H3PG17A - S22Q17A YOU/PARTNER PAID PRENAT CARE-W3

Type	Code
Measurement Unit	numeric
H3PG17A	17A. [If MAX=1:] How was <PARTNER>s/YOUR} prenatal care paid for? [If MAX > 1:] For the pregnancy that ended in <CPEMTHT> of <CPEYR>, how was {<PARTNER>s/YOUR} prenatal care paid for? Mark all the kinds of payments that apply. your or <PARTNER>s income or savings
0	not marked
1	marked