

## SECTION 8: ON GOVERNMENT TRAINING

1. There are certain kinds of training programs sponsored by the government in which young people receive training or assistance in a workshop or a classroom to prepare them for jobs. Examples of these kinds of training or assistance include certain CETA, JTPA, OR TAA programs and the Job Corps, but there are others.

2. INTERVIEWER: SEE **INFORMATION SHEET**, ITEM 7. IS A GOVERNMENT TRAINING PROGRAM FROM LAST YEAR'S INTERVIEW LISTED THERE?

YES ..... (READ A) ..... 1 70/  
 NO ..... (GO TO Q. 3) ..... 0

IF YES TO Q. 2, ASK A:

- A. Our records show that at our last interview (DATE OF LAST INTERVIEW), you were receiving this kind of training at (NAME OF SCHOOL OR AGENCY FROM **INFORMATION SHEET**). We would like to ask some questions about your participation in this program since (DATE OF LAST INTERVIEW).  
 ENTER IN Q. 8 (ON NEXT PAGE) THE NAME OF THE SCHOOL OR AGENCY FROM ITEM 7 OF **INFORMATION SHEET**. THEN GO TO Q. 5

IF NO TO Q. 2, ASK Q. 3:

3. (Besides the jobs you already told me about,) Since (DATE OF LAST INTERVIEW), have you received training or assistance from any of these kinds of government-sponsored programs?

HAND
CARD
Q

Yes ..... 1 71/  
 No ..... (**SKIP TO SECTION 9**) ..... 0

4. Thinking of the (first/next) training program that you attended since (DATE OF LAST INTERVIEW), what is the name of the school or agency where you've received this training? RECORD IN Q. 8, NEXT PAGE, AND GO ON TO Q. 5.  
 (IF NECESSARY, USE A SECOND QUESTIONNAIRE.)

5. What is the name of the government program that sponsors this training? RECORD IN Q. 9, NEXT PAGE, AND GO ON TO Q. 6.

6. (Besides the job(s) you already told me about,) Since (DATE OF LAST INTERVIEW), have you received any other training or assistance [either from (NAME OF SCHOOL OR AGENCY FROM **INFORMATION SHEET**, ITEM 7) or] from any of these kinds of government-sponsored training programs?

HAND
CARD
Q

IF YES, GO BACK TO Q. 4  
 FOR THE NEXT PROGRAM ..... 1 72/  
 IF NO, GO TO Q. 7 ..... 0

7. INTERVIEWER: IF THERE ARE ANY PROGRAMS ENTERED IN QS. 8 & 9 BELOW, ASK QS. 10-32 NOW. OTHERWISE, SKIP TO SECTION 9.

	COLUMN #1	BEGIN DECK 22	COLUMN #2
8. ENTER NAME OF SCHOOL OR AGENCY WHERE R RECEIVED TRAINING.		10-34/	54-78/
9. ENTER NAME OF THE GOVERNMENT PROGRAM THAT SPONSORS THIS TRAINING.		35-36/	79-80/
10. You told me that you received training or assistance at (ENTRY IN Q. 8) through the (ENTRY IN Q. 9).			BEGIN DECK 23
A. <u>INTERVIEWER</u> : WAS THIS TRAINING PROGRAM LISTED ON ITEM 7 OF <b>INFO SHEET</b> ? (DID YOU ENTER IN Q. 8 FOR THIS PROGRAM THE NAME OF THE SCHOOL OR AGENCY FROM ITEM 7 OF INFO SHEET?)	YES .. (ENTER THE DATE OF THE LAST INTERVIEW IN "B" BELOW AND GO TO Q. 11) ... 1 NO ... (ASK B) ..... 0	37/	YES .. (ENTER THE DATE OF THE LAST INTERVIEW IN "B" BELOW AND GO TO Q. 11) ... 1 NO ... (ASK B) ..... 0
B. <u>IF NO TO A</u> : When did you start participating in this program?	38-43/           MONTH DAY YEAR		11-16/           MONTH DAY YEAR
11. Are you currently participating in this program?	44/ Yes . (SKIP TO Q. 13) ..... 1 No ..... 0		17/ Yes . (SKIP TO Q. 13) ..... 1 No ..... 0
12. When did you stop participating in this program? PROBE FOR AND RECORD MONTH, DAY, AND YEAR.	45-50/           MONTH DAY YEAR		18-23/           MONTH DAY YEAR
13. For a variety of reasons, people often do not participate in their programs some of the time. Between (DATE IN Q. 10) and (now/DATE IN Q. 12), were there any periods of a full week or more during which you did not participate in this program?	51/ Yes ... (ASK A) ..... 1 No .. (GO TO Q. 14) .. 0		24/ Yes ... (ASK A) ..... 1 No .. (GO TO Q. 14) .. 0
A. <u>IF YES</u> : Between (DATE IN Q. 10) and (now/DATE IN Q. 12), for how many weeks, altogether, did you <u>not</u> participate in this program?	# WEEKS       52-53/		# WEEKS       25-26/

	COLUMN #1	COLUMN #2
14. How many hours a week (do/did) you usually spend in the program? ENTER # OF HOURS	# HOURS <u>  </u> <u>  </u> <u>  </u> 27-28/	# HOURS <u>  </u> <u>  </u> <u>  </u> 35-36/
15. How many hours a day (do/did) you usually spend in the program? ENTER # OF HOURS	# HOURS <u>  </u> <u>  </u> <u>  </u> 29-30/	# HOURS <u>  </u> <u>  </u> <u>  </u> 37-38/
16. A. As far as you know, (is/was) this training part of a CETA, JTPA, or TAA program?	<div style="text-align: right;">31/</div> Yes ..... 1 No ..... 0	<div style="text-align: right;">39/</div> Yes ..... 1 No ..... 0
B. As far as you know, (is/was) this training (also) part of a WIN program?	<div style="text-align: right;">32/</div> Yes ..... 1 No ..... 0	<div style="text-align: right;">40/</div> Yes ..... 1 No ..... 0
17. Why did you decide to enter this training program?		
RECORD VERBATIM.		
IF MORE THAN ONE REASON GIVEN, PROBE: What was the <u>one</u> main reason?		
CODE ONE ONLY.		
	<div style="text-align: right;">33-34/</div> TO GET MONEY ..... 01  TO GET A BETTER JOB THAN COULD GET ON MY OWN ..... 02  TO GET A JOB ..... 03  TO GET JOB TRAINING OR EXPERIENCE ..... 04  TO HAVE SOMETHING TO DO ..... 05  THE TRAINING SOUNDED INTERESTING ..... 06  OTHER (SPECIFY) ..... 07	<div style="text-align: right;">41-42/</div> TO GET MONEY ..... 01  TO GET A BETTER JOB THAN COULD GET ON MY OWN ..... 02  TO GET A JOB ..... 03  TO GET JOB TRAINING OR EXPERIENCE ..... 04  TO HAVE SOMETHING TO DO ..... 05  THE TRAINING SOUNDED INTERESTING ..... 06  OTHER (SPECIFY) ..... 07

	COLUMN #1	DECK 23	COLUMN #2
18. INTERVIEWER, IS R CURRENTLY PARTICIPATING IN THIS PROGRAM? ("YES" TO Q. 11)	YES .(SKIP TO Q. 20) . 1 NO ..... 0	43/ 43/ YES .(SKIP TO Q. 20) . 1 NO ..... 0	49/ 49/ YES .(SKIP TO Q. 20) . 1 NO ..... 0
19. Did you complete this training program or not?  A. IF CODE 0: Why did you leave this program? RECORD VERBATIM. IF MORE THAN ONE REASON GIVEN, PROBE: What was the main reason? CODE ONE ONLY.	Completed this program (GO TO Q. 20) ..... 1 Did not complete this program . (ASK A) .. 0  _____ _____ _____ _____  45-46/ EXPELLED FROM PROGRAM .. 01 QUIT BECAUSE FOUND A JOB ..... 02 TRANSFERRED TO ANOTHER PROGRAM ..... 03 DISSATISFIED WITH PAY .. 04 UNSATISFACTORY CONDITIONS ..... 05 LOST INTEREST ..... 06 TOO DIFFICULT ..... 07 PROBLEMS WITH TRANSPORTATION ..... 08 TOO MUCH TIME INVOLVED . 09 PREGNANCY ..... 10 OWN ILLNESS OR DISABILITY ..... 11 OTHER PERSONAL OR FAMILY REASONS ..... 12 MOVED ..... 13 OTHER (SPECIFY) ..... _____ 14	44/ 44/ Completed this program (GO TO Q. 20) ..... 1 Did not complete this program . (ASK A) .. 0  _____ _____ _____ _____  45-46/ EXPELLED FROM PROGRAM .. 01 QUIT BECAUSE FOUND A JOB ..... 02 TRANSFERRED TO ANOTHER PROGRAM ..... 03 DISSATISFIED WITH PAY .. 04 UNSATISFACTORY CONDITIONS ..... 05 LOST INTEREST ..... 06 TOO DIFFICULT ..... 07 PROBLEMS WITH TRANSPORTATON..... 08 TOO MUCH TIME INVOLVED. 09 PREGNANCY ..... 10 OWN ILLNESS OR DISABILITY ..... 11 OTHER PERSONAL OR FAMILY REASONS ..... 12 MOVED ..... 13 OTHER (SPECIFY) ..... _____ 14	50/ 50/ Completed this program (GO TO Q. 20) ..... 1 Did not complete this program . (ASK A) .. 0  _____ _____ _____ _____  51-52/ EXPELLED FROM PROGRAM . 01 QUIT BECAUSE FOUND A JOB ..... 02 TRANSFERRED TO ANOTHER PROGRAM ..... 03 DISSATISFIED WITH PAY . 04 UNSATISFACTORY CONDITIONS ..... 05 LOST INTEREST ..... 06 TOO DIFFICULT ..... 07 PROBLEMS WITH TRANSPORTATON..... 08 TOO MUCH TIME INVOLVED. 09 PREGNANCY ..... 10 OWN ILLNESS OR DISABILITY ..... 11 OTHER PERSONAL OR FAMILY REASONS ..... 12 MOVED ..... 13 OTHER (SPECIFY) ..... _____ 14
20. We would like to know more about the kinds of services the program provided you. (First/Next) (does/did) this program provide you with ... (READ CATEGORIES A & B AND CODE "YES" OR "NO" FOR EACH) A. Job search assistance?  B. Classroom training to prepare for a GED?	<u>Yes</u> <u>No</u>  1            0  1            0	47/ 47/ 48/ 48/	53/ 53/ 54/ 54/

	COLUMN #1	COLUMN #2
21. (Does/did) this program provide you with other classroom training in reading, writing, or arithmetic?	<p style="text-align: right;">55/</p> <p>Yes .... (ASK A) ..... 1</p> <p>No .. (GO TO Q. 22) .. 0</p>	<p style="text-align: right;">63/</p> <p>Yes .....(ASK A) ..... 1</p> <p>NO .. (GO TO Q. 22) .. 0</p>
A. IF YES: Was that classroom training part of a program of English as a second language-- that is, a program for people who grew up speaking a language <u>other</u> than English?	<p style="text-align: right;">56/</p> <p>Yes ..... 1</p> <p>No ..... 0</p>	<p style="text-align: right;">64/</p> <p>Yes ..... 1</p> <p>No ..... 0</p>
22. (Does/did) this program provide you with <u>classroom</u> training in other skills needed for certain types of jobs?	<p style="text-align: right;">57/</p> <p>Yes .... (ASK A) ..... 1</p> <p>No .. (GO TO Q. 23) .. 0</p>	<p style="text-align: right;">65/</p> <p>Yes .... (ASK A) ..... 1</p> <p>No .. (GO TO Q. 23) .. 0</p>
A. IF YES: What kind of job were you being trained for? RECORD VERBATIM.	<p style="text-align: right;">58-60/</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p style="text-align: right;">66-68/</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
23. <u>INTERVIEWER</u> : IS R CURRENTLY PARTICIPATING IN THIS PROGRAM? ("YES" TO Q.11)	<p style="text-align: right;">61/</p> <p>YES (SKIP TO Q.26) ... 1</p> <p>NO .... (ASK Q.24) ... 0</p>	<p style="text-align: right;">69/</p> <p>YES (SKIP TO Q.26) ... 1</p> <p>NO .. (ASK Q.24) ..... 0</p>
24. Were you placed in a job as part of your training, for example; on-the-job training or work experience?	<p style="text-align: right;">62/</p> <p>Yes ..... 1</p> <p>No ..... 0</p>	<p style="text-align: right;">70/</p> <p>Yes ..... 1</p> <p>No ..... 0</p>

	<u>COLUMN #1</u>			<u>COLUMN #2</u>		
25. After completion of training, were you placed in a job by this program?	<div style="text-align: right;">71/</div> Yes ..... 1 No ..... 0			<div style="text-align: right;">79/</div> Yes ..... 1 No ..... 0		
26. (Does/did) this program provide you with (READ CATEGORIES AND CODE "YES" OR "NO" FOR EACH)				BEGIN DECK 24		
	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>	
A. Extra help preparing for college?	1	0	72/	1	0	10/
B. Health care or medical services?	1	0	73/	1	0	11/
C. Childcare?	1	0	74/	1	0	12/
D. Transportation or bus tokens?	1	0	75/	1	0	13/
E. Lodging?	1	0	76/	1	0	14/
F. Meals?	1	0	77/	1	0	15/
27. (Does/did) this program provide you with any other kinds of services?	<div style="text-align: right;">78/</div> Yes .... (ASK A) ..... 1 No .. (GO TO Q. 28) .. 0			<div style="text-align: right;">16/</div> Yes .... (ASK A) ..... 1 No .. (GO TO Q. 28) .. 0		
A. IF YES: What other kinds of services?						
RECORD VERBATIM.						

	COLUMN #1	COLUMN #2
28. Besides any money you may (presently receive/ have received) through public assistance or Unemployment Compensation (do/while you were in the program, did) you receive any money for participating in this program?	<p style="text-align: right;">17/</p> <p>Yes .... (ASK A) ..... 1</p> <p>No .. (GO TO Q. 29) .. 0</p>	<p style="text-align: right;">28/</p> <p>Yes .... (ASK A) ..... 1</p> <p>No .. (GO TO Q. 29) .. 0</p>
<p>A. <u>IF YES:</u> How much money (do/did) you usually receive for participating in this program?</p> <p>Please give me the amount you receive(d) <u>before</u> any deductions like taxes and social security (are/were) taken out.</p> <p><u>PROBE IF NECESARY:</u> (Is/Was) that per hour, per day, per week, or what?</p>	<p>18-22/                      23-24/</p> <p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </p> <p>DOLLARS                      CENTS</p> <p style="text-align: right;">25-26/</p> <p>Per hour ..... 01</p> <p>Per day ..... 02</p> <p>Per week ..... 03</p> <p>Bi-Weekly (every 2 weeks) ..... 04</p> <p>Per month ..... 05</p> <p>Per year ..... 06</p> <p>OTHER (SPECIFY) _____ 07</p>	<p>29-33/                      34-35/</p> <p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </p> <p>DOLLARS                      CENTS</p> <p style="text-align: right;">36-37/</p> <p>Per hour ..... 01</p> <p>Per day ..... 02</p> <p>Per week ..... 03</p> <p>Bi-Weekly (every 2 weeks) ..... 04</p> <p>Per month ..... 05</p> <p>Per year ..... 06</p> <p>OTHER (SPECIFY) _____ 07</p>
29. How (does/did) the training or experience you received in this program affect your chances of getting a good job--do you feel that your chances of getting a good job (are/ were) <u>improved</u> or <u>not improved</u> ?	<p style="text-align: right;">27/</p> <p>Improved ..... 1</p> <p>Not improved ..... 2</p>	<p style="text-align: right;">38/</p> <p>Improved ..... 1</p> <p>Not improved ..... 2</p>

	<u>COLUMN #1</u>	<u>COLUMN #2</u>
30. <u>INTERVIEWER:</u> SEE ROW B ON <b>CALENDAR</b> . HAS R HAD A JOB SINCE LEAVING THIS PROGRAM?	39/ YES .. (ASK Q. 31) ... 1 NO . (SKIP TO Q. 32) . 0	43/ YES ..(ASK Q. 31) .... 1 NO . (SKIP TO Q. 32) . 0
31. After you left the pro- gram, did the training or experience you received in this program <u>help</u> you or <u>not</u> help you in performing any job you have held?	40/ Helped ..... 1 Did not help ..... 2	44/ Helped ..... 1 Did not help ..... 2
32. Thinking back over your entire experience in this program, how satisfied or dissatisfied are you with it overall-- very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?	41/ Very satisfied ..... 1 Somewhat satisfied ... 2 Somewhat dissatisfied. 3 Very dissatisfied .... 4	45/ Very satisfied ..... 1 Somewhat satisfied ... 2 Somewhat dissatisfied. 3 Very dissatisfied .... 4
33. <u>INTERVIEWER:</u> ARE THERE ANY ADDITIONAL PROGRAMS RECORDED IN COLUMN HEADINGS (Qs 8 AND 9) NOT YET ASKED ABOUT?	42/ YES .. (RE-ASK Q.10-33 FOR THE NEXT PROGRAM ..... 1  NO ... (GO TO SECTION 9) ... 0	46/ YES .. (USING THE SECOND QUESTIONNAIRE, ASK Q.10-33 FOR THE NEXT PROGRAM ..... 1  NO ... (GO TO SECTION 9) ... 0



## SECTION 9: OTHER TRAINING

1. Excluding regular schooling, military training, and government training we have already talked about, I would now like to ask you about other types of schooling and training you may have had.

2. INTERVIEWER: SEE **INFORMATION SHEET**, ITEM 8. IS AN "OTHER TRAINING PROGRAM" FROM LAST YEAR'S INTERVIEW LISTED THERE?

YES ..... (ASK Q. 3) ..... 1

47/

NO ..... (GO TO Q. 4) ..... 0

IF YES TO Q. 2, ASK Q. 3:

3. A. INTERVIEWER: CODE BELOW EACH TYPE OF TRAINING AGENCY FROM **INFORMATION SHEET**, ITEM 8.

	1st PROGRAM		2nd PROGRAM
1) BUSINESS COLLEGE	..... 01	48-49/	..... 01 57-58/
2) A NURSE'S PROGRAM	..... 02		..... 02
3) AN APPRENTICESHIP PROGRAM	..... 03		..... 03
4) A VOCATIONAL OR TECHNICAL INSTITUTE	..... 04		..... 04
5) BARBER OR BEAUTY SCHOOL	..... 05		..... 05
6) FLIGHT SCHOOL	..... 06		..... 06
7) A CORRESPONDENCE COURSE	..... 07		..... 07
8) COMPANY TRAINING	..... 08		..... 08
9) OTHER (SPECIFY) _____	..... 09		..... 09

FOR EACH TYPE OF TRAINING AGENCY IN A, ASK B-Q.

- B. Our records show that on our last interview on (DATE OF LAST INTERVIEW), you were receiving training at (TYPE OF TRAINING AGENCY). We would (also) like to ask you a few questions about that training. First, what job were you being trained for?

50-52/

59-61/

53-56/

62-65/

- C. When did you finish or leave the training?

| | | | |  
 MONTH YEAR

OR

STILL ENROLLED (GO TO E) ..... 0001

| | | | |  
 MONTH YEAR

OR

STILL ENROLLED (GO TO E) ..... 0001

## 3. (continued)

D. Did you complete this training or not?

Completed training

..... 1 66/

Did not complete training

..... 0

E. How many hours per week (did/do) you usually spend ...

IF APPRENTICESHIP:  
in all your apprenticeship activities?

IF CORRESPONDENCE COURSE:  
working on these materials?

ALL OTHERS: in this training?

ENTER HOURS/WEEK:

     

67-68/

2nd PROGRAM

..... 1 77/

..... 0

     

78-79/

BEGIN DECK 25

F. Were you employed at the time that you enrolled in this training program? (MILITARY DUTY IS CONSIDERED EMPLOYER HERE.)

Yes .. (SKIP TO H) .. 1 69/

No ..... 0

Yes .. (SKIP TO H) .. 1 10/

No ..... 0

G. Did you enroll in training as a (JOB IN B) to qualify for a specific job at a specific firm?

Yes ...(SKIP TO M).. 1 70/

No ....(SKIP TO M).. 0

Yes ...(SKIP TO M).. 1 11/

No ....(SKIP TO M).. 0

IF EMPLOYED AT TIME  
OF ENROLLMENT ASK H:

H. Did you enroll in this training because your employer encouraged you or required it?

Yes ..... 1 71/

No ..... 0

Yes ..... 1 12/

No ..... 0

I. Was this training done at work during regular working hours?

Yes ..... 1 72/

No ..... 0

Yes ..... 1 13/

No ..... 0

J. Was this training done on company property?

Yes ..... 1 73/

No ..... 0

Yes ..... 1 14/

No ..... 0

K. Did you enroll in training as a (JOB IN B) to qualify for a specific job at a specific firm?

Yes ..... 1 74/

No .. (SKIP TO M) .. 0

Yes ..... 1 15/

No .. (SKIP TO M) .. 0

L. Was this with your employer at the time?

Yes ..... 1 75/

No ..... 0

Yes ..... 1 16/

No ..... 0

M. Did anyone (else) encourage you to enroll in this training?

Yes ..... 1 76/

No .. (SKIP TO O) .. 0

Yes ..... 1 17/

No .. (SKIP TO O) .. 0

(Continued)

N. Who encouraged you to enroll in this training? CODE ALL THAT APPLY.

PROBE: Did anyone else encourage you to enroll in this training?

O. What was your main reason for enrolling in training as a (JOB IN B)?

P. Where did you get the money to pay for this training? WRITE VERBATIM. CODE ALL THAT APPLY.

\_\_\_\_\_  
\_\_\_\_\_

Q. IF MORE THAN ONE CODE:  
CIRCLED, ASK: Which source of money was most important?

ENTER CODE IN BOXES.

1st PROGRAM

Friend .... 01 18-19/  
Relative .. 02 20-21/  
Former  
employer . 03 22-23/  
Prospective  
employer . 04 24-25/  
Job  
counselor. 05 26-27/  
Teacher ... 06 28-29/  
Other  
(SPECIFY). 07 30-31/

Jobs are plentiful. 1 32/  
Pay is high ..... 2  
Program sounded  
interesting ..... 3  
Related to job  
at the time ..... 4  
Other (SPECIFY)  
5

Employer lent it .. 01 33-34/  
Employer gave it .. 02 35-36/  
Friends,  
relatives  
gave it ..... 03 37-38/  
Friends,  
relatives  
lent it ..... 04 39-40/  
Lent by  
Program ..... 05 41-42/  
Government  
grant ..... 06 43-44/  
Government  
loan ..... 07 45-46/  
Bank loan ..... 08 47-48/  
Own money ..... 09 49-50/  
No money needed ... 10 51-52/  
Other (SPECIFY)  
11 53-54/

□ □ □

55-56/

2nd PROGRAM

Friend .... 01 57-58/  
Relative .. 02 59-60/  
Former  
employer . 03 61-62/  
Prospective  
employer . 04 63-64/  
Job  
counselor. 05 65-66/  
Teacher ... 06 67-68/  
Other  
(SPECIFY). 07 69-70/

Jobs are plentiful. 1 71/  
Pay is high ..... 2  
Program sounded  
interesting ..... 3  
Related to job  
at the time ..... 4  
Other (SPECIFY)  
5

Employer lent it .. 01 72-73/  
Employer gave it .. 02 74-75/  
Friends,  
relatives  
gave it ..... 03 76-77/  
Friends,  
relatives  
lent it ..... 04 78-79/  
Lent by  
Program ..... 05 10-11/  
Government  
grant ..... 06 12-13/  
Government  
loan ..... 07 14-15/  
Bank loan ..... 08 16-17/  
Own money ..... 09 18-19/  
No money needed ... 10 20-21/  
Other (SPECIFY)  
11 22-23/

□ □ □

24-25/

(Besides the training we've already talked about) Since (DATE OF LAST INTERVIEW), have you received training from any (other) source, such as the kinds of places listed on this card? For example, training in a business college, nurses program, an apprenticeship program, a vocational-technical institute, or any of these other kinds of sources?

HAND  
CARD  
R

Yes ..... 1

26/

No .... (SKIP TO SECTION 10) ..... 0

Did you receive training from any of these sources for one month or more?

Yes ..... 1

27/

No .... (SKIP TO SECTION 10) ..... 0

Now I would like to ask you some questions about each kind of training in which you were enrolled for at least a month since (DATE OF LAST INTERVIEW). Let's begin with the first program in which you were enrolled since (DATE OF LAST INTERVIEW).

	1st PROGRAM	2nd PROGRAM	3rd PROGRAM
What job were you being trained for?	_____	_____	_____
	28-30/	33-35/	38-40/
	_____	_____	_____
HAND CARD R. Which category on this card best describes where you received this training?			
	31-32/	36-37/	41-42/
1) Business college	..... 01	..... 01	..... 01
2) A nurses program	..... 02	..... 02	..... 02
3) An apprenticeship program	..... 03	..... 03	..... 03
4) A vocational or technical institute	..... 04	..... 04	..... 04
5) Barber or beauty school	..... 05	..... 05	..... 05
6) Flight school	..... 06	..... 06	..... 06
7) A correspondence course	..... 07	..... 07	..... 07
8) Company training	..... 08	..... 08	..... 08
9) Other (SPECIFY)	..... 09	..... 09	..... 09
	_____	_____	_____
	_____	_____	_____

6. (continued)

	1st PROGRAM	2nd PROGRAM	3rd PROGRAM
C. When did you start the training?	43-46/ <div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> Month Year	58-61/ <div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> Month Year	73-76/ <div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> Month Year
D. When did you finish or leave the training?	47-50/ <div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> Month Year	62-65/ <div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> Month Year	77-80/ <div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> Month Year
	OR	OR	OR
	STILL ENROLLED ( GO TO F ) ..... 0001	STILL ENROLLED ( GO TO F ) ..... 0001	STILL ENROLLED ( GO TO F ) ..... 0001
E. Did you complete this training or not?			BEGIN DECK 27
Completed training	..... 1	..... 1	..... 1
Did not complete training?	..... 0	..... 0	..... 0
F. How many hours per week (did/do) you usually spend . . .			
IF APPRENTICESHIP: In all your apprenticeship activities?			
IF CORRESPONDENCE COURSE: working on these materials?			
ALL OTHERS: In this training?			
ENTER HOURS/WEEK:	<div> <div></div> <div></div> </div> 52-53/ 54/	<div> <div></div> <div></div> </div> 67-68/ 69/	<div> <div></div> <div></div> </div> 11-12/ 13/
G. Were you employed at the time you enrolled in this training? (MILITARY DUTY IS CONSIDERED EMPLOYER HERE)	Yes . (SKIP TO I) . 1 No ..... 0	Yes . (SKIP TO I) . 1 No ..... 0	Yes . (SKIP TO I) . 1 No ..... 0
H. Did you enroll in training as a (JOB IN A ) to qualify for a specific job at a specific firm?	55/ Yes ..(SKIP TO N).. 1 No ...(SKIP TO N).. 0	70/ Yes ..(SKIP TO N).. 1 No ...(SKIP TO N).. 0	14/ Yes ..(SKIP TO N).. 1 No ...(SKIP TO N).. 0
I. Did you enroll in this training because your employer encouraged you or required it?	56/ Yes ..... 1 No ..... 0	71/ Yes ..... 1 No ..... 0	15/ Yes ..... 1 No ..... 0
J. Was this training done at work during regular working hours?	57/ Yes ..... 1 No ..... 0	72/ Yes ..... 1 No ..... 0	16/ Yes ..... 1 No ..... 0

6. (continued)

	1st PROGRAM	2nd PROGRAM	3rd PROGRAM
K. Was this training done on company property?	17/ Yes ..... 1 No ..... 0	36/ Yes ..... 1 No ..... 0	55/ Yes ..... 1 No ..... 0
L. Did you enroll in training as a (JOB IN A) to qualify for a specific job at a specific firm?	18/ Yes ... (ASK M) ... 1 No .. (SKIP TO N) . 0	37/ Yes ... (ASK M) ... 1 No .. (SKIP TO N) . 0	56/ Yes ... (ASK M) ... 1 No .. (SKIP TO N) . 0
M. Was this with your employer at the time?	19/ Yes ..... 1 No ..... 0	38/ Yes ..... 1 No ..... 0	57/ Yes ..... 1 No ..... 0
N. Did anyone (else) encourage you to enroll in this training?	20/ Yes ... (ASK O) ... 1 No .. (SKIP TO P) . 0	39/ Yes ... (ASK O) ... 1 No .. (SKIP TO P) . 0	58/ Yes ... (ASK O) ... 1 No .. (SKIP TO P) . 0
O. Who encouraged you to enroll in this training? CODE ALL THAT APPLY. PROBE: Did anyone else encourage you to enroll in this training?	Friend ..... 01 21-22/ Relative ... 02 23-24/ Former employer .. 03 25-26/ Prospective employer .. 04 27-28/ Job counselor . 05 29-30/ Teacher .... 06 31-32/ Other (SPECIFY) . 07 33-34/  _____	Friend ..... 01 40-41/ Relative ... 02 42-43/ Former employer .. 03 44-45/ Prospective employer .. 04 46-47/ Job counselor . 05 48-49/ Teacher .... 06 50-51/ Other (SPECIFY) . 07 52-53/  _____	Friend ..... 01 59-60/ Relative ... 02 61-62/ Former employer .. 03 63-64/ Prospective employer .. 04 65-66/ Job counselor . 05 67-68/ Teacher .... 06 69-70/ Other (SPECIFY) . 07 71-72/  _____
P. What was your main reason for enrolling in training as a (JOB IN A)?	35/ Jobs are plentiful. 1 Pay is high ..... 2 Program sounded interesting ..... 3 Related to job at the time ..... 4 Other (SPECIFY) ... 5  _____	54/ Jobs are plentiful. 1 Pay is high ..... 2 Program sounded interesting ..... 3 Related to job at the time ..... 4 Other (SPECIFY) ... 5  _____	73/ Jobs are plentiful. 1 Pay is high ..... 2 Program sounded interesting ..... 3 Related to job at the time ..... 4 Other (SPECIFY) ... 5  _____

6. (continued)

Q. Where did you get the money to pay for this training? WRITE VERBATIM. CODE ALL THAT APPLY.

1st PROGRAM	2nd PROGRAM	3rd PROGRAM
Employer lent it. 01 74-75/	..... 01 29-30/	..... 01 54-55/
Employer gave it. 02 76-77/	..... 02 31-32/	..... 02 56-57/
Friends, relatives gave it ..... 03 78-79/	..... 03 33-34/	..... 03 58-59/
Friends, relatives BEGIN DECK 28 lent it ..... 04 10-11/	..... 04 35-36/	..... 04 60-61/
Lent by program . 05 12-13/	..... 05 37-38/	..... 05 62-63/
Government grant. 06 14-15/	..... 06 39-40/	..... 06 64-65/
Government loan . 07 16-17/	..... 07 41-42/	..... 07 66-67/
Bank loan ..... 08 18-19/	..... 08 43-44/	..... 08 68-69/
Own money ..... 09 20-21/	..... 09 45-46/	..... 09 70-71/
No money needed . 10 22-23/	..... 10 47-48/	..... 10 72-73/
OTHER (SPECIFY) ..... 11 24-25/	OTHER (SPECIFY) 11 49-50/	OTHER (SPECIFY) 11 74-75/

R. IF MORE THAN ONE CODE CIRCLED, ASK: Which source of money was most important? ENTER CODE IN BOXES

--	--

26-27/

--	--

51-52/

--	--

76-77/

HAND CARD R
-------------------

S. Since (DATE OF LAST INTERVIEW) have you received for at least one month any kind of training from another of these sources?

Yes ..(GO BACK TO Q. 6A ABOVE).. 1

No ... (GO TO SECTION 10).. 0

Yes ..(GO BACK TO Q. 6A ABOVE).. 1

No ... (GO TO SECTION 10).. 0

Yes ..(GO TO A NEW QUEX Q. 6A) ... 1

No ... (GO TO SECTION 10) ..... 0

## SECTION 10: FERTILITY

1. INTERVIEWER: SEE **INFORMATION SHEET**. WAS R INTERVIEWED IN ROUND V--1983?

YES ..... (READ A AND B) ..... 1 10/

NO ..... (READ A AND B) ..... 0

- A. In order to understand the behavior of young people today and to make adequate plans for schools, housing, hospitals, medical care, and other public services, information is needed on the number of children people plan to have, on medical problems associated with having babies, and on different family planning methods.

So, we are asking some questions on these topics again this year. We know that some of these questions may not apply to you, but we need to ask the same questions of all the young people we are interviewing to be sure we have complete information from all our respondents.

- B. Our records from our last interview show that you had [(given birth to) (NUMBER OF CHILDREN FROM **INFORMATION SHEET** ITEM 9) children of your own as of (DATE OF LAST INTERVIEW)]. Is that correct?

Yes ..... (GO TO Q. 2) ..... 1 11/

No ..... (ASK C) ..... 0

- C. How many children (had you given birth to/have you had) as of (DATE OF LAST INTERVIEW), not counting any babies who were dead at birth?

ENTER NUMBER OF CHILDREN:        12-13/  
AND CORRECT **INFO SHEET**  
ITEM NUMBER 9.

---

2. INTERVIEWER: HAVE CHILDREN BEEN ENTERED ON **INFORMATION SHEET** ITEM 9?

YES ..... (ASK A) ..... 1 14/

NO ..... (GO TO Q. 4) ..... 0

- A. I'd like to read (your/each) child's (name), sex, and birthdate from our last interview to check our records. Your (first/next) child is (READ NAME, SEX AND BIRTHDATE OF CHILD FROM **INFORMATION SHEET** ITEM 9). Is that correct?

Yes ... (GO ON TO NEXT CHILD,  
THEN GO TO B) ..... 1 15/

No ..(CORRECT **INFO SHEET** AS NECESSARY  
AND THEN GO ON TO NEXT CHILD).. 0

- B. INTERVIEWER: WHEN INFORMATION ABOUT ALL CHILDREN HAS BEEN VERIFIED OR CORRECTED, GO ON TO Q.3



INTERVIEWER: ASK Q.3 FOR EACH CHILD LISTED AT ITEM # 9 ON **INFORMATION SHEET**.  
 BEGIN WITH FIRST CHILD. IF CHILD'S NAME IS NOT ON **INFO SHEET**,  
 ASK FOR NAME AND ENTER IT ON **INFORMATION SHEET**.

3. Where does (NAME OF 1ST CHILD/NAME OF 2ND CHILD, ETC.) usually live?	FIRST CHILD 16-17/ ID: <input type="text"/>	SECOND CHILD 24-25/ ID: <input type="text"/>	THIRD CHILD 32-33/ ID: <input type="text"/>
NAME	NAME	NAME	NAME
1) IN THIS HOUSEHOLD ..... 01	18-19/ .....01	26-27/ .....01	34-35/ .....01
NOT IN THIS HOUSEHOLD			
2) WITH (HIS/HER) (FATHER/MOTHER) ..... 02	.....02	.....02	.....02
3) W/OTHER RELATIVES(S) (SPECIFY) ..... 03	.....03	.....03	.....03
4) WITH FOSTER CARE ..... 04	.....04	.....04	.....04
5) WITH ADOPTIVE PARENTS ..... 05	.....05	.....05	.....05
6) LONG TERM CARE INSTITUTION ..... 06	.....06	.....06	.....06
7) AWAY AT SCHOOL ..... 07	.....07	.....07	.....07
8) DECEASED ..... (ASK a) ..... 08	(ASK a) .08	(ASK a) .08	(ASK a) .08
9) OTHER (SPECIFY) ..... 09	.....09	.....09	.....09
a. IF DECEASED, ASK: When did (CHILD) die? MONTH YEAR	MONTH YEAR	MONTH YEAR	MONTH YEAR
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 20-21/ 22-23/	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 28-29/ 30-31/	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 36-37/ 38-39/	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 36-37/ 38-39/

INTERVIEWER: IF MORE THAN 3 CHILDREN, CONTINUE AT Q.3A. OTHERS GO TO Q.4

3A. Where does (NAME OF FOURTH CHILD, ETC) usually live?	FOURTH CHILD 40-41/ ID: <input type="text"/>	FIFTH CHILD 48-49/ ID: <input type="text"/>	SIXTH CHILD 56-57/ ID: <input type="text"/>
NAME	NAME	NAME	NAME
1) IN THIS HOUSEHOLD ..... 01	42-43/ .....01	50-51/ .....01	58-59/ .....01
NOT IN THIS HOUSEHOLD			
2) WITH (HIS/HER) (FATHER/MOTHER) ..... 02	.....02	.....02	.....02
3) W/OTHER RELATIVES(S) (SPECIFY) ..... 03	.....03	.....03	.....03
4) WITH FOSTER CARE ..... 04	.....04	.....04	.....04
5) WITH ADOPTIVE PARENTS ..... 05	.....05	.....05	.....05
6) LONG TERM CARE INSTITUTION ..... 06	.....06	.....06	.....06
7) AWAY AT SCHOOL ..... 07	.....07	.....07	.....07
8) DECEASED ..... (ASK a) ..... 08	(ASK a) .08	(ASK a) .08	(ASK a) .08
9) OTHER (SPECIFY) ..... 09	.....09	.....09	.....09
a. IF DECEASED, ASK: When did (CHILD) die? MONTH YEAR	MONTH YEAR	MONTH YEAR	MONTH YEAR
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 44-45/ 46-47/	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 52-53/ 54-55/	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 60-61/ 62-63/	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 60-61/ 62-63/

INTERVIEWER: IF MORE THAN 6 CHILDREN, CONTINUE AT Q.3B. OTHERS GO TO Q.4

3B. Where does (NAME OF SEVENTH CHILD, ETC) usually live?

SEVENTH CHILD  
64-65/  
ID:

EIGHTH CHILD  
72-73/  
ID:

NAME

NAME

1) IN THIS HOUSEHOLD ..... 01

.....01

NOT IN THIS HOUSEHOLD

2) WITH (HIS/HER) (FATHER/MOTHER) ..... 02

.....02

3) W/OTHER RELATIVES(S)  
(SPECIFY) ..... 03

..... 03

4) WITH FOSTER CARE ..... 04

.....04

5) WITH ADOPTIVE PARENTS ..... 05

.....05

6) LONG TERM CARE  
INSTITUTION ..... 06

.....06

7) AWAY AT SCHOOL ..... 07

.....07

8) DECEASED ..... (ASK a) ..... 08

(ASK a) .08

9) OTHER (SPECIFY) ..... 09

..... 09

a. IF DECEASED, ASK:  
When did (CHILD) die?

MONTH YEAR  
     
68-69/ 70-71/

MONTH YEAR  
     
76-77/ 78-79/

GO TO Q.4

4. INTERVIEWER WHAT SEX IS THE RESPONDENT?

BEGIN DECK 30

MALE ..... 1

10/

FEMALE ..... (SKIP TO Q.26) ..... 2

ASK MEN ONLY:

5. Please tell me if you have had any children since (DATE OF LAST INTERVIEW)?

Yes ..... (ASK A) ..... 1

11/

No ..... (ASK B) ..... 0

A. How many children have you had since (DATE OF LAST INTERVIEW), not counting any babies who were dead at birth?

ENTER NUMBER OF CHILDREN:   (GO TO Q.6)

12-13/

B. INTERVIEWER: HAS R EVER HAD ANY CHILDREN?

YES ..... (SKIP TO Q.10) ..... 1

14/

NO ..... (SKIP TO Q.12) ..... 0

6. Since (DATE OF LAST INTERVIEW), when was your (first, second, ETC.) child born?

	FIRST CHILD	SECOND CHILD	THIRD CHILD
	15-16/ ID: <input type="text"/> <input type="text"/> <input type="text"/>	42-43/ ID: <input type="text"/> <input type="text"/> <input type="text"/>	69-70/ ID: <input type="text"/> <input type="text"/> <input type="text"/>
INTERVIEWER: GIVE ID # CONSECUTIVE TO NUMBERS ON <b>INFORMATION SHEET</b> .	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MO DA YR 17-22/	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MO DA YR 44-49/	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MO DA YR 71-76/

7. Was the baby a boy or a girl?
- |  | 23/<br>Boy ..... 1<br>Girl ..... 2 | 50/<br>Boy ..... 1<br>Girl ..... 2 | 77/<br>Boy ..... 1<br>Girl ..... 2 |
|--|------------------------------------|------------------------------------|------------------------------------|
|  |                                    |                                    | BEGIN DECK 31                      |

8. What did you name the baby?
- |  | 24-35/<br>NAME <input type="text"/> | 51-62/<br>NAME <input type="text"/> | 10-21/<br>NAME <input type="text"/> |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| INTERVIEWER: ALSO ENTER<br>NAME AND ID # ON <b>INFORMATION SHEET</b> |                                     |                                     |                                     |

9. Where does (CHILD) usually live?
- |   | 36-37/   | 63-64/   | 22-23/   |
|---|--|--|--|
| 1) IN THIS HOUSEHOLD .....                    | 01   | 01   | 01   |
| NOT IN THIS HOUSEHOLD                         |  |  |  |
| 2) WITH (HIS/HER) (FATHER/MOTHER) .....       | 02   | 02   | 02   |
| 3) W/OTHER RELATIVES(S)<br>(SPECIFY) .....    | 03   | 03   | 03   |
| 4) WITH FOSTER CARE .....                     | 04   | 04   | 04   |
| 5) WITH ADOPTIVE PARENTS .....                | 05   | 05   | 05   |
| 6) LONG TERM CARE<br>INSTITUTION .....        | 06   | 06   | 06   |
| 7) AWAY AT SCHOOL .....                       | 07   | 07   | 07   |
| 8) DECEASED ..... (ASK A) .....               | 08   | (ASK A) .08  | (ASK A) .08  |
| 9) OTHER (SPECIFY) .....                      | 09   | 09   | 09   |
| A. IF DECEASED, ASK:<br>When did (CHILD) die? | MONTH YEAR<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>38-39/ 40-41/ | MONTH YEAR<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>65-66/ 67-68/ | MONTH YEAR<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>24-25/ 26-27/ |

REPEAT QS. 6-9 FOR EACH LIVE BIRTH SINCE DATE OF LAST INTERVIEW, THEN GO TO Q. 10.

10. INTERVIEWER: DO ANY OF R'S OWN CHILDREN NOT LIVE IN THE HOUSEHOLD? (DO NOT COUNT DECEASED CHILDREN)  
(ARE THERE ANY CHILDREN LISTED ON THE **INFORMATION SHEET** WHO ARE NOT LISTED ON THE HOUSEHOLD  
ENUMERATION OF THE FACE SHEET)?

YES ..... (ASK A-F) ..... 1

28/

NO ..... (GO TO Q.11) ..... 0

- A. INTERVIEWER: ENTER NAME OF OLDEST CHILD, NEXT OLDEST CHILD, ETC. NOT LIVING IN HOUSEHOLD HERE:  
(USE ANOTHER QUESTIONNAIRE IF MORE THAN 3 CHILDREN NOT IN HOUSEHOLD).

FIRST  
CHILD NOT IN HH

ID: [ ] [ ] 29-30/

NAME

SECOND  
CHILD

ID: [ ] [ ] 36-37/

NAME

THIRD  
CHILD

ID: [ ] [ ] 43-44/

NAME

- B. INTERVIEWER: ASK C-F FOR EACH CHILD NOT IN THIS HOUSEHOLD. START WITH OLDEST CHILD.

- C. INTERVIEWER: READ INTRODUCTORY STATEMENT  
FOR OLDEST  
CHILD ONLY:

Now I would like to ask you  
some questions about your  
child/children) who (is/are)  
not living in this household.

HAND  
CARD  
S

About how far from you does  
(CHILD'S NAME) live? Is it ...

31/  
within 1 mile ..... 1  
1-10 miles ..... 2  
11-100 miles ..... 3  
more than 100 miles.. 4

38/  
..... 1  
..... 2  
..... 3  
..... 4

45/  
..... 1  
..... 2  
..... 3  
..... 4

HAND  
CARD  
T

- D. In the past 12 months (or  
since (CHILD) has not been  
living with you, whichever  
is most recent) about how  
often have you seen (CHILD)?

32/  
almost every day ... 1  
2-3 times a week ... 2  
about once a week ... 3  
1-2 times a month ... 4  
once every 2 or 3  
months..... 5  
once in the past  
12 months ..... 6  
never ..(SKIP TO F).. 0

39/  
..... 1  
..... 2  
..... 3  
..... 4  
..... 5  
..... 6  
....(SKIP TO F).... 0

46/  
..... 1  
..... 2  
..... 3  
..... 4  
..... 5  
..... 6  
....(SKIP TO F).... 0

- E. How long do these visits  
usually last? RECORD IN  
DAYS.

33-34/  
less than 1 day.....00  
[ ] [ ]  
# DAYS

40-41/  
less than 1 day.....00  
[ ] [ ]  
# DAYS

47-48/  
less than 1 day ...00  
[ ] [ ]  
# DAYS

- F. INTERVIEWER: IS THERE A (2ND/ YES ... (RE-ASK C-F FOR NEXT OLDEST CHILD)  
3RD, ETC.) CHILD)? ..... 1

NO ... (GO TO Q.11) ... 0

42/  
..... 1  
..... (GO TO Q.11) .... 0

49/  
(GO TO NEW  
QUEX, Q.10C) .... 1  
....(GO TO Q.11) ... 0

11. INTERVIEWER DO ANY OF R'S OWN CHILDREN LIVE IN THIS HOUSEHOLD (ARE ANY CHILDREN LISTED ON THE INFORMATION SHEET AND ON THE HOUSEHOLD ENUMERATION OF THE **FACE SHEET**)?

YES ..... (GO TO A) ..... 1

50/

NO ..... (GO TO Q.12) ..... 0

A. INTERVIEWER: ENTER NAME OF OLDEST CHILD, NEXT OLDEST CHILD, ETC. LIVING IN THIS HOUSEHOLD HERE.

	FIRST CHILD IN HH	SECOND CHILD	THIRD CHILD
	ID: <input type="text"/> <input type="text"/> 51-52/	ID: <input type="text"/> <input type="text"/> 60-61/	ID: <input type="text"/> <input type="text"/> 69-70/
	NAME <input type="text"/>	NAME <input type="text"/>	NAME <input type="text"/>
B. <u>INTERVIEWER</u> : ASK Q.C FOR EACH CHILD LIVING IN THIS HOUSEHOLD. START WITH OLDEST CHILD.			
C. Does (OLDEST CHILD/NEXT OLDEST CHILD)'s mother live in this household?	Yes (RE-ASK C FOR NEXT CHILD. WHEN "YES" IS CODED FOR LAST CHILD, SKIP TO Q.12) 53/ ..... 1 No ....(ASK D-H)..... 0	62/ ..... 1 No ... (ASK D-H)..... 0	71/ ..... 1 No ... (ASK D-H)..... 0
D. Is (CHILD)'s mother living?	54/ Yes ... (ASK E) ..... 1 No ..(ASK C FOR NEXT CHILD OR SKIP TO Q. 12) ..... 0	63/ Yes ... (ASK E) ..... 1 No ..(ASK C FOR NEXT CHILD OR SKIP TO Q.12) ..... 0	72/ Yes ... (ASK E) ... 1 No ..(ASK C FOR NEXT CHILD OR SKIP TO Q.12) ..... 0
E. About how far from you does (CHILD'S) mother live? Is it . . .	55/ within 1 mile ..... 1 1-10 miles ..... 2 11-100 miles ..... 3 more than 100 miles.. 4	64/ ..... 1 ..... 2 ..... 3 ..... 4	73/ ..... 1 ..... 2 ..... 3 ..... 4
F. In the past 12 months (or since (CHILD) has been separated from (his/her) mother whichever is most recent) about how often has (CHILD) seen (his/her) mother?	56/ almost every day .... 1 2-3 times a week .... 2 about once a week ... 3 1-2 times a month ... 4 once every 2 or 3 months..... 5 once in the past 12 months ..... 6 never (SKIP TO H).... 0	65/ ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 .... (SKIP TO H)..... 0	74/ ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 .... (SKIP TO H)..... 0
G. How long do these visits usually last? RECORD IN DAYS.	57-58/ less than 1 day .... 00 <input type="text"/> <input type="text"/> # DAYS	66-67/ less than 1 day ... 00 <input type="text"/> <input type="text"/> # DAYS	75-76/ less than 1 day .. 00 <input type="text"/> <input type="text"/> # DAYS
H. <u>INTERVIEWER</u> : IS THERE A (2ND/3RD, ETC. CHILD LISTED?	YES ..(RE-ASK C-H FOR NEXT OLDEST CHILD) .... 1 NO ... (GO TO Q.12)... 0	68/ .....(C-H)..... 1 .....(Q.12)..... 0	77/ .....(C-H)..... 1 .....(Q.12)..... 0

HAND  
CARD  
S

HAND  
CARD  
T

(continued)

FOURTH CHILD	FIFTH CHILD	SIXTH CHILD	SEVENTH CHILD	EIGHTH CHILD
ID: <input type="text"/> <input type="text"/> 78-79/	ID: <input type="text"/> <input type="text"/> 17-18/	ID: <input type="text"/> <input type="text"/> 26-27/	ID: <input type="text"/> <input type="text"/> 35-36/	ID: <input type="text"/> <input type="text"/> 44-45/
NAME	NAME	NAME	NAME	NAME
BEGIN DECK 32				
10/	19/	28/	37/	46/
..... 1	..... 1	..... 1	..... 1	..... 1
... (ASK Q.D-H) ... 0	No ... (ASK Q.D-H) ... 0	No ... (ASK Q.D-H) ... 0	No ... (ASK Q.D-H) ... 0	No ... (ASK Q.D-H) ... 0
11/	20/	29/	38/	47/
s ... (ASK E) ... 1	Yes ... (ASK E) ... 1	Yes ... (ASK E) ... 1	Yes ... (ASK E) ... 1	Yes ... (ASK E) ... 1
(ASK C FOR NEXT CHILD OR SKIP TO Q.12) ..... 0	No (ASK C FOR NEXT CHILD OR SKIP TO Q.12) ..... 0	No .. (ASK C FOR NEXT CHILD OR SKIP TO Q. 12) ..... 0	No .. (ASK C FOR NEXT CHILD OR SKIP TO Q.12) ..... 0	No .. (ASK C FOR NEXT CHILD OR SKIP TO Q.12) ..... 0
12/	21/	30/	39/	48/
thin 1 mile ..... 1	..... 1	..... 1	..... 1	..... 1
10 miles ..... 2	..... 2	..... 2	..... 2	..... 2
-100 miles ..... 3	..... 3	..... 3	..... 3	..... 3
re than 100 miles. 4	..... 4	..... 4	..... 4	..... 4
13/	22/	31/	40/	49/
most every day ... 1	..... 1	..... 1	..... 1	..... 1
5 times a week ... 2	..... 2	..... 2	..... 2	..... 2
out once a week .. 3	..... 3	..... 3	..... 3	..... 3
2 times a month .. 4	..... 4	..... 4	..... 4	..... 4
ce every 2 or 3				
months..... 5	..... 5	..... 5	..... 5	..... 5
ce in the past				
12 months ..... 6	..... 6	..... 6	..... 6	..... 6
er (SKIP TO Q.H) . 0	... (SKIP TO Q.H) ... 0	... (SKIP TO Q.H) ... 0	... (SKIP TO Q.H) ... 0	... (SKIP TO Q.H) ... 0
14-15/	23-24/	32-33/	41-42/	50-51/
ss than 1 day ... 00	less than 1 day .... 00	less than 1 day .... 00	less than 1 day .... 00	less than 1 day .... 00
<input type="text"/> <input type="text"/> <input type="text"/> # DAYS	<input type="text"/> <input type="text"/> <input type="text"/> # DAYS	<input type="text"/> <input type="text"/> <input type="text"/> # DAYS	<input type="text"/> <input type="text"/> <input type="text"/> # DAYS	<input type="text"/> <input type="text"/> <input type="text"/> # DAYS
16/	25/	34/	43/	52/
(RE-ASK C-H FOR NEXT OLD- EST CHILD ..... 1	..... (C-H) ..... 1	..... (C-H) ..... 1	..... (C-H) ..... 1	..... (Q.12) ..... 1
.. (GO TO Q.12) ... 0	..... (Q.12) ..... 0	..... (Q.12) ..... 0	..... (Q.12) ..... 0	..... (Q.12) ..... 0

12. Altogether, how many (more) children do you expect to have?

(INCLUDE ANY CURRENT PREGNANCIES)

ENTER NUMBER OF CHILDREN:

53-54/

OR

NONE ... (SKIP TO Q. 14) ..... 00

---

13. In how many months or years do you expect to have your (first/next) child?

ENTER NUMBER OF MONTHS:

55-56/

OR

NUMBER OF YEARS:

57-58/

---

14. INTERVIEWER: HAS RESPONDENT HAD ANY CHILDREN SINCE DATE OF LAST INTERVIEW  
(IS Q. 5 CODED "YES") OR IS R EXPECTING A CHILD (IS NUMBER OF  
MONTHS IN Q. 13 LESS THAN "09")?

YES ..... (ASK A) ..... 1

59/

NO ..... (GO TO Q. 15) ..... 0

A. When your (partner/spouse) became pregnant with (MOST RECENT CHILD) were you and  
she trying to have a baby or trying not to have a baby? (CODE MALE'S INTENTION  
IF THERE WAS DISAGREEMENT BETWEEN MALE AND PARTNER.)

Trying to have a baby ..... 1

60/

Trying not to have a baby ..... 2

Neither ..... 3

---

15. INTERVIEWER: SEE **INFORMATION SHEET** ITEM NUMBER 10. FOLLOW SKIP INSTRUCTIONS  
RECORDED THERE.

---

16. INTERVIEWER: HAS RESPONDENT EVER HAD ANY CHILDREN (SEE **INFO SHEET**, ITEM 9 AND Q.5)  
OR IS R EXPECTING A CHILD? (NUMBER OF MONTHS IN Q.13 LESS THAN '09'?)

YES ..... (SKIP TO Q.18) ..... 1

61/

NO ..... (GO TO Q.17)..... 0

---

17. Have you ever had sexual intercourse?

Yes .....(GO TO Q.18)..... 1

62/

No ..... (SKIP TO Q.24) ..... 0

---

18. How old were you when you first had sexual intercourse?

ENTER AGE

63-64/

19. How many times did you have sexual intercourse in the past month?

ENTER NUMBER:

65-66/

Never ..... (SKIP TO Q.24) ..... 00

20. INTERVIEWER: IS PARTNER CURRENTLY PREGNANT? (IS Q.13 CODED LESS THAN 09 MONTHS?)

YES ..... (SKIP TO Q.24) ..... 1 67/

NO ..... (ASK Q.21) ..... 0

21. During the last month, have you or your partner used any form of birth control?  
By birth control we mean methods such as those listed on this card.

HAND  
CARD  
U

Yes ..... (ASK 22) ..... 1 68/

No ..... (SKIP TO Q.24) ..... 0

22. In the past month, how often have you or your partner used birth control. Would you say it was always, sometimes, or almost never?

always ..... 1 69/

sometimes ..... 2

almost never ..... 3

23. Please look at this card. What methods have you or your partner used in the last month? Just tell me the number. CODE ALL THAT APPLY

HAND  
CARD  
U

1. Pill ..... 01 70-71/

2. Condom, rubber ..... 02 72-73/

3. Foam ..... 03 74-75/

4. Jelly or cream alone ..... 04 76-77/

5. Suppository or insert ..... 05 78-79/

BEGIN DECK 33

6. Diaphragm with or without jelly or cream.. 06 10-11/

7. Douching after intercourse ..... 07 12-13/

8. IUD, coil, loop ..... 08 14-15/

9. Operation--Female sterilization,  
tubes tied ..... 09 16-17/

10. Operation--Male sterilization, vasectomy.. 10 18-19/

11. Natural family planning, safe period by  
temperature of cervical mucus test ..... 11 20-21/

12. Rhythm or safe period by calendar..... 12 22-23/

13. Withdrawal/pulling out ..... 13 24-25/

14. Contraceptive sponge ..... 14 26-27/

15. Other method (SPECIFY) ..... 15 28-29/



24. Did you ever have a course relating to sex education?

Yes ..... (ASK A) ..... 1 30/  
 No ..... (SKIP TO C) ..... 0

A. Thinking about the 1st course you took, did that course include information about . . . CODE ALL THAT APPLY.

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	
a. female monthly menstrual cycle	1	0	8	31/
b. different types of contraception methods	1	0	8	32/
c. where to obtain contraception methods	1	0	8	33/
d. beneficial or harmful effects of contraception	1	0	8	34/
e. diseases that could result from sexual intercourse	1	0	8	35/

B. In what month and year did you take that course?

MONTH		YEAR		

36-39/

C. When during the female monthly menstrual cycle is pregnancy most likely to occur?

HAND  
CARD  
V

right before the period begins .....	1	40/
during the period .....	2	
right after the period .....	3	
about 2 weeks after the period begins ....	4	
any time during the month .....	5	
don't know .....	8	

(GO TO Q.25)

25. INTERVIEWER: HAS R EVER HAD ANY CHILDREN?

YES ..... (RECORD CHECK MARK IN FER-  
TILITY CIRCLE ON **CALENDAR**  
THEN GO TO A) ..... 1  
NO ..... (GO TO A) ..... 0

A. INTERVIEWER: WAS ANYONE ELSE PRESENT, EXCLUDING YOUNG CHILDREN, WHEN YOU  
ASKED THE QUESTIONS IN SECTION 10?

YES ..... 1  
NO ..... 0  
TELEPHONE INTERVIEW..... 2

41/

SKIP TO SECTION 11

ASK FEMALES ONLY.

26. INTERVIEWER: SEE **INFORMATION SHEET** ITEM 9. DOES R HAVE CHILDREN FOR WHOM IMMUNIZATION ("SHOTS") INFORMATION IS NEEDED?

YES--"NEED" ..... (ASK A-C) ..... 1

42/

NO--"OKAY"..... (GO TO Q.27) ..... 0

A. Children are given a series of DPT shots (that is diphtheria, pertussis, tetanus) and oral polio vaccine during their first year of life. We would like to ask some questions about DPT shots for (CHILDREN LISTED ON **INFORMATION SHEET** FOR WHOM SHOT INFORMATION IS NEEDED).

INTERVIEWER: ENTER ID # AND NAME FOR EACH CHILD ON **INFORMATION SHEET** WITH "NEED" LISTED UNDER "SHOTS."

ASK B AND C FOR EACH CHILD ON **INFO SHEET** FOR WHOM IMMUNIZATION INFO IS MISSING.

		BEGIN DECK 34					
B. Has (OLDEST CHILD, NEXT OLDEST, ETC.) had . . .	1st CHILD 43-44/ ID # <input type="text"/> AND NAME <input type="text"/>	2nd CHILD 50-51/ <input type="text"/>	3rd CHILD 57-58/ <input type="text"/>	4th CHILD 64-65/ <input type="text"/>	5th CHILD 71-72/ <input type="text"/>	6th CHILD 10-11/ <input type="text"/>	
the first set of immunizations usually given when 2 months old?	45/	52/	59/	66/	73/	12/	
Yes .....	1	.... 1	.... 1	.... 1	.... 1	.... 1	
No .....	0	.... 0	.... 0	.... 0	.... 0	.... 0	
the second set of immunizations usually given when 4 months old?	46/	53/	60/	67/	74/	13/	
Yes .....	1	.... 1	.... 1	.... 1	.... 1	.... 1	
No .....	0	.... 0	.... 0	.... 0	.... 0	.... 0	
the third set of immunizations usually given when 6 months old?	47/	54/	61/	68/	75/	14/	
Yes .....	1	.... 1	.... 1	.... 1	.... 1	.... 1	
No .....	0	.... 0	.... 0	.... 0	.... 0	.... 0	
C. <u>INTERVIEWER:</u> READ INTRODUCTORY STATEMENT ONLY FOR OLDEST CHILD.							
(Babies often get a measles shot when they are older, usually after their 1st birthday).							
Has (OLDEST CHILD, NEXT OLDEST, ETC.) had a measles shot?	48/	55/	62/	69/	76/	15/	
Yes .....	1	.... 1	.... 1	.... 1	.... 1	.... 1	
No .....	0	.... 0	.... 0	.... 0	.... 0	.... 0	
D. <u>INTERVIEWER:</u> IS THERE ANOTHER CHILD FOR WHOM IMMUNIZATION INFORMATION IS MISSING?							
	49/	56/	63/	70/	77/	16/	
YES ... (ASK B & C) ....	1	.... 1	.... 1	.... 1	.... 1	(Q.27) ..1	
NO .... (GO TO Q.27) ....	0	.... 0	.... 0	.... 0	.... 0	(Q.27) ..0	

27. INTERVIEWER: WAS RESPONDENT PREGNANT AT DATE OF LAST INTERVIEW?  
SEE **INFORMATION SHEET** ITEM 10.

YES .....	(SKIP TO Q.29A) .....	1	17/
NO .....	(ASK A) .....	0	
MISSING .....	(ASK A) .....	2	

A. Have you been pregnant since (DATE OF LAST INTERVIEW)?

-----> INTERVIEWER NOTE: INCLUDE CURRENT PREGNANCY.

Yes .....	(ASK B) .....	1	18/
No .....	(SKIP TO Q.40) .....	0	

B. How many times?

ENTER NUMBER:

19/

28. When did (that/the first) pregnancy begin? What month and year?

ENTER MONTH:	<input type="text"/>	20-21/
AND YEAR:	<input type="text"/>	22-23/

29. Did that pregnancy result in a live birth; in a miscarriage, stillbirth, or abortion; or are you still pregnant? CODE IN A BELOW.

-----> INTERVIEWER NOTE: IF R WAS PREGNANT AT DATE OF LAST INTERVIEW, ASK:

A. According to our records, you were pregnant at the date of our last interview. Did that pregnancy result in a live birth; in a miscarriage, stillbirth, or abortion; or are you still pregnant? CODE BELOW.

Live birth .....	(Ask B-F) .....	1	24/
Miscarriage .....	(GO TO Q.30) .....	2	
Stillbirth .....	(GO TO Q.30) .....	3	
Abortion .....	(GO TO Q.30) .....	4	
Still pregnant ....	(SKIP TO Q.40A) .....	5	

B. When was the baby born?

MO DA YR

25-30/

C. Was the baby a boy or a girl?

Boy .....	1	31/
Girl .....	2	

D. What did you name the baby?

32-46/

ENTER NAME:

INTERVIEWER: GIVE ID NUMBER CONSECUTIVE TO NUMBERS ON **INFORMATION SHEET** AND  
ENTER NAME AND ID NUMBER ON **INFORMATION SHEET**.

ID NUMBER:

47-48/

29. (continued)

E. Where does (CHILD)  
usually live?

- 1) IN THIS HOUSEHOLD ..... 01 49-50/  
 NOT IN THIS HOUSEHOLD  
 2) WITH (HIS/HER) (FATHER/MOTHER) .. 02  
 3) W/OTHER RELATIVES(S)  
    (SPECIFY) ..... 03  
 4) WITH FOSTER CARE ..... 04  
 5) WITH ADOPTIVE PARENTS ..... 05  
 6) LONG TERM CARE  
    INSTITUTION ..... 06  
 7) AWAY AT SCHOOL ..... 07  
 8) DECEASED ..... (ASK a) ..... 08  
 9) OTHER (SPECIFY) .....  
    ..... 09

a. IF DECEASED, ASK: When did (CHILD) die?

MO YR

51-54/

F. Were you pregnant another time after that pregnancy?

Yes ..... (SKIP TO Q.32) ..... 1 55/  
 No ..... (SKIP TO Q.40) ..... 0

30. When did that pregnancy end?

MO DA YR

56-61/

31. How many months pregnant were you when that happened?

ENTER NUMBER OF MONTHS: | |

62-63/

A. Were you pregnant another time after that pregnancy?

Yes ..... (GO TO Q.32) ..... 1 64/  
 No ..... (SKIP TO Q.40) ..... 0

<p>INTERVIEWER: IF R HAD MORE THAN ONE PREGNANCY SINCE DATE OF LAST INTERVIEW, GO TO Q.32. OTHERS SKIP TO Q.40.</p>
---

ENTER MONTH:   | |                  65-66/  
AND YEAR:       | |                  67-68/

Live birth .....	(ASK A-E) .....	1	69/
Miscarriage .....	(GO TO Q.34) .....	2	
Stillbirth .....	(GO TO Q.34) .....	3	
Abortion .....	(GO TO Q.34) .....	4	
Still pregnant ...	(SKIP TO Q.40A) .....	5	

B. Was the baby a boy or a girl?

Boy .....	1	76/
Girl .....	2	

BEGIN DECK 35  
10-24/

C. What did you name the baby? | | | | | | | | | | | | | | | | | | | | | |

INTERVIEWER: GIVE ID NUMBER CONSECUTIVE TO NUMBERS ON **INFORMATION SHEET**  
AND ENTER NAME AND ID NUMBER ON **INFORMATION SHEET**.

ID NUMBER:       |       |       |       25-26/

D. Where does (CHILD) usually live?

1) IN THIS HOUSEHOLD ..... 01 27-28/

NOT IN THIS HOUSEHOLD

2) WITH (HIS/HER) (FATHER) ..... 02

3) W/OTHER RELATIVES(S)

OTHER ALTERNATIVES (S,  
(SPECIFY) 03

4) WITH FOSTER CARE ..... 04

4)	WITH FOSTER CARE .....	04
5)	WITH ADOPTIVE PARENTS .....	05

6) LONG TERM CARE

INSTITUTION ..... 06

7) AWAY AT SCHOOL ..... 07

8) DECEASED ..... (ASK a) ..... 08

9) OTHER (SPECIFY)

09

a. IF DECEASED, ASK: When did (CHILD) die? 

MO		YR	

 29-32/

E. Were you pregnant another time after that pregnancy?

Yes .....	(SKIP TO Q.36) .....	1	33/
No .....	(SKIP TO Q.40) .....	0	

34-39/

40-41 /

42/

INTERVIEWER: IF R HAD MORE THAN TWO PREGNANCIES SINCE DATE OF INTERVIEW, GO TO Q.36. OTHERS SKIP TO Q.40.

43-44/

45-46/

47/

2

3

4

5

2

48-53/

54/

2

55-69/

[illegible]

70-71 /

37. (continued)

D. Where does (CHILD) usually live?

- 1) IN THIS HOUSEHOLD ..... 01 72-73/  
NOT IN THIS HOUSEHOLD  
2) WITH (HIS/HER) (FATHER/MOTHER) .. 02  
3) W/OTHER RELATIVES(S)  
(SPECIFY) ..... 03  
4) WITH FOSTER CARE ..... 04  
5) WITH ADOPTIVE PARENTS ..... 05  
6) LONG TERM CARE  
INSTITUTION ..... 06  
7) AWAY AT SCHOOL ..... 07  
8) DECEASED ..... (ASK a) ..... 08  
9) OTHER (SPECIFY) .....  
..... 09

a. IF DECEASED, ASK: When did (CHILD) die? | | | | 74-77/  
MO YR

E. Were you pregnant another time after that pregnancy?

- Yes .... (USE ANOTHER QUESTIONNAIRE) ..... 1 78/  
No ..... (SKIP TO Q.40) ..... 0

BEGIN DECK 36

---

38. When did that pregnancy end? | | | | 10-15/  
MO DA YR

---

39. How many months pregnant were you when that happened?

ENTER NUMBER OF MONTHS: | | | 16-17/

A. Were you pregnant another time after that pregnancy?

- Yes .... (USE ANOTHER QUESTIONNAIRE) ..... 1 18/  
No ..... 0



40. Are you pregnant now?

Yes .....	(ASK A) .....	1	19/
No .....	(GO TO Q.41) .....	0	
Don't know ....	(GO TO Q.41) .....	8	

A. IF YES: When do you expect the baby to be born?

ENTER DATE HERE: 

MO		DA		YR	

 20-25/

IF R VOLUNTEERS THAT PREGNANCY WILL BE TERMINATED,

CHECK BOX HERE: ☐ 26/

---

41. INTERVIEWER: HAS R HAD ANY PREGNANCIES SINCE DATE OF LAST INTERVIEW?

YES .....	(ASK A) .....	1	27/
NO .....	(SKIP TO Q.49A) .....	0	

A. IF YES: WAS R PREGNANT AT DATE OF LAST INTERVIEW?  
SEE **INFORMATION SHEET** ITEM 10.

YES .....	(ASK B) .....	1	28/
NO .....	(SKIP TO Q.42) .....	0	
MISSING ...	(SKIP TO Q.42) .....	2	

B. INTERVIEWER: DID R HAVE MORE PREGNANCIES THAN THAT ONE SINCE THE DATE OF  
THE LAST INTERVIEW?

YES .....	(GO TO Q.42) .....	1	29/
NO .....	(SKIP TO Q.50) .....	0	

PLEASE GO ON TO NEXT PAGE ----->

## PREGNANCY INTERVALS SINCE DATE OF LAST INTERVIEW

42. INTERVIEWER:
- IF R WAS NOT PREGNANT AT DATE OF LAST INTERVIEW, USE DATE OF LAST INTERVIEW AS BEGINNING 1ST INTERVAL DATE.
  - IF R WAS PREGNANT AT DATE OF LAST INTERVIEW, USE DATE PREGNANCY ENDED (EITHER IN BIRTH OR LOSS) AS BEGINNING 1ST INTERVAL DATE.
  - DETERMINE DATES FOR PREGNANCY INTERVALS BY REFERRING TO ENDING DATES OF LIVE BIRTHDATES AND PREGNANCY LOSS DATES IN QS. 29B, 30, 33A, 34, 37A, AND 38. RECORD DATES IN BOXES ON OPPOSITE PAGE.
- 

43. Now I would like to ask you some questions about your (pregnancy/pregnancies) since the last time we talked with you.

HAND CARD W
-------------------

Between (DATE) and (DATE), did you ever use any methods such as the ones listed on this card to keep from getting pregnant?

---

44. Had you stopped all methods before you became pregnant?
- 

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

46. Just before you became pregnant the (first, second, third, ETC.) time, did you want to become pregnant when you did? IF "NO," PROBE: Did you want a(nother) baby but not at that time, or did you want (none/no more) at all?
- 

47. And what about your husband or partner when you became pregnant the (first second, third, ETC.) time, did he want you to become pregnant when you did? IF "NO," PROBE: Did he want you to have a(nother) baby but not at that time, or did he want you to have (none/no more) at all?
- 

48. INTERVIEWER: IS THERE ANOTHER PREGNANCY INTERVAL?

1ST PREGNANCY INTERVAL	2ND INTERVAL	3RD INTERVAL	4TH INTERVAL
Between	Between	Between	Between
DATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
and	and	and	and
DATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
30/ Yes ... 1 (Q.44) No ... 0 (Q.45)	36/ ... 1 (Q.44) ... 0 (Q.45)	42/ ... 1 (Q.44) ... 0 (Q.45)	48/ ... 1 (Q.44) ... 0 (Q.45)
31/ Yes ... 1 (Q.45) No ... 0 (Q.46)	37/ ... 1 (Q.45) ... 0 (Q.46)	43/ ... 1 (Q.45) ... 0 (Q.46)	49/ ... 1 (Q.45) ... 0 (Q.46)
32/ Yes ... 1 (Q.47) No ... 0 (Q.46)	38/ ... 1 (Q.47) ... 0 (Q.46)	44/ ... 1 (Q.47) ... 0 (Q.46)	50/ ... 1 (Q.47) ... 0 (Q.46)
33/ Yes..... 1 Didn't matter... 2 No--not at that time..... 3 (Q.47) No--(none/no more) at all.. 4	39/ ... 1 ... 2 ... 3 (Q.47) ... 4	45/ ... 1 ... 2 ... 3 (Q.47) ... 4	51/ ... 1 ... 2 ... 3 (Q.47) ... 4
34/ Yes ..... 1 Didn't matter... 2 No--not at that time .... 3 (Q.48) No--(none/no more at all... 4 Don't know..... 8	40/ ... 1 ... 2 ... 3 (Q.48) ... 4 ... 8	46/ ... 1 ... 2 ... 3 (Q.48) ... 4 ... 8	52/ ... 1 ... 2 ... 3 (Q.48) ... 4 ... 8
35/ Yes ..... 1 (REPEAT QS.43-48) No ..... 0 (Q.49)	41/ ... 1 (REPEAT QS.43-48) ... 0 (Q.49)	47/ ... 1 (REPEAT QS.43-48) ... 0 (Q.49)	53/ ... 1 (Q.49) ... 0 (Q.49)

49. INTERVIEWER: HAS R HAD ANY PREGNANCIES SINCE DATE OF LAST INTERVIEW?

YES ..... (SKIP TO C) ..... 1 54/  
NO ..... (ASK A) ..... 0

A. INTERVIEWER: HAS R EVER HAD ANY LIVE BIRTHS? (SEE **INFO SHEET**, ITEM 9)

YES ..... (ASK B) ..... 1 55/  
NO ..... (SKIP TO Q.94) ..... 0

B. INTERVIEWER: DO WE NEED TO ASK FEEDING QUESTIONS FOR ANY CHILDREN LISTED ON THE **INFORMATION SHEET**, ITEM 9?

YES ..... (SKIP TO Q.81) ..... 1 56/  
NO ..... (SKIP TO Q.92) ..... 0

C. INTERVIEWER: IS R CURRENTLY PREGNANT? (Q.40 IS CODED "1"--YES).

YES ..... (ANSWER D) ..... 1 57/  
NO ..... (GO TO Q.50) ..... 0

D. INTERVIEWER: HAS R HAD OTHER PREGNANCIES SINCE DATE OF LAST INTERVIEW BESIDES THIS CURRENT PREGNANCY?

YES ..... (GO TO Q.50) ..... 1 58/  
NO ..... (ANSWER E) ..... 0

E. INTERVIEWER: SEE **INFORMATION SHEET** ITEM 9. ARE QS.83, 85 OR 87 LISTED UNDER "FEEDING QUESTIONS"?

YES ..... (SKIP TO Q.81) ..... 1 59/  
NO ..... (SKIP TO Q.91) ..... 0

50. Now I'd like to ask you some questions about your (pregnancy/pregnancies) since (DATE OF LAST INTERVIEW).

--->INTERVIEWER NOTE: FILL IN DATES OF PREGNANCIES SINCE DATE OF LAST INTERVIEW (Qs.28, 32, 36) DO NOT INCLUDE CURRENT PREGNANCY. IF MORE THAN 2 PREGNANCIES, USE ANOTHER QUESTIONNAIRE.

1ST PREGNANCY  
SINCE DATE OF  
LAST INTERVIEW

DATE BEGAN:

| | | |  
MO YR

60-63/

(NAME)

2ND PREGNANCY  
SINCE DATE OF  
LAST INTERVIEW

DATE BEGAN:

| | | |  
MO YR

72-75/

(NAME)

51. (First/Next), during your pregnancy (with CHILD/that began DATE), did you make any visits to a doctor or nurse for prenatal care, that is to be examined or talk about your pregnancy?

A. IF YES, ASK: When did you first visit a doctor or nurse for prenatal care, during which month of your pregnancy? ENTER MONTH NUMBER

Yes (ASK A)..... 1 64/

No (GO TO 52)..... 0

| | |  
MONTH

65-66/

Yes (ASK A)..... 1 76/

No (GO TO 52)..... 0

| | |  
MONTH

77-78/

BEGIN DECK 37

52. Did you drink any alcoholic beverages, including beer, wine, or liquor, during the 12 months before I (1ST CHILD/2ND CHILD) was born/your pregnancy loss?

A. How often did you usually drink alcoholic beverages during (your/that) pregnancy? Did you drink . . . (READ CATEGORIES) . . . CODE ONE ONLY

Yes (ASK A)..... 1 67/

No (GO TO 53)..... 0

Everyday.....07 68-69/  
Nearly everyday..06  
3 or 4 days  
a week.....05  
1 or 2 days  
a week.....04  
3 or 4 days  
a month.....03  
About once  
a month.....02  
Less than  
once a month...01  
Never .....00

Yes (ASK A)..... 1 10/

No (GO TO 53)..... 0

Everyday.....07 11-12/  
Nearly everyday..06  
3 or 4 days  
a week.....05  
1 or 2 days  
a week.....04  
3 or 4 days  
a month.....03  
About once  
a month.....02  
Less than  
once a month...01  
Never .....00

53. Did you smoke tobacco cigarettes at all during the 12 months before I (1ST CHILD/2ND CHILD) was born/your pregnancy loss?

A. On the average, how many cigarettes did you smoke during (your/that) pregnancy? Did you smoke 2 or more packs a day? Did you smoke 1 pack or more but less than 2 packs a day, or less than 1 pack a day? (IF VOLUNTEERED)

Yes (ASK A) ..... 1 70/  
No (GO TO 54)..... 0

2 or more packs 71/  
a day..... 3  
1 or more but  
less than 2.... 2  
Less than 1  
pack a day..... 1  
Did not smoke  
during that  
period..... 0

Yes (ASK A)..... 1 13/  
No (GO TO 54)..... 0

2 or more packs 14/  
a day..... 3  
1 or more but  
less than 2 .... 2  
Less than 1  
pack a day..... 1  
Did not smoke  
during that  
period..... 0

HAND  
CARD  
X

	1ST PREGNANCY SINCE DATE OF LAST INTERVIEW		2ND PREGNANCY SINCE DATE OF LAST INTERVIEW
54. During that pregnancy, did you have any x-rays taken, even dental x-rays?	Yes (ASK A)..... 1 No (GO TO 55).... 0	15/	Yes (ASK A)..... 1 No (GO TO 55).... 0
A. IF YES, ASK: What kind of x-rays were they? RECORD VERBATIM AND CODE ALL THAT APPLY?	DENTAL X-RAYS.... 1 CHEST X-RAYS.... 2 PELVIS..... 3 OTHER (SPECIFY) 4	16/ 17/ 18/ 19/	DENTAL X-RAYS.... 1 CHEST X-RAYS.... 2 PELVIS..... 3 OTHER (SPECIFY) 4
55. Ultrasound or sonogram is a way of taking a picture of the baby through sound waves while the baby is still in the womb. Did you have this test when you were pregnant [with (1ST CHILD/2ND CHILD)]? (DO NOT PROBE A "DON'T KNOW" RESPONSE)	Yes (ASK A-D).... 1 No (GO TO 56).... 0 Don't Know (GO TO 56)..... 8	20/	Yes (ASK A-D)..... 1 No (GO TO 56).... 0 Don't Know .. (GO TO 56)..... 8
A. IF YES, ASK: On this card are some reasons ultrasound is used. Could you tell me why ultrasound was used during your pregnancy [with (1ST CHILD/2ND CHILD)]? CODE ALL THAT APPLY	To see if there were twins.....01 To find out the due date.....02 To prepare for a procedure called amnio-centesis.....03 To look for defects in the baby .....04 To find out if the baby was still alive....05 To find out if the baby was growing normally .....06 To find out what position the baby was in....07 Other (SPECIFY) 08 Don't know.....98	21-22/ 23-24/ 25-26/ 27-28/ 29-30/ 31-32/ 33-34/ 35-36/ 37-38/ 39-40/	To see if there were twins.....01 To find out the due date.....02 To prepare for a procedure called amnio-centesis.....03 To look for defects in the baby .....04 To find out if the baby was still alive....05 To find out if the baby was growing normally .....06 To find out what position the baby was in....07 Other (SPECIFY) 08 Don't know.....98
B. How many times were sonograms done during (your/that) pregnancy?	NUMBER OF TIMES		NUMBER OF TIMES
C. How many months pregnant were you when it was performed? CODE ALL THAT APPLY.	2nd month .....02 3rd month .....03 4th month .....04 5th month .....05 6th month .....06 7th month .....07 8th month .....08 9th month .....09 Don't know .....98	41-42/ 43-44/ 45-46/ 47-48/ 49-50/ 51-52/ 53-54/ 55-56/ 57-58	16-17/ 18-19/ 20-21/ 22-23/ 24-25/ 26-27/ 28-29/ 30-31/ 32-33/

BEGIN DECK 38

HARD  
CARD  
Y

55. (continued)

HAND  
CARD  
Z

D. Here is a card that shows you the different things that doctors can find out from sonograms. Please tell me all the things the doctor found out from your sonogram(s). CODE ALL THAT APPLY.

1ST PREGNANCY  
SINCE DATE OF  
LAST INTERVIEW2ND PREGNANCY  
SINCE DATE OF  
LAST INTERVIEW

Twins were present.....01 34-35/  
Twins were not present....02 36-37/  
Baby's due date...03 38-39/  
Birth defect was present....04 40-41/  
Birth defect was not present....05 42-43/  
Baby was alive...06 44-45/  
Baby was growing normally.....07 46-47/  
Baby was not growing normally.....08 48-49/  
What position baby was in....09 50-51/  
Other (SPECIFY)  
\_\_\_\_\_ 10 52-53/  
Don't know.....98 54-55/

Twins were present.....01 64-65/  
Twins were not present....02 66-67/  
Baby's due date...03 68-69/  
Birth defect was present....04 70-71/  
Birth defect was not present....05 72-73/  
Baby was alive...06 74-75/  
Baby was growing normally.....07 76-77/  
Baby was not growing normally.....08 78-79/  
What position baby was in.....09 10-11/  
\_\_\_\_\_ 10 12-13/  
Don't know.....98 14-15/

56. Amniocentesis is a procedure during which a long needle is used to collect some of the fluid that surrounds the baby while it is in the womb. Was amniocentesis done while you were pregnant (with (1ST CHILD/2ND CHILD))?

HAND  
CARD  
AA

A. IF YES, ASK: On this card are some reasons amniocentesis is used. Could you tell me why amniocentesis was used during your pregnancy (with (1ST CHILD/2ND CHILD))?  
CODE ALL THAT APPLY

Yes (ASK A-D).... 1 56/  
No (GO TO 57).... 0

Yes (ASK A-D).... 1 16/  
No (GO TO 57).... 0

To look for a genetic or birth defect, like Down's Syndrome, Tay-Sachs, neural tube defect, or sex-linked disease..... 1 57/

To look for a genetic or birth defect, like Down's Syndrome, Tay-Sachs, neural tube defect, or sex-linked disease..... 1 17/

To find out how far along the baby was..... 2 58/

To find out how... far along the baby was..... 2 18/

To find out if the baby's lungs were mature..... 3 59/

To find out if the baby's lungs were mature..... 3 19/

Other (SPECIFY)  
\_\_\_\_\_ 4 60/  
Don't know ..... 8 61/

Other (SPECIFY)  
\_\_\_\_\_ 4 20/  
Don't know ..... 8 21/

B. How many times was amniocentesis done during (your/that) pregnancy?

\_\_\_\_\_ 62-63/  
NUMBER OF TIMES

\_\_\_\_\_ 22-23/  
NUMBER OF TIMES



56. (continued)

	1ST PREGNANCY SINCE DATE OF LAST INTERVIEW		2ND PREGNANCY SINCE DATE OF LAST INTERVIEW	
C. How many months pregnant were you when it was performed? CODE ALL THAT APPLY.	3rd month .....03	24-25/	3rd month .....03	45-46/
	4th month .....04	26-27/	4th month .....04	47-48/
	5th month .....05	28-29/	5th month .....05	49-50/
	6th month .....06	30-31/	6th month .....06	51-52/
	7th month .....07	32-33/	7th month .....07	53-54/
	8th month .....08	34-35/	8th month .....08	55-56/
	9th month .....09	36-37/	9th month .....09	57-58/
D. Here is a card that shows you the different things that doctors can find out from amniocentesis. Please tell me all the things the doctor found out when you had amniocentesis during (your/that) pregnancy. CODE ALL THAT APPLY	Baby's lungs were mature..... 1	38/	Baby's lungs were mature..... 1	59/
	Baby's lungs were not mature ..... 2	39/	Baby's lungs were not mature ..... 2	60/
	Genetic or birth defect was present..... 3	40/	Genetic or birth defect was present..... 3	61/
	Genetic or birth defect was not present..... 4	41/	Genetic or birth defect was not present..... 4	62/
	Baby was normal ..... 5	42/	Baby was normal ..... 5	63/
	Other (SPECIFY) _____		Other (SPECIFY) _____	
	_____ 6	43/	_____ 6	64/
	Don't know ..... 8	44/	Don't know ..... 8	65/

HAND  
CARD  
BB

	1ST PREGNANCY SINCE DATE OF LAST INTERVIEW			2ND PREGNANCY SINCE DATE OF LAST INTERVIEW		
57. A. During (your/that) pregnancy, did you . . . (CODE YES OR NO FOR EACH ITEM) . . .	Yes	No	N/A	BEGIN DECK 40		
	Yes	No	N/A	Yes	No	N/A
Take a vitamin/mineral supplement?	1	0	66/	1	0	10/
Cut down on the amount of calories in the food you ate?	1	0	67/	1	0	11/
Cut down on the amount of salt you used?	1	0	68/	1	0	12/
Use diuretics (fluid or water pills) to help eliminate water?	1	0	69/	1	0	13/
Reduce or stop your smoking?	1	0	4 70/	1	0	4 14/
Reduce or stop your alcohol intake?	1	0	4 71/	1	0	4 15/
B. INTERVIEWER: FOR EACH YES IN A, ASK: Did you (REPEAT ITEM IN A) based on a doctor's or nurse's suggestion? CODE IN APPROPRIATE ITEMS BELOW.						
Take a vitamin/mineral supplement	1	0	72/	1	0	16/
Cut down on the amount of calories in the food you ate	1	0	73/	1	0	17/
Cut down on the amount of salt you used	1	0	74/	1	0	18/
Use diuretics (fluid or water pills) to help eliminate water	1	0	75/	1	0	19/
Reduce or stop your smoking	1	0	76/	1	0	20/
Reduce or stop your alcohol intake	1	0	77/	1	0	21/
58. INTERVIEWER: DID THIS PREGNANCY END IN A LIVE BIRTH?	YES (GO TO 59)... 1	NO (ASK A)..... 0	78/	YES (GO TO 59).... 1	NO (ASK A)..... 0	22/
A. INTERVIEWER: IS THERE ANOTHER PREGNANCY AFTER DATE OF LAST INTERVIEW?	YES (GO BACK TO Q.51).... 1	NO (SKIP TO 81).. 0	79/	YES (GO TO NEW QUEX, Q.51)..... 1	NO (SKIP TO 81)... 0	23/
9. Based on either your last menstrual period date or your doctor's or clinic's information, was (1ST CHILD/ 2ND CHILD) born within a week of the expected (due) date?	Yes (GO TO 60)... 1	No (ASK A & B)... 0	80/	Yes (GO TO 60).... 1	No (ASK A & B).... 0	24/

59. (continued)	1ST PREGNANCY SINCE DATE OF LAST INTERVIEW	2ND PREGNANCY SINCE DATE OF LAST INTERVIEW
A. Was the baby born early or late?	Early..(GO TO B).. 1 25/ Late..(GO TO B).. 2	Early..(GO TO B).. 1 42/ Late...(GO TO B).. 2
B. How many weeks was the baby (early/late)?	<u>    </u> <u>    </u> <u>    </u> 26-27/ NUMBER OF WEEKS:	<u>    </u> <u>    </u> <u>    </u> 43-44/ NUMBER OF WEEKS:
60. Was a cesarean section done? IF NECESSARY, PROBE: Was the baby delivered by an incision in your abdomen?	Yes ..(ASK A).... 1 28/ No ..(GO TO 61).. 0	Yes ...(ASK A).... 1 45/ No ...(GO TO 61).. 0
A. IF YES, ASK: Was this your first cesarean section, or did you have one before?	First cesarean section ..... 1 29/ Had cesarean(s) before ..... 0	First cesarean section ..... 1 46/ Had cesarean(s) before ..... 0
61. A. What was your weight just before you delivered?	<u>    </u> <u>    </u> <u>    </u> <u>    </u> 30-32/ WEIGHT AT TIME OF DELIVERY	<u>    </u> <u>    </u> <u>    </u> <u>    </u> 47-49/ WEIGHT AT TIME OF DELIVERY
B. What was your weight just before you became pregnant with (1ST CHILD/ 2ND CHILD)?	<u>    </u> <u>    </u> <u>    </u> <u>    </u> 33-35/ WEIGHT BEFORE PREGNANCY	<u>    </u> <u>    </u> <u>    </u> <u>    </u> 50-52/ WEIGHT BEFORE PREGNANCY
C. INTERVIEWER: SUBTRACT B FROM A TO GET NUMBER OF POUNDS GAINED DURING PREGNANCY.	<u>    </u> <u>    </u> <u>    </u> 36-37/ ENTER NUMBER OF POUNDS GAINED	<u>    </u> <u>    </u> <u>    </u> 53-54/ ENTER NUMBER OF POUNDS GAINED
D. Does that mean you gained (NUMBER IN C) pounds during your pregnancy?	Yes (GO TO 62)... 1 38/ No (ASK R HOW MANY POUNDS SHE GAINED DURING PREG- NANCY. RE- CORD IN C. ADJUST A AND B WITH R ACCORDINGLY... 0	Yes (GO TO 62).... 1 55/ No (ASK R HOW MANY POUNDS SHE GAINED DURING PREG- NANCY. RE- CORD IN C. ADJUST A AND B WITH R ACCORDINGLY.... 0
62. What was (1ST/CHILD/2ND CHILD)'s length at birth?	<u>    </u> <u>    </u> <u>    </u> 39-40/ NUMBER OF INCHES	<u>    </u> <u>    </u> <u>    </u> 56-57/ NUMBER OF INCHES
A. INTERVIEWER: DID R INDICATE THAT THE LENGTH OF THE BABY WAS AN ESTIMATE?	YES ..... 1 41/ NO ..... 0	YES ..... 1 58/ NO ..... 0

PLEASE GO ON TO NEXT PAGE ----->

	10-130	DECKS 40-41
63. How long did you stay in the hospital?	1ST PREGNANCY SINCE DATE OF LAST INTERVIEW        NUMBER OF DAYS 59-60/  Did not stay in the hospital.....00	2ND PREGNANCY SINCE DATE OF LAST INTERVIEW        NUMBER OF DAYS 18-19/  Did not stay in... the hospital.....00
A. How long did your baby stay in the hospital?	 NUMBER OF DAYS 61-62/  Baby did not stay in hospital.....00	 NUMBER OF DAYS 20-21/  Baby did not stay in hospital.....00
64. In (1ST CHILD/2ND CHILD)'s first year, did you take (him/her) to a clinic, hospital, or doctor because (he/she) was sick or injured?	Yes...(GO TO 65).. 1 63/ No...(SKIP TO 76).. 0	Yes...(GO TO 65)... 1 22/ No...(SKIP TO 76).. 0
65. A. When you took (1ST CHILD/2ND CHILD) to a clinic, hospital, or doctor the first time because (he/she) was sick or injured, what was the nature of (his/her) illness or injury? RECORD VERBATIM. IF MORE THAN ONE MENTIONED, PROBE: What was the main illness or injury?	_____	_____
INTERVIEWER: ENTER CODE FROM B (BELOW) FOR MAIN ILLNESS OR INJURY. CODE OTHER ILLNESSES OR INJURIES MENTIONED IN B BELOW.	 A. CODE 64-65/	 A. CODE 23-24/
B. Please look at this card and tell me which of these symptoms or conditions occurred with the (ILLNESS/INJURY). CODE ALL THAT APPLY. DO NOT RECODE MAIN ILLNESS OR INJURY RECORDED IN A ABOVE.	B. Fever..... 01 66-67/ Cold.....02 68-69/ Sore throat.....03 70-71/ Pneumonia.....04 72-73/ Ear infection....05 74-75/ Vomitting or diarrhea....06 76-77/ Rash.....07 78-79/ Accident or poisoning.....08 10-11/ Convulsions.....09 12-13/ Other (SPECIFY)  _____ 10 14-15/	B. .... 01 25-26/ ....02 27-28/ ....03 29-30/ ....04 31-32/ ....05 33-34/ ....06 35-36/ ....07 37-38/ BEGIN DECK 41 ....08 39-40/ ....09 41-42/  _____ 10 43-44/
66. How many months old was (1ST CHILD/2ND CHILD) when you took (him/her) to a clinic, hospital, or doctor the first time for this (ILLNESS/INJURY)?	 NUMBER OF MONTHS 16-17/	 NUMBER OF MONTHS 45-46/

HAND  
CARD  
CC

---> INTERVIEWER NOTE: 1 DAY TO 4 WEEKS = 01 MONTH.  
 MORE THAN 4 WEEKS--DIVIDE BY  
 4 AND ROUND UP.  
 EX: 36 WEEKS = 09 MONTHS

1ST PREGNANCY  
SINCE DATE OF  
LAST INTERVIEW

2ND PREGNANCY  
SINCE DATE OF  
LAST INTERVIEW

67. In (1ST CHILD/2ND CHILD)'s first year, altogether how many visits were made to a clinic, hospital, or doctor because (he/she) had (ILLNESS OR INJURY NAMED IN Q.65A)?

Once (GO TO 68)...01

Once (GO TO 68)...01

OR

47-48/

OR

72-73/

NUMBER OF TIMES  
(ASK A)

NUMBER OF TIMES  
(ASK A)

A. In (1ST CHILD/2ND CHILD)'s first year, how many months old was (he/she) the last time you took (him/her) to a clinic or doctor for (ILLNESS/INJURY FROM Q.65A)?

NUMBER OF MONTHS

49-50/

NUMBER OF MONTHS

74-75/

BEGIN DECK 42

68. Please look at this card. In (1ST CHILD/2ND CHILD)'s first year, when you took (him/her) to a clinic, hospital or doctor because (he/she) had (ILLNESS/INJURY FROM Q.65A), where did you take (him/her)?  
CODE ALL THAT APPLY

Private  
doctor's

office.....01 51-52/

Public clinic....02 53-54/

Private clinic...03 55-56/

Health Mainte-

nance Organi-  
zation (HMO)...04 57-58/

Hospital

clinic, walk-  
in clinic.....05 59-60/

Community

health  
center.....06 61-62/

Emergency room

out-patient....07 63-64/

Other (SPECIFY)

08 65-66/

Hospital

admission.....09 67-68/

HAND  
CARD  
DD

69. INTERVIEWER: WAS HOSPITAL ADMISSION (09)  
CODED IN Q.68?

YES..(ASK A & B).. 1 69/

NO...(GO TO Q.70).. 0

...(ASK A & B)... 1 28/

...(GO TO Q.70)... 0

A. When (1ST CHILD/2ND CHILD)  
was admitted to the hospital,  
was surgery necessary?

Yes ..... 1 70/

No ..... 0

..... 1 29/

..... 0

B. Did you have to take time off  
from work?

Yes ..... 1 71/

No ..... 0

Not working..... 2

..... 1 30/

..... 0

..... 2

	1ST PREGNANCY SINCE DATE OF LAST INTERVIEW	2ND PREGNANCY SINCE DATE OF LAST INTERVIEW
70. In (1ST CHILD/2ND CHILD)'s first year, did you take (him/her) to a clinic, hospital, or doctor because (he/she) was sick or injured with a <u>different</u> illness or injury than the one we have just talked about?	Yes (GO TO Q.71)... 1 31/ No (SKIP TO Q.76).. 0	...(GO TO Q.71)... 1 60/ ...(SKIP TO Q.76).. 0
71. A. What was the nature of this <u>other</u> illness or injury? RECORD VERBATIM. IF MORE THAN ONE MENTIONED, PROBE: What was the main illness or injury?	_____	_____
INTERVIEWER: ENTER CODE FROM B (BELOW) FOR MAIN ILLNESS OR INJURY. CODE OTHER ILLNESSES OR INJURIES MENTIONED IN B BELOW.	_____ CODE 32-33/	_____ CODE 61-62/
B. Please look at this card and tell me which of these symptoms or conditions occurred with the (ILLNESS/INJURY). CODE ALL THAT APPLY. DO NOT RECODE MAIN ILLNESS OR INJURY RECORDED ABOVE.	B. Fever..... 01 34-35/ Cold.....02 36-37/ Sore throat.....03 38-39/ Pneumonia.....04 40-41/ Ear infection....05 42-43/ Vomitting or diarrhea....06 44-45/ Rash.....07 46-47/ Accident or poisoning.....08 48-49/ Convulsions.....09 50-51/ Other (SPECIFY) _____ 10 52-53/	B. .... 01 63-64/ .....02 65-66/ .....03 67-68/ .....04 69-70/ .....05 71-72/ .....06 73-74/ .....07 75-76/ BEGIN DECK 43 .....08 10-11/ .....09 12-13/ _____ 10 14-15/
72. How many months old was (1ST CHILD/ 2ND CHILD) when you took (him/her) to a clinic, hospital, or doctor the <u>first</u> time for this (ILLNESS/INJURY)?	_____ NUMBER OF MONTHS 54-55/	_____ NUMBER OF MONTHS 16-17/
73. In (1ST CHILD/2ND CHILD)'s first year, altogether how many visits were made to a clinic, hospital, or doctor because (he/she) had (ILLNESS OR INJURY NAMED IN Q.71A)?	Once (GO TO 74)..01  OR 56-57/  _____ NUMBER OF TIMES (ASK A)	Once (GO TO 74)...01  OR 18-19/  _____ NUMBER OF TIMES (ASK A)
A. In (1ST CHILD/2ND CHILD)'s first year, how many months old was (he/she) the <u>last</u> time you took (him/her) to a clinic or doctor for (ILLNESS/INJURY FROM Q.71A)?	_____ NUMBER OF MONTHS 58-59/	_____ NUMBER OF MONTHS 20-21/

HAND  
CARD  
CC

74. Please look at this card. Where did you take (1ST CHILD/2ND CHILD) when (he/she) was sick or injured? CODE ALL THAT APPLY

HAND  
CARD  
DD

1ST PREGNANCY SINCE DATE OF LAST INTERVIEW	2ND PREGNANCY SINCE DATE OF LAST INTERVIEW
Private doctor's office.....01 22-23/	.....01 44-45/
Public clinic....02 24-25/	.....02 46-47/
Private clinic...03 26-27/	.....03 48-49/
Health Maintenance Organization (HMO)...04 28-29/	.....04 50-51/
Hospital clinic, walk- in clinic.....05 30-31/	.....05 52-53/
Community health center.....06 32-33/	.....06 54-55/
Emergency room out-patient....07 34-35/	.....07 56-57/
Other (SPECIFY)	
_____ 08 36-37/	_____ 08 58-59/
Hospital admission.....09 38-39/	.....09 60-61/
75. INTERVIEWER: WAS HOSPITAL ADMISSION (09) CODED IN Q.74?	YES (ASK A & B).. 1 40/ NO (GO TO Q.76).. 0
A. When (1ST CHILD/2ND CHILD) was admitted to the hospital, was surgery necessary?	Yes ..... 1 41/ No ..... 0
B. Did you have to take time off from work?	Yes ..... 1 42/ No ..... 0 Not working..... 2
76. In (1ST CHILD, 2ND CHILD)'s first year, did you take (him/her) to a clinic or a doctor for well baby care when (he/she) was <u>not</u> sick?	Yes (GO TO Q.77).. 1 43/ No (SKIP TO Q.79) ..... 0
	...(ASK A & B).... 1 62/ ...(GO TO Q.76)... 0
	..... 1 63/ ..... 0
	..... 1 64/ ..... 0 ..... 2
	...(GO TO Q.77)... 1 65/ ...(SKIP TO Q.79).. 0



77. How many months old was (1ST CHILD, 2ND CHILD) when you took (him/her) to a clinic or doctor for well baby care when (he/she) was not sick the first time? . . . How old was (he/she) the next time?

1ST PREGNANCY  
SINCE DATE OF  
LAST INTERVIEW

MONTH PLACE  
(Q.77) (Q.78)

01 | | 66-69/

02 | | 70-73/

03 | | 74-77/

BEGIN DECK 44

04 | | 10-13/

05 | | 14-17/

06 | | 18-21/

07 | | 22-25/

08 | | 26-29/

09 | | 30-33/

10 | | 34-37/

11 | | 38-41/

12 | | 42-45/

Don't know

(SKIP TO Q.79)...98

46-47/

2ND PREGNANCY  
SINCE DATE OF  
LAST INTERVIEW

MONTH PLACE  
(Q.77) (Q.78)

BEGIN DECK 45

01 | | 10-13/

02 | | 14-17/

03 | | 18-21/

04 | | 22-25/

05 | | 26-29/

06 | | 30-33/

07 | | 34-37/

08 | | 38-41/

09 | | 42-45/

10 | | 46-49/

11 | | 50-53/

12 | | 54-57/

...(SKIP TO Q.79)...98

58-59/

-----> INTERVIEWER NOTE: CONTINUE TO ASK  
UNTIL THE LAST  
TIME IS CODED.  
THEN GO TO Q.78.

78. When you took (1ST CHILD, 2ND CHILD) for well baby care when (he/she) was (1ST MONTH NAMED IN Q.77/2ND MONTH NAMED), where did you take (him/her)? Was it a . . . READ CATEGORIES AS NECESSARY AND ENTER CODE NEXT TO MONTH IN Q.77 ABOVE.

CARD EE

- 01 Private doctor's office
- 02 Public clinic
- 03 Private clinic
- 04 Health Maintenance Organization (HMO)
- 05 Hospital clinic, walk-in clinic
- 06 Community health center
- 07 Emergency room out-patient
- 08 Other (SPECIFY) \_\_\_\_\_

HAND  
CARD  
EE

79. Children are given a series of DPT shots and oral polio vaccine during the first year of life. During which months did (1ST CHILD/2ND CHILD) have those immunizations? CODE ALL THAT APPLY

1st month .....01 48-49/  
2nd month .....02 50-51/  
3rd month .....03 52-53/  
4th month .....04 54-55/  
5th month .....05 56-57/  
6th month .....06 58-59/  
7th month .....07 60-61/  
8th month .....08 62-63/  
9th month .....09 64-65/  
10th month .....10 66-67/

11th month .....11 68-69/

12th month .....12 70-71/

None .....00 72-73/

Don't know

(ASK A) .....98

.....01 60-61/  
.....02 62-63/  
.....03 64-65/  
.....04 66-67/  
.....05 68-69/  
.....06 70-71/  
.....07 72-73/  
.....08 74-75/  
.....09 76-77/  
.....10 78-79/

BEGIN DECK 46

.....11 10-11/

.....12 12-13/

.....00 14-15/

.... (ASK A) .....98 16-17/

1ST PREGNANCY  
SINCE DATE OF  
LAST INTERVIEW

2ND PREGNANCY  
SINCE DATE OF  
LAST INTERVIEW

79. (continued)

A. IF DON'T KNOW, ASK: Even if you  
can't remember the exact time, do  
you remember if your child had . . .  
(CODE YES OR NO FOR EACH ITEM) . . .

The first set of immunizations?

Yes ..... 1 18/  
No ..... 0

..... 1 25/  
..... 0

The second set of immunizations?

Yes ..... 1 19/  
No ..... 0

..... 1 26/  
..... 0

The third set of immunizations?

Yes ..... 1 20/  
No ..... 0

..... 1 27/  
..... 0

30. Babies often get a measles shot  
when they are a little older.  
Has (1ST CHILD/2ND CHILD) had  
a measles shot?

Yes (ASK A) ..... 1 21/  
No (ASK B) ..... 0  
Don't know  
(ASK B)..... 8

.... (ASK A) ..... 1 28/  
.... (ASK B) ..... 0  
.... (ASK B) ..... 8

A. About how many months old was  
(he/she) at the time of the  
measles shot?

               22-23/  
NUMBER OF MONTHS  
Don't know.....98

               29-30/  
NUMBER OF MONTHS  
.....98

B. INTERVIEWER: IS THERE ANOTHER  
PREGNANCY?

YES (GO BACK TO  
Q.51) ..... 1 24/  
  
NO (SKIP TO 81).. 0

YES (GO TO NEW  
QUESTION-  
NAIRE Q.51).. 1 31/  
  
NO (SKIP TO 81)... 0

81. INTERVIEWER: DO WE NEED TO ASK FEEDING QUESTIONS FOR ANY CHILDREN LISTED ON THE **INFORMATION SHEET** ITEM 9 (ARE QS.83, 85 OR 87 LISTED UNDER "FEEDING QUESTIONS")?

YES ..... (READ A) ..... 1                      32/  
NO ..... (ASK B) ..... 0

A. NOTE THE FOLLOWING INSTRUCTIONS BEFORE BEGINNING THE FEEDING QUESTIONS:

- ENTER NAME AND ID NUMBER FOR EACH CHILD LISTED ON **INFORMATION SHEET** FOR WHOM WE NEED TO ASK FEEDING QUESTIONS ON TOP OF COLUMNS FOR QS. 82-89.
- FOLLOW SKIP PATTERN INDICATED ON **INFORMATION SHEET** FOR EACH CHILD FOR WHOM WE NEED TO ASK FEEDING QUESTIONS.
- THEN ASK FEEDING QUESTIONS FOR EACH CHILD BORN SINCE DATE OF LAST INTERVIEW. (SEE QS. 29D, 33C, AND 37C).

B. WAS THERE A LIVE BIRTH SINCE DATE OF LAST INTERVIEW?

YES ..... (RECORD IN Q.82 AND ASK QS.83-90) ..... 1  
NO ..... (SKIP TO Q.91) ..... 0

2. INTERVIEWER: SEE **INFORMATION SHEET**, ITEM # 9. ENTER NAME AND ID NUMBER FOR EACH CHILD NEEDING FEEDING QUESTIONS. START WITH OLDEST CHILD FIRST.

	1ST CHILD NEEDING FEEDING QS.	2ND CHILD	3RD CHILD
	ID: <u>   </u> <u>   </u> <u>   </u> 33-34/  NAME <u>                    </u>	ID: <u>   </u> <u>   </u> <u>   </u> 51-52/  NAME <u>                    </u>	ID: <u>   </u> <u>   </u> <u>   </u> 69-70/  NAME <u>                    </u>
3. How much did (NAME OF 1ST CHILD, ETC.) weigh at birth?  A. IF Q. 83 IS DON'T KNOW, ASK A: Did (he/she) weigh more than 5 1/2 pounds or less?	ENTER POUNDS: <u>   </u> <u>   </u> <u>   </u> 35-36/ AND OUNCES: <u>      </u> 37-38/ OR DON'T KNOW (ASK A)... 9898  More..... 1 39/ Less..... 2 DON'T KNOW ..... 8	<u>   </u> <u>   </u> <u>   </u> 53-54/ <u>   </u> <u>   </u> <u>   </u> 55-56/ (ASK A)... 9898  ..... 1 57/ ..... 2 ..... 8	<u>   </u> <u>   </u> <u>   </u> 71-72/ <u>   </u> <u>   </u> <u>   </u> 73-74/ (ASK A) ... 9898  ..... 1 75/ ..... 2 ..... 8
<u>BREAST FEEDING:</u>			
4. When (CHILD) was an infant, did you breast feed (him/her) at all?	Yes....(GO TO Q. 85)..... 1 No....(SKIP TO Q. 86)..... 0	..(Q. 85).. 1 ..(Q. 86).. 0	..(Q. 85).. 1 ..(Q. 86).. 0
5. How many weeks old was (he/she) when you quit breast feeding (him/her) altogether?	ENTER NUMBER OF WEEKS OLD: <u>   </u> <u>   </u> <u>   </u> 41-42/ OR ENTER NUMBER OF MONTHS OLD: AND USE THIRD BOX FOR 43-45/ 1/2 MONTH (.5): <u>   </u> <u>   </u> <u>   </u> . <u>   </u> <u>   </u> <u>   </u>  Still breastfeeding ..... 000 OR DON'T KNOW..... 998	<u>   </u> <u>   </u> <u>   </u> 59-60/  61-63/ <u>   </u> <u>   </u> <u>   </u> . <u>   </u> <u>   </u> <u>   </u> ..... 000 ..... 998	BEGIN DECK 47 <u>   </u> <u>   </u> <u>   </u> 10-11/  12-14/ <u>   </u> <u>   </u> <u>   </u> . <u>   </u> <u>   </u> <u>   </u> ..... 000 ..... 998
<u>FORMULA FEEDING:</u>			
6. How many weeks old was (CHILD) when you began feeding (him/her) formula on a daily basis?	ENTER NUMBER OF WEEKS OLD: <u>   </u> <u>   </u> <u>   </u> 46-47/ OR ENTER NUMBER OF MONTHS OLD: AND USE THIRD BOX FOR 48-50/ 1/2 MONTH (.5): <u>   </u> <u>   </u> <u>   </u> . <u>   </u> <u>   </u> <u>   </u> OR From birth..... 000 OR (Do/Did not formula feed (Skip to Q.88) ..... 995 OR DON'T KNOW ..... 998	<u>   </u> <u>   </u> <u>   </u> 64-65/  66-68/ <u>   </u> <u>   </u> <u>   </u> . <u>   </u> <u>   </u> <u>   </u> ..... 000 (Q. 88)... 995 ..... 998	<u>   </u> <u>   </u> <u>   </u> 15-16/  17-19/ <u>   </u> <u>   </u> <u>   </u> . <u>   </u> <u>   </u> <u>   </u> ..... 000 (Q. 88)..... 995 ..... 998

	1ST CHILD	2ND CHILD	3RD CHILD
7. How many weeks old was (CHILD) when you stopped feeding (him/her) formula on a daily basis?	ENTER NUMBER OF WEEKS OLD:               20-21/ OR ENTER NUMBER OF MONTHS OLD: AND USE THIRD BOX FOR     22-24/ 1/2 MONTH (.5):           .     OR Still feeding formula ..... 000 OR DON'T KNOW ..... 998	36-37/         .         38-40/  ..... 000 ..... 998	52-53/         .         54-56/  ..... 000 ..... 998
<u>COW'S MILK:</u> 8. How many weeks old was (CHILD) when (he/she) began drinking cow's milk on a daily basis?	ENTER NUMBER OF WEEKS OLD:               25-26/ OR ENTER NUMBER OF MONTHS OLD: AND USE THIRD BOX FOR     27-29/ 1/2 MONTH (.5):           .     OR From birth..... 000 OR Has not begun yet..... 995 OR DON'T KNOW..... 998	41-42/         .         43-45/  ..... 000 ..... 995 ..... 998	57-58/         .         59-61/  ..... 000 ..... 995 ..... 998
<u>SOLID FOOD:</u> 9. INTERVIEWER: READ INTRODUCTORY STATEMENT ONLY FOR FIRST CHILD: (Now we would like you to think about solid food. Solid food is any food other than milk or formula, like cereal or fruit whether it is commercially prepared, like Gerbers, or prepared at home).  How many weeks old was (CHILD) when (he/she) first ate solid food on a daily basis?	ENTER NUMBER OF WEEKS OLD:               30-31/ OR ENTER NUMBER OF MONTHS OLD: AND USE THIRD BOX FOR     32-34/ 1/2 MONTH (.5):           .      From birth..... 000  OR Has not begun yet..... 995 OR DON'T KNOW..... 998	46-47/         .         48-50/  ..... 000 ..... 995 ..... 998	62-63/         .         64-66/  ..... 000 ..... 995 ..... 998
0. INTERVIEWER: DOES RESPONDENT HAVE ANOTHER CHILD FOR WHOM WE NEED TO ASK FEEDING QUESTIONS?	YES.....(ASK A)..... 1 NO.....(GO TO Q. 91)..... 0	35/ YES.....(ASK A)..... 1 NO.....(Q. 91)..... 0	51/ YES.....(ASK A)..... 1 NO.....(Q. 91)..... 0
A. Now I would like to ask about (NAME OF NEXT CHILD) REPEAT QS. 83-90 FOR NEXT CHILD.	67/ .....(NEW QUEX).... 1 .....(Q. 91)..... 0	67/ .....(NEW QUEX).... 1 .....(Q. 91)..... 0	67/ .....(NEW QUEX).... 1 .....(Q. 91)..... 0

91. INTERVIEWER: HAS R EVER HAD ANY LIVE BIRTHS?

YES ..... (GO TO Q.92) ..... 1

68/

NO ..... (SKIP TO Q.94) ..... 0

92. INTERVIEWER: DO ANY OF R'S OWN CHILDREN NOT LIVE IN THE HOUSEHOLD? (DO NOT COUNT DECEASED CHILDREN) (ARE ANY CHILDREN LISTED ON THE **INFORMATION SHEET** WHO ARE NOT LISTED ON THE HOUSEHOLD ENUMERATION OF THE **FACE SHEET**?

YES ..... (ASK A-F) ..... 1

69/

NO ..... (GO TO Q.93) ..... 0

A. INTERVIEWER: ENTER NAME OF OLDEST CHILD, NEXT OLDEST CHILD, ETC. NOT LIVING IN HOUSEHOLD HERE:  
(USE ANOTHER QUESTIONNAIRE IF MORE THAN 3 CHILDREN NOT IN HOUSEHOLD.)

	FIRST CHILD NOT IN HH	SECOND CHILD	THIRD CHILD
	ID: <input type="text"/> <input type="text"/> 70-71/	ID: <input type="text"/> <input type="text"/> 77-78/	ID: <input type="text"/> <input type="text"/> 15-16/
	NAME	NAME	NAME
B. <u>INTERVIEWER:</u>	ASK C-F FOR EACH CHILD NOT IN THIS HOUSEHOLD. START WITH OLDEST CHILD.		
C. <u>INTERVIEWER:</u>	READ INTRODUCTORY STATEMENT FOR OLDEST CHILD ONLY:		
Now I would like to ask you some questions about your (child/children) who (is/are) not living in this household.			
BEGIN DECK 48			
HAND CARD FF	About how far from you does (CHILD'S NAME) live? Is it ...	72/	10/
	within 1 mile ..... 1	..... 1	..... 1
	1-10 miles ..... 2	..... 2	..... 2
	11-100 miles ..... 3	..... 3	..... 3
	more than 100 miles.. 4	..... 4	..... 4
HAND CARD GG	D. In the past 12 months [or since (CHILD) has not been living with you, whichever is most recent] about how often have you seen (CHILD)?	73/	11/
	almost every day .... 1	..... 1	..... 1
	2-3 times a week .... 2	..... 2	..... 2
	about once a week ... 3	..... 3	..... 3
	1-2 times a month ... 4	..... 4	..... 4
	once every 2 or 3 months..... 5	..... 5	..... 5
	once in the past 12 months ..... 6	..... 6	..... 6
	never ..(SKIP TO F).. 0	....(SKIP TO F).... 0	....(SKIP TO F).... 0
	74-75/	12-13/	19-20/
	less than 1 day.....00	less than 1 day.....00	less than 1 day ...00
E. How long do these visits usually last? RECORD IN DAYS.	<input type="text"/> <input type="text"/> # DAYS	<input type="text"/> <input type="text"/> # DAYS	<input type="text"/> <input type="text"/> # DAYS
F. <u>INTERVIEWER:</u>	IS THERE A (2ND/3RD, ETC.) CHILD)?	YES ...(RE-ASK C-F FOR NEXT OLDEST CHILD) 14/	(GO TO NEW 21/
	..... 1	..... 1	QUEX, Q.92C) .... 1
	NO ...(GO TO Q.93).... 0	....(GO TO Q.93).... 0	....(GO TO Q.93).... 0

93. INTERVIEWER: DO ANY OF R'S OWN CHILDREN LIVE IN THIS HOUSEHOLD (ARE ANY CHILDREN LISTED ON THE INFORMATION SHEET AND ON THE HOUSEHOLD ENUMERATION OF THE **FACE SHEET**?)

YES ..... (GO TO A) ..... 1

22/

NO ..... (GO TO Q.94) ..... 0

A. INTERVIEWER: ENTER NAME OF OLDEST CHILD, NEXT OLDEST CHILD, ETC. LIVING IN THIS HOUSEHOLD HERE.

	FIRST CHILD IN HH	SECOND CHILD	THIRD CHILD
	ID: <input type="text"/> <input type="text"/> 23-24/	ID: <input type="text"/> <input type="text"/> 32-33/	ID: <input type="text"/> <input type="text"/> 41-42/
	NAME <input type="text"/>	NAME <input type="text"/>	NAME <input type="text"/>

B. INTERVIEWER: ASK Q.C FOR EACH CHILD LIVING IN THIS HOUSEHOLD. START WITH OLDEST CHILD.

C. Does (OLDEST CHILD/NEXT OLDEST CHILD)'s father live in this household?	Yes (RE-ASK C FOR NEXT CHILD. WHEN "YES" IS CODED FOR LAST CHILD, SKIP TO Q.94) 25/ ..... 1 No ....(ASK D-H)..... 0	34/ ..... 1 No ... (ASK D-H)..... 0	43/ ..... 1 No ... (ASK D-H)..... 0
---	---	---	---

D. Is (CHILD)'s father living?	26/ Yes ... (ASK E) ..... 1 No ..(ASK C FOR NEXT CHILD OR SKIP TO Q. 94) ..... 0	35/ Yes ... (ASK E) .... 1 No ..(ASK C FOR NEXT CHILD OR SKIP TO Q.94) ..... 0	44/ Yes ... (ASK E) ... 1 No ..(ASK C FOR NEXT CHILD OR SKIP TO Q.94) .... 0
--------------------------------	--	--	--

E. About how far from you does (CHILD'S) father live? Is it . . .	27/ within 1 mile ..... 1 1-10 miles ..... 2 11-100 miles ..... 3 more than 100 miles.. 4	36/ ..... 1 ..... 2 ..... 3 ..... 4	45/ ..... 1 ..... 2 ..... 3 ..... 4
--	---	---	---

HAND  
CARD  
FF

F. In the past 12 months (or since (CHILD) has been separated from (his/her) father whichever is most recent) about how often has (CHILD) seen (his/her) father?	28/ almost every day .... 1 2-3 times a week .... 2 about once a week ... 3 1-2 times a month ... 4 once every 2 or 3 months..... 5 once in the past 12 months ..... 6 never (SKIP TO H).... 0	37/ ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 ....(SKIP TO H).... 0	46/ ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 ...(SKIP TO H).... 0
--	---	--	---

HAND  
CARD  
GG

G. How long do these visits usually last? RECORD IN DAYS.	29-30/ less than 1 day .... 00 <input type="text"/> <input type="text"/> # DAYS	38-39/ less than 1 day ... 00 <input type="text"/> <input type="text"/> # DAYS	47-48/ less than 1 day .. 00 <input type="text"/> <input type="text"/> # DAYS
---	--	---	--

H. <u>INTERVIEWER:</u> IS THERE A (2ND/ 3RD, ETC. CHILD LISTED?	YES ..(RE-ASK C-H FOR NEXT OLDEST CHILD) .... 1 NO ... (GO TO Q.94)... 0	31/ ..... (C-H)..... 1 ..... (Q.94)..... 0	40/ ..... (C-H)..... 1 ..... (Q.94)..... 0
---	---	--	--

49/

(continued)

FOURTH CHILD	FIFTH CHILD	SIXTH CHILD	SEVENTH CHILD	EIGHTH CHILD
ID: <input type="text"/> <input type="text"/> 50-51/	ID: <input type="text"/> <input type="text"/> 59-60/	ID: <input type="text"/> <input type="text"/> 68-69/	ID: <input type="text"/> <input type="text"/> 77-78/	ID: <input type="text"/> <input type="text"/> 16-17/
NAME <input type="text"/>	NAME <input type="text"/>	NAME <input type="text"/>	NAME <input type="text"/>	NAME <input type="text"/>
52/	61/	70/	79/	18/
..... 1	..... 1	..... 1	..... 1	..... 1
... (ASK Q.D-H) ... 0	No .... (ASK Q.D-H) ... 0	No .... (ASK Q.D-H) ... 0	No ... (ASK Q.D-H) ... 0	No ... (ASK Q.D-H) ... 0
53/	62/	71/	10/	19/
... (ASK E) .... 1	Yes ... (ASK E) .... 1	Yes ... (ASK E) .... 1	Yes ... (ASK E) .... 1	Yes ... (ASK E) .... 1
(ASK C FOR NEXT CHILD OR SKIP TO Q.94) ..... 0	No (ASK C FOR NEXT CHILD OR SKIP TO Q.94) ..... 0	No .. (ASK C FOR NEXT CHILD OR SKIP TO Q.94) ..... 0	No .. (ASK C FOR NEXT CHILD OR SKIP TO Q.94) ..... 0	No .. (ASK C FOR NEXT CHILD OR SKIP TO Q.94) ..... 0
54/	63/	72/	11/	20/
in 1 mile ..... 1	..... 1	..... 1	..... 1	..... 1
0 miles ..... 2	..... 2	..... 2	..... 2	..... 2
100 miles ..... 3	..... 3	..... 3	..... 3	..... 3
more than 100 miles. 4	..... 4	..... 4	..... 4	..... 4
55/	64/	73/	12/	21/
just every day ... 1	..... 1	..... 1	..... 1	..... 1
times a week ... 2	..... 2	..... 2	..... 2	..... 2
just once a week .. 3	..... 3	..... 3	..... 3	..... 3
times a month .. 4	..... 4	..... 4	..... 4	..... 4
every 2 or 3				
months ..... 5	..... 5	..... 5	..... 5	..... 5
in the past				
2 months ..... 6	..... 6	..... 6	..... 6	..... 6
or (SKIP TO Q.H). 0	.... (SKIP TO Q.H) ... 0	... (SKIP TO Q.H) ... 0	... (SKIP TO Q.H) ... 0	... (SKIP TO Q.H) ... 0
56-57/	65-66/	74-75/	13-14/	22-23/
less than 1 day ... 00	less than 1 day .... 00	less than 1 day .... 00	less than 1 day .... 00	less than 1 day .... 00
<input type="text"/> <input type="text"/> <input type="text"/> # DAYS	<input type="text"/> <input type="text"/> <input type="text"/> # DAYS	<input type="text"/> <input type="text"/> <input type="text"/> # DAYS	<input type="text"/> <input type="text"/> <input type="text"/> # DAYS	<input type="text"/> <input type="text"/> <input type="text"/> # DAYS
(RE-ASK D-H 58/ FOR NEXT OLD- EST CHILD ..... 1	..... (C-H) ..... 1	..... (C-H) ..... 1	..... (C-H) ..... 1	..... (Q.94) ..... 1
... (GO TO Q.94) ... 0	..... (Q.94) ..... 0	..... (Q.94) ..... 0	..... (Q.94) ..... 0	..... (Q.94) ..... 0



94. Altogether, how many (more) children do you expect to have?  
IF R IS PREGNANT, ADD: Please include your current pregnancy.

ENTER NUMBER OF CHILDREN:    25-26/

OR

NONE ... (SKIP TO Q.96) ..... 00

- 
95. In how many months or years do you expect to have your (first/next) child?

ENTER # MONTHS:    27-28/

OR

# OF YEARS:    29-30/

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

AGE:    (GO TO A) 31-32/

OR

NEVER HAD PERIOD (SKIP TO Q.97) ..... 00

- A. INTERVIEWER: USE BIRTHDATE ON **INFORMATION SHEET** TO COMPUTE YEAR OF FIRST MENSTRUAL PERIOD. (ADD AGE FROM Q.96 ABOVE TO BIRTHDATE)

ENTER YEAR: 19   (ASK B) 33-34/

- B. That means you had your first period in (YEAR FROM A). Is that correct?

Yes ..... (ASK C) ..... 1

No .... (CORRECT YEAR AND ASK C) .... 0

- C. In what month in (YEAR FROM A) did you have your first period?

ENTER MONTH:    35-36/

OR

Don't Know ..... 98

- 
97. INTERVIEWER: HAS R EVER HAD ANY PREGNANCIES? (SEE **INFORMATION SHEET** ITEM # 9 AND QS.27 AND 27A).

YES ..... (SKIP TO Q.98A) ..... 1 37/

NO ..... (GO TO Q.98) ..... 0

98. Have you ever had sexual intercourse?

Yes .....(ASK A)..... 1 38/  
No ..... (SKIP TO Q.104) ..... 0

A. How old were you the first time you had sexual intercourse?

AGE:    (GO TO B) 39-40/

B. INTERVIEWER: USE BIRTHDATE ON **INFORMATION SHEET** TO COMPUTE YEAR OF FIRST SEXUAL INTERCOURSE. (ADD AGE FROM Q.98 ABOVE TO BIRTHDATE).

ENTER YEAR: 19   (ASK C) 41-42/

C. That means you had sexual intercourse for the first time in (YEAR FROM B). Is that correct?

Yes ..... (ASK D) ..... 1  
No ... (CORRECT YEAR AND ASK D) ..... 0

D. In what month in (YEAR FROM B) did you have sexual intercourse for the first time?

ENTER MONTH:   43-44/

OR

Don't Know ..... 98

---

99. How many times did you have sexual intercourse in the past month?

ENTER NUMBER:   45-46/

None ..... 00

---

100. INTERVIEWER: IS R CURRENTLY PREGNANT? (IS Q.40 CODED YES?)

YES ..... (SKIP TO Q.104) ..... 1 47/  
NO ..... (ASK Q.101) ..... 0

---

101. During the last month, have you used any form of birth control? By birth control we mean methods such as those listed on this card.

HAND  
CARD  
HH

Yes ..... 1 48/  
No .....(SKIP TO Q.104)..... 0

---

102. In the past month, how often have you or your partner used birth control. Would you say it was always, sometimes, or almost never?

always ..... 1 49/  
sometimes ..... 2  
almost never ..... 3

103. Please look at this card. What methods have you used in the last month? Just tell me the number. CODE ALL THAT APPLY

HAND
CARD
HH

- |  |    |        |
|--|----|--------|
| 1. Pill .....                                  | 01 | 50-51/ |
| 2. Condom, rubber .....                        | 02 | 52-53/ |
| 3. Foam .....                                  | 03 | 54-55/ |
| 4. Jelly or cream alone .....                  | 04 | 56-57/ |
| 5. Suppository or insert .....                 | 05 | 58-59/ |
| 6. Diaphragm with or without jelly or cream..  | 06 | 60-61/ |
| 7. Douching after intercourse .....            | 07 | 62-63/ |
| 8. IUD, coil, loop .....                       | 08 | 64-65/ |
| 9. Operation--Female sterilization, .....      |    |        |
| tubes tied .....                               | 09 | 66-67/ |
| 10. Operation--Male sterilization, vasectomy.. | 10 | 68-69/ |
| 11. Natural family planning, safe period by    |    |        |
| temperature of cervical mucus test .....       | 11 | 70-71/ |
| 12. Rhythm or safe period by calendar.....     | 12 | 72-73/ |
| 13. Withdrawal/pulling out .....               | 13 | 74-75/ |
| 14. Contraceptive sponge .....                 | 14 | 76-77/ |
| 15. Other method (SPECIFY) _____               | 15 | 78-79/ |

104. Did you ever have a course relating to sex education?

BEGIN DECK 50

- |           |                       |   |     |
|-----------|-----------------------|---|-----|
| Yes ..... | (GO TO Q.105) .....   | 1 | 10/ |
| No .....  | (SKIP TO Q.107) ..... | 0 |     |

105. Thinking about the 1st course you took, did that course include information about . . . CODE ALL THAT APPLY

- |   | <u>Yes</u> | <u>No</u> | <u>Don't Know</u> |     |
|---|------------|-----------|-------------------|-----|
| a. female monthly menstrual cycle                     | 1          | 0         | 8                 | 11/ |
| b. different types of contraception methods           | 1          | 0         | 8                 | 12/ |
| c. where to obtain contraception methods              | 1          | 0         | 8                 | 13/ |
| d. beneficial or harmful effects of contraception     | 1          | 0         | 8                 | 14/ |
| e. diseases that could result from sexual intercourse | 1          | 0         | 8                 | 15/ |

106. In what month and year did you take that course?

MONTH			YEAR		

16-19/

107. When during the female monthly menstrual cycle is pregnancy most likely to occur?

HAND CARD II
--------------------

- |    |  |   |     |
|----|--|---|-----|
| 1. | right before the period begins .....       | 1 | 20/ |
| 2. | during the period .....                    | 2 |     |
| 3. | right after the period .....               | 3 |     |
| 4. | about 2 weeks after the period begins .... | 4 |     |
| 5. | any time during the month .....            | 5 |     |
| 6. | don't know .....                           | 8 |     |

108. INTERVIEWER: HAS R EVER HAD ANY CHILDREN?

- YES ... (RECORD CHECK MARK IN FERTILITY CIRCLE ON **CALENDAR**.  
THEN GO TO Q.109) ..... 1
- NO ..... (GO TO Q.109) ..... 0

109. Now please fill out this card and seal it in this envelope. Thank you.

HAND SELF- ADMINISTERED CARD
------------------------------------

110. INTERVIEWER: WAS ANYONE ELSE PRESENT, EXCLUDING YOUNG CHILDREN, WHEN YOU ASKED THE QUESTIONS IN SECTION 10?

- |                           |   |     |
|---------------------------|---|-----|
| YES .....                 | 1 | 58/ |
| NO .....                  | 0 |     |
| TELEPHONE INTERVIEW ..... | 2 |     |

## SECTION 11: CHILDCARE

1. INTERVIEWER: ARE ANY OF RESPONDENT'S OWN, ADOPTED, OR STEP-CHILDREN NOW LISTED ON THE HOUSEHOLD ENUMERATION ON THE **FACE SHEET**?

YES ..... 1 10/  
 NO ..... (**SKIP TO SECTION 12**) ..... 0

---

2. INTERVIEWER: IS R CURRENTLY ENROLLED IN A REGULAR SCHOOL?  
 (IS SECTION 3, Q. 1B CODED "YES"?)

YES ..... 1 11/  
 NO ..... 0

---

3. INTERVIEWER: IS R CURRENTLY ENROLLED IN A TRAINING PROGRAM (IS SECTION 8, Q. 11 CODED "YES" OR SECTION 9, Q. 3C OR 6D "STILL ENROLLED")?

YES ..... 1 12/  
 NO ..... 0

---

4. INTERVIEWER: IS R CURRENTLY EMPLOYED  
 OR  
 IS R ON ACTIVE DUTY (SEE **CALENDAR**, ROWS A & B)?

YES ..... (ASK A) ..... 1 13/  
 NO ..... (GO TO Q. 5) ..... 0

- A. You told me earlier that you are working. At what time of the day did you usually begin and end work at your principal job most days last week?  
 (IF R DID NOT WORK LAST WEEK, ASK FOR TIMES FOR THE MOST RECENT WEEK R WAS WORKING.)

INTERVIEWER RECORD:

Time usually began: \_\_\_\_\_ AM / MIDNIGHT 14-17/  
 PM / NOON  
 (CIRCLE ONE)

Time usually ended: \_\_\_\_\_ AM / MIDNIGHT 18-21/  
 PM / NOON  
 (CIRCLE ONE)

- B. Do you usually work the same or fixed shift, or does your shift rotate (for example from days to evenings or nights)?

same or fixed shift ..... 1 22/  
 shift rotates ..... 2

5. INTERVIEWER: DOES R HAVE A SPOUSE OR PARTNER CURRENTLY LISTED ON THE HOUSEHOLD ENUMERATION ON THE **FACE SHEET**?

YES ..... (ASK A) ..... 1 23/  
NO ..... (SKIP TO Q.11) ..... 0

A. Did your (husband/wife/partner) do any work for pay in the last 4 weeks?

Yes ..... (GO TO Q.6) ..... 1 24/  
No ..... (SKIP TO Q.11) ..... 0

- 
6. At what time of the day did your (husband/wife/partner) usually begin and end work at (his/her) principal job most days last week? (IF SPOUSE OR PARTNER DID NOT WORK LAST WEEK, ASK FOR TIME FOR THE MOST RECENT WEEK SPOUSE OR PARTNER WAS WORKING).

INTERVIEWER RECORD:

Time usually began \_\_\_\_\_ AM / MIDNIGHT 25-28/  
PM / NOON  
(CIRCLE ONE)  
Time usually ended \_\_\_\_\_ AM / MIDNIGHT 29-32/  
PM / NOON  
(CIRCLE ONE)

- 
7. Does your (husband/wife/partner) usually work the same or fixed shift, or does (his/her) shift rotate (for example from days to evenings or nights)?

same or fixed shift ..... 1 33/  
shift rotates ..... 2

- 
8. Does your (husband/wife/partner) work any hours when you are not working?

Yes ..... (GO TO Q.9) ..... 1 34/  
No ..... (SKIP TO Q.11) ..... 0

9. In the past 4 weeks, who provided the most care for (YOUNGEST CHILD) during those hours when you were not working but your (husband/wife/partner) was? RECORD VERBATIM AND CODE ONE ONLY.

- 
- |    |                               |    |        |
|----|-------------------------------|----|--------|
| a. | RESPONDENT .....              | 01 | 35-36/ |
| b. | CHILD'S BROTHER/SISTER .....  | 02 |        |
| c. | CHILD'S GRANDMOTHER .....     | 03 |        |
| d. | CHILD'S GRANDFATHER .....     | 04 |        |
| e. | OTHER RELATIVE OF CHILD ..... | 05 |        |
| f. | NON-RELATIVE OF CHILD .....   | 06 |        |
- 
- |    |   |    |  |
|----|---|----|--|
| g. | SPOUSE/PARTNER WORKS ONLY WHEN CHILD<br>IS IN ELEMENTARY SCHOOL AND CARES FOR<br>CHILD AFTER SCHOOL ..... | 07 |  |
| h. | SPOUSE/PARTNER WATCHES CHILD AT WORK....  | 08 |  |
| i. | SPOUSE/PARTNER WORKS AT HOME.....   | 09 |  |
| j. | CHILD CARES FOR SELF.....   | 10 |  |
- 

(1) INTERVIEWER:

IS 07-10 CODED FOR CARE PROVIDER?
--------------------------------------

YES .....	(SKIP TO Q.11) .....	1	37/
NO .....	(GO TO Q.10) .....	0	

---

10. Where was this care usually provided? RECORD VERBATIM AND CODE ONLY ONE.

- 
- |    |  |   |     |
|----|--|---|-----|
| a. | CHILD'S HOME .....   | 1 | 38/ |
| b. | OTHER PRIVATE HOME .....   | 2 |     |
| c. | NURSERY, PRESCHOOL, OR<br>KINDERGARTEN .....                     | 3 |     |
| d. | DAY/GROUP CARE CENTER AT<br>SPOUSE'S WORK PLACE .....            | 4 |     |
| e. | DAY/GROUP CARE CENTER <u>NOT</u> AT<br>SPOUSE'S WORK PLACE ..... | 5 |     |
| f. | OTHER ARRANGEMENTS (SPECIFY) ..                                  | 6 |     |
- 

(GO TO Q.11)

11. INTERVIEWER: IS ANY "YES" CODED IN Q. 2, Q. 3, OR Q. 4?

YES ..... [GO TO Q. 12 AND ASK  
ABOUT CHILDCARE WHILE  
R IS (IN SCHOOL/IN  
TRAINING/WORKING)].. 1

39/

NO ..... (SKIP TO Q. 24) ..... 0

12. Parents use different types of childcare such as a day care center or care provided by a relative while they are (in school/in training/working) and the child is not in regular school.

In the past 4 weeks (or in the most recent month that you have worked), how many different types of childcare arrangements did you use for (YOUNGEST CHILD) while you were (in school/in training/working) and (he/she) was not in elementary school (or higher).

1 type ..... 1  
2 types ..... 2  
3 types or more ..... 3  
Does not apply (SKIP TO Q.24).. 4

40/



13. INTERVIEWER: IF MORE THAN ONE TYPE OF CHILDCARE IS CODED IN Q. 12, FIRST ASK QS. 13-18 FOR PRINCIPAL CARE PROVIDER.

In the past 4 weeks, or in the most recent month that you have worked, (who/who else) provided most of the care for (YOUNGEST CHILD) while you were (in school/training/working) and (he/she) was not in school? RECORD VERBATIM AND CODE ONLY ONE PER COLUMN.

	<u>Principal Care Provider</u>	<u>Secondary Care Provider</u>
a. CHILD'S OTHER PARENT/STEP-PARENT	01 41-42/	01 44-45/
b. CHILD'S BROTHER/SISTER	02	02
c. CHILD'S GRANDMOTHER	03	03
d. CHILD'S GRANDFATHER	04	04
e. OTHER RELATIVE OF CHILD	05	05
f. RESPONDENT'S PARTNER	11	11
g. NON-RELATIVE OF CHILD	06	06
h. R (GOES TO SCHOOL/IS IN TRAINING/ WORKS) ONLY WHEN CHILD IS IN ELEMENTARY SCHOOL AND CARES FOR CHILD AFTER SCHOOL	07	07
i. R WATCHES CHILD AT (SCHOOL/ TRAINING/WORK)	08	08
j. R (GOES TO SCHOOL/TRAINS/WORKS) AT HOME	09	09
k. CHILD CARES FOR SELF	10	10
(1) <u>INTERVIEWER:</u>	<div style="border: 1px solid black; padding: 5px;">IS 07-10 CODED FOR PRINCIPAL CARE PROVIDER?</div> <p>YES .. (SKIP TO Q. 15) ..1 43/ NO ... (GO TO Q. 14) ....0</p>	<div style="border: 1px solid black; padding: 5px;">IS 07-10 CODED FOR SECONDARY CARE PROVIDER?</div> <p>YES ..(SKIP TO Q. 15). 1 46/ NO ..(GO TO Q. 14) .. 0</p>

14. Where was this care usually provided? RECORD VERBATIM AND CODE ONLY ONE PER COLUMN.

	<u>Principal Care Provider</u>	<u>Secondary Care Provider</u>
a. CHILD'S HOME	1 47/	1 48/
b. OTHER PRIVATE HOME	2	2
c. NURSERY, PRESCHOOL, OR KINDERGARTEN	3	3
d. DAY/GROUP CARE CENTER AT R'S WORKPLACE	4	4
e. DAY/GROUP CARE CENTER <u>NOT</u> AT R'S WORKPLACE	5	5
f. OTHER ARRANGEMENTS (SPECIFY) _____	6	6

15. How many hours per week was this care usually provided for (YOUNGEST CHILD)?  
Include care-time only while you were (in school/in training/working).

	<u>Principal Care Provider</u>	<u>Secondary Care Provider</u>
ENTER # OF HOURS PER WEEK:	<u>   </u> 49-50/	<u>   </u> 51-52/

16. Between what hours of the day was this care usually provided while you were  
(in school/in training/working)?

<u>Principal Care Provider</u>	<u>Secondary Care Provider</u>
<u>INTERVIEWER RECORD:</u>	<u>INTERVIEWER RECORD:</u>
Time usually began: _____ AM / MIDNIGHT PM / NOON (CIRCLE ONE) 53-56/	Time usually began: _____ AM / MIDNIGHT PM / NOON (CIRCLE ONE) 62-65/
Time usually ended: _____ AM / MIDNIGHT PM / NOON (CIRCLE ONE) 57-60/	Time usually ended: _____ AM / MIDNIGHT PM / NOON (CIRCLE ONE) 66-69/
OR IF R CAN'T ANSWER BECAUSE HOURS VARY TOO MUCH, CHECK BOX: <u>   </u> 61/	OR IF R CAN'T ANSWER BECAUSE HOURS VARY TOO MUCH, CHECK BOX: <u>   </u> 70/

17. INTERVIEWER: IS Q.13 CODED 03, 04, 05, OR 06?

YES ..... (GO TO Q.18) ..... 1

71/

NO ..... (SKIP TO Q.19) ..... 0

18. Did you or someone else in your family usually pay for this (PRINCIPAL/SECONDARY) care either in cash or in a noncash arrangement such as providing meals, transportation, or exchanging other services?

	Principal Care Provider	Secondary Care Provider
A. No .....	0	0
	72/	73/
		(GO TO Q.20)
Yes-SPECIFY--->		
Cash payment only .....	1	1
Both cash and noncash .....	2	2
Noncash arrangement only .....	3	3
		(GO TO Q.20)

19. INTERVIEWER: DOES R USE MORE THAN ONE TYPE OF CHILDCARE (IS CODE "2" OR "3" CODED IN Q. 12)?

YES ... (RE-ASK QS. 13-18 FOR  
SECONDARY CARE) ..... 1

74/

NO .... (GO TO Q. 20) ..... 0

20. INTERVIEWER: IS GRANDMOTHER CODED FOR PRINCIPAL OR SECONDARY CARE PROVIDER (Q.13 IS CODED 03)?

YES ..... (ASK Q.21) ..... 1

75/

NO ..... (SKIP TO Q.24) ..... 0

---> INTERVIEWER NOTE: IF GRANDMOTHER IS CODED FOR BOTH PRINCIPAL AND SECONDARY CARE, ASK ABOUT PRINCIPAL GRANDMOTHER IN QS.21-23.

21. Has (YOUNGEST CHILD'S) grandmother worked in the last 4 weeks?

Yes ..... (ASK Q.22) ..... 1

76/

No .....(SKIP TO Q.24) ..... 0

22. At what time of day did (YOUNGEST CHILD'S) grandmother usually begin and end work at her principal job most days last week? (IF GRANDMOTHER DID NOT WORK LAST WEEK, ASK FOR TIMES FOR THE MOST RECENT WEEK GRANDMOTHER WAS WORKING).

INTERVIEWER RECORD:

Time usually began: \_\_\_\_\_ AM / MIDNIGHT 10-13/  
 PM / NOON  
 (CIRCLE ONE)

Time usually ended: \_\_\_\_\_ AM / MIDNIGHT 14-17/  
 PM / NOON  
 (CIRCLE ONE)

23. Does (YOUNGEST CHILD'S) grandmother usually work the same or fixed shift, or does her shift rotate (for example from days to evenings or nights)?

same or fixed shift ..... 1 18/  
 shift rotates ..... 2

24. INTERVIEWER: IS RESPONDENT MALE OR FEMALE?

Male ..(SKIP TO SECTION 12)... 1 19/  
 Female .. (GO TO Q.25) ..... 2

25. INTERVIEWER: IS R CURRENTLY IN REGULAR SCHOOL (THIS SECTION, Q.2 CODED "1")?

YES ..... (ASK A) ..... 1 20/  
 NO ..... (ASK B) ..... 0

- A. If you could find (additional) satisfactory childcare at a reasonable cost, would you go to school more hours?

Yes ..... (GO TO Q.26) ..... 1 21/  
 No ..... (GO TO Q.26) ..... 0

- B. If you could find (additional) satisfactory childcare at a reasonable cost, would you be going to school?

Yes ..... 1 22/  
 No ..... 0

26. INTERVIEWER: IS R IN A TRAINING PROGRAM (THIS SECTION, Q. 3 CODED "YES")?

YES ..... (ASK A) ..... 1 23/

NO ..... (ASK B) ..... 0

A. If you could find (additional) satisfactory childcare at a reasonable cost, would you spend more hours in job training?

Yes ..... (GO TO Q.27) ..... 1 24/

No ..... (GO TO Q.27) ..... 0

B. If you could find (additional) satisfactory childcare at a reasonable cost, would you be in a job training program?

Yes ..... 1 25/

No ..... 0

---

27. INTERVIEWER: IS R CURRENTLY EMPLOYED OR IN ACTIVE FORCES (THIS SECTION, Q.4 CODED "YES")?

YES ..... (ASK A) ..... 1 26/

NO ..... (GO TO Q.28) ..... 0

A. If you could find (additional) satisfactory childcare at a reasonable cost, would you work more hours?

Yes .. (SKIP TO SECTION 12) .. 1 27/

No ... (SKIP TO SECTION 12) .. 0

---

28. INTERVIEWER: IS R CURRENTLY UNEMPLOYED AND LOOKING FOR WORK (SECTION 5, Q. 14 CODED 2-9)?

YES ..... (ASK A) ..... 1 28/

NO ..... (ASK B) ..... 0

A If you could find (additional) satisfactory childcare at a reasonable cost, would you be looking for more hours of work than you're currently looking for?

Yes ..... (GO TO Q.29) ..... 1 29/

No ..... (GO TO Q.29) ..... 0

B. If you could find (additional) satisfactory childcare at a reasonable cost, would you be looking for work?

Yes ..... 1 30/

No ..... 0

---

29. Have you had to turn down a job offer in the last 4 weeks because of difficulties in arranging for childcare for any of your (child/children)?

Yes ..... 1 31/

No ..... 0

## SECTION 12: ON HEALTH

1. INTERVIEWER: ARE Q. 20 AND Q. 24, SECTION 5 BOTH BLANK?

OR WAS R ON ACTIVE DUTY IN THE ACTIVE FORCES LAST WEEK:  
(SEE ROW A ON **CALENDAR**).

YES ..... (GO TO Q. 2) ..... 1 32/

NO ..... (ASK A) ..... 0

A. IF NO: Would your health keep you from working on a job for pay now?

Yes ..... (GO TO Q. 4) ..... 1 33/

No ..... 0

---

2. A. (Are you/Would you be) limited in the kind of work you (could) do on a job for pay because of your health?

Yes ..... 1 34/

No ..... 0

B. (Are you/Would you be) limited in the amount of work you (could) do because of your health?

Yes ..... 1 35/

No ..... 0

---

3. INTERVIEWER: SEE QS. 2A & 2B. IS ANY "YES" ANSWER CODED IN THESE QUESTIONS?

YES ..... 1 36/

NO ..... (**SKIP TO SECTION 13**) ..... 0

---

4. Since what month and year have you had this limitation?

ENTER MONTH:     | | |     37-38/

AND

YEAR: 19   | | |     39-40/

OR

IF VOLUNTEERED: All my life..... 0000

## SECTION 13: ALCOHOL USE

1. Next I'd like to ask you some questions about drinking alcoholic beverages, including beer, wine, and liquor. Have you ever had a drink of an alcoholic beverage?

Yes ..... 1 41/  
 No ..... (SKIP TO Q.15) ..... 0

---

2. Have you had any alcoholic beverages, including beer, wine, or liquor, during the last 30 days?

Yes ..... (GO TO Q.3)..... 1 42/  
 No ..... (ASK A AND B) ..... 0

- A. Has drinking ever interfered with your school work?

Yes ..... 1 43/  
 No ..... 0

- B. Has drinking ever interfered with your work on a job?

Yes ..... 1 44/  
 No ..... 0

SKIP TO Q.15
--------------

---

3. How often have you had 6 or more drinks on one occasion during the last 30 days? Would you say it was .... (READ CATEGORIES) .....?

10 or more times ..... 6 45/  
 8 or 9 times ..... 5  
 6 or 7 times ..... 4  
 4 or 5 times ..... 3  
 2 or 3 times ..... 2  
 Once ..... 1  
 Never ..... 0

HAND CARD JJ
--------------------

4. During the last 30 days, on how many days did you drink any alcoholic beverages, including beer, wine, or liquor?

ENTER # OF DAYS:

46-47/

5. Of the (NUMBER OF DAYS IN Q. 4) days you mentioned, on how many of those days did you have only 1 drink? On how many of those days did you have only 2 drinks? (REPEAT QUESTION FOR ALL CATEGORIES AS NECESSARY)

HAND  
CARD  
KK

. . .only 1 drink? ENTER # OF DAYS:    48-49/

. . .only 2 drinks? ENTER # OF DAYS:    50-51/

. . .only 3 drinks? ENTER # OF DAYS:    52-53/

. . .only 4 drinks? ENTER # OF DAYS:    54-55/

. . .only 5 drinks? ENTER # OF DAYS:    56-57/

. . .6 or more drinks? ENTER # OF DAYS:    58-59/

+

TOTAL # OF DAYS =    60-61/

A. INTERVIEWER: DOES TOTAL # OF DAYS OF Q. 5 = # OF DAYS IN Q. 4?

YES..... 1

NO...(RECHECK Q.4 AND Q.5 WITH R).... 0

6. How often in the last 30 days did you go to bars, taverns, or cocktail lounges? Did you go ... (READ CATEGORIES) ...? (INTERVIEWER: DO NOT INCLUDE RESTAURANTS)

Almost every day ..... 5 62/

Several times a week ..... 4

Once or twice a week ..... 3

2-3 times during the month ..... 2

Once this month ..... 1

Never ..... 0

HAND  
CARD  
LL

7. During the last 30 days, on how many days have you had a hangover that interfered with your activities the next day?

ENTER # OF DAYS:

63-64/

Never ..... 00



Next, I'd like some information about drinking alcoholic beverages, including beer, wine, and liquor, during the past week.

8. During the last seven days ending with yesterday, on how many days did you drink alcoholic beverages?

1 day .....	01	65-66/
2 days .....	02	
3 days .....	03	
4 days .....	04	
5 days .....	05	
6 days .....	06	
7 days .....	07	
None .....(SKIP TO Q. 12).....	00	

---

9. During the last seven days, how many cans or bottles of beer did you have?

ENTER NUMBER OF CANS OR BOTTLES: <u>  </u> <u>  </u> <u>  </u>	67-68/
None .....	00

---

10. During the last seven days, how many glasses of wine did you have?

ENTER NUMBER OF GLASSES: <u>  </u> <u>  </u> <u>  </u>	69-70/
None .....	00

---

11. During the last seven days, how many drinks did you have containing liquor, such as whiskey, vodka, gin, brandy, etc.?

ENTER NUMBER OF DRINKS: <u>  </u> <u>  </u> <u>  </u>	71-72/
None .....	00

---

12. A. Has drinking ever interfered with your school work?

Yes .....	1	73/
No .....	0	

- B. Has drinking ever interfered with your work on a job?

Yes .....	1	74/
No .....	0	

3. Now I would like to ask you some questions about experiences that many people have had with drinking. During the past year . . .

	<u>YES</u>	<u>NO</u>	
A. Have you felt aggressive or cross while drinking?	1	0	75/
B. Have you gotten into a heated argument while drinking?	1	0	76/
C. Have you gotten into a fight while drinking?	1	0	77/
D. Have you deliberately tried to cut down or quit drinking, but didn't manage to do so?	1	0	78/
E. Were you afraid you might be an alcoholic or that you might become one?	1	0	79/
F. Once you started drinking, was it difficult for you to stop before you became completely intoxicated?	1	0	BEGIN DECK 53 10/
G. Have you awakened the next day not being able to remember things you had done while drinking?	1	0	11/
H. Have you often taken a drink the first thing when you got up in the morning?	1	0	12/
I. Have your hands shaken a lot the morning after drinking?	1	0	13/
J. Have you sometimes gotten high or tight when drinking by yourself?	1	0	14/
K. Have you sometimes kept on drinking after promising yourself not to?	1	0	15/

4. INTERVIEWER: HAS R WORKED IN THE PAST YEAR (HAVE LINES BEEN DRAWN IN ROWS A OR B OF THE **CALENDAR**)?

Yes ..... (ASK A-E) ..... 1 16/  
 No ..... (GO TO Q.15) ..... 0

A. Have you stayed away from work because of a hangover?	1	0	17/
B. Have you gotten high or tight when on the job?	1	0	18/
C. Have you lost a job, or nearly lost one, because of drinking?	1	0	19/
D. Has drinking led to your quitting a job?	1	0	20/
E. Has drinking hurt your chances for promotion or raises or a better job?	1	0	21/

5. INTERVIEWER: WAS ANYONE ELSE PRESENT OTHER THAN SMALL CHILDREN WHEN YOU ASKED THE QUESTIONS IN SECTION 13?

YES ..... 1 22/  
 NO ..... 0  
 PHONE INTERVIEW ..... 2

PLEASE GO ON TO NEXT PAGE ----->

## SECTION 14 - DRUGS

In this section, we would like to ask about your experiences, if any, smoking cigarettes and using marijuana and other drugs. Currently, there is little accurate information on the actual experiences of people your age. Remember, as is true with all portions of this interview, the answers you give will remain strictly confidential and will not be associated with your name in any way.

READ AS APPROPRIATE: We also have a legal Certificate of Confidentiality that protects you. Authorities cannot gain access to your replies.

1. About how old were you when you first tried a cigarette?

ENTER AGE IN YEARS

23-24/

OR

I never tried a cigarette ... (SKIP TO Q.4) ... 00

2. When was the most recent time you had a cigarette? Was it . . .  
(READ CATEGORIES BELOW AND CODE ONE ONLY)

Within the past 30 days ..... (GO TO Q.3) .... 1

25/

More than 30 days ago but  
within the past six months ... (SKIP TO Q.4) .. 2

Six months to a year ago ..... (SKIP TO Q.4) .. 3

More than a year ago ..... (SKIP TO Q.4) .. 4

3. During the past 30 days, how many cigarettes or packs of cigarettes have you smoked per day? Give me the average number per day. Was it . . .  
(READ CATEGORIES AND CODE ONE ONLY).

Less than one cigarette per day ..... 1

26/

One to five cigarettes per day ..... 2

About 1/2 pack per day ..(6-15 cigarettes) .... 3

About one pack per day ..(16-25 cigarettes) ... 4

About one and one-half packs per day  
(26-35 cigarettes)..... 5

Two packs or more per day (over 35 cigarettes). 6

4. In your lifetime, on how many occasions have you ever used marijuana or hashish?  
(PROBE: Just your best estimate)

1,000 or more occasions ..... 5

27/

100-999 occasions ..... 4

40-99 occasions ..... 3

10-39 occasions ..... 2

1-9 occasions ..... 1

Never used .....(SKIP TO Q.10)..... 0

HAND  
CARD  
MM

5. When did you use marijuana or hashish for the first time? In what month and year?

MONTH:

28-29/

AND

YEAR: 19

30-31/

IF DON'T KNOW, ASK: How old were you then?

ENTER AGE

32-33/

6. And when was the most recent time you used marijuana or hashish? In what month and year was that?

MONTH:

34-35/

AND

YEAR: 19

36-37/

INTERVIEWER: IF CURRENT MONTH OR LAST MONTH IS ENTERED, ASK Q.7. OTHERWISE, SKIP TO Q.8.

7. During the past 30 days, on how many occasions have you used marijuana or hashish?

40 or more occasions .....	6	38/
20-39 occasions .....	5	
10-19 occasions .....	4	
6-9 occasions .....	3	
3-5 occasions .....	2	
1-2 occasions .....	1	
None .....	0	

HAND  
CARD  
NN

SKIP TO Q.9

8. INTERVIEWER: HAS RESPONDENT USED MARIJUANA OR HASH SINCE JANUARY 1, 1979? (SEE DATE ENTERED AT Q.6, ABOVE).

YES .....	1	39/
NO ..... (SKIP TO Q.10) .....	0	

9. Thinking about your use of marijuana or hashish from (January 1, 1979/MONTH AND YEAR RECORDED AT Q.5, IF LATER THAN JANUARY 1, 1979) until the present, please tell me in which months you used marijuana or hashish. Let me show you this time grid.

40/

- A. INTERVIEWER: SHOW R TIME GRID ON OPPOSITE PAGE. DRAW ARROWS ON GRID NEXT TO MONTHS AND YEARS RESPONDENT USED MARIJUANA OR HASHISH. -----> THEN ANSWER Q.9B.

9. (continued)

-----&gt;

1979	Jan.	1	41/
	Feb.	2	42/
	March	3	43/
	April	4	44/
	May	5	45/
	June	6	46/
	July	1	47/
	Aug.	2	48/
	Sept.	3	49/
	Oct.	4	50/
	Nov.	5	51/
	Dec.	6	52/
1980	Jan.	1	53/
	Feb.	2	54/
	March	3	55/
	April	4	56/
	May	5	57/
	June	6	58/
	July	1	59/
	Aug.	2	60/
	Sept.	3	61/
	Oct.	4	62/
	Nov.	5	63/
	Dec.	6	64/
1981	Jan.	1	65/
	Feb.	2	66/
	March	3	67/
	April	4	68/
	May	5	69/
	June	6	70/
	July	1	71/
	Aug.	2	72/
	Sept.	3	73/
	Oct.	4	74/
	Nov.	5	75/
	Dec.	6	76/
1982	Jan.	1	10/
	Feb.	2	11/
	March	3	12/
	April	4	13/
	May	5	14/
	June	6	15/
	July	1	16/
	Aug.	2	17/
	Sept.	3	18/
	Oct.	4	19/
	Nov.	5	20/
	Dec.	6	21/
1983	Jan.	1	22/
	Feb.	2	23/
	March	3	24/
	April	4	25/
	May	5	26/
	June	6	27/
	July	1	28/
	Aug.	2	29/
	Sept.	3	30/
	Oct.	4	31/
	Nov.	5	32/
	Dec.	6	33/
1984	Jan.	1	34/
	Feb.	2	35/
	March	3	36/
	April	4	37/
	May	5	38/
	June	6	39/
	July	1	40/

BEGIN DECK 54



9B. INTERVIEWER  
 ANY USE IN PAST  
 12 MONTHS?  
 (REFER TO GRID,  
 EXCLUDING CURRENT  
 MONTH, COUNT BACK-  
 WARDS 12 MONTHS.)

-----&gt; YES ..... 1 41/

NO ..... 0

GO TO Q.10 NEXT PAGE

10. Please look at this card. Have you ever used any of these drugs on your own, without a doctor telling you to take them, to get high or enjoy the feeling? These include . . . (READ EACH MAIN CATEGORY, a-i BELOW, AND CODE "YES" OR "NO")

HAND  
CARD  
00

ASK B-D, FOR EACH "YES" AT Q.10.

B. In your lifetime, on how many occasions have you ever used (DRUG USED AT Q.10) (on your own without a doctor telling you to take it)?

HAND  
CARD  
PP

ASK C FOR EACH DRUG USED AT Q.10

C. How old were you the first time you used (DRUG USED AT Q.10) (on your own, without a doctor telling you to take it)?

	YES	NO	1,000+ occasions	100-999	40-99	10-39	1-9	AGE	
a. <u>Amphetamines or Stimulants on your own, like Uppers, Speed, Bennies, Diet pills</u>	1	0	42/	5	4	3	2	1 43/	<input type="text"/> <input type="text"/> 44-45/
b. <u>Barbiturates or Sedatives on your own, like Downers, Reds, Yellows, Quaaludes, Seconal</u>	1	0	46/	5	4	3	2	1 47/	<input type="text"/> <input type="text"/> 48-49/
c. <u>Tranquillizers on your own, like Librium, Valium</u>	1	0	50/	5	4	3	2	1 51/	<input type="text"/> <input type="text"/> 52-53/
d. <u>Psychedelics like LSD, PCP, Mescaline, Peyote, Angel dust</u>	1	0	54/	5	4	3	2	1 55/	<input type="text"/> <input type="text"/> 56-57/
e. <u>Cocaine</u>	1	0	58/	5	4	3	2	1 59/	<input type="text"/> <input type="text"/> 60-61/
f. <u>Heroin</u>	1	0	62/	5	4	3	2	1 63/	<input type="text"/> <input type="text"/> 64-65/
g. <u>Other Narcotics on your own like Codeine, Demerol, Morphine, Methadone, Darvon, Opium</u>	1	0	66/	5	4	3	2	1 67/	<input type="text"/> <input type="text"/> 68-69/
h. <u>Inhalants like glue, aerosols, or poppers</u>	1	0	70/	5	4	3	2	1 71/	<input type="text"/> <input type="text"/> 72-73/
i. <u>OTHER (SPECIFY) _____</u>	1	0	74/	5	4	3	2	1 75/	<input type="text"/> <input type="text"/> 76-77/

10A. INTERVIEWER: DID RESPONDENT ANSWER "YES" FOR ANY DRUG ABOVE?

YES ..... [FOR EACH "YES," ASK B-D (AND E, IF INDICATED) FOR FIRST DRUG BEFORE ASKING ABOUT NEXT DRUG, IF ANY] ... 1

NO ..... (SKIP TO Q.11) ..... 0

## ASK D FOR EACH DRUG USED AT Q.10.

D. When was the most recent time you used  
(DRUG USED AT Q.10) (on your own, without  
a doctor telling you to take it)? Was it ...  
(READ CATEGORIES AND CODE ONE ONLY)

INTERVIEWER: FOR ANY DRUG USED WITHIN  
PAST 30 DAYS, ALSO ASK E.

BEGIN DECK 55

HAND CARD 00
--------------------

ASK E FOR ANY DRUG USED WITHIN THE PAST 30 DAY  
(ANY CODE "1" AT D).

E. During the past 30 days, on how many occasions  
have you used (DRUG CODED "1" AT D) (on your  
own, without a doctor telling you to take it)?

					40 or more occasions	20-39	10-19	6-9	3-5	1-2	
Within the past 30 days	More than 30 days ago but within past six months	Six months to a year ago	More than a year ago								
a. 1	2	3	4	10/	6	5	4	3	2	1	11/
b. 1	2	3	4	12/	6	5	4	3	2	1	13/
c. 1	2	3	4	14/	6	5	4	3	2	1	15/
d. 1	2	3	4	16/	6	5	4	3	2	1	17/
e. 1	2	3	4	18/	6	5	4	3	2	1	19/
f. 1	2	3	4	20/	6	5	4	3	2	1	21/
g. 1	2	3	4	22/	6	5	4	3	2	1	23/
h. 1	2	3	4	24/	6	5	4	3	2	1	25/
i. 1	2	3	4	26/	6	5	4	3	2	1	27/



11. INTERVIEWER: HAS R USED MARIJUANA OR HASHISH IN THE PAST 12 MONTHS ("YES" AT Q.9B)?  
OR HAS R USED OTHER DRUGS IN PAST 12 MONTHS? (ANY CODES 1-3 AT Q.10D)?

YES ..... (GO TO Q.12) ..... 1 28/  
NO ..... (SKIP TO Q.14) ..... 0

12. INTERVIEWER: HAVE YOU DRAWN ANY LINES ON ROWS A OR B OF THE **CALENDAR**?

YES ..... (GO TO Q.12A) ..... 1 29/  
NO ..... (SKIP TO Q.14) ..... 0

- 12A. INTERVIEWER: REFER TO **CALENDAR**, ROWS A AND B. DETERMINE THE NATURE OF R'S MOST RECENT ACTIVITY.  
WAS IT A CIVILIAN JOB? (IF SO, SUBSTITUTE NAME OF MOST RECENT EMPLOYER AT Q.13, BELOW)  
OR  
WAS IT ACTIVE DUTY IN ACTIVE FORCES? (IF SO, SUBSTITUTE "THE MILITARY" AT Q.13, BELOW)

13. At your job with (READ NAME OF MOST RECENT JOB/OR "THE MILITARY," FROM Q.12A ABOVE) since (READ DATE OF LAST INTERVIEW OR, DATE JOB/MILITARY BEGAN, IF MORE RECENT) did you use or feel high from any of the following during work time or on breaks?
- ASK B FOR EACH "YES" AT A.
- B. How often did you use or feel high from (DRUG USED AT A) during work time or on breaks?  
Was it . . . (HAND CARD AND CODE REPLY).

HAND CARD RR	Yes .....(ASK A) ..... 1 30/	HAND CARD SS	Once a month or less	2-3 days per month	1-2 days per week	3-4 days per week	Almost every day
	No ....(SKIP TO Q.14)..... 0						

IF YES:

- A. Tell me which ones . . .  
CODE ALL THAT APPLY: THEN ASK B.

Marijuana or Hashish..... 01 31-32/	1	2	3	4	5 33/
Amphetamines or Stimulants on your own, like Uppers, Speed, Bennies, Diet pills..... 02 34-35/	1	2	3	4	5 36/
Barbiturates or Sedatives on your own, like Downers, Reds, Yellows, Quaaludes, Seconal..... 03 37-38/	1	2	3	4	5 39/
Tranquilizers, on your own like Librium, Valium, ..... 04 40-41/	1	2	3	4	5 42/
Psychedelics, like LSD, PCP, Mescaline, Peyote, Angel Dust... 05 43-44/	1	2	3	4	5 45/
Cocaine..... 06 46-47/	1	2	3	4	5 48/
Heroin..... 07 49-50/	1	2	3	4	5 51/
Other Narcotics on your own like Codeine, Demerol, Morphine, Methadone, Darvon, Opium ..... 08 52-53/	1	2	3	4	5 54/
Inhalants like glue, aerosols, or poppers ..... 09 55-56/	1	2	3	4	5 57/

PLEASE GO ON TO NEXT PAGE ----->

14. Please look at this card. Have you ever used any of these drugs prescribed for you by a doctor?

HAND  
CARD  
TT

Yes .....(ASK A)..... 1 58/

No ..(SKIP TO SECTION 15).... 0

- A. IF YES, ASK: Tell me which ones . . .  
CODE ALL THAT APPLY.

a. Amphetamines or Stimulants.....1 59/  
like Dexedrine, Benzedrine,  
Biphedamine

b. Barbiturates or Sedatives.....2 61/  
like Seconal, Tuinal,  
Quaaludes

c. Tranquillizers .....3 63/  
like Librium, Valium

ASK B FOR EACH "YES AT Q.14A.

- B. When was the most recent time you used  
(DRUG USED AT Q.14) prescribed for you  
by a doctor? Was it . . .  
(READ CATEGORIES AND CODE ONE ONLY)

INTERVIEWER: FOR ANY DRUG USED WITHIN  
THE PAST 30 DAYS, ALSO  
ASK C.

	More than 30 days ago but within past six months	Six months to a year ago	More than a year ago	
<u>Within the past 30 days</u>				
1	2	3	4	60/
1	2	3	4	62/
1	2	3	4	64/

INTERVIEWER: ASK B (AND C, IF INDICATED)  
FOR FIRST DRUG USED. THEN ASK  
ABOUT NEXT DRUG, IF ANY.

INTERVIEWER: ASK C FOR ANY DRUG USED WITHIN THE PAST 30 DAYS (ANY CODE "1" AT B).

C. During the past 30 days, on how many occasions have you used (DRUG CODED "1" AT B)  
prescribed for you by a doctor?

HAND  
CARD  
UU

<u>40 or more occasions</u>	<u>20-39</u>	<u>10-19</u>	<u>6-9</u>	<u>3-5</u>	<u>1-2</u>	
6	5	4	3	2	1	65/
6	5	4	3	2	1	66/
6	5	4	3	2	1	67/

GO TO SECTION 15

## SECTION 15: ON ASSETS AND INCOME

1. Now I would like to ask you some questions about your income in 1983.

A. During 1983, did you receive any income from service in the military?

Yes ..... (ASK B) ..... 1 68/  
No ..... (GO TO Q. 2) ..... 0

B. IF YES: And how much total income did you receive during 1983 from the military before taxes and other deductions? Please include money received from special pays, allowances, and bonuses.

\$ | | | | , | | | | .00 69-74/

BEGIN DECK 56

---

2. IF R EARNED ANY MONEY FROM THE MILITARY IN 1983, READ A. OTHERWISE, GO TO B.

A. Not counting any money you received from your military service ...

B. During 1983, how much did you receive from wages, salary, commissions, or tips from all (other) jobs, before deductions for taxes or anything else?

\$ | | | | , | | | | .00 10-15/

OR

NONE ..... 000000

---

3. (Excluding any income you already have mentioned) During 1983, did you receive any money in income . . .

A. from your own farm?

Yes ..... 1 16/  
No ..... 0

B. from your own nonfarm business, partnership or professional practice?

Yes ..... 1 17/  
No ..... 0

INTERVIEWER: IF A OR B IS CODED "YES," ASK C. OTHERWISE, GO TO Q. 4.

C. IF YES TO A OR B: How much did you receive after expenses?

\$ | | | | , | | | | .00 18-23/

OR

NONE ..... 000000

OR

DON'T KNOW ..... 999998

4. During 1983, did you receive any unemployment compensation?

Yes ..... (ASK A-C) ..... 1 24/  
No ..... (GO TO Q. 5) ..... 0

IF YES, ASK A-C:

A. SHOW R **CALENDAR**. ASK: In which months of 1983 did you receive unemployment compensation? CODE ALL THAT APPLY.

JANUARY .....	01	25-26/
FEBRUARY .....	02	27-28/
MARCH .....	03	29-30/
APRIL .....	04	31-32/
MAY .....	05	33-34/
JUNE .....	06	35-36/
JULY .....	07	37-38/
AUGUST .....	08	39-40/
SEPTEMBER .....	09	41-42/
OCTOBER .....	10	43-44/
NOVEMBER .....	11	45-46/
DECEMBER .....	12	47-48/

B. How many weeks in 1983 did you receive unemployment compensation?

ENTER NUMBER OF WEEKS:          49-50/

C. How much did you receive per week on the average?

\$       ,             .00 51-54/

---

5. INTERVIEWER: IS R CURRENTLY MARRIED AND IS R'S SPOUSE LISTED ON THE HOUSEHOLD ENUMERATION?

YES ..... (GO TO Q. 6) ..... 1 55/  
NO ..... (SKIP TO Q. 10) ..... 0

---

6. IF R IS CURRENTLY MARRIED AND R'S SPOUSE IS LISTED ON THE HOUSEHOLD ENUMERATION, ASK:

A. During 1983, did your (husband/wife) receive any income from service (he/she) performed in the military?

Yes ..... (ASK B) ..... 1 56/  
No ..... (GO TO Q. 7) ..... 0

B. IF YES: And how much total income did your (husband/wife) receive during 1983 from the military before taxes and other deductions? Please include money received from special pays, allowances, and bonuses.

\$             ,             .00 57-62/

7. IF SPOUSE EARNED ANY MONEY FROM THE MILITARY IN 1983, READ A. OTHERWISE, GO TO B.

- A. Not counting any money your (husband/wife) received from (his/her) military service ...
- B. During 1983, how much did your (husband/wife) receive from wages, salary, commissions, or tips from all (other) jobs, before deductions for taxes or anything else?

\$                     ,                     .00

63-68/

OR

NONE ..... 000000

OR

DON'T KNOW ..... 999998

---

8. [Now, please exclude any income you already have mentioned earned by your (husband/wife)]. (In addition to the income you received from your farm or your business, partnership, or professional practice,) During 1983, did your (husband/wife) receive any money in income ...

- A. from (his/her) own farm?

Yes ..... 1  
No ..... 0  
DON'T KNOW ..... 8

69/

- B. from (his/her) own nonfarm business, partnership, or professional practice?

Yes ..... 1  
No ..... 0  
DON'T KNOW ..... 8

70/

INTERVIEWER: IF A OR B IS CODED "YES," ASK C. OTHERWISE, GO TO Q. 9.

- C. IF YES TO A OR B: How much did (he/she) receive after expenses?

\$                     ,                     .00

71-76/

OR

NONE ..... 000000

OR

DON'T KNOW ..... 999998

---

9. During 1983, did your (husband/wife) receive any unemployment compensation?

Yes ..... (ASK A-C) ..... 1  
No ..... (GO TO Q. 10) ..... 0

77/

9. (Continued)

IF YES, ASK A-C:

A. SHOW R CALENDAR AND ASK: In which months of 1983 did your (husband/wife) receive unemployment compensation? CODE ALL THAT APPLY.

JANUARY .....	01	10-11/
FEBRUARY .....	02	12-13/
MARCH .....	03	14-15/
APRIL .....	04	16-17/
MAY .....	05	18-19/
JUNE .....	06	20-21/
JULY .....	07	22-23/
AUGUST .....	08	24-25/
SEPTEMBER .....	09	26-27/
OCTOBER .....	10	28-29/
NOVEMBER .....	11	30-31/
DECEMBER .....	12	32-33/

B. During how many weeks in 1983 did your (husband/wife) receive unemployment compensation?

ENTER NUMBER OF WEEKS:                34-35/  
OR  
DON'T KNOW ..... 98

C. How much did (he/she) receive per week on the average?

\$ \_\_\_\_\_, \_\_\_\_\_ .00 36-39/  
OR  
DON'T KNOW ..... 9998

10. INTERVIEWER: HAS R EVER BEEN MARRIED, SEPARATED, DIVORCED, OR WIDOWED?  
(SEE SECTION 2, Q.2 AND **INFORMATION SHEET**)?

```

YES ..... (ASK A) ..... 1
NO ..... (GO TO Q. 11) ..... 0

```

A. During 1983, did you [or your (husband/wife)] receive any money from someone living outside this household for alimony?

```

Yes ..... (ASK B) ..... 1
No ..... (GO TO C) ..... 0

```

B. How much did you [or your (husband/wife)] receive for alimony during 1983?

\$ | | | | | , | | | | | .00 42-47/

C. During 1983, did you [or your (husband/wife)] pay any money to anyone for alimony?

```

Yes ..... (ASK D) ..... 1
No ..... (GO TO Q. 11) ..... 0

```

D. How much did you [or your (husband/wife)] pay in 1983 for alimony?

\$ \_\_\_\_\_ .00 49-54/



-----> INTERVIEWER NOTE: IN QS.11-21, REFER TO R'S SPOUSE ONLY IF R IS CURRENTLY MARRIED AND SPOUSE IS LISTED ON **HOUSEHOLD ENUMERATION**.

11. INTERVIEWER: HAS R EVER (HAD/GIVEN BIRTH TO) A CHILD (SEE **CALENDAR**. IS CHECK MARK RECORDED IN FERTILITY CIRCLE?)

YES ..... (ASK A)..... 1 55/  
NO ..... (GO TO Q. 12)..... 0

- A. During 1983, did you [or your (husband/wife)] receive any money from someone living outside this household for child support?

Yes ..... (ASK B) ..... 1 56/  
No ..... (GO TO Q. 12) ..... 0

- B. How much did you [or your (husband/wife)] receive for child support during 1983?

\$                ,                .00 57-62/

12. During 1983, did you [or your (husband/wife)] pay any money to anyone for child support for any child not living in this household?

Yes ..... (ASK A) ..... 1 63/  
No ..... (GO TO Q. 13)..... 0

- A. How much did you [or your (husband/wife)] pay for child support during 1983?

\$                ,                .00 64-69/

13. INTERVIEWER: IF ANYONE OTHER THAN R'S SPOUSE AND CHILDREN IS LISTED IN HOUSEHOLD ENUMERATION, READ A BELOW. OTHERWISE, GO TO B.

- A. For these next few questions, we are interested in different kinds of payments that might have been made directly to you [or your (husband/wife)]. For these questions, please do not include any payments that were made to your parents or to other members of your family, even if the payments were used to help pay for your support.

- B. During 1983, did you [or your (husband/wife)] receive any payments from Aid to Families with Dependent Children--AFDC?

Yes ..... (ASK C & D) ..... 1 70/  
No ..... (GO TO Q. 14) ..... 0

IF YES, ASK C & D:

- C. In which months of 1983 did you [or your (husband/wife)] receive AFDC payments? CODE ALL THAT APPLY.

BEGIN DECK 58

JANUARY .....	01	10-11/
FEBRUARY .....	02	12-13/
MARCH .....	03	14-15/
APRIL .....	04	16-17/
MAY .....	05	18-19/
JUNE .....	06	20-21/
JULY .....	07	22-23/
AUGUST .....	08	24-25/
SEPTEMBER .....	09	26-27/
OCTOBER .....	10	28-29/
NOVEMBER .....	11	30-31/
DECEMBER .....	12	32-33/

- D. During 1983, how much did you [or your (husband/wife)] receive per month on the average from AFDC?

\$                ,                .... 00 34-37/

OR

DON'T KNOW ....9998

14. During 1983, did you [or your (husband/wife)] receive any food stamps under the government's Food Stamp Plan?

Yes ..... (ASK A & B) ..... 1 38/  
 No ..... (GO TO Q. 15) ..... 0

IF YES, ASK A & B:

- A. In which months of 1983 did you [or your (husband/wife)] receive food stamps? CODE ALL THAT APPLY.

JANUARY .....	01	39-40/
FEBRUARY .....	02	41-42/
MARCH .....	03	43-44/
APRIL .....	04	45-46/
MAY .....	05	47-48/
JUNE .....	06	49-50/
JULY .....	07	51-52/
AUGUST .....	08	53-54/
SEPTEMBER .....	09	55-56/
OCTOBER .....	10	57-58/
NOVEMBER .....	11	59-60/
DECEMBER .....	12	61-62/

- B. How many dollars worth of food stamps did you [or your (husband/wife)] receive during (MOST RECENT MONTH CODED IN A)?

\$         ,                 .00 63-66/

15. [Besides the (AFDC) (and) (food stamps),] During 1983, did you [or your (husband/wife)] receive any Supplemental Security Income?

Yes ..... (ASK A & B) ..... 1 67/  
 No ..... (GO TO Q. 16) ..... 0

IF YES, ASK A & B:

- A. In which months of 1983 did you [or your (husband/wife)] receive any Supplemental Security Income? CODE ALL THAT APPLY. BEGIN DECK 59

JANUARY .....	01	10-11/
FEBRUARY .....	02	12-13/
MARCH .....	03	14-15/
APRIL .....	04	16-17/
MAY .....	05	18-19/
JUNE .....	06	20-21/
JULY .....	07	22-23/
AUGUST .....	08	24-25/
SEPTEMBER .....	09	26-27/
OCTOBER .....	10	28-29/
NOVEMBER .....	11	30-31/
DECEMBER .....	12	32-33/

- B. And how much did you [or your (husband/wife)] receive per month, on the average, during 1983?

\$         ,                 .00 34-37/  
 OR

DON'T KNOW ..... 9998

16. [Besides the things you've already told me about, such as (AFDC,) (food stamps,) and (Supplemental Security Income,)] Did you [or your (husband/wife)] receive any public assistance or welfare payments from the local, state, or federal government?

Yes ..... (ASK A & B) ..... 1 38/  
 No ..... (GO TO Q. 17) ..... 0

IF YES, ASK A & B:

- A. In which months of 1983 did you [or your (husband/wife)] receive these payments? CODE ALL THAT APPLY.

JANUARY .....	01	39-40/
FEBRUARY .....	02	41-42/
MARCH .....	03	43-44/
APRIL .....	04	45-46/
MAY .....	05	47-48/
JUNE .....	06	49-50/
JULY .....	07	51-52/
AUGUST .....	08	53-54/
SEPTEMBER .....	09	55-56/
OCTOBER .....	10	57-58/
NOVEMBER .....	11	59-60/
DECEMBER .....	12	61-62/

- B. And how much did you [or your (husband/wife)] receive per month, on the average, during 1983?

\$       ,             . 00 63-66/

OR

DON'T KNOW ..... 9998

17. A. During 1983, did you [or your (husband/wife)] receive any educational benefits for veterans under the G.I. Bill or V.E.A.P.?

Yes ..... 1 67/  
 No ..... 0

- B. During 1983, did you [or your (husband/wife)] receive any (other kinds of) scholarships, fellowships, or grants?

Yes ..... 1 68/  
 No ..... 0

- C. INTERVIEWER: IS ANY "YES" CODED IN Q. 17 A OR B?

YES ..... (GO TO Q. 18) ..... 1 69/  
 NO ..... (SKIP TO Q. 19) ..... 0

IF NOT CURRENTLY MARRIED, CIRCLE CODE "1" IN Q. 18 WITHOUT ASKING.

OTHERWISE, ASK Q. 18.

18. Who received these benefits--you, your (husband/wife), or both of you?

Respondent only ..... (ASK A, COLUMN 1 ONLY) ..... 1 70/

Respondent's spouse only . (ASK A, COLUMN 2 ONLY) ..... 2

Respondent and spouse .... (ASK A, COLUMNS 1 & 2) ..... 3

COLUMN 1 FOR RESPONDENT

A. What was the total dollar value of the assistance you received from these sources during 1983?

\$          ,          .00

OR 71-75/

DON'T KNOW ..... 99998

COLUMN 2 FOR R'S SPOUSE

What was the total dollar value of the assistance your (husband/wife) received from these sources during 1983?

\$          ,          .00

OR 10-14/

DON'T KNOW ..... 99998

BEGIN DECK 60

19. During 1983, did you [or your (husband/wife)] receive any (other) veterans benefits, worker's compensation, or disability payments?

Yes ..... (ASK A) ..... 1 15/

No ..... (GO TO Q. 20) ..... 0

A. IF YES: What was the total amount of these other veterans benefits, worker's compensation, or disability payments you [or your (husband/wife)] received during 1983?

\$          ,          .00 16-20/

20. [(Besides any alimony and child support) (and) (besides any scholarship, fellowship, or grant) you have already told me about,] During 1983 ...

A. IF R LIVES IN DU: did you [or your (husband/wife)] regularly receive any money from persons living outside this household?

Yes ..... (ASK D) ..... 1 21/

No ..... (GO TO Q. 21) ..... 0

B. IF R LIVES IN A DORM, FRATERNITY, SORORITY, OR JAIL:

did you [or your (husband/wife)] regularly receive any money from persons living outside your home in (CITY OF PERMANENT RESIDENCE)?

Yes ..... (ASK D) ..... 1 22/

No ..... (GO TO Q. 21) ..... 0

C. CONTINUED ON TOP OF FOLLOWING PAGE.

20. (Continued)

C. IF R LIVES IN MILITARY BARRACK, ABOARD SHIP, OR IN BACHELOR ENLISTED OR OFFICER QUARTERS:

did you regularly receive any money from any person?

Yes ..... (ASK D) ..... 1 23/  
 No ..... (GO TO Q. 21) ..... 0

IF YES TO A, B, OR C, ASK D.

D. How much did you receive from this source during 1983?

\$                ,                .00 24-29/  
 OR  
 DON'T KNOW ..... 999998

21. (Aside from the things you have already told me about,) During 1983, did you [or your (husband/wife)] receive any money, even if only a small amount, from any other source such as the ones on this card? For example: things like interest on savings, payments from Social Security, net rental income, or any other regular or periodic sources of income.

Yes ..... (ASK A) ..... 1 30/  
 No ..... (GO TO Q. 22) ..... 0

HAND
CARD
VV

A. IF YES: Altogether, how much did you [or your (husband/wife)] receive from these sources of income?

\$                ,                .00 31-35/  
 OR  
 DON'T KNOW ..... 99998

22. INTERVIEWER: DID YOU DO THE HOUSEHOLD ENUMERATION WITH A ...

► VERSION A (YELLOW).. [SKIP TO Q. 33 (p.182)] ..... 1 36/  
 ► VERSION B (TAN)..... [SKIP TO Q. 33 (p.182)] ..... 2  
 VERSION C (LIME GREEN)..... 3

23. INTERVIEWER: **IF VERSION C,** DOES RESPONDENT LIVE WITH ANY RELATIVE OTHER THAN RESPONDENT'S SPOUSE AND CHILDREN?

YES ..... (GO TO Q. 24) ..... 1 37/  
 NO ..... (SKIP TO Q. 29) ..... 0

24. The next few questions are about the income received during 1983 by the other persons who live here who are related to you--that is,... (READ NAMES OF ALL PERSONS IN HOUSEHOLD WHO ARE RELATED TO RESPONDENT OTHER THAN R's SPOUSE AND CHILDREN.)

During 1983, did any of these persons receive (READ ITEMS). CODE "YES" OR "NO" FOR EACH ITEM.

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	
A. payments from Aid to families with Dependent Children? Please include any payments which these persons may have received to help pay for your (or your husband's/wife's) support.	1	0	8	38/
B. Supplemental Security Income, or any other public assistance or welfare from the local, state, or federal government?	1	0	8	39/
C. unemployment compensation or worker's compensation?	1	0	8	40/
D. Veterans Benefits?	1	0	8	41/

25. INTERVIEWER: IS ANY ITEM IN Q. 24 CODED YES (1)?

YES .....	(GO TO Q. 26) .....	1	42/
NO .....	(SKIP TO Q. 27) .....	0	

IF YES TO Q. 25, ASK:

26. What was the total income received by (READ NAMES OF ADULTS WHO ARE RELATED TO R OTHER THAN R'S SPOUSE AND CHILDREN) from (READ ALL SOURCES CODED "YES" ABOVE IN Q. 24) during 1983 - before taxes and other deductions?

\$                     ,                     .00 43-48/

OR

DON'T KNOW .....999998

27. And did any of these persons receive in 1983 ... (READ ITEMS)...?  
CODE "YES" OR "NO" FOR EACH:

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	
A. income from a full or part-time job?	1	0	8	49/
B. net income from their own farm?	1	0	8	50/
C. net income from their own non-farm business, partnership or professional practice?	1	0	8	51/
D. income from Social Security or pensions?	1	0	8	52/
E. income from any other regular or periodic sources?	1	0	8	53/

28. INTERVIEWER: IS ANY ITEM IN Q. 27 CODED YES (1)?

YES ..... (ASK A) ..... 1 54/  
NO ..... (GO TO Q. 29) ..... 0

IF YES TO Q. 28, ASK A:

- A. What was the total income received by (READ NAMES OF ADULTS WHO ARE RELATED TO R OTHER THAN R'S SPOUSE AND CHILDREN) from (READ ALL SOURCES CODED "YES" ABOVE IN Q. 27) during 1983 - before taxes and other deductions?

\$                     ,                     .00 55-60/

OR

DON'T KNOW ..... 999998

29. INTERVIEWER: DOES RESPONDENT CURRENTLY LIVE WITH A PARTNER OF THE OPPOSITE SEX (Q. 7B ON HOUSEHOLD ENUMERATION CODED "YES")?

YES ..... (ASK Q. 30) ..... 1 61/  
NO ..... (SKIP TO Q. 33) ..... 0

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	
A. income from a full or part-time job?	1	0	8	62/
<hr/>				
B. net income from (his/her) own farm?	1	0	8	63/
<hr/>				
C. net income from (his/her) own nonfarm business partnership or professional practice?	1	0	8	64/
<hr/>				
D. payments from Aid to Families with Dependent Children?	1	0	8	65/
<hr/>				
E. Supplemental Security Income, or any other public assistance or welfare from the local, state, or federal government?	1	0	8	66/
<hr/>				
F. unemployment compensation or worker's compensation?	1	0	8	67/
<hr/>				
G. income from Social Security or pensions?	1	0	8	68/
<hr/>				
H. income from any other regular or periodic sources?	1	0	8	69/

YES ..... (ASK Q. 32) ..... 1 70/  
NO ..... (SKIP TO Q. 33) ..... 0

OR  
DON'T KNOW ..... 999998



-----> INTERVIEWER NOTE: IN QS.33-41, REFER TO R'S SPOUSE ONLY IF R IS CURRENTLY MARRIED AND SPOUSE IS LISTED ON **HOUSEHOLD ENUMERATION**.

33. During 1983, did anyone [other than your (husband/wife)] pay at least half of your living expenses?

Yes ..... 1 10/  
No ..... (GO TO Q. 34) ..... 0

- A. INTERVIEWER: IS R LIVING IN A MILITARY BARRACK, ABOARD SHIP, OR IN BACHELOR ENLISTED OR OFFICER QUARTERS?

YES ..... (GO TO C) ..... 1 11/  
NO ..... 0

- B. Does this person live [here in this household/in your home at (CITY OF PERMANENT RESIDENCE)]?

Yes ..... (GO TO Q. 34) ..... 1 12/  
No ..... 0

- C. What is this person's relationship to you?

RELATIONSHIP TO RESPONDENT: \_\_\_\_\_ 13-14/  
OFFICE  
USE

- D. During 1983, what was the total income of (SOURCE OF SUPPORT) and all family members living with (him/her) before taxes or other deductions?

\$ \_\_\_\_\_ .00 15-20/  
OR  
DON'T KNOW ..... 999998

- 
34. Do you [or your (husband/wife)] pay at least half of the living expenses of any other person [including your (child/children) but] not counting (yourself/ yourselves)?

Yes ..... (ASK A) ..... 1 21/  
No ..... (SKIP TO Q. 40) ..... 0

- A. IF YES: Not counting (yourself/yourselves), how many persons are dependent upon you [or your (husband/wife)] for at least one-half of their support?

NUMBER OF DEPENDENTS: \_\_\_\_\_ 22-23/

- 
35. INTERVIEWER: DID YOU DO A HOUSEHOLD ENUMERATION WITH . . .

VERSION B (TAN)..... 1 24/  
VERSION A (YELLOW)  
OR C (LIME GREEN) ..... (SKIP TO Q.38) ..... 0

36. INTERVIEWER: IS R LIVING IN A MILITARY BARRACK, ABOARD SHIP, OR IN BACHELOR ENLISTED OR OFFICER QUARTERS?

YES ..... (ANSWER A) ..... 1 25/

NO ..... (GO TO Q. 37) ..... 0

A. IF YES, INTERVIEWER: IS R CURRENTLY MARRIED?

YES ..... 1 26/

NO ..... (SKIP TO Q. 39) ..... 0

---

37. Do any of these dependents live somewhere other than at your home in (CITY OF PERMANENT RESIDENCE)?

Yes ..... (SKIP TO Q. 39) ..... 1 27/

No ..... (SKIP TO Q. 40) ..... 0

---

38. Do any of these dependents live somewhere other than here at home with you?

Yes ..... 1 28/

No ..... (SKIP TO Q. 40) ..... 0

---

39. INTERVIEWER: HOW MANY DEPENDENTS ARE ENTERED AT Q.34A?

ONE ..... (ASK A) ..... 1

MORE THAN ONE ... (ASK B) ..... 2

A. IF ONE, ASK:

Is this dependent your own  
(or your husband's/wife's)  
child?

Yes ...(GO TO Q.40)... 1 29/

No ....(GO TO Q.40)... 0

B. IF MORE THAN ONE, ASK:

How many of these dependents are  
your own (or your husband's/wife's)  
children?

ENTER NUMBER:          30-31/

---

IF R LIVES IN A HOUSE OR APARTMENT, ASK Q. 40; OTHERWISE, SKIP TO SECTION 16.

40. Is this (house/apartment) owned or being bought in your name [or in your (husband's/wife's) name]?

Yes ..... (**SKIP TO SECTION 16**) ..... 1 32/

No ..... (GO TO Q. 41) ..... 0

---

41. A. During any part of 1983, did you live in public housing?

Yes ..... 1 33/

No ..... 0

B. During any part of 1983, did you (IF R LIVES WITH RELATIVES: and your family) receive a rent subsidy or pay a lower rent because the federal, state or local government was paying part of the cost?

Yes ..... 1 34/

No ..... 0

## SECTION 16: ON ASPIRATIONS AND EXPECTATIONS

1. And now we have a question about the future. What would you like to be doing when you are 35 years old? RECORD VERBATIM AND CODE ONE ONLY.

---



---



---

CODE
SMALLEST
NUMBER
MENTIONED

WORKING ... (GO TO Q. 3) .....	1	35/
OR		
MARRIED, OR KEEPING A HOUSE, OR		
RAISING A FAMILY .... (ASK Q. 2) ....	2	
OR		
OTHER .... (GO TO Q. 3) .....	4	
OR		
DON'T KNOW .. (GO TO Q. 3) .....	8	

IF CODE 2 IN Q. 1, ASK Q. 2:

2. Would you like to be working in addition to (being married/keeping house/raising a family)?

Yes .....	1	36/
No .....	0	

3. INTERVIEWER:

RECORD  
TIME  
ENDED

AM
PM

37-40/

INTERVIEWER: PLEASE PRINT CLEARLY. VERIFY SPELLING.

1. A. Am I correct that your full name is (READ NAME FROM **FACE SHEET**)? Let me confirm the spelling.

BEGIN LOCATOR DECK 01

INTERVIEWER: IF CORRECT, CHECK BOX AT RIGHT ..... ☐ 10/  
OTHERWISE, ENTER FULL NAME OF PERSON BELOW. PUT  
COMMA AFTER LAST NAME.

11-40/

\_\_\_\_\_

(LAST), (FIRST) (MIDDLE)

B. And the street address where you are presently living is . . . (READ STREET ADDRESS FROM FACE SHEET)? Is that right?

INTERVIEWER: IF CORRECT, CHECK BOX AT RIGHT ..... ☐ 41/  
OTHERWISE, ENTER FULL STREET ADDRESS BELOW.

42-71 /

\_\_\_\_\_ (STREET ADDRESS) \_\_\_\_\_ BEGIN LOCATOR DESK 22

BEGIN LOCATOR DECK 02

10-39/

(STREET ADDRESS - CONTINUED)

C. And your city, state, and zip code are . . . (READ FROM FACE SHEET)  
Is that correct?

INTERVIEWER: IF CORRECT, CHECK BOX AT RIGHT ..... ☐ 40/  
OTHERWISE, ENTER FULL INFORMATION BELOW.

\_\_\_\_\_ (CITY) 41-60/

61-62/

\_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP) 63-67/

NOTE: IF ANY CHANGES, ALSO ASK FOR COUNTY:

68/

NOTE: IF R LIVES OUTSIDE THE USA, RECORD COUNTRY:

(continued, next page)

D. Finally, we have your telephone number as (READ PHONE FROM **FACE SHEET**)?  
Is that correct?



70-79/

BEGIN LOCATOR DECK 03

No phone .....	(SKIP TO Q.2) .....	0	10/
Refused .....		7	

RESPONDENT'S NAME ... (SKIP TO Q.2) ..... 1 11/  
Other ..... (SPECIFY BELOW) .... 2

12-41/

GO TO Q.2

FOR OFFICE USE ONLY:

GEO CODE:   |   |   |   |   |   42-46/   PSU:   |   |   |   |   47-49/   MLA:   |   |   50/

--IF R IS LIVING IN DORMITORY, FRATERNITY, SORORITY, HOSPITAL, OR OTHER TEMPORARY IQ:  
OBTAIN NAME AND RELATIONSHIP OF HOUSEHOLDER AT PERMANENT HOME ADDRESS.  
RECORD NAME, RELATIONSHIP, ADDRESS, AND TELEPHONE INFORMATION IN A-C BELOW.

---IF THE ABOVE IS NOT APPLICABLE AND R IS MARRIED, LIVING APART FROM SPOUSE:  
RECORD SPOUSE'S NAME, ADDRESS, AND TELEPHONE INFORMATION IN A-C BELOW.

--OTHERWISE: GO TO Q. 3

(LAST), (FIRST) (MIDDLE) 51-80/

BEGIN LOCATOR DECK 04

RELATIONSHIP TO R: 10-11/

\_\_\_\_\_ 12-41/  
 (STREET ADDRESS) (APT. #)

BEGIN LOCATOR DECK 05

(COUNTRY IF NOT U.S.)

B. And what is (his/her) telephone number?

\_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ 30-39/  
(AREA CODE) (PHONE NUMBER)

No phone .....	(SKIP TO Q.3).....	0	40/
Refused .....		7	

C. IF PERSON HAS PHONE: **In whose name is the phone listed?**

Name recorded above ..(SKIP TO Q.3).. 1 41/  
Other (SPECIFY BELOW) ..... 2

42-71/

(LAST) (FIRST) (MIDDLE)

- ENTER FULL NAME OF PERSON BELOW AND ASK A-D.

10-39/

(LAST), (FIRST) (MIDDLE)

- 42-71/

\_\_\_\_\_ (STREET ADDRESS) \_\_\_\_\_ (APT. #)

10-34/

- \_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_  
(AREA CODE) (PHONE NUMBER)

40-49/

50/

Refused ..... 7

- 51/

Other (SPECIFY BELOW) ..... 2

10-39/

\_\_\_\_\_

(LAST), (FIRST) (MIDDLE)

4. INTERVIEWER: HAS CURRENT LOCATING INFORMATION BEEN COLLECTED FOR BOTH PARENTS?

YES .....(SKIP TO Q.6)..... 1

40/

NO .....(ASK A)..... 0

I'd also like the name, address, and telephone number of (each of your parents/your father/your mother).

INTERVIEWER: COLLECT FATHER'S LOCATING INFORMATION IF NOT YET COLLECTED.

A. Is your father currently living?

Yes .....(ASK B)..... 1

41/

No .....(SKIP TO Q.5)..... 0

B. What is your father's full name? ENTER FULL NAME AND ASK a-c.

42-71/

_ _ _ _	_ _ _ _	_ _ _ _
(LAST),	(FIRST)	(MIDDLE)

BEGIN LOCATOR DECK 09

a. Where does he live?

10-39/

_ _ _ _	_ _ _ _
(STREET ADDRESS)	(APT. #)

40-64/

65-69/

_ _ _ _	_ _ _ _	_ _ _ _
(CITY)	(STATE)	(ZIP)

b. What is his telephone number?

_ _ _	/	_ _ _	-	_ _ _
(AREA CODE)		(PHONE NUMBER)		

70-79/

BEGIN LOCATOR DECK 10

No phone .....(SKIP TO Q.5)..... 0

10/

Refused ..... 7

c. IF FATHER HAS PHONE: In whose name is the phone listed?

Father's name .....(SKIP TO Q.5)..... 1

11/

Other .....(SPECIFY BELOW) ... 2

12-41/

_ _ _ _	_ _ _ _	_ _ _ _
(LAST),	(FIRST)	(MIDDLE)



A. Is your mother currently living?

No .....(SKIP TO Q.6) ..... 0

43-72/

(LAST), (FIRST) (MIDDLE)

Other (SPECIFY BELOW) ..... 2

10-39/

\_\_\_\_\_ (STREET ADDRESS) \_\_\_\_\_ (APT. #)

40-64/                      65-69/

A horizontal number line with 21 tick marks. The first 10 tick marks are labeled (CITY), the next 10 are labeled (STATE), and the final 1 is labeled (ZIP).

(AREA CODE) / (PHONE NUMBER) 70-79/  
BEGIN LOCATOR DECK 12

Refused ..... 7

Father's name .....(SKIP TO Q.6)..... 2

Other (SPECIFY BELOW) ..... 3

A horizontal number line with 21 equally spaced tick marks. Below the line, the first tick mark is labeled **(LAST),**, the 11th tick mark is labeled **(FIRST)**, and the 16th tick mark is labeled **(MIDDLE)**.

6. Which of your other relatives are you in touch with most frequently? PROBE FOR TWO RELATIVES. ENTER FULL NAMES BELOW AND ASK a-d FOR EACH.

FIRST RELATIVE'S NAME:

42-71/  
 \_\_\_\_\_  
 (LAST), (FIRST) (MIDDLE)

a. What is (RELATIVE'S) relationship to you? \_\_\_\_\_ 72-73/

b. Where does (RELATIVE) live? BEGIN LOCATOR DECK 13  
 10-39/

\_\_\_\_\_  
 (STREET ADDRESS) (APT. #)

40-64/ 65-69/  
 \_\_\_\_\_  
 (CITY) (STATE) (ZIP)

c. What is (RELATIVE'S) telephone number?

\_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_  
 (AREA CODE) (PHONE NUMBER) 70-79/  
 BEGIN LOCATOR DECK 14

No phone ..(SKIP TO 2ND RELATIVE Q.7)... 0 10/  
 Refused ..... 7

d. IF RELATIVE HAS PHONE: In whose name is the phone listed?

(RELATIVE'S) name ....(GO TO Q.7)..... 1 11/  
 Other (SPECIFY BELOW) ..... 2

12-41/  
 \_\_\_\_\_  
 (LAST), (FIRST) (MIDDLE)

7. SECOND RELATIVE'S NAME

42-71/  
 \_\_\_\_\_  
 (LAST), (FIRST) (MIDDLE)

a. What is (RELATIVE'S) relationship to you? \_\_\_\_\_ 72-73/

b. Where does (RELATIVE) live? BEGIN LOCATOR DECK 15  
 10-39/

\_\_\_\_\_  
 (STREET ADDRESS) (APT. #)

40-64/ 65-69/  
 \_\_\_\_\_  
 (CITY) (STATE) (ZIP)

c. What is (RELATIVE'S) telephone number?

\_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_  
 (AREA CODE) (PHONE NUMBER) 70-79/  
 BEGIN LOCATOR DECK 16

No phone .....(SKIP TO Q.8)..... 0 10/  
 Refused ..... 7

d. IF RELATIVE HAS PHONE: In whose name is the phone listed?

(RELATIVE'S) name ...(GO TO Q.8)..... 1 11/  
 Other (SPECIFY BELOW) ..... 2

12-41/  
 \_\_\_\_\_  
 (LAST), (FIRST) (MIDDLE)

FIRST FRIEND'S NAME:

9. SECOND FRIEND'S NAME

12-41/

(LAST), (FIRST) (MIDDLE)

10. When you are not spending your spare time at home, where do you usually go? PROBE FOR NAME, ADDRESS, AND PHONE NUMBER OF PLACE SUCH AS NEIGHBORHOOD GATHERING PLACE, ETC.

Person is already listed in Qs. 1-9 ..... (GO TO Q.11) ..... 1 42/  
 Other (SPECIFY BELOW) ..... 2

										43-72/
(NAME OF PLACE--"HANGOUT")										BEGIN LOCATOR DECK 21
										10-39/
(KIND OF PLACE)										40-69/
										(APT. #)
(STREET ADDRESS)										BEGIN LOCATOR DECK 22
										10-34/ 35-39/
(CITY)				(STATE)				(ZIP)		
			/					-		
(AREA CODE)			(PHONE NUMBER)		40-49/					

11. Do you have a nickname or some name other than your legal one by which most of your friends, neighbors, or relatives know you?

Yes ..... (ASK A) ..... 1 50/  
 No ..... (GO TO Q.12) ..... 0

A. IF YES: What is it?

										51-70/
(NICKNAME)										

12. FOR MARRIED WOMEN: What is your maiden name? BEGIN LOCATOR DECK 23

										10-29/
(MAIDEN NAME)										

13. Do you expect to move at any time in the next year?

Yes ..... (ASK A & B) ..... 1 30/  
 No ..... (GO TO Q.14) ..... 0

IF YES:

A. Approximately when do you think that will happen? PROBE FOR MONTH AND YEAR.

				31-34/
(MONTH)		(YEAR)		

B. Where do you expect to move?

PROBE FOR DETAILS, SPECIFIC ADDRESS IF POSSIBLE.

										35-64/
(STREET ADDRESS)										(APT. #)
										BEGIN LOCATOR DECK 24
										10-34/ 35-39/
(CITY)				(STATE)				(ZIP)		

14. NOW PAY RESPONDENT AND HAVE HIM/HER SIGN THE RECEIPT.

---

15. IF CURRENT MAILING ADDRESS IS NOT A REGULAR STREET ADDRESS OR IF DU IS  
DIFFICULT TO LOCATE, GIVE DU DESCRIPTION AND DIRECTIONS HERE:

40/

---

16. OTHER COMMENTS ON LOCATING R:

41/

## INTERVIEWER REMARKS

INTERVIEWER: Complete these remarks as soon as you have finished the questionnaire.

1. Length of the interview: 41-43/  
 (Section 1, p. 1 to | | |  
 Section 16) MINUTES

2. Date of interview: 44-49/  
| | | | 8 | 4 |  
MONTH DAY YEAR

3. Race of Respondent:

White .....	1	50/
Black .....	2	
Other .....	3	

4. Sex of respondent:

Male .....	1	51/
Female .....	2	

5. In what language was this interview conducted?

English .....	1	52/
Spanish .....	2	
Other (SPECIFY)		
	3	

6. In general, what was the respondent's attitude toward the interview?

Friendly and interested .....	1	53/
Cooperative but not particularly interested .....	2	
Impatient and restless .....	3	
Hostile .....	4	

7. In general, was the respondent's understanding of the questions ...

Good? .....	1	54/
Fair? .....	2	
Poor? .....	3	

8. Was anyone else present other than small children during any portion of the youth's interview?

Yes .....(ANSWER A).... 1 55/  
 No .....(GO TO Q. 9)... 0  
 TELEPHONE INTERVIEW ...(GO TO Q.9)... 8

- A. IF YES: Who was present? CODE ALL THAT APPLY?

R's parent(s) ..... 1 56/  
 Other members(s) of  
 R's household ..... 2 57/  
 R's friend(s) ..... 3 58/  
 Other (SPECIFY) ..... 4 59/

9. List questions that confused, angered, or caused discomfort to the respondent or questions that you feel the respondent did not answer truthfully. EXPLAIN.

None ..... 0 60/

Section		Question	
A.	_____ 61-62/	_____ 63-65/	
B.	_____ 66-67/	_____ 68-70/	
C.	_____ 71-72/	_____ 73-75/	
			76/

Describe Problem: \_\_\_\_\_

10. List questions with skip errors, questions that were confusing to you, or questions that otherwise didn't work. EXPLAIN.

BEGIN DECK 62  
 10/

None ..... 0

or

Section		Question	
A.	_____ 11-12/	_____ 13-15/	
B.	_____ 16-17/	_____ 18-20/	
C.	_____ 21-22/	_____ 23-25/	
			26/

Describe Problem: \_\_\_\_\_

11. INTERVIEWER: TRANSFER HERE THE LAST LINE OF THE RECORD OF CALLS.

Try #	Day #	Date		Time	Type P = 1 Tel = 2	Outcome Code
		Month	Day			
27-28/ _____	29-30/ _____	31-32/ _____	33-34/ _____	35-38/ _____	39/ _____	40-41/ _____
				A P		

12. Please record your interview ID #: \_\_\_\_\_ 42-47/

13. Please sign your name here: \_\_\_\_\_

14. Please affix label with your supervisor's name and ID # here: \_\_\_\_\_

OFFICE USE ONLY

CODER ID # \_\_\_\_\_

48-50/

KEY PUNCH ID # \_\_\_\_\_

51-53/



