

**PREGNANCY**

**INTERVIEWER CHECK ITEM:**

- No Females 17-44 yrs. old (Next page)
- 1+ Females 17-44 yrs. old (1)

1a. During the past 12 months, has anyone in the family been pregnant or had a miscarriage? Y N (Next page)

b. Who is this? Mark "Was pregnant" box in person's column.

1b.  Was pregnant

c. During the past 12 months, has anyone else in the family been pregnant or had a miscarriage? Y (Reask (b and c)) N

If "Was pregnant," ask:

2a. Is --- now pregnant?

2a. Y N

(Not counting ---'s current pregnancy)

b. During the past 12 months, how many times has --- been pregnant, including miscarriages?

None (NP)

\_\_\_\_Pregnancies

(Not counting ---'s current pregnancy)

c. How many times has --- EVER been pregnant, including miscarriages?

01  Once (NP)

\_\_\_\_Pregnancies

d. How many of these --- pregnancies resulted in live births?

00  None (NP)

\_\_\_\_Live births (NP)

**TABLE P: Complete a line of Table P for each terminated pregnancy reported in Q. 2b. If no terminated pregnancies reported, go to next page.**

Person Number (a)	Did ---'s (last pregnancy/pregnancy before that) end in a full-term live birth, a premature live birth, a miscarriage, or what? (b)	Did she see a doctor at any time during that pregnancy? (c)	How many months pregnant was --- when she first saw a doctor? (d)	About how many visits did --- make to a doctor BEFORE that pregnancy ended? (e)	Did a doctor ever tell --- to remain in bed for two weeks or more during that pregnancy? (f)
	1 <input type="checkbox"/> Full term 2 <input type="checkbox"/> Premature 3 <input type="checkbox"/> Miscarriage 4 <input type="checkbox"/> Stillbirth 5 <input type="checkbox"/> Abortion 6 <input type="checkbox"/> Other - Specify _____	1 Y  2 N (g)	____Months	____Visits	1 Y  2 N
	1 <input type="checkbox"/> Full term 2 <input type="checkbox"/> Premature 3 <input type="checkbox"/> Miscarriage 4 <input type="checkbox"/> Stillbirth 5 <input type="checkbox"/> Abortion 6 <input type="checkbox"/> Other - Specify _____	1 Y  2 N (g)	____Months	____Visits	1 Y  2 N
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	1 <input type="checkbox"/> Full term 2 <input type="checkbox"/> Premature 3 <input type="checkbox"/> Miscarriage 4 <input type="checkbox"/> Stillbirth 5 <input type="checkbox"/> Abortion 6 <input type="checkbox"/> Other - Specify _____	1 Y  2 N (g)	____Months	____Visits	1 Y  2 N

<input type="checkbox"/> Was pregnant	1b.	<input type="checkbox"/> Was pregnant	<input type="checkbox"/> Was pregnant	1b.	<input type="checkbox"/> Was pregnant	Was pregnant
Y N	2a.	Y N	Y N	2a.	Y N	Y N
<input type="checkbox"/> None (NP) ____Pregnancies	b.	<input type="checkbox"/> None (NP) ____Pregnancies	<input type="checkbox"/> None (NP) ____Pregnancies	b.	<input type="checkbox"/> None (NP) ____Pregnancies	<input type="checkbox"/> None (NP) ____Pregnancies
01 <input type="checkbox"/> Once (NP) ____Pregnancies	c.	01 <input type="checkbox"/> Once (NP) ____Pregnancies	01 <input type="checkbox"/> Once (NP) ____Pregnancies	c.	01 <input type="checkbox"/> Once (NP) ____Pregnancies	01 <input type="checkbox"/> Once (NP) ____Pregnancies
00 <input type="checkbox"/> None (NP) ____Live births (NP)	d.	00 <input type="checkbox"/> None (NP) ____Live births (NP)	00 <input type="checkbox"/> None (NP) ____Live births (NP)	d.	00 <input type="checkbox"/> None (NP) ____Live births (NP)	00 <input type="checkbox"/> None (NP) ____Live births (NP)

TABLE P - Continued

How many months pregnant was -- when that pregnancy ended? (g)	Did -- have a check-up a month or two after that pregnancy ended? (h)	How long has it been since that pregnancy ended? (i)	Does -- intend to have a check-up for that pregnancy? (j)	FOOTNOTES
____ Months	1 Y (NP) 2 N	1 <input type="checkbox"/> Less than 2 months 2 <input type="checkbox"/> 2+ months (NP)	1 Y 2 N	
____ Months	1 Y (NP) 2 N	1 <input type="checkbox"/> Less than 2 months 2 <input type="checkbox"/> 2+ months (NP)	1 Y 2 N	
____ Months	1 Y (NP) 2 N	1 <input type="checkbox"/> Less than 2 months 2 <input type="checkbox"/> 2+ months (NP)	1 Y 2 N	
____ Months	1 Y (NP) 2 N	1 <input type="checkbox"/> Less than 2 months 2 <input type="checkbox"/> 2+ months (NP)	1 Y 2 N	