESPONDENTS

DEAF

IC-1. The following questions are about health problems or impairments you may have. Do you have serious difficulty hearing?

Yes1
No5

BLIND

IC-2. Do you have serious difficulty seeing, even when wearing glasses?

Contact lenses should be considered in the same way as glasses.

Yes1
No5

DIFDECIDE

IC-3. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?

Yes1
No5

DIFWALK

IC-4. Do you have serious difficulty walking or climbing stairs?

Yes1
No5

DIFDRESS

IC-5. Do you have difficulty dressing or bathing?

Yes1
No5

DIFOUT

IC-6. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

Yes1
No5

{ ASKED OF ALL

EVRCANCER

IC-7. Now I would like to ask you about cancer. Have you ever been told by a doctor or other health care provider that you had cancer?

Yes1
No5 (IC-8 ALCORISK)

{ ASKED IF R HAS EVER BEEN TOLD HE HAS CANCER

AGECANCER

IC-7a. At what age were you first told that you had cancer?

♦ *READ if necessary:* If you have had more than one cancer, please tell me about your first cancer.

_____ Age in years

{ ASKED IF R HAS EVER BEEN TOLD HE HAS CANCER

CANCTYPE

IC-7b. What type of cancer was? If you had cancer more than once, please say what your first cancer was.

INTERVIEWER NOTE: Code based on what respondent reports for his first type of cancer. The list is alphabetical. Read the list only if necessary. You may stop reading the list when the respondent states a cancer.

Bladder cancer.....	01
Blood	02
Bone cancer.....	03
Brain cancer or tumor, spinal cord cancer, or other cancer of the central nervous system	04
Breast cancer	05
BLANK	06
Colon cancer	07
Esophageal (Esophagus) cancer.....	08
BLANK	09
Gallbladder Cancer.....	10
Head and neck cancer.....	11
Heart cancer	12
Laryngeal (Larynx/Windpipe)cancer..	13
Leukemia	14
Liver cancer	15
Lung cancer	16
Lymphoma including Hodgkins disease/ Lymphoma and non-Hodgkins lymphomas	17
Melanoma	18
Neuroblastoma	19
Oral (mouth/tongue/lip) cancer	20
BLANK.....	21
Pancreatic (pancreas) cancer.....	22
Pharyngeal (throat/pharynx) cancer.	23
Prostate cancer.....	24
Rectal (rectum) cancer	25
Renal (kidney) cancer	26
Skin cancer (non-melanoma)	27
Skin cancer (DK what kind)	28
Soft Tissue (muscle or fat)sarcoma..	29
Stomach cancer	30
Testicular (testis) cancer	31
Thyroid cancer	32
Other	33

{ IF CODE 33 NOT REPORTED, GO TO ID-1 VISIT12MO

{ASKED IF R REPORT HAVING 'OTHER' CANCER, CANCTYPE

SP_CANCTYPE

IC-7sp. INTERVIEWER: Record verbatim what R reports for his type of cancer.

NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.

{ ASKED FOR ALL

ALCORISK

IC-8. Do you think that drinking more than 1 alcoholic beverages a day increases one's chances of getting cancer a lot, a little, or not at all or do you have no opinion?

A lot1
 A little2
 Not at all3
 No opinion4

Health Services (ID)

{ ASKED FOR ALL

VISIT12MO

ID-1. Please look at card 69a. In the past 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1), did you have any of these types of visits to a doctor or health care provider?

♦ ENTER all that apply

A routine physical exam1
 A physical exam for sports or work..... 2
 A doctor visit when you were sick or hurt....3
 Did not have any visits to a doctor4 (ID-9 BARRIER)

RANGE CHECK: Code 4 cannot be entered with any other code.

{ ASKED ONLY IF ID-1 VISIT12MO= 1,2,3

SVC12MO

ID-2. Please look at Card 69b. Did you receive any of the services shown on this card at those visits in the past 12 months?

♦ ENTER all that apply

A testicular exam (had your testicles examined)1
 Testing for sexually transmitted disease2
 Treatment for sexually transmitted disease3
 Information or advice about your partner using female
 methods of birth control5
 Information or advice about you getting a vasectomy
 (surgically sterilized)6
 Information or advice about HIV or AIDS7
 Information or advice about other sexually transmitted
 diseases, such as gonorrhea, chlamydia,
 syphilis, herpes or AIDS.....8
 Information or advice about using condoms to prevent
 pregnancy.....10
 Information or advice about using condoms to prevent
 STDs.....11
 None of the above12

{Asked only if ID-1 VISIT12MO=1,2,3

NUMVISIT

ID-3. How many visits did you have in the last 12 months in order to receive all of these services from a doctor or other health care provider?

♦ ENTER number of visits

{Asked only if ID-1 VISIT12MO=1,2,3

PLACEVIS

ID-4. Please look at Card 25a. What place or places did you go for these service(s)?

ENTER all that apply

Private doctor's office or HMO.....1
 Community health clinic, community clinic,
 public health clinic2
 Family planning or Planned Parenthood clinic.....3
 Employer or company clinic4
 School or school-based clinic5
 Hospital outpatient clinic6
 Hospital emergency room7
 Hospital regular room8
 Urgent care center, urgi-care, or walk-in facility ...9
 Sexually transmitted disease (STD) clinic.....10
 Some other place20

{Asked only if ID-1 VISIT12MO=1,2,3

SVCPAY

ID-5. Please look at Card 16a. In which of the ways shown on this card was the bill for these visits paid?

ENTER all that apply.

Insurance1
 Co-payment2
 Out-of-pocket payment3
 Medicaid4
 No payment required.....5
 Some other way6

{Asked only if ID-1 VISIT12MO=1,2,3

TALKSA

ID-6. During your visit(s) in the past 12 months did a doctor or health care provider ask if you were sexually active?

Yes1
 No5
 IF VOL: Provider already knew R's status7

{Asked only if ID-1 VISIT12MO=1,2,3

TALKEC

ID-7. During your visit in the past 12 months, did a doctor or health care provider talk with you about emergency contraception?

Yes1
 No5

{Asked only if ID-1 VISIT12MO=1,2,3

TALKDM

ID-8. During your visit in the past 12 months, did a doctor or health care provider talk with you about using a condom at the same time as a female method of contraception?

Yes1

No5

{ IF R RECEIVED TEST FOR STD IN LAST 12 MONTHS (ID-2 SVC12MO=2)

WHYPSTD

ID-8a. Please look at Card XX. In the past 12 months you received a test for a sexually transmitted disease from a [Display response to where received STD test]. What is the main reason that you chose this place for care?

Could walk in or get same-day appointment.....1
 Cost.....2
 Privacy concern.....3
 Expert care here.....4
 Embarrassed to go to usual provider.....5
 Other.....6

{ASKED IF R DID NOT REC'D STD TEST IN LAST 12 MONTHS

WHYNOSTD

ID-8b. In the past 12 months you did not receive a test for a sexually transmitted disease. Which one of these reasons would you say is the MAIN reason why you have not been tested for a sexually transmitted disease?

Didn't want parents to find out.....1
 Concerned about confidentiality.....2
 Doctor or health care provider never suggested it.....3
 Embarrassed or difficult to ask to be tested4
 Cost or lack of insurance.....5
 Other.....6

{ ASKED OF R's WHO DID NOT SEE A DOCTOR IN PAST 12 MONTHS, VISIT12MO=4

BARRIER

ID-9. You reported that you did not go to a doctor in the past 12 months. Please look at Card 69c. Which of the reasons shown on this card explain why you did not see a doctor?

- ENTER all that apply

I did not need to see a doctor in the last year.....1
 I did not know where to go for care.....2
 I could not afford to pay for a visit.....3
 I was afraid to hear bad news.....4
 I had privacy/confidentiality concerns.5
 I could not take time off from work.....6
 Something else (please specify)20

{ ASKED IF BARRIER=20 ("something else")

BARRIER_SP

ID-9sp. What other reason(s) made it difficult for you to see a doctor in past 12 months?

NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.

{ Asked for all Rs

BLDPRESS

ID-10. The next couple of questions are about your blood pressure. In the past 12 months, that is, since (CMLSTYR_FILL), have you had

your blood pressure checked by a doctor or other medical care provider?

Yes.....1

No.....5 (ID-13 ASKSMOKE)

{ Asked if BLDPRESS=yes

HIGHBP

ID-11. During your visit in the past 12 months, did a doctor or other medical care provider tell you that you had hypertension, also called high blood pressure?

Yes.....1

No.....5

Not told.....3

{ Asked if R was told her blood pressure was high

BPMEDS

ID-12. Are you currently taking any medicine prescribed by a doctor for your high blood pressure?

Yes.....1

No.....5

ASKSMOKE

ID-13. The next question is about things your doctor or other medical care provider may have asked you about in the past 12 months either in person, or via a computerized or paper form.

During the last 12 months, has a doctor or other medical care provider asked you whether you smoke cigarettes or use other kinds of tobacco?

Yes.....1

No.....5

Infertility Services (IE)

{ IE SERIES ONLY ASKED IF R HAS EVER HAD SEX WITH A FEMALE.

{ IF R HAS NEVER HAD SEX, GO TO IF SERIES.

{ ASKED IF R EVER HAD SEX WITH A FEMALE

INFHELP

IE-1. (Did you or your wife ever go / Have you or your partner ever been / During any of your relationships, have you or your (wife or) partner at the time ever been) to a doctor or other medical care provider to talk about ways to help you have a baby together?

NOTE: Do not code yes if main purpose of visit was for something other than seeking help to have a baby.

Yes1

No5 (INTRO-I2)

{ ASKED IF R EVER HAD SEX WITH A FEMALE AND SAW A DOCTOR ABOUT WAYS TO
{ BECOME PREGNANT

INFSVCS

IE-2. (Think about all of the medical help you or your partners have ever

received to help you have a baby together.) Which of the services shown on Card 70 (did / have) you or (they/your wife/your partner) (have / had) to help you have a baby together?

ENTER all that apply

Advice.....1
 Infertility testing2
 Drugs to improve ovulation3
 Surgery to correct blocked tubes4
 Artificial insemination5
 Treatment for varicocele6
 Other types of medical help7

{ ASKED IF INFERTILITY TESTING WAS MENTIONED

INFTEST

IE-3. Who was it that had infertility testing? Was it you, her, or both of you?

You1
 Her2
 Both of you3

{ ASKED IF ARTIFICIAL INSEMINATION WAS MENTIONED

WHOINSEM

IE-4. Was your wife or partner inseminated with sperm from you only, from some other donor only, or from both?

You only1
 Some other donor only2
 Both3

{ IF R IS NOT CURRENTLY MARRIED OR COHABITING, GO TO IE-6 LASTVIS.

{ ASKED IF R IS CURRENTLY MARRIED OR COHABITING

INFHLPNW

IE-5. Are you and your (wife/partner) currently pursuing medical help to have a baby together?

NOTE: "Currently pursuing help" means that R or his (wife/partner) plan to visit the doctor or infertility clinic again.

Yes1
 No5

LASTVIS_M/LASTVIS_Y

IE-6m/IE-6y. In what month and year was your (most recent/last) visit for medical help to have a baby together?

INFRTHIS

IE-7. When you and your wife or partner went for medical help to have a baby together, were you ever told that you had any of the following male infertility problems shown on Card 71?

ENTER all that apply

Low sperm count or no sperm1

Varicocele2
 Genetic disorder that alters sperm production ...3
 Low testosterone level4
 Other5
 None of the above6

CODE 6 CANNOT BE ENTERED WITH ANY OTHER CODE.

HIV TESTING AND AIDS KNOWLEDGE/COUNSELING (IF)

{ ASKED FOR ALL

INTRO_I2

IF-0. Now I would like to ask you about testing for HIV, the virus that causes AIDS.

{ ASKED FOR ALL

DONBLOOD

IF-1. First, I'll ask you about blood and blood product donations you may have made to the Red Cross or other blood banks. By blood products, we mean such things as plasma, platelets, and marrow. Have you ever donated blood or blood products at the Red Cross, at a bloodmobile, at a blood drive, or at other blood banks?

[HELP AVAILABLE]

Yes 1
 No 5

{ ASKED FOR ALL

HIVTEST

IF-2. (Not counting tests you may have had as part of donating blood or blood products,) Have you ever been tested for HIV?

NOTE: Explain, if necessary, that you will not be asking for the results of any test he may have ever had.

Yes 1
 No 5

{ IF HIVTEST = DK or RF, GO TO HE-5c PREPHIV.

{ IF HIVTEST = 1, GO TO IF-3 WHENHIV_M/_Y

{ ASKED IF R NEVER HAD AN HIV TEST, HIVTEST=5

NOHIVTST

IF-2b. IF IF-2 HIVTEST = NO ASK:

Which one of these reasons shown on Card 88 would you say is the MAIN reason why you have not been tested for HIV?

You have never been offered an HIV test.....1
 You are worried about what other people would think if you
 got tested for HIV.....2
 It's unlikely you've been exposed to HIV3
 You were afraid to find out if you were HIV positive (that
 you had HIV)4
 You don't like needles5
 Some other reason20

{ ASKED IF R REPORTED SOME OTHER REASON FOR NOT HAVING AN HIV TEST,
 { NOHIVTST=20

SP_NOHIVTST

IF-2sp. What was the MAIN reason why you have not been tested for HIV?

NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.

{ ASKED IF R HAD ANY HIV TEST OUTSIDE OF BLOOD DONATION

WHENHIV_M/WHENHIV_Y

IF-3m/IF-3y. (Not including tests you may have had as part as part of donating blood or blood products,) in what month and year was your last test for HIV, the virus that causes AIDS?

{ ASKED IF R DOES NOT REPORT SPECIFIC MONTH AND YEAR

HIVTSTYR

IF-3b. Did you have this last HIV test since (INTERVIEW MONTH, INTERVIEW YEAR - 1)?

Yes 1

No 5

{ ASKED IF R REPORTED ANY HIV TESTING APART FROM BLOOD DONATION,

{ HIVTEST=1

HIVRESULT

IF-3d. After your last test for HIV, did you find out your test result?

Yes.....1

No.....5 (IF-3e WHYNOGET)

{ IF R ANSWERED YES, DK, OR RF TO FINDING OUT TEST RESULT, GO TO PLCHIV

{ ASKED IF R NEVER RECEIVED TEST RESULT

WHYNOGET

IF-3e. What was the main reason why you did not find out your test result?

You thought the testing site would contact you.....1

You were afraid to find out if you were HIV positive (that you had HIV).....2

You didn't want to know your HIV test result.....3

You didn't know where or how to get your test result.....4

Some other reason20

{ ASKED IF SOME OTHER REASON GIVEN FOR NOT RECEIVING TEST RESULT,

{ WHYNOGET=20

SP_WHYNOGET

IF3e_sp. IF IF-3e WHYNOGET=20, ASK:

What was this other reason that you did not find out your HIV test result?

NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.

{ ASKED IF R REPORTED ANY HIV TESTING APART FROM BLOOD DONATION

PLCHIV

IF-4. Please look at Card 72. (Not including tests you may have had as part of donating blood or blood products,) Where did you have that last test for HIV?

Private doctor's office.....1

HMO facility	2
Community health clinic, community clinic, public health clinic	3
Family planning or Planned Parenthood clinic	4
Employer or company clinic	5
School or school-based clinic (including college or university)	6
Hospital outpatient clinic	7
Hospital emergency room	8
Hospital regular room	9
Urgent care center, urgi-care, or walk-in facility ..	10
Your worksite	11
Your home	12
Military induction or military service site.....	13
Sexually transmitted disease (STD) clinic.....	14
Laboratory or blood bank.....	15
Some other place	20

{ ASKED IF SOME OTHER PLACE GIVEN FOR TESTING SITE, PLCHIV=20

SP_PLCHIV

IF-4sp. Where was this other place that you had your last HIV test?

NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.

{ Asked if R reported their last HIV test was done at their home (PLCHIV=12)

RHHIVT1

IF-4a. A rapid home HIV test is a test you can use to test yourself that can provide results in about 20 minutes or less. The last time you had an HIV test, did you use a rapid home HIV test?

Yes.....1

No.....5 (IF-5 HIVTST)

{ Asked if R reported their last HIV test was a rapid home HIV test

RHHIVT2

IF-4b. People use a rapid home HIV test for many different reasons. Looking at Card XX, which of these reasons did you have for using the rapid home HIV test?

ENTER all that apply

I didn't want to get tested by a doctor or
at an HIV testing site1

I didn't want other people to know I am getting tested ...2

I wanted to get tested together with someone, before
we had sex3

I wanted to get tested by myself, before having sex4

I wanted to get tested by myself, after having sex5

A sex partner asked me to take a rapid home HIV test6

Other reason20

{ ASKED IF R HAD ANY HIV TEST OUTSIDE OF BLOOD DONATION, HIVTEST=1

HIVTST

IF-5. Please look at Card 73b. I am going to show you a list of reasons why some people have been tested for HIV, the virus that causes AIDS. (Not including tests you may have had as part of donating blood or blood

products), which of these would you say was the main reason for your last HIV test?

Part of a medical checkup or surgical procedure (a doctor or medical provider asked for the test).....1
 Required for health or life insurance coverage.....2
 Required for marriage license or to get married.....3
 Required for military service or a job4
 You wanted to find out if infected or not (you were the one who asked for the test).....5
 Someone else suggested you should be tested6
 INTENTIONALLY BLANK7
 You might have been exposed through sex or drug use8
 You might have been exposed in some other way9
 Some other reason - *specify*20

{ ASKED IF REPORTED "SOME OTHER REASON" GIVEN FOR HIV TEST, HIVTST=20

SP-HIVTST

IF-5sp. What was the main reason for your last HIV test?

NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.

{ASKED FOR ALL

/ " Heard about PrEP medications"

PREPHIV There are medications available for people who do not have HIV to

IF-5c keep them from getting HIV. Have you heard of these medicines?

Yes1
 No5

{ ASKED FOR ALL

TALKDOCT

IF-6. Has a doctor or other medical care provider ever talked with you about HIV, the virus that causes AIDS?

Yes1
 No5 (SECTION J)

{ ASKED FOR THOSE WITH TALKDOCT = YES

AIDSTALK

IF-7. Looking at Card 74, what topics related to HIV or AIDS were covered in the discussion you had with the doctor or other medical care provider?

ENTER all that apply

How HIV/AIDS is transmitted1
 Other sexually transmitted diseases like
 gonorrhea, herpes, or Hepatitis C2
 The correct use of condoms3
 Needle cleaning/using clean needles4
 Dangers of needle sharing5
 Abstinence from sex (not having sex)6
 Reducing your number of sexual partners.....7
 Condom use to prevent HIV or STD transmission....8
 "Safe sex" practices (abstinence,
 condom use, etc).....9
 Getting tested and knowing your HIV status10
 Medicines to prevent getting HIV (pre-exposure

prophylaxis, also known as PrEP.....11
Other20

{ ASKED IF R RESPONDED "OTHER" TO AIDSTALK

SP_AIDSTALK

IF-7sp. What was the other topic covered in your discussion with the
doctor or medical care provider about HIV or AIDS?

NOTE: NO VERBATIM VARIABLES ARE INCLUDED ON THE PUBLIC USE FILE.

DRAFT

SECTION J

Residence and Place of Birth; Religion; Military Service; Past and Current Work (R and Wife/cohab Partner); Attitudes**Residence and Place of Birth (JA)**

{ ASKED FOR ALL
SAMEADD

JA-0. Now I have some questions about where you live.

Were you living at this same address on April 1, 2010?

Yes.....1 (GO TO JA-7 BRNOUT)

No.....5

{ ASKED IF NOT LIVING AT THIS ADDRESS ON APRIL 1, 2010
CNTRY10

JA-1. Were you living in the United States on April 1, 2010?

[HELP AVAILABLE]

Yes.....1

No.....5 (GO TO JA-7 BRNOUT)

ASTATE

JA-4. Please tell me in which state you were living on April 1, 2010.

[LINK STATE DATABASE]

State _____

(THIS INFORMATION WILL NOT BE PLACED ON THE FINAL DATA FILE.)

{ ASKED FOR ALL
BRNOUT

JA-7. Were you born outside of the United States?

[HELP AVAILABLE]

Yes1

No5 (GO TO JB-1 RELRSD)

{ASKED IF R WAS BORN OUTSIDE THE U.S.

STRUS_M/STRUS_Y

JA-8. In what month and year did you come to the United States to stay?

[HELP AVAILABLE]

Religion (JB)

{ ASKED FOR ALL

RELRS D

JB-1. Now I have a few questions about religion. Please look at Card 77. In what religion were you raised, if any?

[HELP AVAILABLE]

If R says Protestant, ASK: (What is the complete name of the denomination?) If necessary, ENTER [11].

ENTER [1] if R was raised "atheist" or "agnostic".

None.....	1
Catholic.....	2
Jewish.....	3
Southern Baptist.....	4
Baptist.....	5
Methodist or African Methodist.....	6
Lutheran.....	7
Presbyterian.....	8
Episcopal or Anglican.....	9
Church of Jesus Christ of Latter Day Saints (LDS/Mormon).....	10
Other	11

{ ASKED IF R'S RELIGION RAISED WAS "OTHER" (JB-1 RELRS D = 11)

RELRS D1

JB-2. Please look at Card 78. In what religion were you raised?

[HELP AVAILABLE]

Assemblies of God.....	12
Church of Nazarene.....	13
The Church of God.....	14
The Church of God (Cleveland, TN).....	15
The Church of God in Christ.....	16
7 th Day Adventist.....	17
United Pentecostal Church.....	18
Pentecostal Assemblies.....	19
Jehovah's Witness.....	20
Christian, another denomination not listed	21
Christian, no specific denomination	22
Unitarian-Universalist.....	23
Greek Orthodox.....	24
Other Orthodox.....	25
Muslim.....	26
Buddhist.....	27
Hindu.....	28
Other	29

{ASKED IF R IS UNDER AGE 25

ATTND14

JB-4. Please look at Card 79. When you were 14, about how often did you usually attend religious services?

[HELP AVAILABLE]

More than once a week.....1
 Once a week.....2
 2-3 times per month.....3
 Once a month (about 12 times a year)4
 3-11 times a year.....5
 Once or twice a year.....6
 Never.....7

{ ASKED FOR ALL

RELNOW

JB-5. Please look at Card 77. What religion are you now, if any?

If R says Protestant, ASK: What is the complete name of the denomination? If necessary, ENTER [11].

If R identifies with more than one religion, enter the number of the first one mentioned and insert an F2 comment with the code for the 2nd religion with R's comments.

ENTER [1] if R was raised "atheist" or "agnostic".

None.....1
 Catholic.....2
 Jewish.....3
 Southern Baptist.....4
 Baptist.....5
 Methodist or African Methodist.....6
 Lutheran.....7
 Presbyterian.....8
 Episcopal or Anglican.....9
 Church of Jesus Christ of Latter Day Saints (LDS/Mormon).10
 Other11

{ ASKED IF R'S RELIGION IS "OTHER" (JB-5 RELNOW = 11)

RELNOW1

JB-6. Please look at Card 78. What religion are you now?

Assemblies of God.....12
 Church of Nazarene.....13
 The Church of God.....14
 The Church of God (Cleveland, TN).....15
 The Church of God in Christ.....16
 7th Day Adventist.....17
 United Pentecostal Church.....18
 Pentecostal Assemblies.....19
 Jehovah's Witness.....20
 Christian, another denomination not listed21
 Christian, no specific denomination22
 Unitarian-Universalist.....23
 Greek Orthodox.....24
 Other Orthodox.....25
 Muslim.....26
 Buddhist.....27
 Hindu.....28
 Other29

```
{ IF R's RELIGION IS JEWISH, MUSLIM, BUDDHIST, HINDU, DON'T KNOW, OR REFUSED,
{   GO TO JB-9 RELDLIFE
{ ELSE IF R'S RELIGION IS NONE, GO TO JB-10 ATTNDNOW
{ ELSE ASK JB-8 FUNDAM
```

FUNDAM

JB-8. Please look at Card 80. Which of these do you consider yourself to be, if any?

ENTER all that apply

A born again Christian.....1
 A charismatic.....2
 An evangelical.....3
 A fundamentalist4
 None of the above.....5

[Response category 5 cannot be entered in combination with any other response.]

```
{ ASKED IF R REPORTED A RELIGION
```

RELDLIFE

JB-9. Currently, how important is religion in your daily life? Would you say it is very important, somewhat important, or not important?

[HELP AVAILABLE]

Very important.....1
 Somewhat important.....2
 Not important.....3

```
{ ASKED FOR ALL
```

ATTNDNOW

JB-10. Please look at Card 79. About how often do you attend religious services?

[HELP AVAILABLE]

More than once a week.....1
 Once a week.....2
 2-3 times per month.....3
 Once a month (about 12 times a year)4
 3-11 times a year.....5
 Once or twice a year.....6
 Never.....7

```
{ JC SERIES ASKED ONLY IF R WAS 18 OR OLDER AT TIME OF HH SCREENER
```

Military Service (JC)**MILSVC**

JC-1. Have you ever been on active duty in the Armed Forces for a period of 6 months or more?

Yes.....1
 No.....5 (JD-4 WRK12MOS)

BEGMIL_M/BEGMIL_Y

JC-2. In what month and year did that period of active duty begin?

ENDMIL_M/ENDMIL_Y

JC-3. What was the month and year of your last separation from active duty?

If R is still on active duty, enter 96 for month.

Work (JD)

{ ASKED FOR ALL

WRK12MOS

JD-4. Now I'd like to ask about your work experience in the last 12 months. By work, I mean any job for pay that was regularly scheduled, that you were expected to perform. Please include full-time, part-time, and temporary or summer jobs.

[HELP AVAILABLE]

In the last 12 months, that is since [INTERVIEW MONTH, INTERVIEW YEAR - 1], for how many months did you have any job for pay?

♦ *Active duty military is considered full-time employment/work*

Number of months _____ (IF ZERO, DK, RF, GO TO JE-1
DOLASTWK)

{ ASKED IF R WORKED 1-12 MONTHS

FPT12MOS

JD-5. In the last 12 months, did you work all full-time, all part-time or some of each?

[HELP AVAILABLE]

Full-time.....1
Part time.....2
Some of each.....3

Current/Last Job Series (JE)

{ ASKED FOR ALL

DOLASTWK

JE-1. Please look at Card 82. Last week, what were you doing? Were you working, keeping house, going to school, or something else?

[HELP AVAILABLE]

ENTER all that apply

Working..... 1
Not working at job due to temporary illness,
vacation, strike, etc..... 2

On paternity or family leave from job..... 3
 Unemployed, laid off, or looking for work..... 4
 Keeping house..... 5
 Taking care of family6
 Going to school..... 7
 On permanent disability..... 8
 Something else 9

{ IF R IS CURRENTLY EMPLOYED OR WORKED IN THE LAST 12 MONTHS, GO TO JE-3
 RNUMJOB.

{ ASKED IF R DIDN'T WORK IN THE LAST 12 MONTHS
 { AND WASN'T WORKING LAST WEEK

RPAYJOB

JE-2. Did you ever work at a job or business for pay on a regular basis?

Yes.....1
 No.....5 (GO TO JF SERIES)
 (IF DON'T KNOW OR REFUSED, GO TO JF SERIES)

{ ASKED IF R IS CURRENTLY EMPLOYED, OR WORKED IN THE LAST 12 MONTHS, OR EVER WORKED (RPAYJOB=1)

RNUMJOB

JE-3. How many jobs did you work (last week/during the last week you worked)?

Number of jobs _____

RFTPTX

JE-4. (Please think about the last week you worked on your (primary) job. Did/At your primary job, do/Do) you work part-time or full-time, or some of each? By full-time I mean 35 or more hours a week.

Full time.....1
 Part time.....2
 Some of each.....3

Spouse/Partner's Current/Last Job Series (JF)

{ IF R IS NOT CURRENTLY MARRIED OR COHABITING, GO TO JG SERIES

SPLSTWK

JF-1. Please look at Card 81. Last week, what was (WIFE/PARTNER) doing? Was she working, keeping house, going to school, or something else?

[HELP AVAILABLE]

ENTER all that apply

Working..... 1
 Not working at job due to temporary illness,
 vacation, strike, etc..... 2
 On maternity or family leave from job..... 3
 Unemployed, laid off, or looking for work..... 4

Keeping house..... 5
 Taking care of family6
 Going to school..... 7
 On permanent disability..... 8
 Something else9

{ IF WIFE/PARTNER EMPLOYED/WORKING LAST WEEK (JF-1 SPLSTWK = 1, 2, OR 3), GO
 { TO JF-3 SPNUMJOB

{ ASKED IF WIFE/PARTNER NOT EMPLOYED/WORKING LAST WEEK

SPPAYJOB

JF-2. Did she ever work at a job or business for pay on a regular basis?

Yes.....1

No.....5 (GO TO JG SERIES)

{ ASKED IF R'S WIFE/PARTNER WAS WORKING LAST WEEK OR SHE EVER WORKED FOR PAY
SPNUMJOB

JF-3. How many jobs did she work (last week/during the last week she worked)?

Number of jobs _____

SPFTPTX

JF-3. (Please think about the last week she worked on her (primary) job. Did/At her primary job, does/Does) she work part time or full time, or some of each? By full time I mean 35 or more hours a week.

Full-time.....1

Part time.....2

Some of each.....3

Attitudes Towards Sex, Contraception, Marriage, Gender and Parenthood (JG-JH)

{ JG series asked of all, unless otherwise indicated

JGINTRO1

JG-0. Next, I would like to get your opinion on some matters concerning family life. Please look at Card 84 to see the response options. I will read you some statements, and I would like you to tell me if you strongly agree, agree, disagree, or strongly disagree. The first statement is:

SAMESEX

JG-1. Sexual relations between two adults of the same sex are all right.

Strongly agree.....1

Agree2

Disagree3

Strongly disagree.....4

IF R INSISTS: Neither agree nor disagree5

CHSUPPOR

JG-2. It is okay for a young, unmarried woman to have and raise a child.

Strongly agree.....1
 Agree2
 Disagree3
 Strongly disagree.....4
 IF R INSISTS: Neither agree nor disagree5

{ ASKED IF NEITHER R NOR HIS WIFE/PARTNER, IF ANY, ARE STERILE AND HIS
 { WIFE/PARTNER IS NOT CURRENTLY PREGNANT

REACTSLF

JG-3. If you got (your wife/your partner/a female) pregnant now how
 would you feel? Would you be very upset, a little upset, a
 little pleased, or very pleased?

Very upset1
 A little upset2
 A little pleased3
 Very pleased4
 IF R INSISTS: he wouldn't care...5

{ ASKED OF ALL

CHBOTHER

JG-4. If it turns out that you do not have any (additional) children,
 would that bother you a great deal, some, a little, or not at
 all?

[HELP AVAILABLE]

A great deal1
 Some2
 A little3
 Not at all4

SEXNEEDS

JG-5. Again, please tell me if you strongly agree, agree, disagree,
 or strongly disagree with the following statements.

Men have greater sexual needs than women.

Strongly agree1
 Agree2
 Disagree3
 Strongly disagree.....4
 If R insists: Neither agree nor disagree5

WHENSICK

JG-6. Men only need to see a doctor when they are hurt or sick.

Strongly agree1
 Agree2
 Disagree3
 Strongly disagree.....4
 If R insists: Neither agree nor disagree5

SHOWPAIN

JG-7. When a man is feeling pain he should not let it show.

Strongly agree1
 Agree2

Disagree3
 Strongly disagree.....4
 If R insists: Neither agree nor disagree5

{ ASKED IF R IS NOT CURRENTLY MARRIED OR COHABITING

COHCHANCE

JG-8. Please look at Card 58. Do you think that you will ever (again) live together with a woman to whom you are not married?

♦ If R insists he does not know, enter [Ctrl] + [D]

Definitely yes1
 Probably yes2
 Probably no3
 Definitely no4

{ ASKED IF R IS NOT CURRENTLY MARRIED

MARRCHANCE

JG-9. (Please look at Card 58.) You may have already told me this, but do you think that you will get married (again) someday?

♦ If R insists he does not know, enter [Ctrl] + [D]

Definitely yes1
 Probably yes2
 Probably no3
 Definitely no4 (GO TO JH SERIES)

{ ASKED IF R SAYS THAT HE MAY (RE)MARRY SOMEDAY

PMARCOH

JG-10. Again, you may have already told me this, but do you think that you will live together with your future wife before getting married?

♦ If R insists he does not know, enter [Ctrl] + [D]

Definitely yes1
 Probably yes2
 Probably no3
 Definitely no4

{ Question only intended for interviewer.

ACASILANG

JG-11. Interviewer: Should ACASI be conducted in English or Spanish?

English.....1
 Spanish.....2

SECTION K**Audio CASI**

{ READ BY INTERVIEWER FROM THE SCREEN

INTRO_K1

INTRO-K1. For this last part of the interview, I'll turn the computer over to you so that you can enter your answers by yourself. We have these headphones so that you can listen to the questions in privacy, and you can also read the questions on the computer screen. I will not be able to hear the questions or see the answers you type into the computer. After I explain a few of the keys that you'll be using, I'll help you with the first few practice questions, just to get you started. Then I'll leave you on your own to answer the rest of the questions in privacy.

When you are done with this section, a screen will come up that will tell you how to lock away your responses so that no one can see how you answered the questions. Then you can return the computer to me.

INTRO_K1b

INTRO-K1b. INTERVIEWER: Explain the following things to R:

Connect the headphones to the laptop.
Give the computer to the Respondent.
Show Respondent where to find number keys, Enter, Backspace, F11, F12, and Hyphen keys.

Show Respondent the Aid Card.

Explain that on the back of this page is a list they will be referring to toward the end of this section.

Explain how to adjust the volume.

Explain that you will be doing an unrelated task while the Respondent completes Audio CASI, but Respondent should feel free to interrupt with questions.

The next screen is for the Respondent.

A-CASI PRACTICE QUESTIONS (KA)

{ MACHINE AUDIO BEGINS HERE

INTRO_K2

INTRO-K2. These questions are for you to practice with. The interviewer is going to help you do this.

You may press the [BACKSPACE] key to clear an entry when you want to change an answer, or when the computer asks you to correct an answer.

Please press the large [Enter] key on the right side of the keyboard to see the first question.

PRACYEAR

KA-1. In what year were you born?

Please enter the 4-digit year you were born and press the [Enter] key.
Year _____

PRACMNTH

KA-2. In what month in [PRACYEAR] were you born?

Please enter the number for the month.

January01
February02
March03
April04
May05
June06
July07
August08
September09
October10
November11
December12

PRACCNFM

KA-3. The computer has recorded that you were born in [PRACMNTH, PRACYEAR].
Is this correct?

YES1 (KA-0 INTROK3a)

NO5 (RETURN TO KA-1 PRACYEAR TO RE-ENTER CORRECT INFO)

INTROK3a

KA-3a. Thank you. Now we will go over a few keystrokes which will help
you complete the survey.

Please press [Enter] to continue

INTROK3ab

KA-3ab. If you want to replay the audio, press the [F11] key. It is
located rear the top right side of the keyboard.

Please press [Enter] to continue

INTROK3b

KA-3b. If you want to hide the question, press the [F12] key. To make
the question reappear, simply press [F12] again. The [F12] key is
located near the [F11] key on the top right side of the keyboard.

Please press [Enter] to continue

INTROK3c

KA-3c. If you do not know the answer to a question, press the [CTRL] and
[D] keys at the same time.

The [CTRL] key is at the bottom left of the keyboard. It is
labeled "Ctrl".

Please press [Enter] to continue

INTROK3d

KA-3d. If you do not wish to answer a particular question, press the [CTRL] and [R] keys at the same time.

Please press [Enter] to continue

INTROK3e

KA-3e. If you have any questions about how to use the computer, please ask your interviewer now. Otherwise, please press the [Enter] key to continue on your own.

INTRO_K4

INTRO-K4. These first questions are about your general health.

Please press [Enter] to continue

GENHEALT

KA-4. In general, how is your health? Would you say it is...

Excellent	1
Very good	2
Good	3
Fair	4
Poor	5

RHEIGHT_FT

KA-5. How tall are you?

First, please select the number of feet, then press [Enter].

3 feet	3
4 feet	4
5 feet	5
6 feet	6
7 feet	7

(DK OR RF: GO TO KB SERIES)

RHEIGHT_IN

KA-5. Now please select the number of inches and then press [Enter].

0 inches	00
1 inch	01
2 inches	02
3 inches	03
4 inches	04
5 inches	05
6 inches	06
7 inches	07
8 inches	08
9 inches	09
10 inches	10
11 inches	11

RWEIGHT

KA-6. How much do you weigh?

Please answer in pounds and then press [Enter].

Pounds _____

{ Asked for all Rs

DRWEIGH

KA-6a. The next couple of questions are about your weight. In the past 12 months, that is, since (CMLSTYR_FILL), did a doctor or other medical care provider weigh you?

Yes.....1
No.....5

{ Asked if DRWEIGH=yes

TELLWGHT

KA-6b. During your visit in the past 12 months, did a doctor or other medical care provider tell you that you were underweight, normal weight, overweight, obese, or were you not told?

Underweight.....1
Normal weight.....2
Overweight.....3
Obese.....4
Not told.....5

{ Asked if R was told he was overweight or obese (TELLWGHT=3 OR 4)

WGHTSCRN

KA-6c. During your visit in the past 12 months, did a doctor or other medical care provider refer you to diet or exercise counseling?

Yes.....1
No.....5

{ Asked for all Rs

ENGSPK

KA-7. The next question is about your ability to speak English. How well do you speak English?

Very well1
Well2
Not well3
Not at all4

Significant Events (KB)

INTRO_K5

INTRO-K5. The next few questions are about some things that you may have experienced recently in your life. We know that some of these questions are about things that you may not think about or talk about often. These things may be difficult to remember and some are personal.

Because this information is very important, please take as much time as you need to read the questions and put your answers into the computer in complete privacy. Your interviewer will never know how you answer and will not ask you any questions about your answers.

Please press [Enter] to continue

{ Asked for all Rs

NOBEDYR

KB-0a. In the last 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1), was there ever a time when you did not have a permanent place to stay and had to stay at least overnight in a location such as a shelter, a car or someplace outdoors?

Yes1
No5

{ Asked for all Rs

STAYREL

KB-0b

In the last 12 months, was there ever a time when you did not have a permanent place to stay and had to stay at least overnight with a friend or relative?

Yes1
No5

JAILED

KB-2. In the last 12 months, have you spent any time in a jail, prison or a juvenile detention facility?

Yes1 (GO TO KB-4 FRQJAIL)
No5

JAILED2

KB-3. Have you ever spent time in a jail, prison or juvenile detention center?

Yes1
No5

{ Asked if ever been in jail (JAILED=1 or JAILED2=1)

FRQJAIL

KB-4. Have you been in jail, prison, or a juvenile detention facility only one time or more than one time?

Only one time?.....1
Or more than one time?.....2

FRQJAIL2

KB-5. If KB-4 FRQJAIL = 1, ask:

How long were you in jail, prison, or juvenile detention?

Else if KB-4 FRQJAIL = 2, DK, OR RF, ask:

The last time you were in jail, prison, or juvenile detention, how long were you in?

One month or less.....1
More than one month but less than one year.....2
One year.....3
More than one year4

{ Asked only if R is 15-24 years old

EVSUSPEN

KB-6. Have you ever been suspended or expelled from school?

Yes1

No5 (GO TO Substance Use (KC))

{ Asked only if R is 15-24 years old

GRADSUSP

KB-7. What grade were you in when you were suspended or expelled from school?

If you were suspended or expelled more than once, please enter the grade you were in the most recent time.

Grade _____

Substance Use (KC)**INTRO_K6**

INTRO-K6. These next questions are about your use of cigarettes, alcohol, and other substances.

Please press [Enter] to continue.

SMK100

KC-0a1. In your entire life, have you smoked at least 100 cigarettes?

100 cigarettes is about 5 packs.

Yes.....1

No.....5

{ ASKED IF SMOKED AT LEAST 100 CIGARETTES IN LIFETIME

AGESMK

KC-0a2. How old were you when you first started smoking fairly regularly?

Please enter your age in years.

If you never smoked regularly, enter 0.

Age in years _____

{ ASKED IF SMOKED AT LEAST 100 CIGARETTES IN LIFETIME

SMOKE12

KC-0a3. During the last 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1), how many cigarettes did you smoke a day, on average?

None.....1

About one cigarette a day or less.....2

Just a few cigarettes a day (2-4).....3

About half a pack a day (5-14).....4

About a pack a day (15-24).....5

More than a pack a day (25 or more)...6

{ Asked if R reported any amount of smoking in the last 12 months

SMKSTOP

KC-0a4. During the last 12 months, has a doctor or other medical care provider provided you with counseling or support for you to stop

smoking or using other kinds of tobacco?

Yes.....1

No.....5

DRINK12

KC-1. During the last 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1), how often have you had beer, wine, liquor, or other alcoholic beverages?

Never1 (GO TO KC-3 POT12)

Once or twice during the year2

Several times during the year3

About once a month4

About once a week5

About once a day6

{ Asked if R reported any drinking in the past 12 months

UNIT30D

KC-1a_U. This next question asks about your drinking over the past 30 days. Would you prefer to answer in terms of days per week or days per month?

Days per week1

Days per month5

{ Asked if R answered UNIT30D with 1, 5, or DK

DRINK30D

KC-1a_N. IF UNIT30D = 1, ASK:

During the past 30 days, that is, since (mo/day/yr), on how many days per week did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

ELSE IF UNIT30D = 5 OR DK, ASK:

During the past 30 days, that is, since (mo/day/yr), on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

____ Number of days [IF 0, GO TO POT12]

{ Asked if R reported any drinking in the past 30 days.

DRINKDAY

KC-1b. One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

____ Number of drinks

{ Asked if R reported any drinking in the past 30 days.

BINGE30

KC-1c. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion?

_____ Number of times

{ Asked if R reported any drinking in the past 30 days.

DRNKMOST

KC-1d. During the past 30 days, what is the largest number of drinks you had on any occasion?

_____ Number of drinks

{ ASKED IF R REPORTED ANY ALCOHOL CONSUMPTION IN LAST 12 MONTHS

BINGE12

KC-2. During the last 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1) how often did you have 5 or more drinks within a couple of hours?

Never1
Once or twice during the year2
Several times during the year3
About once a month4
About once a week5
About once a day6

POT12

KC-3. During the last 12 months, how often have you smoked marijuana?

Never1
Once or twice during the year2
Several times during the year3
About once a month4
About once a week5
About once a day or more6

COC12

KC-4. During the last 12 months, how often have you used cocaine?

Never1
Once or twice during the year2
Several times during the year3
About once a month or more4

CRACK12

KC-5. During the last 12 months, how often have you used crack?

Never1
Once or twice during the year2
Several times during the year3
About once a month or more4

CRYSTMTH

KC-5a. During the last 12 months, how often have you used Crystal or meth, also known as tina, crank, or ice?

Never1
Once or twice during the year2
Several times during the year3
About once a month or more4

INJECT12

KC-6. During the last 12 months, how often have you shot up or injected drugs other than those prescribed to you? By shooting up we mean anytime you might have used drugs with a needle, by mainlining, skin-popping, or muscling.

Never1
 Once or twice during the year2
 Several times during the year3
 About once a month or more4

Pregnancy/Abortion (KD)

INTRO_K7

INTRO-K7. Here are a few questions asking about pregnancies you have fathered. Sometimes men who take part in the study are reluctant to tell an interviewer about their experience with pregnancies, especially if the pregnancies ended in abortion or with children they no longer live with.

Please press [Enter] to continue.

{ IF R HAS NOT REPORTED FATHERING ANY PREGNANCIES IN SECTIONS C-F OF THE
 { QUESTIONNAIRE, ASK KD-1 MADEPREG;
 { ELSE IF ANY PREGNANCIES PREVIOUSLY REPORTED, GO TO KD-2b PREGTOT2.

{ ASKED IF R HAS NOT REPORTED FATHERING ANY PREGNANCIES IN SECTIONS C-F OF
 THE QUESTIONNAIRE

MADEPREG

KD-1. To the best of your knowledge, have you ever made someone pregnant?

Yes1
 No5 (TOLDPREG KD-5)

{ ASKED IF R PREVIOUSLY REPORTED ANY PREGNANCIES IN SECTIONS C-F OF THE
 QUESTIONNAIRE

PREGTOT2

KD-2. To the best of your knowledge, how many times have you ever made someone pregnant? Please include any pregnancies you may have already told the interviewer about.

Number _____

NUMABORT

KD-3. To the best of your knowledge, how many of these pregnancies ended in abortion?

Number _____

NUMLIVEB

KD-4. ASK ONLY IF NUMBER OF ABORTIONS < NUMBER OF TOTAL PREGNANCIES:

To the best of your knowledge, how many of these pregnancies resulted in a baby being born?

(Twins or triplets from a pregnancy count as one pregnancy.)

Number _____

{ IF R's AGE >= 25, GO TO INTRO_K8.

{ ASKED ONLY FOR R's UNDER AGE 25.

TOLDPREG

KD-5. Have you ever been told by someone that you may have made her pregnant?

Yes1

No5 (GO TO KE SERIES)

WHATHAPP

KD-6. The last time you were told by someone that you may have made her pregnant, ...

Did it turn out that she was pregnant and you were the father,1

Or was she pregnant but you were not the father,2

Or did it turn out that she was not pregnant?3

Sex with Females (KE)

INTRO_K8

KE-0. The next questions are about sexual experiences that you may have had with a female.

Please press [Enter] to continue.

{ READ IF R IS UNDER AGE 20 AND HE HAS NEVER BEEN MARRIED AND NEVER COHABITED.

INTRO_K9a

KE-0a. Here are some things you may have done with a female. If you have ever done this at least one time with a female, answer yes. If you have never done this, answer no.

Please press [Enter] to continue.

{ ASKED IF R IS UNDER AGE 20 AND HE HAS NEVER BEEN MARRIED.

FEMTOUCH

KE-1. Has a female ever touched your penis until you ejaculated, or "came"?

Yes1

No5

{ READ IF R IS 20 OR OLDER OR IF R HAS EVER BEEN MARRIED.

INTRO_K9b

KE-0b. Here are some things you may have done with a female. If you have ever done this at least one time with a female, answer yes. If you have never done this, answer no.

{ ASKED IF R HAS NEVER MARRIED, NEVER COHABITED, NEVER FATHERED A PREGNANCY (BASED ON CAPI OR ACASI)

VAGSEX

KE-2. Have you ever put your penis in a female's vagina (also known as vaginal intercourse)?

Yes1

No5 (KE-5 GETORALF)

AGEVAGR

KE-2b. The first time this occurred, how old were you?

Age in years _____

CONDVAG

KE-3. Did you use a condom the last time you had vaginal intercourse with a female?

Yes1

No5 (KE-5 GETORALF)

{Asked if R used a condom at last vaginal intercourse

COND1BRK

KE-3a. That time, did it break or completely fall off during intercourse or withdrawal?

Yes1

No5

{Asked if R used a condom at last vaginal intercourse

COND1OFF

KE-3b. That time, was the condom used for only part of the time during intercourse? That is, did you put it on after you started having sex, or take it off during sex but before ejaculation?

Yes1

No5

WHYCONDL

KE-4. The last time you had vaginal intercourse with a female, did you use the condom...

To prevent pregnancy,1

To prevent diseases like gonorrhea, chlamydia, syphilis, herpes or AIDS,2

For both reasons,3

Or for some other reason4

GETORALF

KE-5. The next few questions are about oral sex. By oral sex, we mean stimulating the genitals with the mouth. Has a female ever performed oral sex on you, that is, stimulated your penis with her mouth?

Yes1

No5 (KE-7 GIVORALF)

CONDFELL

KE-6. Did you use a condom the last time a female performed oral sex on you?

Yes1

No5

GIVORALF

KE-7. Have you ever performed oral sex on a female?

Yes1

No5

{ASKED IF R IS 15-24 AND HAS EVER HAD ORAL SEX AND VAGINAL INTERCOURSE
TIMING

KE-7b. Thinking back to when you had oral sex with a female for the first time, was it before, after, or on the same occasion as your first vaginal intercourse with a female?

Before first vaginal intercourse1
After first vaginal intercourse3
Same occasion.....5

ANALSEX

KE-8. Have you ever put your penis in a female's anus or butt (also known as anal sex)?

Yes1
No5 (CONDSEXL KE-10)

CONDANAL

KE-9. Did you use a condom the last time you had anal sex with a female?

Yes1
No5

{ ASKED IF R REPORTED MORE THAN 1 TYPE OF MALE-GENITAL-INVOLVING SEX WITH A
FEMALE PARTNER.

CONDSEXL

KE-10. The very last time you had any type of sex -- that is, vaginal intercourse or anal sex or oral sex -- with a female partner, did you use a condom?

Yes1
No5

{ IF R's AGE >= 18, CONTINUE WITH KF SERIES.
{ ELSE IF R's AGE < 18, GO TO KG SERIES.

Non Voluntary Intercourse: Female - Male (KF)

{ KF SERIES ASKED ONLY IF R AGED 18 OR OLDER.

{ IF R EVER HAD VAGINAL SEX, ASK KF-1 WANTSEX1;
{ ELSE GO TO KF-2 EVRFORCD.

WANTSEX1

KF-1. Think back to the very first time you had vaginal intercourse with a female. Which would you say comes closest to describing how much you wanted that first vaginal intercourse to happen?

I really didn't want it to happen at the time1
I had mixed feelings -- part of me wanted it to
happen at the time and part of me didn't2
I really wanted it to happen at the time3

{IF DK OR RF, GO TO KF-1b HOWOLD

HOWOLD

KF-1b. How old were you when this first intercourse happened?

Age in years _____

EVRFORCD

KF-2. At any time in your life, have you ever been forced by a female to have vaginal intercourse against your will?

Yes.....1

No.....5 (KG SERIES)

{ REMAINING ITEMS IN KF SERIES ONLY ASKED IF R REPORTED EVER BEING FORCED BY
{ A FEMALE

AGEFORC1

KF-3. How old were you the very first time you were forced by a female to have vaginal intercourse against your will?

Age in years _____

INTROK10

KF-4. The first time this occurred, were any of these kinds of force used?

Please press [Enter] to continue.

GIVNDRG2

KF-4a. Were you given alcohol or drugs?

Yes.....1

No.....5

SHEBIGOL

KF-4b. Did you do what she said because she was bigger than you or a grown-up, and you were young?

Yes.....1

No.....5

ENDRELA2

KF-4c. Were you told that the relationship would end if you didn't have sex?

Yes.....1

No.....5

WRDPRES2

KF-4d. Were you pressured into it by her words or actions, but without threats of harm?

Yes.....1

No.....5

THRTPHY2

KF-4e. Were you threatened with physical hurt or injury?

Yes.....1

No.....5

PHYSHRT2

KF-4f. Were you physically hurt or injured?

Yes.....1

No.....5

HELDDWN2

KF-4g. Were you physically held down?

Yes.....1

No.....5

STD/HIV Risk Behaviors: Females (KG)

{ IF R NEVER HAD ORAL, ANAL, VAGINAL SEX WITH FEMALE, GO TO SECTION KH

INTROK11

KG-0. This next section is about your female sex partners. Now please think about any female with whom you have had vaginal intercourse, oral sex, or anal sex -- any of these.

Please press [Enter] to continue.

PARTSLIF

KG-1. Thinking about your entire life, how many female sex partners have you had? Please count every partner even those you had sex with only once.

Number _____

PARTS12

KG-2. Thinking about the last 12 months, how many female sex partners have you had in the 12 months since (INTERVIEW MONTH, INTERVIEW YEAR - 1)? Please count every partner even those you had sex with only once in those 12 months.

Number _____

{NEWYEAR AND NEWLIFE ASKED IF R REPORTS MORE FEMALE PARTNERS IN LAST 12 MONTHS THAN IN LIFETIME

NEWYEAR

KG-2YR. Earlier you reported having more female partners in the last 12 months than you have had in your life. One or both of these numbers appear to be entered incorrectly, so those questions will be asked again. Your previous answers are displayed below:

___ female partners in last 12 months

___ female partners in lifetime

NEWLIFE

KG-2LF. How many female partners did you have in your lifetime?

Number _____

{ Asked if R has ever had vaginal intercourse

VAGNUM12

KG-2YRa. Your number of female partners in the last 12 months is displayed below. Thinking of your female partners in the last 12 months,

with how many of them did you have vaginal intercourse?

DISPLAY:___ female partners in last 12 months

{ Asked if R has ever had oral sex with a female

ORALNUM12

KG-2YRb. (Your number of female partners in the last 12 months is displayed below.) Thinking of your female partners in the last 12 months, with how many of them did you have oral sex, either giving or receiving?

DISPLAY:___ female partners in last 12 months

{ Asked if R has ever had anal sex with a female

ANALNUM12

KG-2YRc. (Your number of female partners in the last 12 months is displayed below.) Thinking of your female partners in the last 12 months, with how many of them did you have anal sex?

DISPLAY:___ female partners in last 12 months

{ IF R's AGE < 18 AND R HAS A CURRENT SEXUAL PARTNER, READ INTROK12.

{ ELSE IF R's AGE < 18 AND R HAS NO CURRENT SEXUAL PARTNERS OR

{ R's AGE >= 18, GO TO KG-4 NONMONOG

INTROK12

KG-3. You indicated in the interview that you have (NUMBER) current sexual partner. Here are a couple of questions about (her/those partners).

{ SET UP LOOP TO ASK AGE (CURRPAGE THROUGH HOWMUCH) OF EACH OF 1, 2, OR 3 CURRENT PARTNERS

CURRPAGE

KG-3a. Earlier you reported that you last had sexual intercourse with the [(first/second/third)] person shown on the screen in (Mo/Yr of last sex with this partner). How old was she at that time?

Age in years _____

{ ASK IF CURRPAGE=DK

RELAGE

KG-3b. Is she older than you, younger than you or about the same age?

Older1

Younger2

About the same age ...3 (NONMONOG KG-4)

HOWMUCH

KG-3c. By how many years?

1-2 years1

3-5 years2

6-10 years3

More than 10 years4

{ IF R HAD NO FEMALE SEXUAL PARTNERS IN LAST 12 MONTHS, GO TO SECTION KH

{ ASKED IF R HAD AT LEAST 1 FEMALE SEXUAL PARTNER IN LAST 12 MONTHS

NONMONOG

KG-4. During the last 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR-1), did you have sex with any females who were also having sex with other people at around the same time?

Yes1

No5

{ASKED IF R HAD SEX WITH FEMALE(S) WHO HAD SEX WITH OTHER PEOPLE DURING THE PAST 12 MONTHS (NONMONOG=1), AND R HAD MORE THAN 1 FEMALE PARTNER IN PAST 12 MONTHS

{Rs WITH ONLY 1 FEMALE PARTNER IN PAST 12 MONTHS GO STRAIGHT TO KG-5B

NNONMONOG1

KG-5a. To the best of your knowledge, how many of your female sexual partners in the last 12 months were having sex with other people around the same time?

1 partner1

2 or more partners.....2

NNONMONOG2

KG-5b. (Thinking of your 1 female partner in the last 12 months), how many other partners do you think she had around the same time as she was having sex with you?

1 other partner besides you1

2 other partners besides you2

3 or more other partners besides you3

{ASKED IF NONMONOG=1 AND R HAD AT LEAST 2 FEMALE PARTNERS WHO HAD SEX WITH OTHER PEOPLE DURING THE PAST 12 MONTHS

NNONMONOG3

KG-5c. Thinking of your most recent female partner who had other sexual partners, how many other partners do you think she had around the same time as she was having sex with you?

1 other partner besides you1

2 other partners besides you2

3 or more other partners besides you3

{ ASKED IF R HAD FEMALE SEXUAL PARTNER IN LAST 12 MONTHS

FEMSHT12

KG-6. In the last 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR-1), have you had sex with a female who takes or shoots street drugs using a needle?

Yes1

No5

{ ASKED IF R HAD FEMALE SEXUAL PARTNER IN LAST 12 MONTHS

JOHNFREQ

KG-7. In the last 12 months, have you given a female money or drugs in exchange for having sex with you?

Yes1

No5

{ ASKED IF R HAD FEMALE SEXUAL PARTNER IN LAST 12 MONTHS

PROSTFRQ

KG-8. In the last 12 months, has a female given you money or drugs to have sex with her?

Yes1

No5

{ ASKED IF R HAD FEMALE SEXUAL PARTNER IN LAST 12 MONTHS

HIVFEM12

KG-9. In the last 12 months, have you had sex with a female who you knew was infected with the AIDS virus?

Yes1

No5

Sex with Males (KH)

{ ASKED FOR ALL

INTROK13

KH-0. The next questions ask about sexual experience you may have had with another male. Have you ever done any of the following with another male?

Please press [Enter] to continue.

GIVORALM

KH-1. Have you ever performed oral sex on another male, that is, stimulated his penis with your mouth?

Yes1

No5

GETORALM

KH-2. Has another male ever performed oral sex on you, that is, stimulated your penis with his mouth?

Yes1

No5

{ ASKED IF R EVER HAD ORAL SEX WITH A MALE PARTNER

ORALCONDM

KH-2b. Did you use a condom the last time you had oral sex with a male?

Yes1

No5

ANALSEX2

KH-3. Has another male ever put his penis in your anus or butt (receptive anal sex)?

Yes1

No5

{ Asked if R ever had receptive anal sex with a male partner (ANALSEX2=1)

ANALCONDM1

KH-3b. Did you use a condom the last time you had receptive anal sex with a male?

Yes1

No5

ANALSEX3

KH-4. Have you ever put your penis in another male's anus or butt (insertive anal sex)?

Yes1

No5

{ Asked if R ever had insertive anal sex with a male partner (ANALSEX3=1)

ANALCONDM2

KH-4b. Did you use a condom the last time you had insertive anal sex with a male?

Yes1

No5

{ Asked for all Rs

MALESEX

KH-4c. Have you ever had any other sexual experience of any kind with another male?

Yes1

No5

{ Asked for all who have ever had any sexual experience with a male partner

MALPRTAGE

KH-5. Thinking of your most recent or last male sex partner, that is, the man with whom you last had any sexual experience, was he older than you, younger than you, or about the same age?

Older1

Younger2

Same age3

{ Asked for all who have ever had any sexual experience with a male partner

MALPRTHISP

KH-6. Thinking of this same male partner with whom you last had any sexual experience, is he Hispanic or Latino, or of Spanish origin?

Yes1

No5

{ Asked for all who have ever had any sexual experience with a male partner

MALPRTRACE

KH-7. Thinking of this same male sexual partner, which of the groups shown below describe his racial background?

Please enter all that apply.

To enter multiple answers, enter the number of the first answer, press

the space bar, enter the number of the next answer, and so forth. The space bar is the long key at the bottom of the keyboard, in the middle. Press [Enter] once you're finished entering all your answers.

American Indian or Alaska Native1
Asian.....2
Native Hawaiian or Other Pacific Islander..3
Black or African American4
White5

Non Voluntary Intercourse: Male -> Male (KI)

{ IF R's AGE < 18, GO TO KJ SERIES.
{ IF R's AGE >= 18, CONTINUE WITH KI SERIES.

EVRFORC2

KI-1. At any time in your life, have you ever been forced by a male to have oral or anal sex against your will?

Yes.....1
No.....5 (KJ SERIES)

{ REMAINDER OF KI SERIES ONLY ASKED IF R REPORTED EVER BEING FORCED BY A MALE
AGEFORC2

KI-2. How old were you the very first time you were forced by a male to have sexual intercourse against your will?

Age in years _____

INTROK14

KI-3. The first time this occurred, were any of these kinds of force used?

Please press [Enter] to continue.

GIVNDRG3

KI-3a. Were you given alcohol or drugs?

Yes.....1
No.....5

HEBIGOLD

KI-3b. Did you do what he said because he was bigger than you or a grown-up, and you were young?

Yes.....1
No.....5

ENDRELA3

KI-3c. Were you told that the relationship would end if you didn't have sex?

Yes.....1
No.....5

WRDPRES3

KI-3d. Were you pressured into it by his words or actions, but without threats of harm?

Yes.....1
No.....5

THRTPHY3

KI-3e. Were you threatened with physical hurt or injury?

Yes.....1
No.....5

PHYSHRT3

KI-3f. Were you physically hurt or injured?

Yes.....1
No.....5

HELDDWN3

KI-3g. Were you physically held down?

Yes.....1
No.....5

STD/HIV Risk Behaviors: Males (KJ)

{ IF R REPORTED NO SEXUAL EXPERIENCE WITH A MALE PARTNER, GO TO KK-4 ATTRACT.

INTROK15

INTRO-K15. This next section is about males with whom you have had sexual contact. Think about any male with whom you have had any sexual experience.

Please press [Enter] to continue.

{ Asked for all who have ever had any sexual experience with a male partner

MALEPRTS

KJ-1. Thinking about your entire life, how many male sex partners have you had?

Number _____

{ Asked for all who have ever had any sexual experience with a male partner

MALPRT12

KJ-2. Thinking about the last 12 months, how many male sexual partners have you had in the 12 months since (INTERVIEW MONTH, INTERVIEW YEAR - 1)? Please count every partner, even those you had sex with only once in those 12 months.

Number _____

{ Asked if R ever had oral sex with a male partner (GIVORALM=1 OR GETORALM=1)

SAMORAL12

KJ-2YRa. Your number of male partners in the last 12 months is displayed below. Thinking of your male partners in the last 12 months, with how many of them did you have oral sex?

DISPLAY:[SAMYEARNUM] male partners in last 12 months

{ Asked if R ever had receptive anal sex with a male partner (ANALSEX2=1)

RECEPANAL12

KJ-2YRb. (Your number of male partners in the last 12 months is displayed below.) Thinking of your male partners in the last 12 months, with how many of them did you have receptive anal sex where he put his penis in your anus (butt)?

DISPLAY:[SAMYEARNUM] male partners in last 12 months

{ Asked if R ever had insertive anal sex with a male partner (ANALSEX3=1)

INSERANAL12

KJ-2YRc. (Your number of male partners in the last 12 months is displayed below.) Thinking of your male partners in the last 12 months, with how many of them did you have insertive anal sex where you put your penis in his anus (butt)?

DISPLAY:[SAMYEARNUM] male partners in last 12 months

{ Asked for all who have ever had any sexual experience with a male partner

SAMESEX1

KJ-3. Thinking back to the first time you ever had any sexual experience with a male partner, how old were you?

Age in years _____

{ Asked for all Rs who have ever had any sexual experience with a male partner

MSAMEREL

KJ-3a. At the time you first had any sexual experience with a male partner, how would you describe your relationship with him?

Married to him	1
Engaged to him	2
Living together in a sexual relationship, but not engaged	3
Going with him or going steady	4
Going out with him once in a while	5
Just friends	6
Had just met him	7
Something else	8

{ IF R REPORTED NO MALE SEXUAL PARTNERS IN LAST 12 MONTHS, GO TO KJ-11
CNDLSMAL.

{ Asked if R had at least 1 male sexual partner in past year

MSMNONMON

KJ-4. Your number of male partners in the last 12 months is displayed below. In the last 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1), how many of your male partners were having sex with other people around the same time?

DISPLAY:[SAMYEARNUM] male partners in last 12 months

MALSHT12

KJ-5. In the last 12 months, that is since (INTERVIEW MONTH, INTERVIEW YEAR - 1) have you had sex with a male who takes or shoots street drugs using a needle?

Yes1

No5

JOHN2FRQ

KJ-6. In the last 12 months, have you given a male money or drugs in exchange for having sex with you?

Yes1

No5

PROS2FRQ

KJ-7. In the last 12 months, has a male given you money or drugs to have sex with him?

Yes1

No5

HIVMAL12

KJ-8. In the last 12 months, have you had sex with a male who you knew was infected with the AIDS virus?

Yes1

No5

MSMSORT12

KJ-10. Some men only have sex with other males that they know have the same HIV status as they do, and some do not. Thinking about your male sex partners in the last 12 months, do you usually limit your male partners to those of the same HIV status to prevent getting or transmitting HIV?

Would you say "yes, usually," "yes, some of the time," or "no"?

Yes, usually1

Yes, some of the time ...3

No5

{ Asked for all who have ever had any sexual experience with a male partner
CNDLSMAL

KJ-11. Now think of the last time you had any sexual experience with a male partner, was a condom used?

Yes1

No5

Sexual Attraction, Orientation, & Experience with STDs (KK)

{ IF R HAD SEXUAL ACTIVITY WITH ONLY FEMALES OR WITH ONLY MALES IN HIS LIFE,
{ GO TO KK-4 ATTRACT.

{ IF R HAD SEXUAL ACTIVITY WITH BOTH FEMALES AND MALES IN HIS LIFE,
{ BUT ONLY WITH MALES OR ONLY WITH FEMALES IN LAST 12 MONTHS,
{ GO TO KK-4 ATTRACT

{ ASKED IF R HAD BOTH MALE AND FEMALE PARTNERS IN THE LAST 12 MONTHS

CONDALLS

KK-1. The very last time you had any type of sex -- that is vaginal intercourse or anal sex or oral sex -- with a male or female partner,

was a condom used?

Yes1
No5 (KK-3a DATEAPP)

MFLASTP

KK-2. Was that last sexual partner male or female?

Male1 (KK-3a DATEAPP)
Female2

{ ASKED ONLY IF LAST SEXUAL PARTNER WAS A FEMALE

WHYCOND

KK-3. Was the condom used...

To prevent pregnancy1
To prevent diseases like gonorrhea, chlamydia, syphilis,
herpes or AIDS,2
For both reasons3
Or for some other reason4

{ Asked for all Rs

DATEAPP

KK-3a. In the past 12 months, have you had sex with anyone you first met using a dating or "hookup" website or mobile app? Sex includes vaginal, anal and oral sex.

Yes1
No5

ATTRACT

KK-4. People are different in their sexual attraction to other people. Which best describes your feelings? Are you...

Only attracted to females1
Mostly attracted to females2
Equally attracted to females and males3
Mostly attracted to males4
Only attracted to males5
Not sure6

{ ASKED FOR ALL - USED IN RANDOM HALF SAMPLE OF NSFG RESPONDENTS

ORIENT_A

KK-5a. Do you think of yourself as ...

Heterosexual or straight1
Homosexual or gay2
Or bisexual3

{ ASKED FOR ALL - USED IN RANDOM HALF SAMPLE OF NSFG RESPONDENTS

ORIENT_B

KK-5b.

Which of the following best represents how you think of yourself?

Gay1
Straight, that is, not gay2
Bisexual3

Something else4

INTROK16

KK-6. These next questions are about your sexual and reproductive health.

{ Asked for all Rs aged 15-25

CONFCNC

KK-6a. Would you ever not go for sexual or reproductive health care because your parents might find out?

Yes1

No5

{ Asked for all Rs aged 15-17

TIMALON

KK-6b. The last time you had a health care visit in the past 12 months, did a doctor or other health provider spend any time alone with you without a parent, relative or guardian in the room?

Enter 6 if you did not have a health care visit in the past 12 months.

Yes1

No5

{ Asked for all Rs

RISKCHK1

KK-6c. In the last 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1), has a doctor or other medical care provider asked you about your sexual orientation or the sex of your sexual partners?

Yes1

No5

{ Asked for all Rs

RISKCHK2

KK-6d. In the last 12 months, has a doctor or other medical care provider asked you about your number of sexual partners?

Yes1

No5

{ Asked for all Rs

RISKCHK3

KK-6e. In the last 12 months, has a doctor or other medical care provider asked you about your use of condoms?

Yes1

No5

{ Asked for all Rs

RISKCHK4

KK-6f. In the last 12 months, has a doctor or other medical care provider asked you about the types of sex you have, whether vaginal, oral, or anal?

Yes1

No5

{ Asked if R >=18 years and has had anal sex with male partner in last year
RECTDOUCH

KK-6g. Some men use a rectal douche before or after anal sex, and some do not. During the last 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1) how often, if at all, did you use a rectal douche?

Never1
 Once or twice during the year2
 Several times during the year3
 About once a month4
 About once a week5
 About once a day or more6

{ Asked for all Rs

STDST12

KK-7. In the past 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1), have you been tested by a doctor or other medical care provider for a sexually transmitted disease like gonorrhea, chlamydia, herpes, or syphilis?

Yes1
 No5 (GO TO KK-8 STDTRT12)

{ Asked only for Rs who said "yes" to STDST12

STDSITE12

KK-7b. ASK IF KK-7 STDST12 = 1 (YES):
 In the past 12 months, have you been tested by a doctor or other medical care provider for a sexually transmitted disease like gonorrhea or chlamydia in your throat or pharynx or your rectum (anus or butt)?

Yes1
 No5

{ Asked for all Rs

STDTRT12

KK-8. In the past 12 months, have you been treated or received medication from a doctor or other medical care provider for a sexually transmitted disease like gonorrhea, chlamydia, herpes, or syphilis?

Yes1
 No5

{ Asked for all Rs

GON

KK-9. In the last 12 months, have you been told by a doctor or other provider that you had gonorrhea?

Yes1
 No5

{ Asked for all Rs

CHLAM

KK-10. In the last 12 months, have you been told by a doctor or other medical care provider that you had chlamydia?

Yes1
No5

{ Asked for all Rs

HERPES

KK-11. At any time in your life, have you ever been told by a doctor or
other medical care provider that you had genital herpes?

Yes1
No5

{ Asked for all Rs

GENWARTS

KK-12. At any time in your life, have you ever been told by a doctor or
other medical care provider that you had genital warts?

Yes1
No5

{ Asked for all Rs

SYPHILIS

KK-13. At any time in your life, have you ever been told by a doctor or
other medical care provider that you had syphilis?

Yes1
No5

{ Asked if R reported never injecting drugs other than those prescribed in
the past 12 months (INJECT12=1) or DK/RF

EVRIINJECT

KK-14. At any time in your life, have you ever shot up or injected drugs
other than those prescribed for you?

Yes1
No5 (KL Series)

{ Asked if R reported ever injecting drugs other than those prescribed in
past 12 months (INJECT12=2,3,4)

EVRSARE

KK-15. At any time in your life, have you ever shot up or injected drugs
with a needle that someone else had used before you?

Yes1
No5

Individual Earnings and Family Income and Public Assistance (KL)

{ ASKED FOR ALL

INTROK17

KL-0. Income is important in analyzing the information we collect. For
example, this information helps us to learn whether persons in
each income group get the health services they need.

Please press [Enter] to continue.

{ ASKED IF R EVER WORKED

EARNTYPE

KL-0a. Next, please enter your total earnings before taxes (on your last job). Will it be easier for you to enter your total earnings per week, per month, or per year?

Week.....1
 Month.....2
 Year.....3

EARN

KL-0b. Which category represents your total (weekly/monthly/yearly) earnings before taxes (on your last job)?

(WEEKLY INCOME CATEGORIES)

UNDER \$96.....1
 \$ 96-143.....2
 \$ 144-191.....3
 \$ 192-239.....4
 \$ 240-288.....5
 \$ 289-384.....6
 \$ 385-480.....7
 \$ 481-576.....8
 \$ 577-672.....9
 \$ 673-768.....10
 \$ 769-961.....11
 \$ 962-1,153.....12
 \$1,154-1,441.....13
 \$1,442-1,922.....14
 \$1,923 or more.....15

(MONTHLY INCOME CATEGORIES)

UNDER \$417.....1
 \$ 417-624.....2
 \$ 625-832.....3
 \$ 833-1,041.....4
 \$1,042-1,249.....5
 \$1,250-1,666.....6
 \$1,667-2,082.....7
 \$2,083-2,499.....8
 \$2,500-2,916.....9
 \$2,917-3,332.....10
 \$3,333-4,166.....11
 \$4,167-4,999.....12
 \$5,000-6,249.....13
 \$6,250-8,332.....14
 \$8,333 or more.....15

(YEARLY INCOME CATEGORIES)

UNDER \$5,000.....1
 \$ 5,000- 7,499.....2
 \$ 7,500- 9,999.....3
 \$10,000-12,499.....4
 \$12,500-14,999.....5
 \$15,000-19,999.....6
 \$20,000-24,999.....7

\$25,000-29,999.....8
 \$30,000-34,999.....9
 \$35,000-39,999.....10
 \$40,000-49,999.....11
 \$50,000-59,999.....12
 \$60,000-74,999.....13
 \$75,000-99,999..... 14
 \$100,000 or more.....15

{ASKED IF R ANSWERED DK OR RF ON KL-0b EARN

EARNDK1

KL-0c. Was it \$20,000 or more per year?

Yes.....1

No.....5 (GO TO KL-1 INTROK18)

{ASKED IF R ANSWERED "YES" TO KL-0c EARNDK1

EARNDK2

KL-0d. Was it \$50,000 or more per year?

Yes.....1

No.....5 (GO TO KL-1 INTROK18)

{ASKED IF R ANSWERED "YES" TO KL-0d EARNDK2

EARNDK3

KL-0e. Was it \$75,000 or more per year?

Yes.....1

No.....5 (GO TO KI-1 INTROK18)

{ASKED IF R ANSWERED "YES" TO KL-0e EARNDK3

EARNDK4

KL-0f. Was it \$100,000 or more per year?

Yes1

No5

{ READ IF HOUSEHOLD INCLUDES MORE THAN JUST R.

INTROK18

KL-1. IF R IS MARRIED AND HOUSEHOLD SIZE > 2, SAY:

The next questions are about your combined family income last year, that is, in the year (year of interview - 1). When answering these questions, please remember that "combined family income" means your income plus your wife's income, income from any of your family members that live here, and income from any of your wife's family members that live here, before taxes.

{THERE ARE OTHER WORDING VARIANTS, DETERMINED BY HOUSEHOLD SIZE & COMPOSITION

Please press [Enter] to continue.

SOURCES

KL-1a.

IF ROSCNT = 1, ASK:

Please look at the list of possible sources of income on the back of last card in the showcard booklet. In thinking about your income, please include any income you received last year from any of those sources. When you have read through the list please press the [Enter] key to continue.

ELSE IF ROSCNT > 1, ASK:

Please look at the list of possible sources of income on the back of the last card in the showcard booklet. In thinking about your combined family income, please include any income anyone in your family received last year from any of those sources. When you have read through the list please press the [Enter] key to continue.

TOINCWMY

KL-2.

Remember, this item is important and your answers will be kept confidential. Will it be easier for you to report (your/the) total income (LASTYEAR_FILL) per week, per month, or per year?

Week.....1
 Month.....2
 Year.....3

TOTINC

KL-3.

Which category represents (your total (weekly/monthly/yearly) income/the total combined (weekly/monthly/yearly) income of your family) in the year (year of interview - 1)? Please enter the amount before taxes.

{ ONSCREEN NOTES REMIND R OF WHOSE INCOME TO INCLUDE

(WEEKLY INCOME CATEGORIES)

UNDER \$96.....1
 \$ 96-143.....2
 \$ 144-191.....3
 \$ 192-239.....4
 \$ 240-288.....5
 \$ 289-384.....6
 \$ 385-480.....7
 \$ 481-576.....8
 \$ 577-672.....9
 \$ 673-768.....10
 \$ 769-961.....11
 \$ 962-1,153.....12
 \$1,154-1,441.....13
 \$1,442-1,922.....14
 \$1,923 or more.....15

(MONTHLY INCOME CATEGORIES)

UNDER \$417.....1
 \$ 417-624.....2
 \$ 625-832.....3
 \$ 833-1,041.....4
 \$1,042-1,249.....5
 \$1,250-1,666.....6
 \$1,667-2,082.....7
 \$2,083-2,499.....8
 \$2,500-2,916.....9
 \$2,917-3,332.....10
 \$3,333-4,166.....11
 \$4,167-4,999.....12
 \$5,000-6,249.....13

\$6,250-8,332.....14
 \$8,333 or more.....15

(YEARLY INCOME CATEGORIES)

UNDER \$5,000.....1
 \$ 5,000- 7,499.....2
 \$ 7,500- 9,999.....3
 \$10,000-12,499.....4
 \$12,500-14,999.....5
 \$15,000-19,999.....6
 \$20,000-24,999.....7
 \$25,000-29,999.....8
 \$30,000-34,999.....9
 \$35,000-39,999.....10
 \$40,000-49,999.....11
 \$50,000-59,999.....12
 \$60,000-74,999.....13
 \$75,000-99,999..... 14
 \$100,000 or more.....15

{ IF KL-3 TOTINC IS REPORTED, GO TO KL-4 PUBASST.

{ ASKED IF INCOME = DK OR RF

FMINCDK1

KL-3a. Was it less than \$50,000 or \$50,000 or more in (year of interview
 - 1)?

Less than \$50,000.....1
 \$50,000 or more5 (GO TO KL-3d FMINCDK4)

{ ASKED IF INCOME WAS LESS THAN \$50,000

FMINCDK2

KL-3b. Was it less than \$35,000?

Yes.....1
 No.....5 (GO TO KL-4 PUBASST)

{ ASKED IF INCOME WAS LESS THAN \$35,000

FMINCDK3

KL-3c. Was it less than (poverty threshold for a family the size of the
 respondent's)?

Yes.....1 (GO TO KL-4 PUBASST)
 No.....5 (GO TO KL-4 PUBASST)

(ASKED IF INCOME WAS MORE THAN \$50,000

FMINCDK4

KL-3d. Was it \$75,000 or more last year?

Yes1
 No5 (GO TO KL-4 PUBASST)

(ASKED IF INCOME WAS MORE THAN \$75,000

FMINCDK5

KL-3e. Was it \$100,000 or more per year?

Yes1

No5

{ ASKED FOR ALL

PUBASST

KL-4. At any time during (year of interview -1), even for one month, did you or any members of your family living here receive any cash assistance from a state or county welfare program, such as (DISPLAY STATE PROGRAM NAME(S))?

Do not include Food Stamps, SSI, Energy Assistance, WIC, School Meals, or Transportation, Child Care, Rental or Education Assistance.

Yes1

No5 (GO TO KL-6 FOODSTMP)

{ ASKED IF ANY GOVT PAYMENTS WERE REPORTED

PUBASTYP

KL-5. From what type of program did you or any members of your family living here receive the cash assistance? Was it a welfare or welfare-to-work program such as (DISPLAY STATE PROGRAM NAME(S)), General Assistance, Emergency Assistance, or some other program?

Please enter all that apply.

To enter multiple answers, enter the number of the first answer, press the space bar, enter the number of the next answer, and so forth. The space bar is the long key at the bottom of the keyboard, in the middle. Press [Enter] once you're finished entering all your answers.

(STATE PROGRAM NAME(S))/welfare/AFDC.....1
General assistance.....2
Emergency Assistance/short-term cash assistance.....3
Some other program.....4

{ ASKED FOR ALL

FOODSTMP

KL-6. The next question is about SNAP, the Supplemental Nutrition Assistance Program, formerly known as the Food Stamp Program. SNAP benefits are provided on an electronic debit card called [DISPLAY STATE PROGRAM NAME(S)] or EBT card. In the year (year of interview - 1), did you or any members of your family living here receive food stamps or SNAP benefits?

Yes1

No5

{ ASKED FOR ALL

WIC

KL-7. In the year (year of interview - 1), did you or any members of your family living here receive WIC, the Women, Infants, and Children Nutrition Program?

Yes1

No5

{ ASKED FOR ALL

HLPTRANS

KL-8a. In the year (year of interview - 1), did you or any members of your family living here receive the following type of government assistance because your income was low...

Transportation assistance, such as gas vouchers, bus passes, or help registering, repairing, or insuring a car?

Yes.....1

No.....5

{ ASKED FOR ALL

HLPCHLDC

KL-8b. *(In the year (year of interview - 1), did you or any members of your family living here receive the following type of government assistance because your income was low...)*

Any child care services or assistance so you or they could go to work or school or training?

Yes.....1

No.....5

{ ASKED FOR ALL

HLPJOB

KL-8c. *(In the year (year of interview - 1), did you or any members of your family living here receive the following type of government assistance because your income was low...)*

A social services or Welfare office's help with job training, a Job Club, a job search program, or anything else to help you or anyone in the household try to find a job?

Yes.....1

No.....5

{ ASKED FOR ALL

FREEFOOD

KL-9. In the last 12 months, did you receive free or reduced-cost food or meals because you couldn't afford to buy food?

Yes.....1

No.....5

HUNGRY

KL-10. In the past 12 months, were you or any member of your family ever hungry, but you just couldn't afford more food?

Yes.....1

No.....5

MED_COST

KL-11. In the past 12 months, was there anyone in your household who needed to see a doctor or go to the hospital but couldn't go because of the cost?

Yes.....1

No.....5

Lock

The responses you have given in this section will now be locked away to maintain your privacy. In order to activate the lock, please enter a number between 1 and 100 and press [Enter].

CONCLUSN

CONCLUSN.

Thank you again for your participation in this study. Your responses to this special section have been successfully locked away. Please turn the computer back to the interviewer.

INTVCLOSE

INTVCLOSE. INTERVIEWER: PLEASE ENTER [1] TO END THE INTERVIEW.

DRAFT

INTERVIEW OBSERVATION FORM

Interviewer Instructions:
Circle one response number only unless otherwise indicated

The following questions are about how you perceive the respondent and the housing unit. We are asking for your best, common-sense judgment. People could have different opinions about some of these things, but we would like to know your views, since you have spent some time with the respondent. Please do the best you can. Survey experience has shown that such observations are often useful, even if they are subjective.

Sample ID:

Iwer ID:

Date: (MM/DD/YY)

/

/

Time: (HR:MIN)

:

AM

☐

PM

☐

1. Where was the interview conducted?

1. Inside R's HU
2. Immediately outside R's HU (e.g., porch) (**skip to 2**)
3. In Iwer's car (**skip to 2**)
4. At R's worksite (**skip to 2**)
5. In a restaurant/fast food place (**skip to 2**)
6. At a library (**skip to 2**)
7. In a HU of a neighbor, friend, or relative (**skip to 2**)
8. At another location (Specify _____) (**skip to 2**)

1a. In which room(s) was the interview conducted? (Circle ALL that apply)

1. Living room/family room/den
2. Kitchen/dining room
3. Bedroom
4. Office
5. Foyer/hallway
6. Basement
7. Other (Specify _____)

2. Mark the appropriate answer about whether other persons were within hearing range at any time during the interview:

1. No other person was present at any time (**skip to 5**) _____
2. One or more persons were present in the interview location but were not within hearing range (**skip to 5**) _____
3. One or more persons were present within hearing range at some portions of the interview
4. One or more persons were present within hearing range during the entire interview

3. Relationship to the R of other people present or within hearing range during the interview (Circle ALL that apply)

1. Parent(s)
2. Spouse / significant other
3. Other adult(s)
4. Child(ren) 4-17 years old
5. Child(ren) under 4 years old
6. Other

4. In what ways did the other people's presence influence the interview? (Circle ALL that apply)

1. Person(s) came into the room and you paused the interview until they left (**skip to 5**)
2. Person(s) came into the room, you or R answered their question or explained that privacy was needed, and they left (**skip to 5**)
3. Person(s) stayed in the room but did not participate in interview
4. Person(s) stayed in the room and offered R help with answers
5. Person(s) stayed but was too young to understand the interview (**skip to 5**)
6. Other (Specify: _____)

4a. During which, if any, of the following sections or questions were the other person(s) within hearing range? (Circle ALL that apply)

1. Monthly contraceptive method history (Female interview only)
2. # of sexual partners
3. Detailed questions about previous partners
4. None of these sections

5. During the interview, was the atmosphere at the interview site:

1. Extremely chaotic and noisy; disruptive to interview
2. Some noise or interruptions but interview went reasonably smoothly
3. Very quiet and calm, ideal for interview

6. What types of distractions or interruptions were present during the interview? (Circle ALL that apply)

1. Television on during interview but R not watching
2. Television on during interview with R watching at least some of the time
3. R received 1 or 2 phone calls
4. R received 3 or more phone calls
5. Children present needed attention
6. Other (Specify: _____)
7. No distractions or interruptions present

7. In what language did you administer the CAPI (interviewer- administered) part of the interview?

1. English
2. Mix of English and Spanish
3. Spanish

8. In general, how did the R act toward you during the interview?

1. Hostile
2. Neither hostile nor friendly
3. Friendly

9. How attentive was the R to the questions during the interview?

1. Not at all attentive
2. Somewhat attentive
3. Very attentive

10. Was the R upset during the interview?

1. Yes, upset because of interview content
2. Yes, upset but NOT related to interview content
5. No, not upset (skip to 12)

11. Was the R still upset at the end of the interview?

1. Yes
5. No

12. At the end of the interview, did the R seem to be tired?

1. Yes, tired because of interview
2. Yes, tired but NOT because of interview
5. No, not tired

13. To what extent did the R use the Life History Calendar (LHC) during the interview?

1. Male R, no LHC in interview
2. Used LHC as instructed throughout
3. Began using LHC but stopped because it wasn't needed
4. Began using the LHC but stopped because of frustration
5. Did not use LHC at the beginning but began using it later in the interview
6. Did not use LHC at all

14. Overall, what is your opinion of the quality of the information provided by this R? Was it of:

1. Excellent quality (skip to 16)
2. Good quality (skip to 16)
3. Fair quality
4. Poor quality

15. The interview was of fair or poor quality because the R was: (Circle ALL that apply)

1. Bored, disinterested
2. Embarrassed
3. Hostile or suspicious
4. Not serious
5. Not truthful
6. Distracted / could not concentrate
7. Not able to remember dates
8. R did not understand questions due to low literacy, language problems, etc.
9. Other (Specify: _____)

16. For most of the CAPI part of the interview, how would you describe your seating arrangement with the R?

1. Next to R (facing the same way)
2. Next to R (facing at a right angle)
3. Across from R
4. Some other arrangement

17. Was the R able to see the computer screen during the CAPI part of the interview?

1. R could see the screen during all of CAPI
2. R could see the screen on most, but not all CAPI questions
3. R could see the screen on a few CAPI questions
4. R could never see the screen during CAPI

18. What support did you have for the laptop during the CAPI part of the interview?

1. Table
2. Lap
3. Other (Specify: _____)

19. Did you or the R encounter any difficulty during the interview because of the CAPI application? (Circle ALL that apply)

1. Hardware problem
2. Confusion about question referent: biological vs. adoptive parent
3. Confusion about question referent: first sex partner vs. first *consensual* sex partner
4. R got questions that s/he should not have gotten and you couldn't skip past them
5. Other (Specify: _____)
6. No difficulties encountered

The next set of questions asks about the ACASI (self-administered) part of the interview. Please base your answers on the real ACASI questions, not the practice questions.

20. Please choose the answer that best describes your seating arrangement during the ACASI (self-administered) part of the interview.

1. Next to R (facing the same way)
2. Next to R (facing at a right angle)
3. Seated across from R
4. Some other arrangement

21. Were you able to see the computer screen during the ACASI part of the interview?

1. I could see the screen during all of ACASI
2. I could see the screen on most, but not all ACASI questions
3. I could see the screen on a few ACASI questions
4. I could never see the screen during ACASI

22. What support did the R have for the laptop during the ACASI part of the interview?

1. Table
2. Lap
3. Other (Specify: _____)

23. After you helped R with the practice questions, please indicate the level of assistance you provided to R during ACASI

1. R completed ACASI section with no assistance from me (**skip to 25**)
2. R completed ACASI section, but needed assistance on a few screens
3. R completed ACASI section, but needed assistance on many screens
4. I administered the ACASI section (**skip to 25**)

24. What type of assistance did you provide to R? (Circle ALL that apply)

1. Read one or more questions to R
2. Helped with headphones
3. Helped R adjust volume
4. Helped R enter one or more answers
5. Helped R move to next screen
6. Helped R back up to previous screen
7. Helped R hide question text
8. Helped R replay audio
9. Answered questions about what a question meant
10. Other (Specify: _____)

25. Please tell us about R's use of headphones during ACASI.

1. R did not wear headphones for any ACASI questions
2. R wore headphones at start of ACASI, but removed them part way through
3. R did not wear headphones at start of ACASI, but put them on part way through
4. R wore headphones for all ACASI questions
5. Other (Specify:_____)

26. Do you think that the R used the Audio in addition to the text during ACASI?

1. Unable to tell whether R was using audio
2. R turned audio off and used text only
3. R used both text and audio
4. R appeared to use audio only

27. Did the R make any comment(s) about the ACASI voice?

1. Yes, positive comment(s)
2. Yes, neutral comment(s)
3. Yes, negative comment(s)
4. No (**skip to 29**)

28. What comment(s) did the R make?

29. How would you describe your mood at the beginning of this interview?

1. Happy
2. Neutral
3. Sad/Unhappy

30. Why do you think the R completed the interview?
