

 Wave III Section 22: Completed Pregnancies

- RRELNO - ROMANTIC RELATIONSHIP NUMBER
- RPREGNO - RELATIONSHIP PREGNANCY NUMBER
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- H3PG2 - S22Q2 WEEKS PREGNANT WHEN ENDED-W3
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- H3PG22 - S22Q22 MARRIED AT TIME OF BIRTH-W3
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 RRELNO - ROMANTIC RELATIONSHIP NUMBER

Type	Numeric (Double)
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RRELNO	Romantic relationship number
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 RPREGNO - RELATIONSHIP PREGNANCY NUMBER

Type	Numeric (Double)
RPREGNO	Relationship pregnancy number

 H3PG1 - S22Q1 MONTHS PREG WHEN TOLD PARTNER-W3

Type	Code
Measurement Unit	numeric
H3PG1	<p>1. [If the respondent is male and number of pregnancies = 1:] How many months pregnant was she when <PARTNER> told you that she was pregnant? [If the respondent is male and number of pregnancies > 1:] With regard to <PARTNER>'s pregnancy that ended in <CPEMTHT> of <CPEYR>, how many months pregnant was she when she told you that she was pregnant?</p> <p>1. [If the respondent is female and number of pregnancies = 1:] How many months pregnant were you when you told <PARTNER> that you were pregnant? [If the respondent is female and number of pregnancies > 1:] With regard to your pregnancy that ended in <CPEMTHT> of <CPEYR>, how many months pregnant were you when you told <PARTNER> that you were pregnant?</p>
Logic	If the respondent is female, ask Q2
	0 months
	1 month
	2 months
	3 months
	4 months
	5 months
	6 months
	7 months
	8 months
	9 months

 H3PG2 - S22Q2 WEEKS PREGNANT WHEN ENDED-W3

Type	Numeric (Double)
H3PG2	2. How many weeks had you been pregnant when {YOUR/ THIS} pregnancy ended?

 H3PG3 - S22Q3 SCHOOL LEVEL WHEN GOT PREGNANT-W3

Type	Code
Measurement Unit	numeric
H3PG3	3. How far had <PARTNER> gone in school when {SHE/YOU} got pregnant by {YOU/ HIM}?
0	had never gone to school
1	8th grade or less
2	more than 8th grade, but not a high school graduate
3	had gone to business, trade or vocational school instead of high school
4	high school graduate
5	completed GED
6	had gone to business, trade, or vocational school after high school
7	attending college
8	had gone to college, but not a college graduate

 H3PG4 - S22Q4 ANY CONTACT DURING PREGNANCY-W3

Type	Code
Measurement Unit	numeric
H3PG4	4. Did {YOU/<PARTNER>} have any contact with {<PARTNER>/YOU} between the time {YOU/HE} learned {SHE WAS/YOU WERE} pregnant and the time {HER/YOUR} pregnancy ended?
0	no
1	yes

 H3PG5 - S22Q5 BIRTH CONTROL BEFORE PREGNANCY-W3

Type	Code
Measurement Unit	numeric
H3PG5	5. Before {<PARTNER>/YOU} got pregnant, were you or {SHE/<PARTNER>} using any kind of birth control when you had sex with each other?
Logic	If no, skip to Q8
0	no

1	yes
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H3PG6A - S22Q6A FIRST METHOD OF BIRTH CONTROL-W3

Type	Code
Measurement Unit	numeric
H3PG6A	6A. What kinds of birth control were you or {SHE/HE} using? You may report as many as three methods. 1st response
1	condoms
2	withdrawal
3	rhythm (safe time) or safe period by the calendar
4	natural family planning or safe period by temperature (basal body temperature) or cervical mucus test
5	birth control pills (the pill)
6	vaginal sponge
7	spermicidal foam, jelly, creme, suppositories
8	diaphragm, with or without jelly or cream
10	female condom
11	IUD (intrauterine device), coil, loop
12	the implant of Norplant
13	ring
14	the injectable or Depo Provera
16	female sterilization or tubal ligation
17	hysterectomy
18	vasectomy
19	emergency contraception, such as a high-dose birth controll pills or the morning-after pill
20	some other method
21	no other method

H3PG6B - S22Q6B SECOND METHOD OF BIRTH CONTROL-W3

Type	Code
Measurement Unit	numeric

H3PG6B	6B. What kinds of birth control were you or {SHE/HE} using? You may report as many as three methods. 2nd response
1	condoms
2	withdrawl
3	rhythm (safe time) or safe period by the calendar
4	natural family planning or safe period by temperature (basal body temperature) or cervical mucus test
5	birth control pills (the pill)
6	vaginal sponge
7	spermicidal foam, jelly, creme, suppositories
9	cervical cap
10	female condom
11	IUD (intrauterine device), coil, loop
12	the implant of Norplant
13	ring
14	the injectable or Depo Provera
15	vaginal contraceptive film or insert
16	female sterilization or tubal ligation
17	hysterectomy
18	vasectomy
19	emergency contraception, such as a high-dose birth controll pills or the morning-after pill
20	some other method
21	no other method

	
Type	Code
Measurement Unit	numeric
H3PG6C	6C. What kinds of birth control were you or {SHE/HE} using? You may report as many as three methods. 3rd response
1	condoms
2	withdrawl

3	rhythm (safe time) or safe period by the calendar
4	natural family planning or safe period by temperature (basal body temperature) or cervical mucus test
5	birth control pills (the pill)
6	vaginal sponge
7	spermicidal foam, jelly, creme, suppositories
9	cervical cap
10	female condom
11	IUD (intrauterine device), coil, loop
12	the implant of Norplant
13	ring
14	the injectable or Depo Provera
15	vaginal contraceptive film or insert
16	female sterilization or tubal ligation
18	vasectomy
19	emergency contraception, such as a high-dose birth controll pills or the morning-after pill
20	some other method
21	no other method

 H3PG7 - S22Q7 BIRTH CONTR EVERY TIME PREV MO-W3

Type	Code
Measurement Unit	numeric
H3PG7	7. In the month before {SHE/YOU} got pregnant, did you or <PARTNER> use {THIS/AT LEAST ONE} kind of birth control every time you and {SHE/HE} had sexual intercourse?
0	no
1	yes

 H3PG8 - S22Q8 WANT CHILD BEFORE PREGNANCY-W3

Type	Code
Measurement Unit	numeric

H3PG8	8. Please think back to the time just before {<PARTNER>/YOU} became pregnant. Did you want to have a child then?
Logic	If yes, skip to Q10
0	no
1	yes

H3PG9 - S22Q9 WANT CHILD LATER-W3

Type	Code
Measurement Unit	numeric
H3PG9	9. Did you want to have a child sometime later?
Logic	If no, skip to Q11
0	no
1	yes

H3PG10 - S22Q10 WANT TO BE YOUR CHILD'S PARENT-W3

Type	Code
Measurement Unit	numeric
H3PG10	10. Did you want <PARTNER> to be your child's {MOTHER/FATHER}?
Logic	If the respondent is male and Q4=1, or if the respondent is female, ask Q11 to Q18
0	no
1	yes

H3PG11 - S22Q11 DR OR NURSE FOR PRENATAL CARE-W3

Type	Code
Measurement Unit	numeric
H3PG11	11. While {<PARTNER> WAS/YOU WERE} pregnant, did {SHE/YOU} visit a doctor or nurse-midwife for prenatal care or pregnancy check-ups?
Logic	If no, skip to Q18
0	no
1	yes

H3PG12 - S22Q12 PARTNER WENT WITH YOU CHECKUPS-W3

Type	Code
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Measurement Unit	numeric
H3PG12	12. Did {YOU/HE} go along with {HER/YOU} for any of these check-ups?
Logic	If the respondent is female, ask Q13 to Q15
0	no
1	yes

H3PG13 - S22Q13 MONTH FIRST SEE DR OR NURSE-W3

Type	Code
Measurement Unit	numeric
H3PG13	13. In which month of the pregnancy did you first see a doctor or nurse-mid wife?
0	before the first month*
1	first month
2	second month
3	third month
4	fourth month
5	fifth month
6	sixth month
7	seventh month
8	eighth month
9	ninth month

H3PG14 - S22Q14 # PRENATAL VISITS FIRST 6 MOS-W3

Type	Numeric (Double)
H3PG14	14. [If Q2 < or equal to 24:] How many prenatal-care visits did you have with a doctor or nurse-mid wife? [If Q2 > 24:] During the first six months of this pregnancy, how many prenatal-care visits did you have with a doctor or nurse-mid wife?
Logic	If Q2 > 24, ask Q15

H3PG15 - S22Q15 # PRENATAL VISITS AFTER 6 MOS-W3

Type	Numeric (Double)
H3PG15	15. After the first six months, how many prenatal-care visits did you have with a doctor or nurse-mid wife?

 H3PG16 - S22Q16 PLACE OF PRENATAL CARE-W3

Type	Code
Measurement Unit	numeric
H3PG16	16. Where did {SHE/YOU} go for most of {HER/YOUR} prenatal care?
1	private doctor's office
2	nurse-midwife's office
3	county or city health department
4	community health center
5	HMO (health maintenance organization)
6	clinic at work or at school
7	clinic in a hospital
8	emergency room in a hospital
9	birthing center
10	another sort of place

 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

 H3PG17B - S22Q17B PARENTS PAID PRENAT CARE-W3

Type	Code
Measurement Unit	numeric
H3PG17B	17B. [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 parents or other relatives

0	not marked
1	marked

H3PG17C - S22Q17C PRIVATE INSUR PD PRENAT CARE-W3

Type	Code
Measurement Unit	numeric
H3PG17C	17C. [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. private insurance
0	not marked
1	marked

H3PG17D - S22Q17D MEDICAID PAID PRENATAL CARE-W3

Type	Code
Measurement Unit	numeric
H3PG17D	17D. [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. Medicaid
0	not marked
1	marked

H3PG17E - S22Q17E GOVT ASSIST PD PRENATAL CARE-W3

Type	Code
Measurement Unit	numeric
H3PG17E	17E. [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. government assistance other than Medicaid (state or local)
0	not marked
1	marked

 H3PG17F - S22Q17F OTHER SOURCE PD PRENATAL CARE-W3

Type	Code
Measurement Unit	numeric
H3PG17F	17F. [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. some other source of money
0	not marked
1	marked

 H3PG18 - S22Q18 PREG: HOW OFTEN DRANK ALCOHOL-W3

Type	Code
Measurement Unit	numeric
H3PG18	18. During th is pregnancy, how often did {SHE/YOU} drink alcoholic beverages?
0	never
1	less than once a month
2	several times a month
3	several times a week
4	almost every day

 H3PG19 - S22Q19 PREG: HOW OFTEN USED DRUGS-W3

Type	Code
Measurement Unit	numeric
H3PG19	19. How often did {SHE/YOU} use drugs such as marijuana, crack cocaine, or heroin?
0	never
1	less than once a month
2	several times a month
3	several times a week
4	almost every day

 H3PG20 - S22Q20 PREG:HOW MANY CIGARETTES SMOKE-W3

Type	Code
Measurement Unit	numeric
H3PG20	20. How many cigarettes did {SHE/YOU} smoke?
Logic	If CPOUTC = L or D (i.e., the pregnancy ended in a live birth), ask Q21 to Q24
0	none
1	1 pack a day or less
2	more than 1 pack a day, but less than 2 packs a day
3	2 or more packs a day

 H3PG21A - S22Q21A YOU/PARTNER PAID HOSP CARE-W3

Type	Code
Measurement Unit	numeric
H3PG21A	21A. [If MAX = 1:] How were <PARTNER>'s/YOUR} delivery and hospital stay paid for? [If MAX > 1:] For the pregnancy that ended in <CPEMTHT> of <CPEYR>, how were {<PARTNER>'s/YOUR} delivery and hospital stay paid for? Mark all the kinds of payments that apply. your or <PARTNER>'s income or savings
0	not marked
1	marked

 H3PG21B - S22Q21B PARENTS PAID HOSP CARE-W3

Type	Code
Measurement Unit	numeric
H3PG21B	21B. [If MAX = 1:] How were <PARTNER>'s/YOUR} delivery and hospital stay paid for? [If MAX > 1:] For the pregnancy that ended in <CPEMTHT> of <CPEYR>, how were {<PARTNER>'s/YOUR} delivery and hospital stay paid for? Mark all the kinds of payments that apply. your or <PARTNER>'s parents or other relatives
0	not marked
1	marked

 H3PG21C - S22Q21C PRIVATE INSUR PAID HOSP CARE-W3

Type	Code
Measurement Unit	numeric
H3PG21C	21C. [If MAX = 1:] How were <PARTNER>’s/YOUR} delivery and hospital stay paid for? [If MAX > 1:] For the pregnancy that ended in <CPEMTHT> of <CPEYR>, how were {<PARTNER>’s/YOUR} delivery and hospital stay paid for? Mark all the kinds of payments that apply. private insurance
0	not marked
1	marked

H3PG21D - S22Q21D MEDICAID PAID HOSPITAL CARE-W3

Type	Code
Measurement Unit	numeric
H3PG21D	21D. [If MAX = 1:] How were <PARTNER>’s/YOUR} delivery and hospital stay paid for? [If MAX > 1:] For the pregnancy that ended in <CPEMTHT> of <CPEYR>, how were {<PARTNER>’s/YOUR} delivery and hospital stay paid for? Mark all the kinds of payments that apply. Medicaid
0	not marked
1	marked

H3PG21E - S22Q21E GOVT ASSIST PD HOSPITAL CARE-W3

Type	Code
Measurement Unit	numeric
H3PG21E	21E. [If MAX = 1:] How were <PARTNER>’s/YOUR} delivery and hospital stay paid for? [If MAX > 1:] For the pregnancy that ended in <CPEMTHT> of <CPEYR>, how were {<PARTNER>’s/YOUR} delivery and hospital stay paid for? Mark all the kinds of payments that apply. government assistance other than Medicaid (state or local)
0	not marked
1	marked

H3PG21F - S22Q21F OTHER SOURCE PD HOSPITAL CARE-W3

Type	Code
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Measurement Unit	numeric
H3PG21F	21F. [If MAX = 1:] How were <PARTNER>'s/YOUR} delivery and hospital stay paid for? [If MAX > 1:] For the pregnancy that ended in <CPEMTHT> of <CPEYR>, how were {<PARTNER>'s/YOUR} delivery and hospital stay paid for? Mark all the kinds of payments that apply. some other source of money
0	not marked
1	marked

H3PG22 - S22Q22 MARRIED AT TIME OF BIRTH-W3

Type	Code
Measurement Unit	numeric
H3PG22	22. Were you and <PARTNER> married to each other at the time of this birth?
0	no
1	yes

H3PG23 - S22Q23 LIVING TOGETHER TIME OF BIRTH-W3

Type	Code
Measurement Unit	numeric
H3PG23	23. Were you and <PARTNER> living together at th at time?
Logic	If Q22=0 and Q23=0, ask Q24
0	no
1	yes

H3PG24 - S22Q24 RELATIONSHIP AT TIME OF BIRTH-W3

Type	Code
Measurement Unit	numeric
H3PG24	24. Which of the following statements best describes your relationship with <PARTNER> at the time of this birth?
1	We did not see or talk to each other
2	We hardly ever saw or talked to each other
3	We were just friends
4	We were involved in an on-again, off-again relationship

5	We were romantically involved on a steady basis
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