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Female Questionnaire

Q1 How old were you at your last birthday?

years old

Q2 Are you Hispanic or Latina, or of Spanish origin?

- Yes
 No

Q3 What is your race?

Please select all that apply.

- American Indian or Alaska Native
 Asian
 Native Hawaiian or Other Pacific Islander
 Black or African American
 White

Q4 What is your current marital or cohabiting status?

- Married to a person of the opposite sex
 Not married but living together with a partner of the opposite sex
 Widowed
 Divorced or annulled
 Separated, because you and your spouse are not getting along
 Married to a person of the same sex
 Not married but living together with a partner of the same sex
 Never been married

Q5

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

By regular school we mean elementary, junior high or middle school, high school, college, or graduate school. If you are taking GED courses now, or taking a semester or quarter off, or in vocational school, select No.

- Yes
- No

Q6

What grade or year of school are you in, or what is the highest grade or year of regular school you have ever attended?

- | | |
|--|--|
| <input type="checkbox"/> No formal schooling | <input type="checkbox"/> 10th grade |
| <input type="checkbox"/> 1st grade | <input type="checkbox"/> 11th grade |
| <input type="checkbox"/> 2nd grade | <input type="checkbox"/> 12th grade |
| <input type="checkbox"/> 3rd grade | <input type="checkbox"/> 1 year of college or less |
| <input type="checkbox"/> 4th grade | <input type="checkbox"/> 2 years of college |
| <input type="checkbox"/> 5th grade | <input type="checkbox"/> 3 years of college |
| <input type="checkbox"/> 6th grade | <input type="checkbox"/> 4 years of college/grad school |
| <input type="checkbox"/> 7th grade | <input type="checkbox"/> 5 years of college/grad school |
| <input type="checkbox"/> 8th grade | <input type="checkbox"/> 6 years of college/grad school |
| <input type="checkbox"/> 9th grade | <input type="checkbox"/> 7 or more years of college and/or grad school |

Q7

Before you turned 18, did you ever live away from your parents or guardians?

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

- Yes
- No

Q8

Were your biological parents married to each other at the time you were born?

- Yes
- No

Q9

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

- Biological mother
- Adoptive mother
- Step-mother
- Father's girlfriend
- Foster mother
- Grandmother
- Other female relative
- Female nonrelative
- No such person
- Other

Q10

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

- Biological father
- Adoptive father
- Step-father
- Mother's boyfriend
- Foster father
- Grandfather
- Other male relative
- Male nonrelative
- No such person
- Other

Q11

How old were you when you had your first menstrual period?

years old

Q12 Are you pregnant now?

- Yes
 No

Q13 Whether the pregnancies resulted in babies born alive, stillbirth, abortion, miscarriage, or ectopic or tubal pregnancy, how many times have you been pregnant in your life?

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Q14-a Please fill in the following table with responses to each of the following questions about your pregnancies (for up to 10 pregnancies). If you have never been pregnant, please leave this table blank.

In which of the following ways did the pregnancy end?

Please place these numeric responses in the second column of the table.

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

Q14-b How many babies did you have that were born alive for this pregnancy?

Please include babies that may have died shortly after birth and babies that you placed for adoption. Please place these responses in the third column of the table.

Q14-c In what month (1 = January, 2 = February, etc.) and year did this pregnancy end?

Please place these responses in the fourth and fifth columns of the table.

Q14-d

How many weeks had you been pregnant when the baby / babies were born, or the pregnancy ended?

Please place this response in the last column of the table.

Pregnancy	Pregnancy Ended:	Babies Born Alive	Month Pregnancy Ended (MM)	Year Pregnancy Ended (YYYY)	Weeks Pregnant
Example	2	0	03	1970	36
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Next, we have some specific questions about your live births. Please record these responses in the table below for each baby born alive.

Q15-a

Was the baby male or female?

Please enter this response in the second column of the table.

1 = Male

2 = Female

Q15-b

How much did this baby weigh at birth, in pounds and ounces?

Please enter this information in the third column of the table.

Q15-c

In what month (where 1 = January, 2 = February, etc.) and year was the baby born?

Please enter this information in the fourth column of the table.

Baby Name	Baby's Sex	Birth Weight		Baby's Date of Birth	
		Pounds:	Ounces:	Month:	Year:
Example: Sue	2	8	7	03	1972
		Pounds:	Ounces:	Month:	Year:
		Pounds:	Ounces:	Month:	Year:
		Pounds:	Ounces:	Month:	Year:
		Pounds:	Ounces:	Month:	Year:
		Pounds:	Ounces:	Month:	Year:

Q16 Including your present marriage, how many times have you been married?

→ If never married, go to Q22 on the next page.

Q17 In what month and year were you and your (most recent) husband married?

Month:

Year:

Q18 How old was your husband when you got married?

years old

Q19 *Some couples live together without being married. By living together, we mean having a sexual relationship while sharing the same usual address.*

Did you and your (most recent) husband live together before you got married?

Yes

No

Q20 Which of the groups below describes your husband's racial background?

Please select one or more groups.

American Indian or Alaska Native

Asian

Native Hawaiian or Other Pacific Islander

Black or African American

White

Q21

If you are no longer married, how did your most recent marriage end?

If married, please leave this question blank.

- Death of husband
- Divorce
- Annulment

Q22

Not counting anyone you've already mentioned, with how many other men have you ever lived?

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Q23

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

- Yes → Go to Q25 on the next page.
- No

Q24

As you know, some people have had sexual intercourse by your age and others have not. Please look at the choices below which list some reasons that people give for not having sexual intercourse.

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

- Against religion or morals
- Don't want to get pregnant
- Don't want to get a sexually transmitted disease
- Haven't found the right person yet
- In a relationship, but waiting for the right time
- Other

Go to Q29 on the next page.

Q25

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

years old

Q26

Have you had sexual intercourse more than once?

Yes

No

Q27

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

Q28

During the last 12 months, how many men, if any, have you had sexual intercourse with?

Please count every male sexual partner, even those you had sex with only once.

Q29

Have you ever had both of your tubes tied, cut, or removed?

This procedure is often called a tubal ligation or tubal sterilization.

Yes

Yes, *but operation failed*

Yes, *had Essure® procedure*

No

Operation already reversed

Q30

Have you ever had a hysterectomy, that is, surgery to remove your uterus?

- Yes
- No

Q31

Have you ever had both of your ovaries removed?

- Yes
- No

Q32

Have you ever had any other operation that makes it impossible for you to have a/another baby?

- Yes
- No

Q33

Some women are not physically able to have children. As far as you know, is it physically possible for you, yourself, to have a baby in the future?

- Yes
- No

Q34

Some women are physically able to have a baby, but have difficulty getting pregnant or carrying the baby to term.

As far as you know, would you, yourself, have any difficulty getting pregnant or carrying a baby to term in the future?

- Yes
- No

Q35At any time has a medical doctor ever advised you never to become pregnant?

- Yes
- No

Q36

Have you ever...

Yes No

used birth control pills? had sex with a partner who used a condom? had sex with a partner who had a vasectomy? used Depo-Provera™, an injectable (or shot) given once every three months? had sex with a partner who used withdrawal or “pulling out”?

used the calendar rhythm method to prevent pregnancy?

With this method, a woman counts the days in her menstrual cycle to identify which days she can get pregnant, or “unsafe” days. used the “Standard Days Method” or “CycleBeads” to prevent pregnancy?
These methods identify days 8 to 19 of the cycle as days a woman can get pregnant, or “unsafe” days. used the safe period by temperature or cervical mucus test to prevent pregnancy? *Some names for these methods are the Two Day Method, the Billings Ovulation Method and the Symptothermal Method.*used the contraceptive patch (or Ortho-Evra™ or Xulane™)? used the vaginal contraceptive ring (or “NuvaRing™”)? used emergency contraception? *Some examples of names for this are: “Plan B™”, “Preven™”, “Ella™”, “Next Choice™” and “Morning after” pills.*

Q37

Which, if any, of the methods listed below have you ever used?

Please select all other methods that apply, even if you have only used a method once.

	Yes	No
Hormonal implant (Norplant™, Implanon™, or Nexplanon™)	<input type="checkbox"/>	<input type="checkbox"/>
Diaphragm	<input type="checkbox"/>	<input type="checkbox"/>
Female condom, vaginal pouch	<input type="checkbox"/>	<input type="checkbox"/>
Foam	<input type="checkbox"/>	<input type="checkbox"/>
Jelly or cream	<input type="checkbox"/>	<input type="checkbox"/>
Cervical cap	<input type="checkbox"/>	<input type="checkbox"/>
Suppository, insert	<input type="checkbox"/>	<input type="checkbox"/>
Today™ sponge	<input type="checkbox"/>	<input type="checkbox"/>
IUD, coil, loop	<input type="checkbox"/>	<input type="checkbox"/>
Lunelle™	<input type="checkbox"/>	<input type="checkbox"/>
No other methods ever used	<input type="checkbox"/>	<input type="checkbox"/>
Other method – <i>specify:</i> _____		

Q38

How old were you the first time you used a birth control method for any reason?

If you have never used birth control, leave this question blank.

years old

Q39

Did you use any birth control method the first time you had intercourse?

- Yes
- No
- Have not had sexual intercourse

The next questions will be about birth control methods and services in the past year.

Q40 In the past 12 months, have you received...

	Yes	No
a method of birth control or a prescription for a method?	<input type="checkbox"/>	<input type="checkbox"/>
a check-up or medical test related to using a birth control method?	<input type="checkbox"/>	<input type="checkbox"/>
counseling or information about birth control?	<input type="checkbox"/>	<input type="checkbox"/>
a sterilizing operation?	<input type="checkbox"/>	<input type="checkbox"/>
counseling or information about getting sterilized?	<input type="checkbox"/>	<input type="checkbox"/>
emergency contraception, also known as “Plan B” or the “Morning-after pill,” or a prescription for it?	<input type="checkbox"/>	<input type="checkbox"/>
counseling or information about emergency contraception, also known as “Plan B” or the “Morning-after pill?”	<input type="checkbox"/>	<input type="checkbox"/>

The next questions will be about medical services received from a doctor or other medical care provider in the past year.

Q41 In the past 12 months, have you received...

	Yes	No
a pregnancy test?	<input type="checkbox"/>	<input type="checkbox"/>
an abortion?	<input type="checkbox"/>	<input type="checkbox"/>
a Pap test – where a doctor or nurse put an instrument in the vagina and took a sample to check for abnormal cells that could turn into cervical cancer?	<input type="checkbox"/>	<input type="checkbox"/>
a pelvic exam – where a doctor or nurse puts one hand in the vagina and the other on the abdomen?	<input type="checkbox"/>	<input type="checkbox"/>
prenatal care?	<input type="checkbox"/>	<input type="checkbox"/>
post-pregnancy care?	<input type="checkbox"/>	<input type="checkbox"/>

Q42 In the past 12 months, have you been tested for a sexually transmitted disease?

- Yes → Go to Q44 on the next page
 No

Q43

Which one of these reasons would you say is the main reason why you have not been tested for a sexually transmitted disease?

- Didn't want parents to find out
- Concerned about confidentiality
- Doctor or health care provider never suggested it
- Embarrassed or difficult to ask to be tested
- Cost or lack of insurance
- Other

Q44

Looking to the future, do you, yourself, want to have a / another baby at some time?

- Yes
- No

Q45

During any of your relationships, have you or your partner at the time ever been to a doctor or other medical care provider to talk about ways to help you become pregnant?

- Yes
- No

Q46

Think about all of the medical help you or your partners have ever received to help you become pregnant. Which of the services below have you or they had to help you become pregnant?

Please select all that apply.

- Advice
- Infertility testing
- Drugs to improve your ovulation
- Surgery to correct blocked tubes
- Artificial insemination
- Other types of medical help

Q47

Have you ever been to a doctor or other medical care provider to talk about ways to help you prevent miscarriage or pregnancy loss?

- Yes
- No

Q48

Have you ever been treated for an infection in your fallopian tubes, womb, or ovaries, also called a pelvic infection, pelvic inflammatory disease, or P.I.D.?

- Yes
- No

Q49

Has a doctor or other medical care provider ever told you that you had:

Yes **No**

diabetes?

fibroid tumors or myomas in your uterus?

endometriosis?

problems with ovulation or menstruation?

Q50

The following questions are about other health problems or impairments you may have.

Do you have serious difficulty hearing?

- Yes
- No

Q51

Do you have serious difficulty seeing, even when wearing glasses?

- Yes
- No

Q52

Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?

- Yes
- No

Q53

Do you have serious difficulty walking or climbing stairs?

- Yes
- No

Q54

Do you have difficulty dressing or bathing?

- Yes
- No

Q55

Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- Yes
- No

Q56

Have you ever been told by a doctor or other health care provider that you had cancer?

- Yes
- No

Q57

A mammogram is an x-ray taken only of the breast by a machine that presses against the breast.

Have you ever had a mammogram?

Yes

No → If no, go to Q59

Q58

How old were you when you had your first mammogram?

years old

Q59

A clinical breast exam is when a doctor or other health care professional uses his or her hands to feel for lumps or other changes in your breasts.

Have you ever had a clinical breast exam?

Yes

No

Q60

Have you ever been tested for HIV, the virus that causes AIDS?

Yes

No

Q61

There are medications available for people who do not have HIV to keep them from getting HIV.

Have you heard of these medicines?

Yes

No

Q62

Has a doctor or other medical care provider ever talked with you about HIV, the virus that causes AIDS?

- Yes
- No

Q63

In the past 12 months, have you had your blood pressure checked by a doctor or other medical care provider?

- Yes
- No

Q64

Are you currently covered by any kind of health insurance or some other kind of health care plan?

- Yes
- No → If no, go to Q66 on the next page

Q65

Which of the following types of health care coverage do you have?

Please select all that apply.

- A private health insurance plan (from employer or workplace; purchased directly; through a state or local government program or community program)
- Medicaid
- Medicare
- Medi-Gap
- Military health care, including: the VA, CHAMPUS, TRICARE, CHAMP-VA
- Indian Health Service
- CHIP (Children's Health Insurance Program)
- Single-service plan (e.g., dental, vision, prescriptions)
- State-sponsored health plan
- Other government health care

Q66 Were you born outside of the United States?

- Yes
- No

Q67 In what religion were you raised, if any?

- | | |
|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Lutheran |
| <input type="checkbox"/> Catholic | <input type="checkbox"/> Presbyterian |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> Episcopal or Anglican |
| <input type="checkbox"/> Southern Baptist | <input type="checkbox"/> Church of Jesus Christ of Latter Day Saints (LDS/Mormon) |
| <input type="checkbox"/> Baptist | <input type="checkbox"/> Other |
| <input type="checkbox"/> Methodist or African Methodist | |

Q68 What religion are you now, if any?

- | | |
|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Lutheran |
| <input type="checkbox"/> Catholic | <input type="checkbox"/> Presbyterian |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> Episcopal or Anglican |
| <input type="checkbox"/> Southern Baptist | <input type="checkbox"/> Church of Jesus Christ of Latter Day Saints (LDS/Mormon) |
| <input type="checkbox"/> Baptist | |
| <input type="checkbox"/> Methodist or African Methodist | <input type="checkbox"/> Other |

Q69 Currently, how important is religion in your daily life?

- Very important
- Somewhat important
- Not important

Q70

About how often do you attend religious services?

- More than once a week
- Once a week
- 2-3 times a month
- Once a month (about 12 times a year)
- 3-11 times a year
- Once or twice a year
- Never

Q71

In the last 12 months, for how many months did you have any job for pay?

Include any job for pay that was regularly scheduled, that you were expected to perform. Please include full-time, part-time, and temporary or summer jobs.

Count jobs like babysitting, yard work, newspaper delivery, house cleaning, etc., as long as they were regularly scheduled jobs that you were expected to perform. Do not count them if you took individual jobs as they came along.

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months

Q72

Last week, what were you doing? Were you working, keeping house, going to school, or something else?

Please select all responses that apply.

- Working
- Not working at job due to temporary illness, vacation, strike, etc.
- On maternity or family leave from job
- Unemployed, laid off, or looking for work
- Keeping house
- Taking care of family
- Going to school
- On permanent disability
- Something else

Q73

Please tell us how much you agree or disagree with the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree
Sexual relations between two adults of the same sex are all right.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is okay for a young, unmarried woman to have and raise a child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q74

In general, how is your health? Would you say it is...

- Excellent
- Very good
- Good
- Fair
- Poor

Q75

How much do you weigh?

Please answer in pounds.

pounds

Q76

In your entire life, have you smoked at least 100 cigarettes (about 5 packs)?

Yes

No

Q77

During the last 12 months, how often have you had beer, wine, liquor, or other alcoholic beverages?

Never

Once or twice during the year

Several times during the year

About once a month

About once a week

About once a day

Q78

One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

drinks

Q79

Considering all types of alcoholic beverages, how many times during the past 30 days did you have 4 or more drinks on an occasion?

times

Q80

During the last 12 months, how often did you have 4 or more drinks within a couple of hours?

- Never
- Once or twice during the year
- Several times during the year
- About once a month
- About once a week
- About once a day

Q81

During the last 12 months, how often have you smoked marijuana?

- Never
- Once or twice during the year
- Several times during the year
- About once a month
- About once a week
- About once a day or more

Q82

During the last 12 months, how often have you used cocaine?

- Never
- Once or twice during the year
- Several times during the year
- About once a month or more

Q83

During the last 12 months, how often have you used crack?

- Never
- Once or twice during the year
- Several times during the year
- About once a month or more

Q84

During the last 12 months, how often have you used Crystal or meth, also known as tina, crank, or ice?

- Never
- Once or twice during the year
- Several times during the year
- About once a month or more

Q85

During the last 12 months, how often have you shot up or injected drugs other than those prescribed for you?

By shooting up, we mean any time you might have used drugs with a needle, by mainlining, skin-popping, or muscling.

- Never
- Once or twice during the year
- Several times during the year
- About once a month or more

Q86

Has a male ever put his penis in your vagina (also known as vaginal intercourse)?

- Yes
- No

Q87 Has a male ever performed oral sex (stimulating the genitals with the mouth) on you?

- Yes
- No

Q88 Have you ever performed oral sex (stimulating the penis with your mouth) on a male?

- Yes
- No

Q89 Has a male ever put his penis in your rectum or butt (also known as anal sex)?

- Yes
- No

Q90 Thinking about your entire life, how many male sex partners have you had?

Please count every partner, even those you had sex with only once.

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Q91 People are different in their sexual attraction to other people. Which best describes your feelings? Are you...

- Only attracted to males
- Mostly attracted to males
- Equally attracted to males and females
- Mostly attracted to females
- Only attracted to females
- Not sure

Q92 In the last 12 months, have you been tested for chlamydia?

- Yes
- No

Q93 In the last 12 months, have you been tested for any other sexually transmitted disease like gonorrhea, herpes, or syphilis?

- Yes
- No

Q94 In the last 12 months, have you been treated or received medication from a doctor or other medical care provider for a sexually transmitted disease like gonorrhea, chlamydia, herpes, or syphilis?

- Yes
- No

Q95 In the last 12 months, have you been told by a doctor or other medical care provider that you had gonorrhea?

- Yes
- No

Q96 In the last 12 months, have you been told by a doctor or other medical care provider that you had chlamydia?

- Yes
- No

Q97

At any time in your life, have you ever been told by a doctor or other medical care provider that you had genital herpes?

- Yes
- No

Q98

At any time in your life, have you ever been told by a doctor or other medical care provider that you had genital warts or human papillomavirus also called HPV?

- Yes
- No

Q99

At any time in your life, have you ever been told by a doctor or other medical care provider that you had syphilis?

- Yes
- No

Q100

Which category represents the total combined income of you and your family living here in the last year?

Please enter the amount before taxes.

- | | |
|--|--|
| <input type="checkbox"/> Under \$5,000 | <input type="checkbox"/> \$30,000 - \$34,999 |
| <input type="checkbox"/> \$5,000 - \$7,499 | <input type="checkbox"/> \$35,000 - \$39,999 |
| <input type="checkbox"/> \$7,500 - \$9,999 | <input type="checkbox"/> \$40,000 - \$49,999 |
| <input type="checkbox"/> \$10,000 - \$12,499 | <input type="checkbox"/> \$50,000 - \$59,999 |
| <input type="checkbox"/> \$12,500 - \$14,999 | <input type="checkbox"/> \$60,000 - \$74,999 |
| <input type="checkbox"/> \$15,000 - \$19,999 | <input type="checkbox"/> \$75,000 - \$99,999 |
| <input type="checkbox"/> \$20,000 - \$24,999 | <input type="checkbox"/> \$100,000 or more |
| <input type="checkbox"/> \$25,000 - \$29,999 | |

Q101

At any time in the last year, even for one month, did you or any members of your family living here receive any cash assistance from a state or county welfare program?

Do not include Food Stamps, SSI, Energy Assistance, WIC, School Meals, or Transportation, Child Care, Rental or Education Assistance.

Yes

No

Q102

The next question is about SNAP, the Supplemental Nutrition Assistance Program, formerly known as the Food Stamp Program. SNAP benefits are provided on an electronic debit card. In the last year, did you or any members of your family living here receive food stamps or SNAP benefits?

Yes

No

Q103

In the last year, did you or any members of your family living here receive WIC, the Women, Infants, and Children Nutrition Program?

Yes

No

Q104

In the last year, did you or any members of your family living here receive the following type of government assistance because your income was low:

Yes

No

transportation assistance, such as gas vouchers, bus passes, or help registering, repairing, or insuring a car?

any child care services or assistance so you or they could go to work or school or training?

a social services or Welfare office's help with job training, a Job Club, a job search program, or anything else to help you or anyone in the household try to find a job?

Q105

In the last 12 months, did you receive free or reduced-cost food or meals because you couldn't afford to buy food?

- Yes
- No

Q106

In the past 12 months, was there anyone in your household who needed to see a doctor or go to the hospital but couldn't go because of the cost?

- Yes
- No

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