

Wave V Mixed-Mode Survey Index

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QUESTIONS

VARIABLE NAMES

Section A: Survey Variables

Month Wave V Survey Completed	IMONTH5
Year Wave V Survey Completed	IYEARS5
Modules Completed	MODULES
Type of Survey Completed	MODE
Sample Assignment	SAMPLE
Platform or Device used to answer web survey	PLATFORM

Section: Census Regions

Respondent census region	REGION
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Section 1: Background

Q1A.	Respondent Birth Month	H5OD1M
Q1B.	Respondent Birth Year	H5OD1Y
Q2A.	What sex were you assigned at birth, on your original birth certificate?	H5OD2A
Q2B.	What is your gender?	H5OD2B
Q3.	On average, how do you think people would describe your appearance, style, or dress?	H5OD3
Q4A.	White	H5OD4A
Q4B.	Black, African American	H5OD4B
Q4C.	Hispanic	H5OD4C
Q4D.	Asian	H5OD4D
Q4E.	Pacific Islander	H5OD4E
Q4F.	American Indian or Alaska Native	H5OD4F
Q4G.	Some other race or origin	H5OD4G
Q5A.	Mexican, Mexican American, Chicano	H5OD5A
Q5B.	Puerto Rican	H5OD5B
Q5C.	Cuban	H5OD5C
Q5D.	Central American	H5OD5D
Q5E.	South American	H5OD5E

	QUESTIONS	VARIABLE NAMES
Q5F.	Other Hispanic, Latino, or Spanish origin	H5OD5F
Q6A.	Indian	H5OD6A
Q6B.	Chinese	H5OD6B
Q6C.	Filipino	H5OD6C
Q6D.	Japanese	H5OD6D
Q6E.	Korean	H5OD6E
Q6F.	Vietnamese	H5OD6F
Q6G.	Other Asian	H5OD6G
Q7A.	Native Hawaiian	H5OD7A
Q7B.	Samoan	H5OD7B
Q7C.	Guamanian or Chamorro	H5OD7C
Q7D.	Other Pacific Islander	H5OD7D
Q8.	Of the race/ethnicity categories you selected, please print the one with which you most strongly identify	H5OD8
Q9.	Were you born in the United States?	H5OD9
Q10.	Are you currently attending a college, university, or vocational/technical school where you take courses for academic credit?	H5OD10
Q11.	What is the highest level of education that you have achieved to date?	H5OD11

Section 2: Household

Q1.	Are you currently?	H5HR1
Q2.	Now we want to know about your current living arrangement. Where do you live now - that is, where do you stay most often?	H5HR2
Q3.	Not counting yourself, how many other people live in your household? If you live alone, enter 0 If someone usually lives with you but is away temporarily, do include him or her.	H5HR3
Q4A.	What is [...]s biological sex?	H5HR4A
Q4B.	What is [...]s biological sex?	H5HR4B
Q4C.	What is [...]s biological sex?	H5HR4C
Q4D.	What is [...]s biological sex?	H5HR4D
Q4E.	What is [...]s biological sex?	H5HR4E

	<i>QUESTIONS</i>	<i>VARIABLE NAMES</i>
Q4F.	What is [...]s biological sex?	H5HR4F
Q4G.	What is [...]s biological sex?	H5HR4G
Q4H.	What is [...]s biological sex?	H5HR4H
Q4I.	What is [...]s biological sex?	H5HR4I
Q4J.	What is [...]s biological sex?	H5HR4J
Q4K.	What is [...]s biological sex?	H5HR4K
Q4L.	What is [...]s biological sex?	H5HR4L
Q4M.	What is [...]s biological sex?	H5HR4M
Q4N.	What is [...]s biological sex?	H5HR4N
Q4O.	What is [...]s biological sex?	H5HR4O
Q5A.	What is [...]s age in years? For infants under 12 months, record 0.	H5HR5A
Q5B.	What is [...]s age in years? For infants under 12 months, record 0.	H5HR5B
Q5C.	What is [...]s age in years? For infants under 12 months, record 0.	H5HR5C
Q5D.	What is [...]s age in years? For infants under 12 months, record 0.	H5HR5D
Q5E.	What is [...]s age in years? For infants under 12 months, record 0.	H5HR5E
Q5F.	What is [...]s age in years? For infants under 12 months, record 0.	H5HR5F
Q5G.	What is [...]s age in years? For infants under 12 months, record 0.	H5HR5G
Q5H.	What is [...]s age in years? For infants under 12 months, record 0.	H5HR5H
Q5I.	What is [...]s age in years? For infants under 12 months, record 0.	H5HR5I
Q5J.	What is [...]s age in years? For infants under 12 months, record 0.	H5HR5J
Q5K.	What is [...]s age in years? For infants under 12 months, record 0.	H5HR5K
Q5L.	What is [...]s age in years? For infants under 12 months, record 0.	H5HR5L
Q5M.	What is [...]s age in years? For infants under 12 months, record 0.	H5HR5M
Q5N.	What is [...]s age in years? For infants under 12 months, record 0.	H5HR5N
Q5O.	What is [...]s age in years? For infants under 12 months, record 0.	H5HR5O
Q6A.	What is [...]s relationship to you?	H5HR6A
Q6B.	What is [...]s relationship to you?	H5HR6B
Q6C.	What is [...]s relationship to you?	H5HR6C
Q6D.	What is [...]s relationship to you?	H5HR6D

	QUESTIONS	VARIABLE NAMES
Q6E.	What is [...]s relationship to you?	H5HR6E
Q6F.	What is [...]s relationship to you?	H5HR6F
Q6G.	What is [...]s relationship to you?	H5HR6G
Q6H.	What is [...]s relationship to you?	H5HR6H
Q6I.	What is [...]s relationship to you?	H5HR6I
Q6J.	What is [...]s relationship to you?	H5HR6J
Q6K.	What is [...]s relationship to you?	H5HR6K
Q6L.	What is [...]s relationship to you?	H5HR6L
Q6M.	What is [...]s relationship to you?	H5HR6M
Q6N.	What is [...]s relationship to you?	H5HR6N
Q6O.	What is [...]s relationship to you?	H5HR6O

Section 3: Military and Employment

Q1.	Have you ever served in the military?	H5LM1
Q2M.	What is the total amount of time you have served in the military?	H5LM2M
Q2Y.	What is the total amount of time you have served in the military?	H5LM2Y
Q3.	Which best describes your military service?	H5LM3
Q4M.	In what month and year did your most recent military service end?	H5LM4M
Q4Y.	In what month and year did your most recent military service end?	H5LM4Y
Q5.	Are you currently working for pay?	H5LM5
Q6.	On how many jobs are you currently working for pay?	H5LM6
Q7.	How many total hours a week do you usually spend at [your job/all your jobs]?	H5LM7
Q8M.	In what month and year did you begin your most recent job?	H5LM8M
Q8Y.	In what month and year did you begin your current job?	H5LM8Y
Q9.	Which one of the following best describes your chief job activity or business this week?	H5LM9
Q10.	What kind of business or industry is this? Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)	H5LM10
Q11.	is this mainly...?	H5LM11

	QUESTIONS	VARIABLE NAMES
Q12.	What kind of work [are/were] you doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)	H5LM12
Q13A.	Does your employer make the following available to you... health insurance?	H5LM13A
Q13B.	Does your employer make the following available to you... retirement benefits (such as 401(k), 403b, or a company pension plan)?	H5LM13B
Q13C.	Does your employer make the following available to you... paid vacation, sick, personal leave?	H5LM13C
Q14.	In your current job, do you spend most of your time...?	H5LM14
Q15.	Overall, how often do you have the freedom to make important decisions about what you do at work and how you do it?	H5LM15
Q16.	How satisfied or dissatisfied are you with this job as a whole?	H5LM16
Q17M.	In what month and year did you last work?	H5LM17M
Q17Y.	In what month and year did you last work?	H5LM17Y
Q18M.	In what month and year did you begin your [current/most recent] job?	H5LM18M
Q18Y.	In what month and year did you begin your [current/most recent] job?	H5LM18Y
Q19.	Which one of the following best describes your chief job activity or business [this week/when you last worked]?	H5LM19
Q20.	What kind of business or industry [is/was] this? Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)	H5LM20
Q21.	[is/was] this mainly...?	H5LM21
Q22.	What kind of work [are/were] you doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)	H5LM22
Q23A.	[Does/Did] your employer make the following available to you... health insurance?	H5LM23A
Q23B.	[Does/Did] your employer make the following available to you... retirement benefits (such as 401(k), 403b, or a company pension plan)?	H5LM23B
Q23C.	[Does/Did] your employer make the following available to you... paid vacation, sick, personal leave?	H5LM23C
Q24.	In your [current/most recent] job, [do/did] you spend most of your time...?	H5LM24
Q25.	Overall, how often [do/did] you have the freedom to make important decisions about what you [do/did] at work and how you [do/did] it?	H5LM25

	QUESTIONS	VARIABLE NAMES
Q26.	How satisfied or dissatisfied [are you with this job/were you with your most recent job] as a whole?	H5LM26
Q27.	Which one of the following categories best describes what you are doing now?	H5LM27

Section 4: Income

Q1.	These next few questions are about the income of you and everyone who lives in your household. This information helps us to understand whether people in different income groups use certain types of medical care and have different experiences. First, in the last calendar year, how much income did you receive from personal earnings before taxes? Include wages or salaries, tips, bonuses, overtime pay, and income from self-employment.	H5EC1
Q2.	What was the total household income before taxes and deductions in the last calendar year for all household members who contribute to household expenses?	H5EC2
Q3.	Some people's assets come from gifts and inheritances. Since 2008, have you or your spouse/partner received any large financial gifts or inheritances of money or property from your parents, in-laws, or relatives?	H5EC3
Q4.	Since 2008, how much money did you or your spouse/partner receive?	H5EC4
Q5A.	Now, think about your debts. How much do you and others in your household owe altogether for a mortgage or mortgages?	H5EC5A
Q5B.	How much do you and others in your household owe altogether for education (including student loans)?	H5EC5B
Q5C.	How much do you and others in your household owe altogether for all other debts, including other loans, credit card debts, medical or legal bills, etc.?	H5EC5C
Q6.	Suppose you and others in your household were to sell all of your major possessions (including your home), turn all of your investments and other assets into cash, and pay off all of your debts. Would you have something left over, break even, or be in debt?	H5EC6
Q7.	In recent years, many people have experienced financial difficulties and even trouble paying their bills, especially since the 2008 economic recession. Since 2008, did you or your spouse/partner fall behind on paying your bills?	H5EC7
Q8.	Since 2008, have you experienced a foreclosure procedure, eviction, or repossession of something?	H5EC8

QUESTIONS	VARIABLE NAMES
Q9. Think of this ladder as representing where people stand in the United States. At the top of the ladder (step 10) are the people who have the most money and education, and the most respected jobs. At the bottom of the ladder (step 1) are the people who have the least money and education, and the least respected jobs or no job. Where would you place yourself on this ladder? Pick the number for the step that shows where you think you stand at this time in your life, relative to other people in the United States.	H5EC9
Q10. Income section administered separately.	H5EC10

Section 5: Health and Healthcare

Q1. These next questions are about your health and healthcare. In general, how is your health?	H5ID1
Q2F. How tall are you in feet and inches? [feet]	H5ID2F
Q2I. How tall are you in feet and inches? [inches]	H5ID2I
Q3. What is your current weight in pounds?	H5ID3
Q4. How much does your health now limit you in climbing several flights of stairs?	H5ID4
Q5. Is your limitation caused by a condition that has lasted more than a year, or by a condition that has developed recently?	H5ID5
Q6A. Has a doctor, nurse, or other health care provider ever told you that you have or had cancer or lymphoma or leukemia (do not include skin cancer, except melanoma)?	H5ID6A
Q6AA. How old were you when you were diagnosed by a doctor, nurse or other health care provider with cancer or lymphoma or leukemia? If you were less than 1 year old, enter 0.	H5ID6AA
Q6AM. During the past 4 weeks, have you taken any prescription medication for cancer or lymphoma or leukemia?	H5ID6AM
Q6B. Has a doctor, nurse, or other health care provider ever told you that you have or had high blood cholesterol or triglycerides or lipids?	H5ID6B
Q6BA. How old were you when you were diagnosed by a doctor, nurse or other health care provider with high blood cholesterol or triglycerides or lipids? If you were less than 1 year old, enter 0.	H5ID6BA
Q6BM. During the past 4 weeks, have you taken any prescription medication for high blood cholesterol or triglycerides or lipids?	H5ID6BM

QUESTIONS	VARIABLE NAMES
Q6C. Has a doctor, nurse, or other health care provider ever told you that you have or had high blood pressure or hypertension [female: When you were not pregnant.]	H5ID6C
Q6CA. How old were you when you were diagnosed by a doctor, nurse or other health care provider with high blood pressure or hypertension? If you were less than 1 year old, enter 0.	H5ID6CA
Q6CM. During the past 4 weeks, have you taken any prescription medication for high blood pressure or hypertension?	H5ID6CM
Q6D. Has a doctor, nurse, or other health care provider ever told you that you have or had high blood sugar or diabetes [female: When you were not pregnant.]	H5ID6D
Q6DA. How old were you when you were diagnosed by a doctor, nurse or other health care provider with high blood sugar or diabetes? If you were less than 1 year old, enter 0.	H5ID6DA
Q6DM. During the past 4 weeks, have you taken any prescription medication for high blood sugar or diabetes?	H5ID6DM
Q6E. Has a doctor, nurse, or other health care provider ever told you that you have or had a heart attack or have you had heart surgery for clogged coronary arteries (including bypass, angioplasty or stent)?	H5ID6E
Q6EA. How old were you when you were diagnosed by a doctor, nurse or other health care provider with a heart attack or had heart surgery for clogged coronary arteries? If you were less than 1 year old, enter 0.	H5ID6EA
Q6EM. During the past 4 weeks, have you taken any prescription medication for a heart attack or heart surgery for clogged coronary arteries?	H5ID6EM
Q6F. Has a doctor, nurse, or other health care provider ever told you that you have or had asthma, chronic bronchitis or emphysema?	H5ID6F
Q6FA. How old were you when you were diagnosed by a doctor, nurse or other health care provider with asthma, chronic bronchitis or emphysema? If you were less than 1 year old, enter 0.	H5ID6FA
Q6FM. During the past 4 weeks, have you taken any prescription medication for asthma, chronic bronchitis or emphysema?	H5ID6FM
Q6G. Has a doctor, nurse, or other health care provider ever told you that you have or had depression?	H5ID6G
Q6GA. How old were you when you were diagnosed by a doctor, nurse or other health care provider with depression? If you were less than 1 year old, enter 0.	H5ID6GA
Q6GM. During the past 4 weeks, have you taken any prescription medication for depression?	H5ID6GM

	QUESTIONS	VARIABLE NAMES
Q6H.	Has a doctor, nurse, or other health care provider ever told you that you have or had post-traumatic stress disorder or PTSD?	H5ID6H
Q6HA.	How old were you when you were diagnosed by a doctor, nurse or other health care provider with post-traumatic stress disorder or PTSD? If you were less than 1 year old, enter 0.	H5ID6HA
Q6HM.	During the past 4 weeks, have you taken any prescription medication for post-traumatic stress disorder or PTSD?	H5ID6HM
Q6I.	Has a doctor, nurse, or other health care provider ever told you that you have or had anxiety or panic disorder?	H5ID6I
Q6IA.	How old were you when you were diagnosed by a doctor, nurse or other health care provider with anxiety or panic disorder? If you were less than 1 year old, enter 0.	H5ID6IA
Q6IM.	During the past 4 weeks, have you taken any prescription medication for anxiety or panic disorder?	H5ID6IM
Q6J.	Has a doctor, nurse, or other health care provider ever told you that you have or had HIV/AIDS?	H5ID6J
Q6JA.	How old were you when you were diagnosed by a doctor, nurse or other health care provider with HIV/AIDS? If you were less than 1 year old, enter 0.	H5ID6JA
Q6JM.	During the past 4 weeks, have you taken any prescription medication for HIV/AIDS?	H5ID6JM
Q6K.	Has a doctor, nurse, or other health care provider ever told you that you have or had hepatitis B or C?	H5ID6K
Q6KA.	How old were you when you were diagnosed by a doctor, nurse or other health care provider with hepatitis B or C? If you were less than 1 year old, enter 0.	H5ID6KA
Q6KM.	During the past 4 weeks, have you taken any prescription medication for hepatitis B or C?	H5ID6KM
Q6L.	Has a doctor, nurse, or other health care provider ever told you that you have or had chronic kidney disease or failure?	H5ID6L
Q6LA.	How old were you when you were diagnosed by a doctor, nurse or other health care provider with chronic kidney disease or failure? If you were less than 1 year old, enter 0.	H5ID6LA
Q6LM.	During the past 4 weeks, have you taken any prescription medication for chronic kidney disease or failure?	H5ID6LM

QUESTIONS	VARIABLE NAMES
Q6M. Has a doctor, nurse, or other health care provider ever told you that you have or had blood clot in the lung or a deep vein of the leg (excluding varicose veins)?	H5ID6M
Q6MA. How old were you when you were diagnosed by a doctor, nurse or other health care provider with a blood clot in the lung or a deep vein of the leg (excluding varicose veins)? If you were less than 1 year old, enter 0.	H5ID6MA
Q6MM. During the past 4 weeks, have you taken any prescription medication for a blood clot in the lung or a deep vein of the leg (excluding varicose veins)?	H5ID6MM
Q6N. Has a doctor, nurse, or other health care provider ever told you that you have or had a stroke, mini-stroke, or have you had surgery for clogged neck arteries (including endarterectomy, bypass, angioplasty or stent)?	H5ID6N
Q6NA. How old were you when you were diagnosed by a doctor, nurse or other health care provider with a stroke or mini-stroke, or had surgery for clogged neck arteries (including endarterectomy, bypass, angioplasty or stent)? If you were less than 1 year old, enter 0.	H5ID6NA
Q6NM. During the past 4 weeks, have you taken any prescription medication for a stroke or mini-stroke, or surgery for clogged neck arteries (including endarterectomy, bypass, angioplasty or stent)?	H5ID6NM
Q6O. Has a doctor, nurse, or other health care provider ever told you that you have or had heart failure?	H5ID6O
Q6OA. How old were you when you were diagnosed by a doctor, nurse or other health care provider with heart failure? If you were less than 1 year old, enter 0.	H5ID6OA
Q6OM. During the past 4 weeks, have you taken any prescription medication for heart failure?	H5ID6OM
Q6P. Has a doctor, nurse, or other health care provider ever told you that you have or had atrial fibrillation (AFib, AF)?	H5ID6P
Q6PA. How old were you when you were diagnosed by a doctor, nurse or other health care provider with atrial fibrillation (AFib, AF)? If you were less than 1 year old, enter 0.	H5ID6PA
Q6PM. During the past 4 weeks, have you taken any prescription medication for atrial fibrillation (AFib, AF)?	H5ID6PM
Q6Q. Has a doctor, nurse, or other health care provider ever told you that you have or had aortic aneurysm?	H5ID6Q
Q6QA. How old were you when you were diagnosed by a doctor, nurse or other health care provider with an aortic aneurysm? If you were less than 1 year old, enter 0.	H5ID6QA

	QUESTIONS	VARIABLE NAMES
Q6QM.	During the past 4 weeks, have you taken any prescription medication for an aortic aneurysm?	H5ID6QM
Q6R.	Has a doctor, nurse, or other health care provider ever told you that you have or had arterial disease of the legs or had surgery for clogged leg arteries (including bypass, angioplasty or stent, but excluding surgery for varicose veins)?	H5ID6R
Q6RA.	How old were you when you were diagnosed by a doctor, nurse or other health care provider with arterial disease of the legs or had surgery for clogged leg arteries (including bypass, angioplasty or stent, but excluding surgery for varicose veins)? If you were less than 1 year old, enter 0.	H5ID6RA
Q6RM.	During the past 4 weeks, have you taken any prescription medication for arterial disease of the legs or surgery for clogged leg arteries (including bypass, angioplasty or stent, but excluding surgery for varicose veins)?	H5ID6RM
Q6S.	Has a doctor, nurse, or other health care provider ever told you that you have or had sleep apnea?	H5ID6S
Q6SA.	How old were you when you were diagnosed by a doctor, nurse or other health care provider with sleep apnea? If you were less than 1 year old, enter 0.	H5ID6SA
Q6SM.	During the past 4 weeks, have you taken any prescription medication for sleep apnea?	H5ID6SM
Q6T.	Has a doctor, nurse, or other health care provider ever told you that you have or had anorexia, bulimia or binge eating?	H5ID6T
Q6TA.	How old were you when you were diagnosed by a doctor, nurse or other health care provider with anorexia, bulimia or binge eating? If you were less than 1 year old, enter 0.	H5ID6TA
Q6TM.	During the past 4 weeks, have you taken any prescription medication for anorexia, bulimia or binge eating?	H5ID6TM
Q7A.	Cough	H5ID7A
Q7B.	Bring up phlegm from your chest"	H5ID7B
Q7C.	Sound wheezy"	H5ID7C
Q8A.	Had chest pain when walking uphill or upstairs that is relieved by rest	H5ID8A
Q8B.	Had calf pain when walking uphill or upstairs that is relieved by rest	H5ID8B
Q8C.	Had shortness of breath when walking uphill or upstairs that is relieved by rest	H5ID8C
Q8D.	Needed to sleep on two or more pillows to help you breathe	H5ID8D
Q8E.	Been awakened at night by trouble breathing	H5ID8E

	QUESTIONS	VARIABLE NAMES
Q8F.	Had swelling in your feet or ankles [female: except during pregnancy]	H5ID8F
Q8G.	Felt your heart racing, fluttering, or skipping beats	H5ID8G
Q8H.	Had five or more headaches that were at least 4 hours long; one-sided, pulsating, intense, or worsened by activity; and associated with nausea, vomiting or sensitivity to light or sound	H5ID8H
Q9.	Which of the following best describes your current health insurance situation?	H5ID9
Q10A.	Why do you not have health insurance? I am not offered health insurance through work or school Why do you not have health insurance?	H5ID10A
Q10B.	It is too expensive	H5ID10B
Q10C.	I do not need or want health insurance	H5ID10C
Q10D.	I was denied health insurance	H5ID10D
Q11.	In the past 12 months, has there been any time when you thought you should get medical care, but you did not?	H5ID11
Q12.	In the past 12 months, have you had a dental examination by a dentist or dental hygienist?	H5ID12
Q13.	In the past 12 months, have you received psychological or emotional counseling?	H5ID13
Q14.	To which one of these do you usually go when you are sick or need health care? If you go to more than one place, pick the one you go to most often.	H5ID14
Q15.	How many hours of sleep do you usually get?	H5ID15
Q16.	Over the past 4 weeks, how often did you have trouble falling asleep or staying asleep through the night - for example, you woke up several times at night or woke up earlier than you planned to?	H5ID16
Q17.	Based on what you have noticed or what others have told you, how often do you snore now?	H5ID17
Q18.	Based on what you have noticed or what others have told you, how often do you have times when you stop breathing during your sleep?	H5ID18
Q19.	We want to record all prescription medications that you have used in the past four weeks. These medications include solid and non-solid formulations that you may swallow, inhale, apply to the skin or hair, inject, implant, or place in the ears, eyes, nose, mouth, or any other part of the body. [female: This also includes prescription birth control.]Have you taken any prescription medications in the past four weeks?	H5ID19

	QUESTIONS	VARIABLE NAMES
Q20.	The next questions are about medications you may be taking. If you can get your medication bottles now, having those will make it easier for you to enter the name of the medication. Did you get your bottles or containers for the medications you are currently taking?	H5ID20
Q21.	In the past 7 days, how many times did you eat food from a fast food restaurant, such as McDonald's, Burger King, Wendy's, Arby's, Pizza Hut, Taco Bell, or Kentucky Fried Chicken or a local fast food restaurant?	H5ID21
Q22.	In the past 7 days, how many regular (non-diet) sweetened drinks did you have? Include regular soda, juice drinks, sweetened tea or coffee, energy drinks, flavored water, or other sweetened drinks.	H5ID22
Q23.	In the past 7 days, how many hours did you watch television, movies or videos, including DVDs or music videos?	H5ID23
Q24.	In the past 7 days, how many times did you bicycle, skateboard, dance, hike, hunt, or do yard work?	H5ID24
Q25.	In the past 7 days, how many times did you roller blade, roller skate, downhill ski, snowboard, play racquet sports, or do aerobics?	H5ID25
Q26.	In the past 7 days, how many times did you participate in gymnastics, weight lifting, or strength training?	H5ID26
Q27.	In the past 7 days, how many times did you participate in individual sports such as running, wrestling, swimming, cross-country skiing, cycle racing, martial arts, or in strenuous team sports such as football, soccer, basketball, lacrosse, rugby, field hockey, or ice hockey?	H5ID27
Q28.	In the past 7 days, how many times did you play golf, go fishing or bowling, or play softball or baseball?	H5ID28
Q29.	In the past 7 days, how many times did you walk for exercise?	H5ID29
Q30.	Were the past 7 days typical in terms of your physical activity?	H5ID30
Q31.	In the past 7 days, were you more or less active than usual?	H5ID31

Section 6: Sexual Experiences and Pregnancy

Q1.	Have you ever had vaginal intercourse? Vaginal intercourse is when a man inserts his penis into a woman's vagina.	H5SE1
Q2.	How old were you the first time you ever had vaginal intercourse?	H5SE2
Q3.	Have you ever had oral sex? That is, has a partner ever put their mouth on your sex organs or you put your mouth on their sex organs?	H5SE3
Q4.	How old were you the very first time you had oral sex?	H5SE4

	QUESTIONS	VARIABLE NAMES
Q5.	Have you ever had anal intercourse? By anal intercourse, we mean when a man inserts his penis into his partner's anus or butt hole.	H5SE5
Q6.	How old were you the very first time you had anal intercourse?	H5SE6
Q7.	Considering all types of sexual activity, with how many male partners have you ever had sex?	H5SE7
Q8.	What is your best estimate, is it:	H5SE8
Q9.	Considering all types of sexual activity, with how many male partners have you had sex in the past 12 months, even if only one time?	H5SE9
Q10.	Considering all types of sexual activity, with how many female partners have you ever had sex?	H5SE10
Q11.	What is your best estimate, is it:	H5SE11
Q12.	Considering all types of sexual activity, with how many female partners have you had sex in the past 12 months, even if only one time?	H5SE12
Q13.	Are you romantically attracted to females?	H5SE13
Q14.	Are you romantically attracted to males?	H5SE14
Q15.	Please choose the description that best fits how you think about yourself.	H5SE15
Q16.	Have you ever been forced, in a non-physical way, to have any type of sexual activity against your will - for example, through verbal pressure, threats of harm or by being given alcohol or drugs? Do not include any experiences with a parent or adult caregiver.	H5SE16
Q17.	How old were you the first or only time this happened?	H5SE17
Q18.	Have you ever been physically forced to have any type of sexual activity against your will? Do not include any experiences with a parent or adult caregiver.	H5SE18
Q19.	How old were you the first or only time this happened?	H5SE19
Q20.	Has a partner of yours (if R=Male)/Have you (if R=Female) ever been pregnant with your biological child?	H5SE20
Q21.	How many times [has a partner of yours (if R=Male)/have you (if R=Female)] been pregnant? Include all pregnancies in which you were a biological parent, whether they resulted in babies born alive, miscarriage, stillbirth, ectopic or tubal pregnancy, or abortion.	H5SE21
Q22.	How many live births resulted from these pregnancies? Please include babies who died shortly after birth and babies who were placed for adoption.	H5SE22
Q23.	How many of those children are still living?	H5SE23

QUESTIONS

VARIABLE NAMES

Section 7: Tobacco, Alcohol, and Substances

Q1.	The next questions are about your experiences with tobacco, alcohol and other substances. Have you ever smoked cigarettes regularly--that is, at least one cigarette every day for 30 days?	H5TO1
Q2.	During the past 30 days, on how many days did you smoke cigarettes?	H5TO2
Q3.	During the past 30 days, on the days you smoked, how many cigarettes did you smoke each day?	H5TO3
Q4.	During the past 30 days, on how many days did you smoke a cigar or pipe, use chewing tobacco (such as Red Man, Garrett, or Beechnut) or snuff (such as Skoal, Skoal Bandits, or Copenhagen)?	H5TO4
Q5.	Have you ever smoked or used tobacco?	H5TO5
Q6.	Have you ever tried to quit or cut down on smoking or using tobacco?	H5TO6
Q7.	Has there ever been a period of time when you wanted to quit or cut down on your use of tobacco, or thought you should quit?	H5TO7
Q8.	When you decided to quit or cut down on smoking or using tobacco, were you able to do so for at least one month?	H5TO8
Q9.	How many times have you tried but been unable to quit smoking or using tobacco for at least one month?	H5TO9
Q10.	E-cigarettes look like regular cigarettes, but are battery-powered and produce vapor instead of smoke. During the past 30 days, on how many days did you use an e-cigarette?	H5TO10
Q11.	The next questions are about alcohol consumption. Have you ever had a drink of beer, wine, or liquor? Do not include sips or tastes from someone else's drink.	H5TO11
Q12.	During the past 12 months, on how many days did you drink alcohol (beer, wine, or liquor)?	H5TO12
Q13.	During the past 30 days, on how many days did you drink alcohol (beer, wine, or liquor)?	H5TO13
Q14.	Think of all the times you have had a drink during the past 30 days. How many drinks did you usually have each time? A 'drink' is a glass of wine, a can or bottle of beer, a wine cooler, a shot glass of liquor, or a mixed drink.	H5TO14
Q15.	During the past 12 months, on how many days did you drink [female: 4/male: 5] or more drinks in a row?	H5TO15
Q16.	Have you ever tried to quit or cut down on your drinking?	H5TO16

	QUESTIONS	VARIABLE NAMES
Q17.	Has there ever been a period of time when you wanted to quit or cut down on your use of alcohol, or thought you should quit?	H5T017
Q18.	When you decided to quit or cut down drinking, were you able to do so for at least one month?	H5T018
Q19.	How many times have you tried but been unable to cut down or quit drinking for at least one month?	H5T019
Q20.	The next questions are about marijuana use. Have you ever used marijuana?	H5T020
Q21.	During the past 30 days, on how many days did you use marijuana?	H5T021
Q22.	Have you ever tried to quit or cut down on your use of marijuana?	H5T022
Q23.	Has there ever been a period of time when you wanted to quit or cut down on your use of marijuana, or thought you should quit?	H5T023
Q24.	When you decided to cut down or quit using marijuana, were you able to do so for at least one month?	H5T024
Q25.	How many times have you tried but been unable to cut down or quit using marijuana for at least one month?	H5T025
Q26A.	Sedatives or downers, such as barbiturates, sleeping pills, Quaalude, or Seconal	H5T026A
Q26B.	Tranquilizers, such as Librium, Valium, or Xanax	H5T026B
Q26C.	Stimulants or uppers, such as amphetamines, prescription diet pills, Ritalin, Preludin, or speed	H5T026C
Q26D.	Pain killers or opioids, such as Vicodin, OxyContin, Percocet, Demerol, Percodan, or Tylenol with codeine	H5T026D
Q27A.	Cocaine (crack, coca leaves)	H5T027A
Q27B.	Crystal meth (ice)	H5T027B
Q27C.	Heroin	H5T027C
Q27D.	Other types of illegal drugs, such as LSD, PCP, ecstasy, or mushrooms or inhalants	H5T027D

Section 8: Early Life

Now we are going to focus on your early health and family life.

Q1L.	How much did you weigh [in pounds] at birth? Please complete as much as you can."	H5EL1P
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	QUESTIONS	VARIABLE NAMES
Q10.	How much did you weigh [in ounces] at birth? Please complete as much as you can.	H5EL10
Q2.	Did you weigh less than five and a half pounds (i.e., less than 5 pounds, 8 ounces) at birth?	H5EL2
Q3.	A preterm delivery is one that occurs before 37 weeks in pregnancy (more than 3 weeks early). As far as you know, were you born preterm?	H5EL3
Q4.	As far as you know, did you stay in the hospital after your mother went home (for example, stay in intensive care nursery [NICU] or need a machine to breathe)?	H5EL4
Q5.	When you were growing up, before age 16, how was your health?	H5EL5
Q6A.	Asthma	H5EL6A
Q6B.	Seasonal allergies or hay fever, not including allergic reactions to medications	H5EL6B
Q6C.	Rheumatic fever or rheumatic heart disease	H5EL6C
Q6D.	A problem with sight even with eye glasses	H5EL6D
Q6E.	Epilepsy or convulsions or seizures without fever	H5EL6E
Q6F.	Hearing problems or deafness	H5EL6F
Q6G.	Delayed speech or other problems with speaking or understanding	H5EL6G
Q6H.	A developmental delay or slowness in learning	H5EL6H
Q6I.	Sickle cell anemia	H5EL6I
Q6J.	A chronic heart condition	H5EL6J
Q6K.	Chronic respiratory, lung, or breathing condition other than asthma or seasonal allergies	H5EL6K
Q6L.	Chronic orthopedic, bone, or joint problems	H5EL6L
Q6M.	Cerebral palsy	H5EL6M
Q6N.	Cystic fibrosis	H5EL6N
Q6O.	Hemophilia	H5EL6O
Q6P.	Obesity	H5EL6P
Q6Q.	Any other condition for which you were seen by a specialist or at a special clinic, or for which you received special therapies	H5EL6Q
Q7.	Because of a health condition, did you ever miss school for one month or more?	H5EL7

	QUESTIONS	VARIABLE NAMES
Q8.	When you were growing up, before age 16, was your family better off or worse off financially than the average family was at that time? If your parents lived separately and had different financial situations, answer for the family you lived with for the longest time.	H5EL8

Section 9: Personality

Q1.	I am always optimistic about my future.	H5PE1
Q2.	I hardly ever expect things to go my way.	H5PE2
Q3.	Overall, I expect more good things to happen to me than bad.	H5PE3
Q4.	I go out of my way to avoid having to deal with problems in my life.	H5PE4
Q5.	When making a decision, I go with my 'gut feeling' and do not think much about the consequences of each alternative.	H5PE5
Q6.	I like to take risks.	H5PE6
Q7.	I finish whatever I begin.	H5PE7
Q8.	I am a hard worker. I keep working when others stop to take a break.	H5PE8
Q9.	I am diligent. I never give up.	H5PE9

Section 10: Social Support

Q0A.	During the past 7 days, I felt that I could not shake off the blues, even with help from my family and friends.	H5SS0A
Q0B.	During the past 7 days, I felt depressed.	H5SS0B
Q0C.	During the past 7 days, I was happy.	H5SS0C
Q0D.	During the past 7 days, I felt sad.	H5SS0D
Q0E.	During the past 7 days, I felt that life was not worth living.	H5SS0E
Q1.	In the past 12 months, how often did you get together socially with friends or relatives?	H5SS1
Q2.	In the past 12 months, how often did you get together with any of your neighbors just to chat or for a social visit?	H5SS2
Q3A.	Your spouse or partner	H5SS3A
Q3B.	Your children	H5SS3B
Q3C.	Other family members	H5SS3C
Q3D.	Your friends	H5SS3D

	QUESTIONS	VARIABLE NAMES
Q4A.	Your spouse or partner	H5SS4A
Q4B.	Your children	H5SS4B
Q4C.	Other family members	H5SS4C
Q4D.	Your friends	H5SS4D
Q5A.	Your spouse or partner	H5SS5A
Q5B.	Your children	H5SS5B
Q5C.	Other family members	H5SS5C
Q5D.	Your friends	H5SS5D
Q6.	How many close friends do you have?	H5SS6
Q7.	In the past 12 months, about how many hours did you spend on volunteer or community service work?	H5SS7
Q8.	How often do you usually vote in local or statewide elections?	H5SS8
Q9.	In terms of politics, do you consider yourself very conservative, conservative, middle-of-the-road, liberal, or very liberal?	H5SS9

Section 11: Parents and Siblings

Q1.	Has your biological mother ever spent time in jail or prison?	H5WP1
Q2.	How old were you the first time your biological mother went to jail or prison?	H5WP2
Q3.	How old were you when your biological mother was released from jail or prison most recently?	H5WP3
Q4.	Is your biological mother still alive?	H5WP4
Q5M.	In what month did your biological mother die?	H5WP5M
Q5Y.	In what year did your biological mother die?	H5WP5Y
Q6.	Would you say your mother figure was your biological mother or some other woman?	H5WP6
Q7.	What is this person's relationship to you?	H5WP7
Q8.	Has your mother figure ever spent time in jail or prison?"	H5WP8
Q9.	How old were you the first time your mother figure went to jail or prison?"	H5WP9
Q10.	How old were you when your mother figure was released from jail or prison most recently?	H5WP10
Q11.	Is your mother figure still alive?	H5WP11

	QUESTIONS	VARIABLE NAMES
Q12M.	In what month did your mother figure die?	H5WP12M
Q12Y.	In what year did your mother figure die?	H5WP12Y
Q13.	How often do you and your mother figure see each other, talk on the telephone, exchange letters, exchange email, text message, or communicate via social media, such as Facebook?	H5WP13
Q14.	How close do you feel to your mother figure?	H5WP14
Q15.	Has your biological father ever spent time in jail or prison?	H5WP15
Q16.	How old were you the first time your biological father went to jail or prison?	H5WP16
Q17.	How old were you when your biological father was released from jail or prison most recently?	H5WP17
Q18.	Is your biological father still alive?	H5WP18
Q19M.	In what month did your biological father die?	H5WP19M
Q19Y.	In what year did your biological father die?	H5WP19Y
Q20.	Would you say your father figure was your biological father or some other man?	H5WP20
Q21.	What is this person's relationship to you?	H5WP21
Q22.	Has your father figure ever spent time in jail or prison?	H5WP22
Q23.	How old were you the first time your father figure went to jail or prison?	H5WP23
Q24.	How old were you when your father figure was released from jail or prison most recently?	H5WP24
Q25.	Is your father figure still alive?	H5WP25
Q26M.	In what month did your father figure die?	H5WP26M
Q26Y.	In what year did your father figure die?	H5WP26Y
Q27.	How often do you and your father figure see each other, talk on the telephone, exchange letters, exchange email, text message, or communicate via social media, such as Facebook?	H5WP27
Q28.	How close do you feel to your father figure?	H5WP28
Q29.	How many times has a parent or parent figure paid your living expenses or given you \$50 or more to pay living expenses during the past 12 months?	H5WP29
Q30.	How many times have you paid a parent or parent figure's living expenses or given him or her more than \$50 to pay living expenses during the past 12 months?	H5WP30

	QUESTIONS	VARIABLE NAMES
Q31.	Do you have any siblings, either living or deceased? Include biologically related, adoptive, and step-brothers or sisters?	H5WP31
Q32.	How many brothers and sisters do you have, both living and deceased?	H5WP32
Q33.	How many of those siblings have died?	H5WP33
Q34.	Have any of those siblings died in the past 12 months?	H5WP34

Section 12: Religion and Spirituality

Q1.	What is your present religion?	H5RE1
Q2.	How often have you attended church, synagogue, temple, mosque, or religious services in the past 12 months?	H5RE2
Q3.	How important (if at all) is your religious faith to you?	H5RE3
Q4.	How often do you pray privately, that is, when you are alone in places other than a church, synagogue, temple, mosque, or religious assembly?	H5RE4

Section 13: Feelings and Experiences

Q1.	In the past 30 days, how often have you felt that you were unable to control the important things in your life?	H5MN1
Q2.	In the past 30 days, how often have you felt confident in your ability to handle your personal problems?	H5MN2
Q3.	In the past 30 days, how often have you felt that things were going your way?	H5MN3
Q4.	In the past 30 days, how often have you felt that difficulties were piling up so high that you could not overcome them?	H5MN4
Q5A.	You are treated with less courtesy or respect than other people.	H5MN5A
Q5B.	You receive poorer service than other people at restaurants or stores.	H5MN5B
Q5C.	People act as if they think you are not smart.	H5MN5C
Q5D.	People act as if they are afraid of you.	H5MN5D
Q5E.	You are threatened or harassed.	H5MN5E
Q6A.	Your ancestry or national origin	H5MN6A
Q6B.	Biological sex	H5MN6B
Q6C.	Your gender identity or gender expression	H5MN6C
Q6D.	Your race	H5MN6D

	QUESTIONS	VARIABLE NAMES
Q6E.	Your age	H5MN6E
Q6F.	Your religion	H5MN6F
Q6G.	Your weight	H5MN6G
Q6H.	A physical disability	H5MN6H
Q6I.	An aspect of your physical appearance	H5MN6I
Q6J.	Your sexual orientation	H5MN6J
Q6K.	Your financial status	H5MN6K
Q6L.	Attitude/personality of others	H5MN6L
Q6M.	Your occupation	H5MN6M
Q6N.	Your attitude/personality	H5MN6N
Q6O.	Other	H5MN6O
Q7.	Have you ever been unfairly stopped, searched, or questioned by the police?	H5MN7
Q8.	During the past 12 months, have you ever seriously thought about committing suicide?	H5MN8
Q9.	During the past 12 months, how many times have you actually attempted suicide?	H5MN9
Q10.	Did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?	H5MN10
Q11.	During the past 12 months, have any of your family or friends tried to kill themselves?	H5MN11
Q12.	Have any of them died as a result?	H5MN12

Section 14: Involvement with Criminal Justice System

Q1A.	Deliberately damage property that didn't belong to you	H5CJ1A
Q1B.	Steal something worth more than \$50	H5CJ1B
Q1C.	Illegally sell drugs (including prescription drugs)	H5CJ1C
Q1D.	Get into a serious physical fight	H5CJ1D
Q1E.	Pulled a knife or gun on someone	H5CJ1E
Q1F.	Shoot or stab someone	H5CJ1F
Q2A.	Someone stole something from you worth more than \$50	H5CJ2A

	QUESTIONS	VARIABLE NAMES
Q2B.	You saw someone shoot or stab another person	H5CJ2B
Q2C.	Someone pulled a knife or gun on you	H5CJ2C
Q2D.	Someone shot or stabbed you	H5CJ2D
Q2E.	Someone slapped, hit, choked, or kicked you	H5CJ2E
Q2F.	You were beaten up	H5CJ2F
Q3.	Have you ever been arrested?	H5CJ3
Q4A.	Have you ever been charged with driving under the influence (DUI, DWI)?	H5CJ4A
Q4AC.	How many times have you been charged with driving under the influence (DUI, DWI)?	H5CJ4AC
Q4AG.	How many times have you been convicted or plead guilty to driving under the influence (DUI, DWI)?	H5CJ4AG
Q4B.	Have you ever been charged with any other alcohol-related offenses (underage purchase or consumption; open container; public intoxication; disorderly conduct; other liquor law violations)?	H5CJ4B
Q4BC.	How many times have you been charged with any other alcohol-related offenses (underage purchase or consumption; open container; public intoxication; disorderly conduct; other liquor law violations)?	H5CJ4BC
Q4BG.	How many times have you been convicted or plead guilty of any other alcohol-related offenses (underage purchase or consumption; open container; public intoxication; disorderly conduct; other liquor law violations)?	H5CJ4BG
Q4C.	Have you ever been charged with marijuana offenses (possession, sale, use, growing, or manufacturing of marijuana/hashish)?	H5CJ4C
Q4CC.	How many times have you been charged with marijuana offenses (possession, sale, use, growing, or manufacturing of marijuana/hashish)?	H5CJ4CC
Q4CG.	How many times have you been convicted or plead guilty of marijuana offenses (possession, sale, use, growing, or manufacturing of marijuana/hashish)?	H5CJ4CG
Q4D.	Have you ever been charged with other drug offenses (unlawful possession, sale, use, or manufacturing of other narcotic drugs)?	H5CJ4D
Q4DC.	How many times have you been charged with other drug offenses (unlawful possession, sale, use, or manufacturing of other narcotic drugs)?	H5CJ4DC
Q4DG.	How many times have you been convicted or plead guilty of other drug offenses (unlawful possession, sale, use, or manufacturing of other narcotic drugs)?	H5CJ4DG

QUESTIONS	VARIABLE NAMES
Q4E. Have you ever been charged with robbery (taking or attempting to take something using a weapon or physical force)?	H5CJ4E
Q4EC. How many times have you been charged with robbery (taking or attempting to take something using a weapon or physical force)?	H5CJ4EC
Q4EG. How many times have you been convicted or plead guilty to robbery (taking or attempting to take something using a weapon or physical force)?	H5CJ4EG
Q4F. Have you ever been charged with theft (taking something without using force, such as larceny, burglary, or shoplifting)?	H5CJ4F
Q4FC. How many times have you been charged with theft (taking something without using force, such as larceny, burglary, or shoplifting)?	H5CJ4FC
Q4FG. How many times have you been convicted or plead guilty to theft (taking something without using force, such as larceny, burglary, or shoplifting)?	H5CJ4FG
Q4G. Have you ever been charged with forcible rape (does not include statutory rape)?	H5CJ4G
Q4GC. How many times have you been charged with forcible rape (does not include statutory rape)?	H5CJ4GC
Q4GG. How many times have you been convicted or plead guilty to forcible rape (does not include statutory rape)?	H5CJ4GG
Q4H. Have you ever been charged with aggravated assault/intentional manslaughter/murder (unlawful attack upon another for the purpose of causing severe injury or death, simple assaults are excluded)?	H5CJ4H
Q4HC. How many times have you been charged with aggravated assault/intentional manslaughter/murder (unlawful attack upon another for the purpose of causing severe injury or death, simple assaults are excluded)?	H5CJ4HC
Q4HG. How many times have you been convicted or plead guilty to aggravated assault/intentional manslaughter/murder (unlawful attack upon another for the purpose of causing severe injury or death, simple assaults are excluded)?	H5CJ4HG
Q4I. Have you ever been charged with simple assault (assaults and attempted assaults where no weapon is used and the victim is not seriously injured)?	H5CJ4I
Q4IC. How many times have you been charged with simple assault (assaults and attempted assaults where no weapon is used and the victim is not seriously injured)?	H5CJ4IC
Q4IG. How many times have you been convicted or plead guilty to simple assault (assaults and attempted assaults where no weapon is used and the victim is not seriously injured)?	H5CJ4IG

	QUESTIONS	VARIABLE NAMES
Q4J.	Have you ever been charged with fraud, forgery, or embezzlement?	H5CJ4J
Q4JC.	How many times have you been charged with fraud, forgery, or embezzlement?	H5CJ4JC
Q4JG.	How many times have you been convicted or plead guilty to fraud, forgery, or embezzlement?	H5CJ4JG
Q4K.	Have you ever been charged with civil disobedience?	H5CJ4K
Q4KC.	How many times have you been charged with civil disobedience?	H5CJ4KC
Q4KG.	How many times have you been convicted or plead guilty to civil disobedience?	H5CJ4KG
Q4L.	Have you ever been charged with other offenses?	H5CJ4L
Q4LC.	How many times have you been charged with other offenses?	H5CJ4LC
Q4LG.	How many times have you been convicted or plead guilty to other offenses?	H5CJ4LG
Q5.	Have you ever served time in a jail, prison, juvenile detention center, or other correctional facility?	H5CJ5
Q6.	How many times have you been sent to a jail, prison, juvenile detention center, or other correctional facility?	H5CJ6
Q7.	How old were you the last time you were sent to jail, prison, juvenile detention center, or other correctional facility?	H5CJ7
Q8Y.	About how much total time have you served in jail, prison, juvenile detention center, or other correctional facility? [years]	H5CJ8Y
Q8M.	About how much total time have you served in jail, prison, juvenile detention center, or other correctional facility? [months]	H5CJ8M

Section 15: Relationships

Q1.	How many different persons have you ever married? Be sure to include your current spouse if you are married now. If you have never been married, enter 0.	H5TR1
Q2.	Not counting persons you married	H5TR2
Q3.	With how many persons are you currently having a romantic or sexual relationship? Please include spouses or romantic partners you are not living with as well as those you are living with.	H5TR3
Q4.	Are you currently married?	H5TR4
Q4M.	How long [in MONTHS] have you been involved with your current spouse?	H5TR4M

	QUESTIONS	VARIABLE NAMES
Q4Y.	How long [in YEARS] have you been involved with your current spouse?	H5TR4Y
Q5.	Are you currently living with a romantic or sexual partner?	H5TR5
Q5M.	How long [in MONTHS] have you been involved with your current sexual or romantic partner? If you are currently involved with more than one romantic or sexual partner, think of the partner you have dated the longest.	H5TR5M
Q5Y.	How long [in YEARS] have you been involved with your current sexual or romantic partner? If you are currently involved with more than one romantic or sexual partner, think of the partner you have dated the longest.	H5TR5Y
Q6.	Are you currently dating or in a relationship with a romantic or sexual partner?	H5TR6
Q6M.	How long [in MONTHS] have you been in this relationship? If you are currently involved with more than one romantic or sexual partner, think of the partner you have dated the longest.	H5TR6M
Q6Y.	How long [in YEARS] have you been in this relationship? If you are currently involved with more than one romantic or sexual partner, think of the partner you have dated the longest.	H5TR6Y
Q7.	Have you ever been in a relationship with a romantic or sexual partner?	H5TR7
Q7M.	Think about your most recent romantic or sexual partner How long [in MONTHS] were you in this relationship?	H5TR7M
Q7Y.	Think about your most recent romantic or sexual partner How long [in YEARS] were you in this relationship?	H5TR7Y
Q8M.	Month of end of relationship	H5TR8M
Q8Y.	Year of end of relationship	H5TR8Y
Q9.	In this relationship, were you___?	H5TR9
Q10.	How did this relationship end?	H5TR10
Q11.	How would you describe this partner's gender?	H5TR11
Q12.	About how old is this partner now?	H5TR12
Q13A.	White	H5TR13A
Q13B.	Black, African American	H5TR13B
Q13C.	Hispanic	H5TR13C
Q13D.	Asian	H5TR13D
Q13E.	Pacific Islander	H5TR13E

	<i>QUESTIONS</i>	<i>VARIABLE NAMES</i>
Q13F.	American Indian or Alaska Native	H5TR13F
Q13G.	Some other race or origin	H5TR13G
Q13H1.	Mexican, Mexican American, Chicano	H5TR13H1
Q13H2.	Puerto Rican	H5TR13H2
Q13H3.	Cuban	H5TR13H3
Q13H4.	Other Hispanic, Latino, or Spanish origin	H5TR13H4
Q13S1.	Indian	H5TR13S1
Q13S2.	Chinese	H5TR13S2
Q13S3.	Filipino	H5TR13S3
Q13S4.	Japanese	H5TR13S4
Q13S5.	Korean	H5TR13S5
Q13S6.	Vietnamese	H5TR13S6
Q13S7.	Other Asian	H5TR13S7
Q13P1.	Native Hawaiian	H5TR13P1
Q13P2.	Samoan	H5TR13P2
Q13P3.	Guamanian or Chamorro	H5TR13P3
Q13P4.	Other Pacific Islander	H5TR13P4
Q14.	I am satisfied with our sex life.	H5TR14
Q15.	In general, how happy are you in your relationship?	H5TR15
Q16.	On average, how often do you have sexual relations with your partner? By "sexual relations" we mean vaginal intercourse, oral sex, anal sex, or other types of sexual activity.	H5TR16
Q17.	On average, how often do you or your partner use a contraceptive method of birth control or disease prevention?	H5TR17
Q18.	How would you describe your current plans for having a child with your partner?	H5TR18
Q19.	As far as you know, during this relationship, has/did your partner ever had/have any other sexual partners?	H5TR19
Q20.	During the time you and your partner have had a sexual relationship, has/did you ever had/have any other sexual partners?	H5TR20
Q21.	In the last year of this relationship, how often did your partner push or shove you, or throw something at you that could hurt?	H5TR21

	QUESTIONS	VARIABLE NAMES
Q22.	In the last year of this relationship, how often did your partner slap, hit or kick you?	H5TR22
Q23.	In the last year of this relationship, how often did you have an injury, such as a sprain, bruise, or cut because of a fight with your partner?	H5TR23
Q24.	In the last year of this relationship, how often did your partner insist on or make you have sexual relations with him/her when you did not want to?	H5TR24
Q25.	In the last year of this relationship, how often did you push or shove, or throw something at your partner that could hurt?	H5TR25
Q26.	In the last year of this relationship, how often did you slap, hit or kick your partner?	H5TR26
Q27.	In the last year of this relationship, how often did your partner have an injury, such as a sprain, bruise, or cut because of a fight with you?	H5TR27
Q28.	In the last year of this relationship, how often did you insist on or make your partner have sexual relations with you when they did not want to?	H5TR28

Section 16: Pregnancy, Live Births, Children, and Parenting

Now, think about your relationships with intimate partners.

Q1.	During any of the romantic relationships you have ever had, have you or your partner ever had trouble getting pregnant or trouble avoiding a miscarriage?	H5PG1
Q2.	Have you or any current or past partner ever been pregnant with your biological child?	H5PG2
Q3A.	High blood pressure or hypertension	H5PG3A
Q3B.	Preeclampsia or toxemia	H5PG3B
Q3C.	Protein in the urine	H5PG3C
Q3D.	Seizures, convulsions, or eclampsia	H5PG3D
Q3E.	Diabetes	H5PG3E
Q4.	During how many pregnancies did you have any of these illnesses or complications?	H5PG4
Q5.	Are you or your partner currently pregnant?	H5PG5
Q6M.	What is the expected due date?	H5PG6M
	Month of due date	
Q6Y.	Year of due date	H5PG6Y

QUESTIONS		VARIABLE NAMES
Q7.	How many biological children have you had?	H5PG7
Child #1		
Q8.	1. For the birth of your first , was this birth a single birth, twins, or triplets or more?	H5PG81
Q9.	1. Was this baby born by Cesarean section or vaginal delivery?	H5PG91
Q10M.	On what month, day, and year was this baby born? 1. Month of birth	H5PG10M1
Q10Y.	On what month, day, and year was this baby born? 1. Year of birth	H5PG10Y1
Q11.	1. Was this baby born in the U.S.?	H5PG111
Q12.	1. Was this baby a boy or a girl?	H5PG121
Q13L.	1. Pounds at birth	H5PG13L1
Q13O.	How much did this baby weigh at birth? 1. Ounces at birth	H5PG13O1
Q14.	1. Did this baby weigh less than 5 1/2 pounds, that is, less than 5 pounds, 8 ounces?	H5PG141
Q15.	1. A preterm delivery is one that occurs before 37 weeks in pregnancy (more than 3 weeks early). Was this baby born preterm?	H5PG151
Q16.	1. Did this baby stay in the hospital beyond the birth mother's stay, for example, stay in neonatal intensive care unit (NICU) or need a machine to breathe?	H5PG161
Q17.	1. Did this baby eventually go home with you?	H5PG171
Q18.	1. Why did this baby not go home with you?	H5PG181
Q19.	1. Thinking back to the time just before this pregnancy, did you want to have a baby then?	H5PG191
Q20.	1. In the month before you or your partner became pregnant, were you or your partner using any kind of birth control, including condoms?	H5PG201
Q21.	1. Which of the following statements best describes your relationship with your pregnancy partner at the time of this child's birth?	H5PG211
Q22.	1. Is this pregnancy partner your current or your most recent partner?	H5PG221
Q23.	1. During this pregnancy, on average, how many cigarettes did the birth mother smoke?	H5PG231

	QUESTIONS	VARIABLE NAMES
Q24.	1. During this pregnancy did you or your pregnancy partner ever visit a doctor, nurse-midwife or other health care provider for prenatal care, that is, for one or more pregnancy check-ups?	H5PG241
Q25.	1. How many weeks pregnant were you or your pregnancy partner at the time of the first prenatal care visit?	H5PG251
Q26.	1. Is this child still living?	H5PG261
Q27M.	In what month and year did this child die? 1. Month of death	H5PG27M1
Q27Y.	In what month and year did this child die? 1. Year of death	H5PG27Y1
Q28.	1. In general, how good is this child's health?	H5PG281
Q29A.	1. Hearing problems or deafness	H5PG29A1
Q29B.	1. Delayed speech or other problems with speaking or understanding	H5PG29B1
Q29C.	1. A problem with sight even when wearing glasses	H5PG29C1
Q29D.	1. A developmental delay or slowness in learning	H5PG29D1
Q29E.	1. Allergies or hay fever, not including allergic reactions to medications	H5PG29E1
Q29F.	1. Asthma	H5PG29F1
Q29G.	1. Any other chronic respiratory, lung, or breathing condition	H5PG29G1
Q29H.	1. A chronic heart condition	H5PG29H1
Q29I.	1. Sickle cell anemia	H5PG29I1
Q29J.	1. Epilepsy, convulsions or seizures without fever	H5PG29J1
Q29K.	1. Chronic orthopedic, bone, or joint problems	H5PG29K1
Q29L.	1. Cerebral palsy	H5PG29L1
Q29M.	1. Cystic fibrosis	H5PG29M1
Q29N.	1. Cancer	H5PG29N1
Q29O.	1. Hemophilia	H5PG29O1
Q29P.	1. HIV or AIDS	H5PG29P1
Q29Q.	1. Obesity	H5PG29Q1
Q29R.	1. Diabetes	H5PG29R1
Q29S.	1. ADHD	H5PG29S1

QUESTIONS		VARIABLE NAMES
Q29T.	1. Any other condition for which your has been seen by a specialist or at a special clinic, or for which gets special therapies	H5PG29T1
Q29U.	1. None of the above	H5PG29U1
Child #2		
Q8.	2. For the birth of your 2nd child, was this birth a single birth, twins, or triplets or more?	H5PG82
Q9.	2. Was this baby born by Cesarean section or vaginal delivery?	H5PG92
Q10M.	On what month, day, and year was this baby born? 2. Month of birth	H5PG10M2
Q10Y.	On what month, day, and year was this baby born? 2. Year of birth	H5PG10Y2
Q11.	2. Was this baby born in the U.S.?	H5PG112
Q12.	2. Was this baby a boy or a girl?	H5PG122
Q13I.	How much did this baby weigh at birth? 2. Pounds at birth	H5PG13I2
Q13O.	How much did this baby weigh at birth? 2. Ounces at birth	H5PG13O2
Q14.	2. Did this baby weigh less than 5 1/2 pounds, that is, less than 5 pounds, 8 ounces?	H5PG142
Q15.	2. A preterm delivery is one that occurs before 37 weeks in pregnancy (more than 3 weeks early). Was this baby born preterm?	H5PG152
Q16.	2. Did this baby stay in the hospital beyond the birth mother's stay, for example, stay in neonatal intensive care unit (NICU) or need a machine to breathe?	H5PG162
Q17.	2. Did this baby eventually go home with you?	H5PG172
Q18.	2. Why did this baby not go home with you?	H5PG182
Q19.	2. Thinking back to the time just before this pregnancy, did you want to have a baby then?	H5PG192
Q20.	2. In the month before you or your partner became pregnant, were you or your partner using any kind of birth control, including condoms?	H5PG202
Q21.	2. Which of the following statements best describes your relationship with your pregnancy partner at the time of this child's birth?	H5PG212
Q22.	2. Is this pregnancy partner your current or your most recent partner?	H5PG222

	QUESTIONS	VARIABLE NAMES
Q23.	2. During this pregnancy, on average, how many cigarettes did the birth mother smoke?	H5PG232
Q24.	2. During this pregnancy did you or your pregnancy partner ever visit a doctor, nurse-midwife or other health care provider for prenatal care, that is, for one or more pregnancy check-ups?	H5PG242
Q25.	2. How many weeks pregnant were you or your pregnancy partner at the time of the first prenatal care visit?	H5PG252
Q26.	2. Is this child still living?	H5PG262
Q27M.	In what month and year did this child die? 2 Month of death	H5PG27M2
Q27Y.	In what month and year did this child die? 2. Year of death	H5PG27Y2
Q28.	2. In general, how good is this child's health?	H5PG282
Q29A.	2. Hearing problems or deafness	H5PG29A2
Q29B.	2. Delayed speech or other problems with speaking or understanding	H5PG29B2
Q29C.	2. A problem with sight even when wearing glasses	H5PG29C2
Q29D.	2. A developmental delay or slowness in learning	H5PG29D2
Q29E.	2. Allergies or hay fever, not including allergic reactions to medications	H5PG29E2
Q29F.	2. Asthma	H5PG29F2
Q29G.	2. Any other chronic respiratory, lung, or breathing condition	H5PG29G2
Q29H.	2. A chronic heart condition	H5PG29H2
Q29I.	2. Sickle cell anemia	H5PG29I2
Q29J.	2. Epilepsy, convulsions or seizures without fever	H5PG29J2
Q29K.	2. Chronic orthopedic, bone, or joint problems	H5PG29K2
Q29L.	2. Cerebral palsy	H5PG29L2
Q29M.	2. Cystic fibrosis	H5PG29M2
Q29N.	2. Cancer	H5PG29N2
Q29O.	2. Hemophilia	H5PG29O2
Q29P.	2. HIV or AIDS	H5PG29P2
Q29Q.	2. Obesity	H5PG29Q2
Q29R.	2. Diabetes	H5PG29R2

	QUESTIONS	VARIABLE NAMES
Q29S.	2. ADHD	H5PG29S2
Q29T.	2. Any other condition for which your has been seen by a specialist or at a special clinic, or for which gets special therapies	H5PG29T2
Q29U.	2. None of the above	H5PG29U2
Child #3		
Q8.	3. For the birth of your third , was this birth a single birth, twins, or triplets or more?	H5PG83
Q9.	3. Was this baby born by Cesarean section or vaginal delivery?	H5PG93
Q10M.	On what month, day, and year was this baby born? 3 Month of birth	H5PG10M3
Q10Y.	On what month, day, and year was this baby born? 3. Year of birth	H5PG10Y3
Q11.	3. Was this baby born in the U.S.?	H5PG113
Q12.	3. Was this baby a boy or a girl?	H5PG123
Q13L.	How much did this baby weigh at birth? 3. Pounds at birth	H5PG13L3
Q13O.	How much did this baby weigh at birth? 3. Ounces at birth	H5PG13O3
Q14.	3. Did this baby weigh less than 5 1/2 pounds, that is, less than 5 pounds, 8 ounces?	H5PG143
Q15.	3. A preterm delivery is one that occurs before 37 weeks in pregnancy (more than 3 weeks early). Was this baby born preterm?	H5PG153
Q16.	3. Did this baby stay in the hospital beyond the birth mother's stay, for example, stay in neonatal intensive care unit (NICU) or need a machine to breathe?	H5PG163
Q17.	3. Did this baby eventually go home with you?	H5PG173
Q18.	3. Why did this baby not go home with you?	H5PG183
Q19.	3. Thinking back to the time just before this pregnancy, did you want to have a baby then?	H5PG193
Q20.	3. In the month before you or your partner became pregnant, were you or your partner using any kind of birth control, including condoms?	H5PG203
Q21.	3. Which of the following statements best describes your relationship with your pregnancy partner at the time of this child's birth?	H5PG213

	QUESTIONS	VARIABLE NAMES
Q22.	3. Is this pregnancy partner your current or your most recent partner?	H5PG223
Q23.	3. During this pregnancy, on average, how many cigarettes did the birth mother smoke?	H5PG233
Q24.	3. During this pregnancy did you or your pregnancy partner ever visit a doctor, nurse-midwife or other health care provider for prenatal care, that is, for one or more pregnancy check-ups?	H5PG243
Q25.	3. How many weeks pregnant were you or your pregnancy partner at the time of the first prenatal care visit?	H5PG253
Q26.	3. Is this child still living?	H5PG263
Q27M.	In what month and year did this child die? 3 Month of death	H5PG27M3
Q27Y.	In what month and year did this child die? 3. Year of death	H5PG27Y3
Q28.	3. In general, how good is this child's health?	H5PG283
Q29A.	3. Hearing problems or deafness	H5PG29A3
Q29B.	3. Delayed speech or other problems with speaking or understanding	H5PG29B3
Q29C.	3. A problem with sight even when wearing glasses	H5PG29C3
Q29D.	3. A developmental delay or slowness in learning	H5PG29D3
Q29E.	3. Allergies or hay fever, not including allergic reactions to medications	H5PG29E3
Q29F.	3. Asthma	H5PG29F3
Q29G.	3. Any other chronic respiratory, lung, or breathing condition	H5PG29G3
Q29H.	3. A chronic heart condition	H5PG29H3
Q29I.	3. Sickle cell anemia	H5PG29I3
Q29J.	3. Epilepsy, convulsions or seizures without fever	H5PG29J3
Q29K.	3. Chronic orthopedic, bone, or joint problems	H5PG29K3
Q29L.	3. Cerebral palsy	H5PG29L3
Q29M.	3. Cystic fibrosis	H5PG29M3
Q29N.	3. Cancer	H5PG29N3
Q29O.	3. Hemophilia	H5PG29O3
Q29P.	3. HIV or AIDS	H5PG29P3
Q29Q.	3. Obesity	H5PG29Q3

	QUESTIONS	VARIABLE NAMES
Q29R.	3. Diabetes	H5PG29R3
Q29S.	3. ADHD	H5PG29S3
Q29T.	3. Any other condition for which your has been seen by a specialist or at a special clinic, or for which gets special therapies	H5PG29T3
Q29U.	3. None of the above	H5PG29U3
Child #4		
Q8.	Q8.4. For the birth of your fourth , was this birth a single birth, twins, or triplets or more?	H5PG84
Q9.	4. Was this baby born by Cesarean section or vaginal delivery?	H5PG94
Q10M.	On what month, day, and year was this baby born? 4 Month of birth	H5PG10M4
Q10Y.	On what month, day, and year was this baby born? 4. Year of birth	H5PG10Y4
Q11.	4. Was this baby born in the U.S.?	H5PG114
Q12.	4. Was this baby a boy or a girl?	H5PG124
Q13L.	How much did this baby weigh at birth? 4. Pounds at birth	H5PG13L4
Q13O.	How much did this baby weigh at birth? 4. Ounces at birth	H5PG13O4
Q14.	4. Did this baby weigh less than 5 1/2 pounds, that is, less than 5 pounds, 8 ounces?	H5PG144
Q15.	4. A preterm delivery is one that occurs before 37 weeks in pregnancy (more than 3 weeks early). Was this baby born preterm?	H5PG154
Q16.	4. Did this baby stay in the hospital beyond the birth mother's stay, for example, stay in neonatal intensive care unit (NICU) or need a machine to breathe?	H5PG164
Q17.	4. Did this baby eventually go home with you?	H5PG174
Q18.	4. Why did this baby not go home with you?	H5PG184
Q19.	4. Thinking back to the time just before this pregnancy, did you want to have a baby then?	H5PG194
Q20.	4. In the month before you or your partner became pregnant, were you or your partner using any kind of birth control, including condoms?	H5PG204

	QUESTIONS	VARIABLE NAMES
Q21.	4. Which of the following statements best describes your relationship with your pregnancy partner at the time of this child's birth?	H5PG214
Q22.	4. Is this pregnancy partner your current or your most recent partner?	H5PG224
Q23.	4. During this pregnancy, on average, how many cigarettes did the birth mother smoke?	H5PG234
Q24.	4. During this pregnancy did you or your pregnancy partner ever visit a doctor, nurse-midwife or other health care provider for prenatal care, that is, for one or more pregnancy check-ups?	H5PG244
Q25.	4. How many weeks pregnant were you or your pregnancy partner at the time of the first prenatal care visit?	H5PG254
Q26.	4. Is this child still living?	H5PG264
Q27M.	In what month and year did this child die? 4. Month of death	H5PG27M4
Q27Y.	In what month and year did this child die? 4. Year of death	H5PG27Y4
Q28.	4. In general, how good is this child's health?	H5PG284
Q29A.	4. Hearing problems or deafness	H5PG29A4
Q29B.	4. Delayed speech or other problems with speaking or understanding	H5PG29B4
Q29C.	4. A problem with sight even when wearing glasses	H5PG29C4
Q29D.	4. A developmental delay or slowness in learning	H5PG29D4
Q29E.	4. Allergies or hay fever, not including allergic reactions to medications	H5PG29E4
Q29F.	4. Asthma	H5PG29F4
Q29G.	4. Any other chronic respiratory, lung, or breathing condition	H5PG29G4
Q29H.	4. A chronic heart condition	H5PG29H4
Q29I.	4. Sickle cell anemia	H5PG29I4
Q29J.	4. Epilepsy, convulsions or seizures without fever	H5PG29J4
Q29K.	4. Chronic orthopedic, bone, or joint problems	H5PG29K4
Q29L.	4. Cerebral palsy	H5PG29L4
Q29M.	4. Cystic fibrosis	H5PG29M4
Q29N.	4. Cancer	H5PG29N4
Q29O.	4. Hemophilia	H5PG29O4

	QUESTIONS	VARIABLE NAMES
Q29P.	4. HIV or AIDS	H5PG29P4
Q29Q.	4. Obesity	H5PG29Q4
Q29R.	4. Diabetes	H5PG29R4
Q29S.	4. ADHD	H5PG29S4
Q29T.	4. Any other condition for which your has been seen by a specialist or at a special clinic, or for which gets special therapies	H5PG29T4
Q29U.	4. None of the above	H5PG29U4

Child #5

Q8.	Q8.5. For the birth of your fifth , was this birth a single birth, twins, or triplets or more?	H5PG85
Q9.	5. Was this baby born by Cesarean section or vaginal delivery?	H5PG95
Q10M.	On what month and year was this baby born?	H5PG10M5
	5. Month of birth	
Q10Y.	On what month and year was this baby born?	H5PG10Y5
	5. Year of birth	
Q11.	5. Was this baby born in the U.S.?	H5PG115
Q12.	5. Was this baby a boy or a girl?	H5PG125
Q13I.	How much did this baby weigh at birth?	H5PG13I5
	5. Pounds at birth	
Q13O.	How much did this baby weigh at birth?	H5PG13O5
	5. Ounces at birth	
Q14.	5. Did this baby weigh less than 5 1/2 pounds, that is, less than 5 pounds, 8 ounces?	H5PG145
Q15.	5. A preterm delivery is one that occurs before 37 weeks in pregnancy (more than 3 weeks early). Was this baby born preterm?	H5PG155
Q16.	5. Did this baby stay in the hospital beyond the birth mother's stay, for example, stay in neonatal intensive care unit (NICU) or need a machine to breathe?	H5PG165
Q17.	5. Did this baby eventually go home with you?	H5PG175
Q18.	5. Why did this baby not go home with you?	H5PG185

	QUESTIONS	VARIABLE NAMES
Q19.	5. Thinking back to the time just before this pregnancy, did you want to have a baby then?	H5PG195
Q20.	5. In the month before you or your partner became pregnant, were you or your partner using any kind of birth control, including condoms?	H5PG205
Q21.	5. Which of the following statements best describes your relationship with your pregnancy partner at the time of this child's birth?	H5PG215
Q22.	5. Is this pregnancy partner your current or your most recent partner?	H5PG225
Q23.	5. During this pregnancy, on average, how many cigarettes did the birth mother smoke?	H5PG235
Q24.	5. During this pregnancy did you or your pregnancy partner ever visit a doctor, nurse-midwife or other health care provider for prenatal care, that is, for one or more pregnancy check-ups?	H5PG245
Q25.	5. How many weeks pregnant were you or your pregnancy partner at the time of the first prenatal care visit?	H5PG255
Q26.	5. Is this child still living?	H5PG265
Q27M.	In what month and year did this child die	H5PG27M5
	5. Month of death	
Q27Y.	In what month and year did this child die?	H5PG27Y5
	5. Year of death	
Q28.	5. In general, how good is this child's health?	H5PG285
Q29A.	5. Hearing problems or deafness	H5PG29A5
Q29B.	5. Delayed speech or other problems with speaking or understanding	H5PG29B5
Q29C.	5. A problem with sight even when wearing glasses	H5PG29C5
Q29D.	5. A developmental delay or slowness in learning	H5PG29D5
Q29E.	5. Allergies or hay fever, not including allergic reactions to medications	H5PG29E5
Q29F.	5. Asthma	H5PG29F5
Q29G.	5. Any other chronic respiratory, lung, or breathing condition	H5PG29G5
Q29H.	5. A chronic heart condition	H5PG29H5
Q29I.	5. Sickle cell anemia	H5PG29I5
Q29J.	5. Epilepsy, convulsions or seizures without fever	H5PG29J5
Q29K.	5. Chronic orthopedic, bone, or joint problems	H5PG29K5
Q29L.	5. Cerebral palsy	H5PG29L5

	QUESTIONS	VARIABLE NAMES
Q29M.	5. Cystic fibrosis	H5PG29M5
Q29N.	5. Cancer	H5PG29N5
Q29O.	5. Hemophilia	H5PG29O5
Q29P.	5. HIV or AIDS	H5PG29P5
Q29Q.	5. Obesity	H5PG29Q5
Q29R.	5. Diabetes	H5PG29R5
Q29S.	5. ADHD	H5PG29S5
Q29t.	5. Any other condition for which your has been seen by a specialist or at a special clinic, or for which gets special therapies	H5PG29T5
Q29U.	5. None of the above	H5PG29U5

Child #6

Q8.	6. For the birth of your sixth , was this birth a single birth, twins, or triplets or more?	H5PG86
Q9.	6. Was this baby born by Cesarean section or vaginal delivery?	H5PG96
Q10M.	On what month, day, and year was this baby born? 6. Month of birth	H5PG10M6
Q10Y.	On what month, day, and year was this baby born? 6. Year of birth	H5PG10Y6
Q11.	6. Was this baby born in the U.S.?	H5PG116
Q12.	6. Was this baby a boy or a girl?	H5PG126
Q13L.	How much did this baby weigh at birth? 6. Pounds at birth	H5PG13L6
Q13O.	How much did this baby weigh at birth? 6. Ounces at birth	H5PG13O6
Q14.	6. Did this baby weigh less than 5 1/2 pounds, that is, less than 5 pounds, 8 ounces?	H5PG146
Q15.	6. A preterm delivery is one that occurs before 37 weeks in pregnancy (more than 3 weeks early). Was this baby born preterm?	H5PG156
Q16.	6. Did this baby stay in the hospital beyond the birth mother's stay, for example, stay in neonatal intensive care unit (NICU) or need a machine to breathe?	H5PG166

	QUESTIONS	VARIABLE NAMES
Q17.	6. Did this baby eventually go home with you?	H5PG176
Q18.	6. Why did this baby not go home with you?	H5PG186
Q19.	6. Thinking back to the time just before this pregnancy, did you want to have a baby then?	H5PG196
Q20.	6. In the month before you or your partner became pregnant, were you or your partner using any kind of birth control, including condoms?	H5PG206
Q21.	6. Which of the following statements best describes your relationship with your pregnancy partner at the time of this child's birth?	H5PG216
Q22.	6. Is this pregnancy partner your current or your most recent partner?	H5PG226
Q23.	6. During this pregnancy, on average, how many cigarettes did the birth mother smoke?	H5PG236
Q24.	6. During this pregnancy did you or your pregnancy partner ever visit a doctor, nurse-midwife or other health care provider for prenatal care, that is, for one or more pregnancy check-ups?	H5PG246
Q25.	6. How many weeks pregnant were you or your pregnancy partner at the time of the first prenatal care visit?	H5PG256
Q26.	6. Is this child still living?	H5PG266
Q27M.	In what month and year did this child die?	H5PG27M6
	6. Month of death	
Q27Y.	In what month and year did this child die?	H5PG27Y6
	6. Year of death	
Q28.	6. In general, how good is this child's health?	H5PG286
Q29A.	6. Hearing problems or deafness	H5PG29A6
Q29B.	6. Delayed speech or other problems with speaking or understanding	H5PG29B6
Q29C.	6. A problem with sight even when wearing glasses	H5PG29C6
Q29D.	6. A developmental delay or slowness in learning	H5PG29D6
Q29E.	6. Allergies or hay fever, not including allergic reactions to medications	H5PG29E6
Q29F.	6. Asthma	H5PG29F6
Q29G.	6. Any other chronic respiratory, lung, or breathing condition	H5PG29G6
Q29H.	6. A chronic heart condition	H5PG29H6
Q29I.	6. Sickle cell anemia	H5PG29I6
Q29J.	6. Epilepsy, convulsions or seizures without fever	H5PG29J6

	QUESTIONS	VARIABLE NAMES
Q29K.	6. Chronic orthopedic, bone, or joint problems	H5PG29K6
Q29L.	6. Cerebral palsy	H5PG29L6
Q29M.	6. Cystic fibrosis	H5PG29M6
Q29N.	6. Cancer	H5PG29N6
Q29O.	6. Hemophilia	H5PG29O6
Q29P.	6. HIV or AIDS	H5PG29P6
Q29Q.	6. Obesity	H5PG29Q6
Q29R.	6. Diabetes	H5PG29R6
Q29S.	6. ADHD	H5PG29S6
Q29T.	6. Any other condition for which your has been seen by a specialist or at a special clinic, or for which gets special therapies	H5PG29T6
Q29U.	6. None of the above	H5PG29U6
Q30.	How many miscarriages, stillbirths, ectopic (tubal) pregnancies, molar pregnancies, or other pregnancy losses have you or your partner had?	H5PG30
Q31.	How many induced abortions have you or your partner had?	H5PG31
Q32.	Do you have any step, foster or adopted children?	H5PG32
Q33.	What language do you mainly speak to your child(ren) when you are together at home?	H5PG33
Q34A.	I am happy in my role as parent.	H5PG34A
Q34B.	I feel close to my child(ren).	H5PG34B
Q34C.	The major source of stress in my life is my child(ren).	H5PG34C
Q34D.	I feel overwhelmed by the responsibility of being a parent.	H5PG34D

Section 17: Illness and Physical Limitations

Q1.	The next questions are about your general physical condition, including activity and illness. In the past 12 months, how many times have you fallen? By fallen, we mean unexpectedly or unintentionally dropping to a lower surface - the floor or ground - from a standing, walking or bending position.	H5DA1
Q2.	In the past 12 months, have you suffered any serious injuries - for example, broken bones, cuts or lacerations, burns, torn muscles, tendons or ligaments, or other injuries that interfered with your ability to perform daily tasks?	H5DA2

	QUESTIONS	VARIABLE NAMES
Q3A.	Head or neck injury that left you unconscious.	H5DA3A
Q3B.	Head or neck injury without losing consciousness.	H5DA3B
Q3C.	A broken nose.	H5DA3C
Q3D.	Other serious injury to the face or jaw.	H5DA3D
Q3E.	Other serious bodily injury, for example, to arms or legs.	H5DA3E
Q3F.	A seizure or history of seizures.	H5DA3F
Q3G.	A stroke.	H5DA3G
Q3H.	A problem with visual disturbances, for example, double vision, inability to focus while reading, flashes of light, tunnel vision, kaleidoscopic vision or extreme sensitivity to light.	H5DA3H
Q4.	In the past 12 months, have you had a problem with dizziness, lightheadedness, feeling as if you are going to pass out or faint, unsteadiness or imbalance? (Do not include times when drinking alcohol or using other drugs or medications)	H5DA4
Q5A.	A spinning sensation, vertigo, or other movement sensation when you are not really moving	H5DA5A
Q5B.	A floating, spacey, or tilting sensation	H5DA5B
Q5C.	Feeling lightheaded, without a sense of motion	H5DA5C
Q5D.	Feeling as if you are going to pass out or faint	H5DA5D
Q5E.	Blurring of your vision when you move your head	H5DA5E
Q5F.	Feeling off-balance or unsteady	H5DA5F
Q5G.	Some other more general dizziness/balance feeling (don't include nausea or vomiting)	H5DA5G
Q6.	During the past 12 months, which one of the symptoms or feelings of dizziness or balance problems listed below has bothered you the most?	H5DA6
Q7.	During the past 12 months, how often did you have this most bothersome or only symptom? Mark only the one that is most typical.	H5DA7
Q8.	For this most bothersome or only symptom, how long from beginning to end did each occurrence (episode, bout or attack) usually last?	H5DA8
Q9.	Which statement best describes your hearing without a hearing aid or other assistive devices?	H5DA9
Q10.	In the past 12 months, have you been bothered by ringing, roaring, or buzzing in your ears or head (tinnitus) that lasts for 5 minutes or more?	H5DA10

	QUESTIONS	VARIABLE NAMES
Q13.	How much of a problem is this ringing, roaring, or buzzing in your ears or head?	H5DA11
Q14.	Do you use eyeglasses, contact lenses, both, or neither for vision correction?	H5DA12
Q15.	With eyeglasses or contact lenses, how is your eyesight?	H5DA13

Section 18: Fitness Tracking

Q1.	Some cellphones are called "smartphones" because of certain features they have. Do you have a smartphone?	H5FT1
Q2.	Which of the following best describes the type of smartphone you have? Is it an iPhone, an Android phone, a Windows phone, or something else?	H5FT2
Q3.	Do you use any smartphone apps to track or manage your health?	H5FT3
Q4A.	Physical activity or exercise routines, including specific types of exercise such as walking, running, workouts, or yoga?	H5FT4A
Q4B.	Diet, food, or calories?	H5FT4B
Q4C.	Weight?	H5FT4C
Q4D.	Blood pressure?	H5FT4D
Q4E.	Heart rate?	H5FT4E
Q4F.	Period or menstrual cycle?	H5FT4F
Q4G.	Pregnancy?	H5FT4G
Q4H.	Blood sugar or diabetes?	H5FT4H
Q4I.	Medications?	H5FT4I
Q4J.	Mood?	H5FT4J
Q4K.	Sleep?	H5FT4K
Q4L.	Something else?	H5FT4L
Q5A.	Some people wear a small device that monitors and tracks aspects of their fitness, such as step counts, physical activities, calories burned, heart rate, or sleep quality. These devices are known as fitness or activity trackers. Have you ever used a fitness or activity tracker?	H5FT5A
Q5B.	Approximately when did you first start wearing a fitness or activity tracker? Would you say you first started...	H5FT5B
Q5C.	Have you worn a fitness or activity tracker in the past month-that is, since [FILL DATE 30 DAYS BEFORE INTERVIEW]?	H5FT5C

	QUESTIONS	VARIABLE NAMES
Q5D.	Approximately when did you last wear a fitness or activity tracker? Would you say it was...	H5FT5D
Q5E.	How often do you wear a fitness or activity tracker?/Thinking about when you used to wear a fitness or activity tracker, how often did you wear one? Would you say...	H5FT5E
Q6.	In the past month, what device did you use/What device did you previously use... to monitor or track your fitness? If you used multiple devices, please provide the device you used most often for monitoring or tracking your fitness.	H5FT6
Q7.	Are you willing to give our research team temporary access to your [DEVICE] activity data from the past?	H5FT7
Q8.	Our research team is interested in learning the reasons why some people choose not to give access to their fitness or activity tracker data. Why did you choose not to allow our research team to access your [DEVICE] data?	H5FT8

Section 19: Mental/Cognitive Health

Q1.	Did the following happen: interruption during memory task?	H5MH1
	How many words on the Word List did the respondent remember during the 90-second recall period?	C5WD90_1
	How many words not on the Word List did the respondent name during the 90-second recall period?	C5WD90_2
	How many words on the Word List did the respondent repeat during the 90-second recall period?	C5WD90_3
Q2.	Did the following happen: interruption during memory task?	H5MH2
	How many words on the Word List did the respondent remember during the 60-second recall period?	C5WD60_1
	How many words not on the Word List did the respondent name during the 60-second recall period?	C5WD60_2
	How many words on the Word List did the respondent repeat during the 60-second recall period?	C5WD60_3
Q11A.	2-4 (4-2) Did respondent accurately repeat the set backwards?	H5MH3A
Q11B.	5-7 (7-5) Did respondent accurately repeat the set backwards?	H5MH3B
Q12A.	6-2-9 (9-2-6) Did respondent accurately repeat the set backwards?	H5MH4A
Q12B.	4-1-5 (5-1-4) Did respondent accurately repeat the set backwards?	H5MH4B
Q13A.	3-2-7-9 (9-7-2-3) Did respondent accurately repeat the set backwards?	H5MH5A

	QUESTIONS	VARIABLE NAMES
Q13B.	4-9-6-8 (8-6-9-4) Did respondent accurately repeat the set backwards?	H5MH5B
Q14A.	1-5-2-8-6 (6-8-2-5-1) Did respondent accurately repeat the set backwards?	H5MH6A
Q14B.	6-1-8-4-3 (3-4-8-1-6) Did respondent accurately repeat the set backwards?	H5MH6B
Q15A.	5-3-9-4-1-8 (8-1-4-9-3-5) Did respondent accurately repeat the set backwards?	H5MH7A
Q15B.	7-2-4-8-5-6 (6-5-8-4-2-7) Did respondent accurately repeat the set backwards?	H5MH7B
Q16A.	8-1-2-9-3-6-5 (5-6-3-9-2-1-8) Did respondent accurately repeat the set backwards?	H5MH8A
Q16B.	4-7-3-9-1-2-8 (8-2-1-9-3-7-4) Did respondent accurately repeat the set backwards?	H5MH8B
Q17A.	9-4-3-7-6-2-5-8 (8-5-2-6-7-3-4-9) Did respondent accurately repeat the set backwards?	H5MH9A
Q17B.	7-2-8-1-9-6-5-3 (3-5-6-9-1-8-2-7) Did respondent accurately repeat the set backwards?	H5MH9B
	Total score on number recall task	C5NUMSCR

Section 20: Home Visit & Biomarker Consent

Wave V home visit, blood collection, and archive consent	H5BC1
Wave V home visit and blood collection conversion effort	H5BC2
Wave V home visit, blood collection, and archive consent, after conversion	H5BC3

Section 21: Survey Experience

Q1A.	How did you feel about the length of this survey?	H5PS1A
Q1B.	How did you feel about the length of this survey?	H5PS1B
Q2A.	Would you have been willing to complete the survey if it was a little longer?	H5PS2A
Q2B.	Would you have been willing to complete the survey if it was a little longer?	H5PS2B
Q3A.	If you took the survey on your phone, why did you do so?	H5PS3A
Q3B.	If you took the survey on your phone, why did you do so?	H5PS3B
Q4B.	Would you have preferred to take two shorter surveys instead of taking one long survey?	H5PS4B