

Frequency	Code	Response	Variable Name	Type/ Length
-----------	------	----------	------------------	-----------------

Section 23: Current Pregnancies (partner)

[Generate a Current Pregnancies Data Set (CUPDS), containing one record for each pregnancy reported in the Recent Pregnancies Data Set for which RPOUTC = P. Copy into URELNO the appropriate value of RRELNO and into UPARTNER the appropriate value of RPARTNER. Assign consecutive values of CUPNO to the records. Store the highest value of CUPNO in JEFF. If JEFF < 1, skip to Q.37.]

The next questions are about your...

[If the respondent is male:]...{PARTNER'S CURRENT PREGNANCY/ PARTNERS' CURRENT PREGNANCIES}.

[If the respondent is female:] ...current pregnancy.

[For each record in the CUPDS, ask Q.1 to Q.24.]

[If the respondent is female, ask Q.1.]

Respondent identification number.			AID	num 8
		Range 10000000 - 99999999		
Romantic relationship number.			RRELNO	num 2
104		Range 1 to 22		
Relationship pregnancy number.			RPREGNO	num 1
104		Range 1 to 4		
1.	Have you told <UPARTNER> that you are pregnant?		H3PC1	num 1
48	1	yes		
56	7	legitimate skip		
2.	How many months pregnant...		H3PC2	num 2
<i>[if the respondent is male:]</i> ...was <UPARTNER> when she told you she was pregnant?				
<i>[if the respondent is female:]</i> ...were you when you told him you were pregnant?				
2	0	0 months		
62	1	1 months		
28	2	2 months		
8	3	3 months		
1	4	4 months		

Frequency	Code	Response	Variable Name	Type/Length
1	8	8 months		
1	9	9 months		
1	96	refused		
3.	What month of pregnancy {IS SHE/ ARE YOU} in now?		H3PC3	num 2
1	0	0 month		
6	1	month 1		
10	2	month 2		
12	3	month 3		
14	4	month 4		
9	5	month 5		
13	6	month 6		
12	7	month 7		
17	8	month 8		
9	9	month 9		
1	96	refused		
4.	{HAS SHE/ HAVE YOU} seen a doctor or nurse-midwife for prenatal care during this pregnancy?		H3PC4	num 1
8	0	no		
93	1	yes [skip to Q.6]		
1	6	refused		
2	8	don't know		
5.	{DOES SHE/ DO YOU} plan to see a doctor or nurse-midwife for prenatal care?		H3PC5	num 1
2	0	no [skip to Q.10]		
6	1	yes [skip to Q.8]		
1	6	refused		
93	7	legitimate skip		
2	8	don't know		

In Home Questionnaire Code Book III, S.23p

Frequency	Code	Response	Variable Name	Type/Length
6.		How many prenatal-care visits {HAS SHE/ HAVE YOU} had?	H3PC6	num 2
1	0	0 visits		
92		visits range 1 to 20		
11	97	legitimate skip		
7.		{HAVE YOU GONE WITH HER/ HAS <UPARTNER> GONE WITH YOU} to any prenatal-care visits?	H3PC7	num 1
14	0	no		
79	1	yes		
11	7	legitimate skip		
8.		<i>[If the respondent is male and Q.4 = 1:] Where does she [if Q.6 > 1, add: "usually"]...</i> <i>[If the respondent is male and Q.5 = 1:] Where will she...</i> <i>[If the respondent is female and Q.4 = 1:] Where do you [if Q.6 > 1, add: "usually"]...</i> <i>[If the respondent is female and Q.5 = 1:] Where will you...</i> ...go for prenatal care?	H3PC8	num 2
64	1	private doctor's office		
4	2	nurse-midwife's office		
2	3	county or city health department		
9	4	community health center		
2	5	HMO (health maintenance organization)		
11	7	clinic in a hospital		
3	9	birthing center		
2	10	another sort of place		
5	97	legitimate skip		
2	98	don't know		
9.		<i>[If the respondent is male and Q.4 = 1:] How is she paying...</i> <i>[If the respondent is male and Q.5 = 1:] How will she pay...</i> <i>[If the respondent is female and Q.4 = 1:] How are you paying...</i> <i>[If the respondent is female and Q.5 = 1:] How will you pay...</i> ...for prenatal care? Mark all the kinds of payments that apply.		

In Home Questionnaire Code Book III, S.23p

Frequency	Code	Response	Variable Name	Type/Length
		your or <UPARTNER>'s income or savings	H3PG9A	num 1
80	0	not marked		
18	1	marked		
1	6	refused		
5	7	legitimate skip		
		your or <UPARTNER>'s parents or other relatives	H3PG9B	num 1
93	0	not marked		
5	1	marked		
5	7	legitimate skip		
1	9	not applicable		
		private insurance	H3PG9C	num 1
56	0	not marked		
42	1	marked		
5	7	legitimate skip		
1	9	not applicable		
		Medicaid	H3PG9D	num 1
55	0	not marked		
43	1	marked		
5	7	legitimate skip		
1	9	not applicable		
		government assistance other than Medicaid (state or local)	H3PG9E	num 1
87	0	not marked		
11	1	marked		
5	7	legitimate skip		
1	9	not applicable		
		some other source of money	H3PG9F	num 1
95	0	not marked		

In Home Questionnaire Code Book III, S.23p

Frequency	Code	Response	Variable Name	Type/Length
3	1	marked		
5	7	legitimate skip		
1	9	not applicable		
10. How will {UPARTNER}/ YOU} pay for {HER/ YOUR} delivery and hospital stay? Mark all the kinds of payments that apply.				
		your or <UPARTNER>'s income or savings	H3PG10A	num 1
83	0	not marked		
19	1	marked		
1	7	legitimate skip		
1	9	not applicable		
		your or <UPARTNER>'s parents or other relatives	H3PG10B	num 1
97	0	not marked		
5	1	marked		
1	7	legitimate skip		
1	9	not applicable		
		private insurance	H3PG10C	num 1
62	0	not marked		
40	1	marked		
1	7	legitimate skip		
1	9	not applicable		
		Medicaid	H3PG10D	num 1
56	0	not marked		
46	1	marked		
1	7	legitimate skip		
1	9	not applicable		
		government assistance other than Medicaid (state or local)	H3PG10E	num 1
91	0	not marked		

Frequency	Code	Response	Variable Name	Type/Length
11	1	marked		
1	7	legitimate skip		
1	9	not applicable		
		some other source of money	H3PG10F	num 1
98	0	not marked		
4	1	marked		
1	7	legitimate skip		
1	9	not applicable		
		11. During this pregnancy, how often {HAS SHE/ HAVE YOU} been drinking alcoholic beverages?	H3PC11	num 1
95	0	never		
5	1	less than once a month		
1	2	several times a month		
2	6	refused		
1	8	don't know		
		12. How often {HAS SHE/ HAVE YOU} been using drugs such as marijuana, crack cocaine, or heroin?	H3PC12	num 1
98	0	never		
2	1	less than once a month		
2	6	refused		
1	8	don't know		
1	9	not applicable		
		13. How many cigarettes {HAS SHE/ HAVE YOU} been smoking?	H3PC13	num 1
90	0	none		
9	1	less than 1 pack a day		
1	2	1 pack a day or more, but less than 2 packs a day		
2	6	refused		

In Home Questionnaire Code Book III, S.23p

Frequency	Code	Response	Variable Name	Type/Length
1	8	don't know		
1	9	not applicable		
14.		Are you and <UPARTNER> married?	H3PC14	num 1
42	0	no		
59	1	yes		
2	6	refused		
1	9	not applicable		
15.		Are you and {SHE/ HE} living together in the same household?	H3PC15	num 1
10	0	no		
91	1	yes		
2	6	refused		
1	9	not applicable		
<i>[If Q.14 = 0 and Q.15 = 0, ask Q.16.]</i>				
16.		Which of the following statements best describes your relationship with {HER/ HIM} at present?	H3PC16	num 2
1	2	We hardly ever see or talk to each other.		
1	4	We are involved in an on-again, off-again relationship.		
6	5	We are romantically involved on a steady basis.		
1	96	refused		
95	97	legitimate skip		
17.		How old was <UPARTNER> when {SHE/ YOU} got pregnant?	H3PC17	num 2
101		years old range 17 to 27		
2	96	refused		
1	99	not applicable		
18.		How far has {SHE/ HE} gone in school?	H3PC18	num 1
14	2	more than 8th grade, but not a high school graduate		

In Home Questionnaire Code Book III, S.23p

Frequency	Code	Response	Variable Name	Type/Length
49	4	high school graduate		
4	5	has completed a GED		
7	6	has gone to a business, trade, or vocational school after high school		
6	7	attending college		
14	8	has gone to college, but has not graduated		
5	9	college or university graduate		
2	96	refused		
1	98	don't know		
2	99	not applicable		
19. Before {SHE/ YOU} became pregnant, were you or <UPARTNER> using any kind of birth control when you had sex with each other?			H3PC19	num 1
56	0	no [skip to Q.22]		
45	1	yes		
2	6	refused		
1	9	not applicable		
20. What methods of birth control were you or {SHE/ HE} using? You may report as many as three methods. In order to report a method, use the up or down arrow key to highlight it, and then press Enter. If you have no other methods to report, highlight "no other method" and press Enter. <i>1st response</i>			H3PC20A	num 2
22	1	condoms (rubbers)		
22	5	birth control pills (the pill)		
1	14	the injectable or Depo Provera		
59	97	legitimate skip		
20. What methods of birth control were you or {SHE/ HE} using? You may report as many as three methods. In order to report a method, use the up or down arrow key to highlight it, and then press Enter. If you have no other methods to report, highlight "no other method" and press Enter. <i>2nd response</i>			H3PC20B	num 2

Frequency	Code	Response	Variable Name	Type/Length
11	1	condoms (rubbers)		
6	2	withdrawal		
20	5	birth control pills (the pill)		
1	14	the injectable or Depo Provera		
1	20	some other method		
3	21	no other method		
59	97	legitimate skip		
1	98	don't know		
2	99	not applicable		
20. What methods of birth control were you or {SHE/ HE} using? You may report as many as three methods. In order to report a method, use the up or down arrow key to highlight it, and then press Enter. If you have no other methods to report, highlight "no other method" and press Enter. <i>3rd response</i>			H3PC20C	num 2
8	1	condoms (rubbers)		
2	2	withdrawal		
2	3	rhythm (safe time) or safe period by the calendar		
16	5	birth control pills (the pill)		
1	14	the injectable or Depo Provera		
10	21	no other method		
62	97	legitimate skip		
1	98	don't know		
2	99	not applicable		
21. In the month before {SHE/ YOU} got pregnant, did you or <UPARTNER> use {THIS METHOD/ AT LEAST ONE OF THESE METHODS} of birth control every time you and {SHE/ HE} had sexual intercourse with each other?			H3PC21	num 1
17	0	no		
27	1	yes		

In Home Questionnaire Code Book III, S.23p

Frequency	Code	Response	Variable Name	Type/ Length
1	6	refused		
59	7	legitim ate skip		
22. Please think back to the time just before {<UPARTNER>/ YOU} became pregnant. Did you want to have a child then?			H3PC22	num 1
31	0	no		
67	1	yes <i>[skip to Q.24]</i>		
2	6	refused		
2	8	don 't know		
2	9	not applicab le		
23. Did you want to have a child sometime later?			H3PC23	num 1
8	0	no		
25	1	yes <i>[Return to Q.1 for the next pregnancy.]</i>		
2	6	refused		
67	7	legitim ate skip		
2	9	not applicab le		
24. Did you want <UPARTNER> to be your child 's {MOTHER/ FATHER}?			H3PC24	num 1
1	0	no		
90	1	yes		
12	7	legitim ate skip		
1	8	don 't know		