Wave III Section 22: Completed Pregnancies

Title

Wave III Section 22: Completed Pregnancies

Abstract

Variables: 39

Observations: 6,857

Variables

Wave III Section 22: Completed Pregnancies

- RRELNO - ROMANTIC RELATIONSHIP NUMBER
- RPREGNO - RELATIONSHIP PREGNANCY NUMBER
- H3PG1 - S22Q1 MONTHS PREG WHEN TOLD PARTNER-W3
- H3PG2 - S22Q2 WEEKS PREGNANT WHEN ENDED-W3
- H3PG3 - S22Q3 SCHOOL LEVEL WHEN GOT PREGNANT-W3
- H3PG4 - S22Q4 ANY CONTACT DURING PREGNANCY-W3
- H3PG5 - S22Q5 BIRTH CONTROL BEFORE PREGNANCY-W3
- H3PG6A - S22Q6A FIRST METHOD OF BIRTH CONTROL-W3
- H3PG6B - S22Q6B SECOND METHOD OF BIRTH CONTROL-W3
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- H3PG11 - S22Q11 DR OR NURSE FOR PRENATAL CARE-W3
- H3PG12 - S22Q12 PARTNER WENT WITH YOU CHECKUPS-W3
- H3PG13 - S22Q13 MONTH FIRST SEE DR OR NURSE-W3
- H3PG14 - S22Q14 # PRENATAL VISITS FIRST 6 MOS-W3
- H3PG15 - S22Q15 # PRENATAL VISITS AFTER 6 MOS-W3
- H3PG16 - S22Q16 PLACE OF PRENATAL CARE-W3
- H3PG17A - S22Q17A YOU/PARTNER PAID PRENAT CARE-W3
- H3PG17B - S22Q17B PARENTS PAID PRENAT CARE-W3
- H3PG17C - S22Q17C PRIVATE INSUR PD PRENAT CARE-W3
- H3PG17D - S22Q17D MEDICAID PAID PRENATAL CARE-W3
- H3PG17E - S22Q17E GOVT ASSIST PD PRENATAL CARE-W3
- H3PG17F - S22Q17F OTHER SOURCE PD PRENATAL CARE-W3
- H3PG18 - S22Q18 PREG: HOW OFTEN DRANK ALCOHOL-W3
- H3PG19 - S22Q19 PREG: HOW OFTEN USED DRUGS-W3

RRELNO - ROMANTIC RELATIONSHIP NUMBER

Type	Numeric (Double)
RRELNO	Romantic relationship number

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	1. [If the respondent is male and num ber of pregnancies = 1:] How many months preg ant w as she when <PARTNER> told you that she was pregnant? [If the respondent is male and num ber of pregnancies > 1:] With regard to <PARTNER>s pregnancy that ended in <CPEMTHT> of <CPEYR>, how many month s pregnant was she when she told you that she was pregnant? 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?
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 buisness, 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

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	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
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

H3PG6C - S22Q6C THIRD METHOD OF BIRTH CONTROL-W3

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
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-car e 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 p regn ancy th at end ed 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 p regn ancy th at end ed 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>②s/YOUR} delivery and hospital stay paid for? [If MAX > 1:] For the p regn ancy th at end ed in <CPEMTHT> of <CPEYR>, how were {<PARTNER>②s/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>②s/YOUR} delivery and hospital stay paid for? [If MAX > 1:] For the p regn ancy th at end ed in <CPEMTHT> of <CPEYR>, how were {<PARTNER>②s/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>②s/YOUR} delivery and hospital stay paid for? [If MAX > 1:] For the p regn ancy th at end ed in <CPEMTHT> of <CPEYR>, how were {<PARTNER>②s/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
Measurement Unit	numeric

H3PG21F	21F. [If MAX = 1:] How were <PARTNER>ʼs/YOUR} delivery and hospital stay paid for? [If MAX > 1:] For the p regn ancy th at end ed in <CPEMTHT> of <CPEYR>, how were {<PARTNER>ʼs/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 w ith <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	

Logical Products

Data Layouts

Wave III Section 22: Completed Pregnancies

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

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	1. [If the respondent is male and num ber of pregnancies = 1:] How many months preg ant w as she when <PARTNER> told you that she was pregnant? [If the respondent is male and num ber of pregnancies > 1:] With regard to <PARTNER>⬚s pregnancy that ended in <CPEMTHT> of <CPEYR>, how many month s pregnant was she when she told you that she was pregnant? 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?
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 buisness, 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

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	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
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

H3PG6C - S22Q6C THIRD METHOD OF BIRTH CONTROL-W3

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
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-car e 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 p regn ancy th at end ed 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 p regn ancy th at end ed 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 p regn ancy th at end ed 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 p regn ancy th at end ed 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 p regn ancy th at end ed 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
Measurement Unit	numeric
H3PG21F	21F. [If MAX = 1:] How were <PARTNER>s/YOUR} delivery and hospital stay paid for? [If MAX > 1:] For the p regn ancy th at end ed 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 w ith <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

Physical Instances

Wave III Section 22: Completed Pregnancies

Title	Wave III Section 22: Completed Pregnancies
File Name	sect22.sas7bdat
Case Quantity	6857
Variable Count	38

RRELNO - ROMANTIC RELATIONSHIP NUMBER

Type	Numeric (Double)

RRELNO	Romantic relationship number

Valid	Invalid	Minimum	Maximum	Mean	StdDev
6857	0	1	48	2.2792766...	2.2872798...

RPREGNO - RELATIONSHIP PREGNANCY NUMBER

Type	Numeric (Double)
RPREGNO	Relationship pregnancy number

Valid	Invalid	Minimum	Maximum	Mean	StdDev
6857	0	1	8	1.3338194...	0.6692625...

H3PG1 - S22Q1 MONTHS PREG WHEN TOLD PARTNER-W3

Type	Code
Measurement Unit	numeric
H3PG1	1. [If the respondent is male and num ber of pregnancies = 1:] How many months preg ant w as she when <PARTNER> told you that she was pregnant? [If the respondent is male and num ber of pregnancies > 1:] With regard to <PARTNER>s pregnancy that ended in <CPEMTHT> of <CPEYR>, how many month s pregnant was she when she told you that she was pregnant? 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?
Logic	If the respondent is female, ask Q2

			Frequency	% of total	% of valid
Valid	0	months	357	5.21%	5.41%
	1	month	3330	48.56%	50.49%
	2	months	1563	22.79%	23.7%
	3	months	764	11.14%	11.58%
	4	months	249	3.63%	3.78%
	5	months	121	1.76%	1.83%
	6	months	63	0.92%	0.96%
	7	months	21	0.31%	0.32%
	8	months	19	0.28%	0.29%
	9	months	108	1.58%	1.64%
		Total	6,595	96.18%	100%

Missing	.	missing	45	0.66%	
	96	refused	94	1.37%	
	98	don't know	70	1.02%	
	99	not applicable	53	0.77%	
		Total	262	3.82%	

Valid	Invalid	Minimum	Maximum
6595	262	0	9

H3PG2 - S22Q2 WEEKS PREGNANT WHEN ENDED-W3

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

			Frequency	% of total	% of valid
Missing	.	missing	39	0.57%	
	96	refused	67	0.98%	
	97	legitimate skip	2240	32.67%	
	98	don't know	73	1.06%	
	99	not applicable	27	0.39%	
		Total	2,446	35.67%	

Valid	Invalid	Minimum	Maximum	Mean	StdDev
4411	2446	0	40	25.381092…	15.240538…

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}?

			Frequency	% of total	% of valid

Valid	0	had never gone to school	197	2.87%	3.11%
	1	8th grade or less	169	2.46%	2.67%
	2	more than 8th grade, but not a high school graduate	1708	24.91%	26.94%
	3	had gone to buisness, trade or vocational school instead of high school	70	1.02%	1.1%
	4	high school graduate	2255	32.89%	35.57%
	5	completed GED	510	7.44%	8.05%
	6	had gone to business, trade, or vocational school after high school	257	3.75%	4.05%
	7	attending college	381	5.56%	6.01%
	8	had gone to college, but not a college graduate	530	7.73%	8.36%
		Total	6,339	92.45%	100%
Missing	.	missing	43	0.63%	
	96	refused	124	1.81%	
	98	don't know	236	3.44%	
	99	not applicable	115	1.68%	
		Total	518	7.55%	

Valid	Invalid	Minimum	Maximum
6339	518	0	12

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?

			Frequency	% of total	% of valid
Valid	0	no	492	7.18%	7.45%
	1	yes	6110	89.11%	92.55%
		Total	6,602	96.28%	100%
Missing	.	missing	42	0.61%	
	6	refused	98	1.43%	
	8	don't know	59	0.86%	
	9	not applicable	56	0.82%	
		Total	255	3.72%	

Valid	Invalid	Minimum	Maximum
6602	255	0	1

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

			Frequency	% of total	% of valid
Valid	0	no	3868	56.41%	58.68%
	1	yes	2724	39.73%	41.32%
		Total	6,592	96.14%	100%
Missing	.	missing	41	0.6%	
	6	refused	112	1.63%	
	8	don't know	58	0.85%	
	9	not applicable	54	0.79%	
		Total	265	3.86%	

Valid	Invalid	Minimum	Maximum
6592	265	0	1

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

	Frequency	% of total	% of valid

Valid	1	condoms	1746	25.46%	64.64%
	2	withdrawl	152	2.22%	5.63%
	3	rhythm (safe time) or safe period by the calendar	18	0.26%	0.67%
	4	natural family planning or safe period by temperature (basal body temperature) or cervical mucus test	6	0.09%	0.22%
	5	birth control pills (the pill)	516	7.53%	19.1%
	6	vaginal sponge	6	0.09%	0.22%
	7	spermicidal foam, jelly, creme, suppositories	11	0.16%	0.41%
	8	diaphragm, with or without jelly or cream	1	0.01%	0.04%
	10	female condom	38	0.55%	1.41%
	11	IUD (intrauterine device), coil, loop	8	0.12%	0.3%
	12	the implant of Norplant	7	0.1%	0.26%
	13	ring	2	0.03%	0.07%
	14	the injectable or Depo Provera	60	0.88%	2.22%
	16	female sterilization or tubal ligation	1	0.01%	0.04%
	17	hysterectomy	1	0.01%	0.04%
	18	vasectomy	3	0.04%	0.11%
	19	emergency contraception, such as a high-dose birth controll pills or the morning-after pill	1	0.01%	0.04%
	20	some other method	8	0.12%	0.3%
	21	no other method	116	1.69%	4.29%
		Total	2,701	39.39%	100%
Missing	.	missing	41	0.6%	
	96	refused	121	1.76%	
	97	legitimate skip	3868	56.41%	
	98	don't know	48	0.7%	
	99	not applicable	78	1.14%	
		Total	4,156	60.61%	

Valid	Invalid	Minimum	Maximum
2701	4156	1	21

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		

			Frequency	% of total	% of valid
Valid	1	condoms	1164	16.98%	46.56%
	2	withdrawl	299	4.36%	11.96%
	3	rhythm (safe time) or safe period by the calendar	41	0.6%	1.64%
	4	natural family planning or safe period by temperature (basal body temperature) or cervical mucus test	12	0.18%	0.48%
	5	birth control pills (the pill)	618	9.01%	24.72%
	6	vaginal sponge	4	0.06%	0.16%
	7	spermicidal foam, jelly, creme, suppositories	20	0.29%	0.8%
	9	cervical cap	1	0.01%	0.04%
	10	female condom	30	0.44%	1.2%
	11	IUD (intrauterine device), coil, loop	6	0.09%	0.24%
	12	the implant of Norplant	6	0.09%	0.24%
	13	ring	4	0.06%	0.16%
	14	the injectable or Depo Provera	49	0.71%	1.96%
	15	vaginal contraceptive film or insert	2	0.03%	0.08%
	16	female sterilization or tubal ligation	1	0.01%	0.04%
	18	vasectomy	4	0.06%	0.16%
	19	emergency contraception, such as a high-dose birth controll pills or the morning-after pill	3	0.04%	0.12%
	20	some other method	6	0.09%	0.24%
	21	no other method	230	3.35%	9.2%
		Total	2,500	36.46%	100%
Missing	.	missing	41	0.6%	
	96	refused	134	1.95%	
	97	legitimate skip	3984	58.1%	
	98	don't know	59	0.86%	
	99	not applicable	139	2.03%	
		Total	4,357	63.54%	

Valid	Invalid	Minimum	Maximum
2500	4357	1	21

H3PG6C - S22Q6C THIRD METHOD OF BIRTH CONTROL-W3

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

			Frequency	% of total	% of valid
Valid	1	condoms	1008	14.7%	46.62%
	2	withdrawl	195	2.84%	9.02%
	3	rhythm (safe time) or safe period by the calendar	38	0.55%	1.76%
	4	natural family planning or safe period by temperature (basal body temperature) or cervical mucus test	12	0.18%	0.56%
	5	birth control pills (the pill)	484	7.06%	22.39%
	6	vaginal sponge	3	0.04%	0.14%
	7	spermicidal foam, jelly, creme, suppositories	28	0.41%	1.3%
	9	cervical cap	1	0.01%	0.05%
	10	female condom	54	0.79%	2.5%
	11	IUD (intrauterine device), coil, loop	6	0.09%	0.28%
	12	the implant of Norplant	10	0.15%	0.46%
	13	ring	7	0.1%	0.32%
	14	the injectable or Depo Provera	41	0.6%	1.9%
	15	vaginal contraceptive film or insert	4	0.06%	0.19%
	16	female sterilization or tubal ligation	3	0.04%	0.14%
	18	vasectomy	1	0.01%	0.05%
	19	emergency contraception, such as a high-dose birth controll pills or the morning-after pill	2	0.03%	0.09%
	20	some other method	28	0.41%	1.3%
	21	no other method	232	3.38%	10.73%
		Total	2,162	31.53%	100%
Missing	.	missing	41	0.6%	
	96	refused	150	2.19%	
	97	legitimate skip	4214	61.46%	
	98	don't know	82	1.2%	
	99	not applicable	208	3.03%	

		Total		4,695	68.47%	

Valid	Invalid	Minimum	Maximum
2162	4695	1	21

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?

			Frequency	% of total	% of valid
Valid	0	no	1109	16.17%	40.53%
	1	yes	1627	23.73%	59.47%
		Total	2,736	39.9%	100%
Missing	.	missing	41	0.6%	
	6	refused	110	1.6%	
	7	legitimate skip	3868	56.41%	
	8	don't know	48	0.7%	
	9	not applicable	54	0.79%	
		Total	4,121	60.1%	

Valid	Invalid	Minimum	Maximum
2736	4121	0	1

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

			Frequency	% of total	% of valid
Valid	0	no	4061	59.22%	62.13%
	1	yes	2475	36.09%	37.87%
		Total	6,536	95.32%	100%
Missing	.	missing	39	0.57%	
	6	refused	108	1.58%	
	8	don't know	120	1.75%	
	9	not applicable	54	0.79%	
		Total	321	4.68%	

Valid	Invalid	Minimum	Maximum
6536	321	0	1

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

			Frequency	% of total	% of valid
Valid	0	no	1085	15.82%	26.2%
	1	yes	3056	44.57%	73.8%
		Total	4,141	60.39%	100%
Missing	.	missing	38	0.55%	
	6	refused	93	1.36%	
	7	legitimate skip	2475	36.09%	
	8	don't know	68	0.99%	
	9	not applicable	42	0.61%	
		Total	2,716	39.61%	

Valid	Invalid	Minimum	Maximum
4141	2716	0	1

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

			Frequency	% of total	% of valid
Valid	0	no	1031	15.04%	19.24%
	1	yes	4328	63.12%	80.76%
		Total	5,359	78.15%	100%
Missing	.	missing	38	0.55%	
	6	refused	9	0.13%	
	7	legitimate skip	1286	18.75%	
	8	don't know	155	2.26%	
	9	not applicable	10	0.15%	
		Total	1,498	21.85%	

Valid	Invalid	Minimum	Maximum

5359	1498	0	1

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

			Frequency	% of total	% of valid
Valid	0	no	1202	17.53%	18.7%
	1	yes	5225	76.2%	81.3%
		Total	6,427	93.73%	100%
Missing	.	missing	56	0.82%	
	6	refused	98	1.43%	
	7	legitimate skip	161	2.35%	
	8	don't know	61	0.89%	
	9	not applicable	54	0.79%	
		Total	430	6.27%	

Valid	Invalid	Minimum	Maximum
6427	430	0	1

H3PG12 - S22Q12 PARTNER WENT WITH YOU CHECKUPS-W3

Type	Code
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

			Frequency	% of total	% of valid
Valid	0	no	1318	19.22%	25.08%
	1	yes	3937	57.42%	74.92%
		Total	5,255	76.64%	100%
Missing	.	missing	57	0.83%	
	6	refused	96	1.4%	
	7	legitimate skip	1363	19.88%	
	8	don't know	36	0.53%	
	9	not applicable	50	0.73%	
		Total	1,602	23.36%	

Valid	Invalid	Minimum	Maximum
5255	1602	0	1

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?

			Frequency	% of total	% of valid
Valid	0	before the first month*	36	0.53%	1.01%
	1	first month	1296	18.9%	36.35%
	2	second month	1008	14.7%	28.27%
	3	third month	622	9.07%	17.45%
	4	fourth month	237	3.46%	6.65%
	5	fifth month	138	2.01%	3.87%
	6	sixth month	96	1.4%	2.69%
	7	seventh month	50	0.73%	1.4%
	8	eighth month	28	0.41%	0.79%
	9	ninth month	54	0.79%	1.51%
		Total	3,565	51.99%	100%
Missing	.	missing	33	0.48%	
	96	refused	58	0.85%	
	97	legitimate skip	3118	45.47%	
	98	don't know	55	0.8%	
	99	not applicable	28	0.41%	
		Total	3,292	48.01%	

Valid	Invalid	Minimum	Maximum
3565	3292	0	9

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

			Frequency	% of total	% of valid
Missing	.	missing	32	0.47%	
	96	refused	63	0.92%	
	97	legitimate skip	3118	45.47%	
	98	don't know	156	2.28%	
	99	not applicable	30	0.44%	

		Total		3,399	49.57%	

Valid	Invalid	Minimum	Maximum	Mean	StdDev
3458	3399	1	90	7.0164835...	6.2266529...

🔢 H3PG15 - S22Q15 # PRENATAL VISITS AFTER 6 MOS-W3

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

			Frequency	% of total	% of valid
Missing	.	missing	61	0.89%	
	96	refused	7	0.1%	
	97	legitimate skip	4306	62.8%	
	98	don't know	110	1.6%	
	99	not applicable	11	0.16%	
		Total	4,495	65.55%	

Valid	Invalid	Minimum	Maximum	Mean	StdDev
2362	4495	0	70	8.8518204...	5.8858309...

🔢 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?

			Frequency	% of total	% of valid
Valid	1	private doctor's office	3074	44.83%	59.09%
	2	nurse-midwife's office	329	4.8%	6.32%
	3	county or city health department	172	2.51%	3.31%
	4	community health center	413	6.02%	7.94%
	5	HMO (health maintenance organization)	255	3.72%	4.9%
	6	clinic at work or at school	35	0.51%	0.67%
	7	clinic in a hospital	717	10.46%	13.78%
	8	emergency room in a hospital	22	0.32%	0.42%
	9	birthing center	104	1.52%	2%
	10	another sort of place	81	1.18%	1.56%
		Total	5,202	75.86%	100%

Missing	.	missing	52	0.76%	
	96	refused	92	1.34%	
	97	legitimate skip	1363	19.88%	
	98	don't know	84	1.23%	
	99	not applicable	64	0.93%	
		Total	1,655	24.14%	

Valid	Invalid	Minimum	Maximum
5202	1655	1	10

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

			Frequency	% of total	% of valid
Valid	0	not marked	4242	61.86%	80.14%
	1	marked	1051	15.33%	19.86%
		Total	5,293	77.19%	100%
Missing	.	missing	56	0.82%	
	6	refused	79	1.15%	
	7	legitimate skip	1363	19.88%	
	8	don't know	37	0.54%	
	9	not applicable	29	0.42%	
		Total	1,564	22.81%	

Valid	Invalid	Minimum	Maximum
5293	1564	0	1

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

			Frequency	% of total	% of valid

				Frequency	% of total	% of valid
Valid	0		not marked	4799	69.99%	90.33%
	1		marked	514	7.5%	9.67%
			Total	5,313	77.48%	100%
Missing	.		missing	56	0.82%	
	6		refused	67	0.98%	
	7		legitimate skip	1363	19.88%	
	8		don't know	32	0.47%	
	9		not applicable	26	0.38%	
			Total	1,544	22.52%	

Valid	Invalid	Minimum	Maximum
5313	1544	0	1

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

				Frequency	% of total	% of valid
Valid	0		not marked	3834	55.91%	72.15%
	1		marked	1480	21.58%	27.85%
			Total	5,314	77.5%	100%
Missing	.		missing	56	0.82%	
	6		refused	68	0.99%	
	7		legitimate skip	1363	19.88%	
	8		don't know	30	0.44%	
	9		not applicable	26	0.38%	
			Total	1,543	22.5%	

Valid	Invalid	Minimum	Maximum
5314	1543	0	1

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

			Frequency	% of total	% of valid
Valid	0	not marked	2860	41.71%	53.81%
	1	marked	2455	35.8%	46.19%
		Total	5,315	77.51%	100%
Missing	.	missing	56	0.82%	
	6	refused	68	0.99%	
	7	legitimate skip	1363	19.88%	
	8	don't know	31	0.45%	
	9	not applicable	24	0.35%	
		Total	1,542	22.49%	

Valid	Invalid	Minimum	Maximum
5315	1542	0	1

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)

			Frequency	% of total	% of valid
Valid	0	not marked	4742	69.16%	89.17%
	1	marked	576	8.4%	10.83%
		Total	5,318	77.56%	100%
Missing	.	missing	56	0.82%	
	6	refused	63	0.92%	
	7	legitimate skip	1363	19.88%	
	8	don't know	30	0.44%	
	9	not applicable	27	0.39%	
		Total	1,539	22.44%	

Valid	Invalid	Minimum	Maximum
5318	1539	0	1

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

			Frequency	% of total	% of valid
Valid	0	not marked	5116	74.61%	96.2%
	1	marked	202	2.95%	3.8%
		Total	5,318	77.56%	100%
Missing	.	missing	56	0.82%	
	6	refused	63	0.92%	
	7	legitimate skip	1363	19.88%	
	8	don't know	31	0.45%	
	9	not applicable	26	0.38%	
		Total	1,539	22.44%	

Valid	Invalid	Minimum	Maximum
5318	1539	0	1

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?

			Frequency	% of total	% of valid
Valid	0	never	5891	85.91%	90.95%
	1	less than once a month	370	5.4%	5.71%
	2	several times a month	145	2.11%	2.24%
	3	several times a week	56	0.82%	0.86%
	4	almost every day	15	0.22%	0.23%
		Total	6,477	94.46%	100%
Missing	.	missing	44	0.64%	
	6	refused	77	1.12%	
	7	legitimate skip	161	2.35%	
	8	don't know	50	0.73%	
	9	not applicable	48	0.7%	

		Total	380	5.54%	

Valid	Invalid	Minimum	Maximum
6477	380	0	4

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?

			Frequency	% of total	% of valid
Valid	0	never	6075	88.6%	93.82%
	1	less than once a month	203	2.96%	3.14%
	2	several times a month	110	1.6%	1.7%
	3	several times a week	36	0.53%	0.56%
	4	almost every day	51	0.74%	0.79%
		Total	6,475	94.43%	100%
Missing	.	missing	40	0.58%	
	6	refused	84	1.23%	
	7	legitimate skip	161	2.35%	
	8	don't know	48	0.7%	
	9	not applicable	49	0.71%	
		Total	382	5.57%	

Valid	Invalid	Minimum	Maximum
6475	382	0	4

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

			Frequency	% of total	% of valid
Valid	0	none	5099	74.36%	78.55%
	1	1 pack a day or less	1289	18.8%	19.86%
	2	more than 1 pack a day, but less than 2 packs a day	87	1.27%	1.34%
	3	2 or more packs a day	16	0.23%	0.25%
		Total	6,491	94.66%	100%

Missing	.	missing	30	0.44%	
	6	refused	87	1.27%	
	7	legitimate skip	161	2.35%	
	8	don't know	42	0.61%	
	9	not applicable	46	0.67%	
		Total	366	5.34%	

Valid	Invalid	Minimum	Maximum
6491	366	0	3

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 p regn ancy th at end ed 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

			Frequency	% of total	% of valid
Valid	0	not marked	3625	52.87%	86.06%
	1	marked	587	8.56%	13.94%
		Total	4,212	61.43%	100%
Missing	.	missing	29	0.42%	
	6	refused	57	0.83%	
	7	legitimate skip	2516	36.69%	
	8	don't know	20	0.29%	
	9	not applicable	23	0.34%	
		Total	2,645	38.57%	

Valid	Invalid	Minimum	Maximum
4212	2645	0	1

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 p regn ancy th at end ed 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

				Frequency	% of total	% of valid
Valid	0	not marked		3922	57.2%	92.74%
	1	marked		307	4.48%	7.26%
		Total		4,229	61.67%	100%
Missing	.	missing		29	0.42%	
	6	refused		45	0.66%	
	7	legitimate skip		2516	36.69%	
	8	don't know		17	0.25%	
	9	not applicable		21	0.31%	
		Total		2,628	38.33%	

Valid	Invalid	Minimum	Maximum
4229	2628	0	1

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 p regn ancy th at end ed 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

				Frequency	% of total	% of valid
Valid	0	not marked		3027	44.14%	71.54%
	1	marked		1204	17.56%	28.46%
		Total		4,231	61.7%	100%
Missing	.	missing		29	0.42%	
	6	refused		42	0.61%	
	7	legitimate skip		2516	36.69%	
	8	don't know		19	0.28%	
	9	not applicable		20	0.29%	
		Total		2,626	38.3%	

Valid	Invalid	Minimum	Maximum
4231	2626	0	1

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 p regn ancy th at end ed in <CPEMTHT> of <CPEYR>, how were {<PARTNER>s/YOUR} delivery and hospital stay paid for? Mark all the kinds of payments that apply. Medicaid

			Frequency	% of total	% of valid
Valid	0	not marked	2074	30.25%	49.01%
	1	marked	2158	31.47%	50.99%
		Total	4,232	61.72%	100%
Missing	.	missing	29	0.42%	
	6	refused	46	0.67%	
	7	legitimate skip	2516	36.69%	
	8	don't know	16	0.23%	
	9	not applicable	18	0.26%	
		Total	2,625	38.28%	

Valid	Invalid	Minimum	Maximum
4232	2625	0	1

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 p regn ancy th at end ed 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)

			Frequency	% of total	% of valid
Valid	0	not marked	3746	54.63%	88.62%
	1	marked	481	7.01%	11.38%
		Total	4,227	61.65%	100%
Missing	.	missing	29	0.42%	
	6	refused	46	0.67%	
	7	legitimate skip	2516	36.69%	
	8	don't know	18	0.26%	
	9	not applicable	21	0.31%	
		Total	2,630	38.35%	

Valid	Invalid	Minimum	Maximum

4227	2630	0	1

H3PG21F - S22Q21F OTHER SOURCE PD HOSPITAL CARE-W3

Type	Code
Measurement Unit	numeric
H3PG21F	21F. [If MAX = 1:] How were <PARTNER>[s/YOUR} delivery and hospital stay paid for? [If MAX > 1:] For the p regn ancy th at end ed 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

			Frequency	% of total	% of valid
Valid	0	not marked	4121	60.1%	97.47%
	1	marked	107	1.56%	2.53%
		Total	4,228	61.66%	100%
Missing	.	missing	29	0.42%	
	6	refused	46	0.67%	
	7	legitimate skip	2516	36.69%	
	8	don't know	19	0.28%	
	9	not applicable	19	0.28%	
		Total	2,629	38.34%	

Valid	Invalid	Minimum	Maximum
4228	2629	0	1

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?

			Frequency	% of total	% of valid
Valid	0	no	2798	40.81%	66.27%
	1	yes	1424	20.77%	33.73%
		Total	4,222	61.57%	100%
Missing	.	missing	31	0.45%	
	6	refused	48	0.7%	
	7	legitimate skip	2516	36.69%	
	8	don't know	12	0.18%	
	9	not applicable	28	0.41%	
		Total	2,635	38.43%	

Valid	Invalid	Minimum	Maximum

4222	2635	0	1

🏓 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

			Frequency	% of total	% of valid
Valid	0	no	1547	22.56%	36.63%
	1	yes	2676	39.03%	63.37%
		Total	4,223	61.59%	100%
Missing	.	missing	29	0.42%	
	6	refused	46	0.67%	
	7	legitimate skip	2516	36.69%	
	8	don't know	16	0.23%	
	9	not applicable	27	0.39%	
		Total	2,634	38.41%	

Valid	Invalid	Minimum	Maximum
4223	2634	0	1

🏓 H3PG24 - S22Q24 RELATIONSHIP AT TIME OF BIRTH-W3

Type	Code
Measurement Unit	numeric
H3PG24	24. Which of the following statements best describes your relationship w ith <PARTNER> at the time of this birth?

			Frequency	% of total	% of valid
Valid	1	We did not see or talk to each other	230	3.35%	15.91%
	2	We hardly ever saw or talked to each other	174	2.54%	12.03%
	3	We were just friends	132	1.93%	9.13%
	4	We were involved in an on-again, off-again relationship	284	4.14%	19.64%
	5	We were romantically involved on a steady basis	626	9.13%	43.29%
		Total	1,446	21.09%	100%

Missing	.	missing	29	0.42%	
	6	refused	14	0.2%	
	7	legitimate skip	5350	78.02%	
	8	don't know	10	0.15%	
	9	not applicable	8	0.12%	
		Total	5,411	78.91%	

Valid	Invalid	Minimum	Maximum
1446	5411	1	5