

Section P — PREGNANCY AND SMOKING		Person Number _____	
ITEM P1 Refer to age and sex on Household Composition Page. <input type="checkbox"/> Females 18–44 in family (Enter person number and name of all females 18–44; THEN 1) <input type="checkbox"/> No females 18–44 in family (Section Q)		P1 First name _____	
	These next few questions refer to smoking and pregnancy and are asked of women aged 18–44. In this family the questions refer to <i>(read names)</i> .		
	1a. Are any of these women now pregnant? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (2) 9 <input type="checkbox"/> DK (2)		
	b. Who is this? Mark box in person's column.	1b.	<input type="checkbox"/> Yes, pregnant now 7707
c. Anyone else? <input type="checkbox"/> Yes (Reask 1b and c) <input type="checkbox"/> No			
ITEM P2 Mark first appropriate box. <input type="checkbox"/> 1b and 2b blank, refused, or DK for all eligible females. (Section Q)		P2	
	2a. Have any of these women given birth to a live born infant in the past 5 years? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Item P2) 9 <input type="checkbox"/> DK (Item P2)		
	b. Who is this? Mark box in person's column.	2b.	<input type="checkbox"/> Yes, child past 5 years 7708
	c. Anyone else? <input type="checkbox"/> Yes (Reask 2b and c) <input type="checkbox"/> No		
		1 <input type="checkbox"/> Available, "Yes" in 2b (3) 2 <input type="checkbox"/> Available, "Yes" in 1b (4) 3 <input type="checkbox"/> Callback required (NP) 4 <input type="checkbox"/> Noninterview (Cover page, THEN NP) 8 <input type="checkbox"/> Other (NP) 7709	
3. In what month and year was your last child born?	3.	_____/19_____ Month Year 7710	
4. Have you smoked at least 100 cigarettes in your entire life?	4.	1 <input type="checkbox"/> Yes (Mark "Sm" box, THEN 5) 2 <input type="checkbox"/> No (Mark "Sm" box, THEN P2 for NP) 7714	
5a. Do you smoke cigarettes now?	5a.	1 <input type="checkbox"/> Yes (6) 2 <input type="checkbox"/> No 7715	
b. About how long has it been since you last smoked cigarettes fairly regularly?	b.	<input type="checkbox"/> Less than 1 day _____ } <input type="checkbox"/> Days } <input type="checkbox"/> Weeks } <input type="checkbox"/> Months } <input type="checkbox"/> Years <input type="checkbox"/> Never smoked regularly (P3) 7716	
6. On the average, about how many cigarettes a day [do you now smoke/did you smoke when you last smoked regularly]?	6.	00 <input type="checkbox"/> Less than 1 per day _____ Number 7719	
ITEM P3 Refer to question 5a.		P3	
7. Have you ever made a serious attempt to stop smoking cigarettes?	7.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (P4) 9 <input type="checkbox"/> DK 7722	
8a. When was the START of your MOST RECENT serious quit attempt?	8a.	_____ } <input type="checkbox"/> Days ago } <input type="checkbox"/> Weeks ago } <input type="checkbox"/> Months ago } <input type="checkbox"/> Years ago 9 <input type="checkbox"/> DK 7723	
b. How long did you actually stay off cigarettes that time?	b.	0 <input type="checkbox"/> Less than one day _____ } <input type="checkbox"/> Days } <input type="checkbox"/> Weeks } <input type="checkbox"/> Months } <input type="checkbox"/> Years } (P4) 9 <input type="checkbox"/> DK 7726	
Notes			

Section P – PREGNANCY AND SMOKING – Continued		Person Number _____
ITEM P4	Refer to questions 1b and 5a.	P4 <input type="checkbox"/> "Yes" in 1b and "Yes" in 5a (10) <input type="checkbox"/> "Yes" in 1b and "No" in 5a (9) <input type="checkbox"/> Other (P5)
9. Have you smoked cigarettes at any time during this pregnancy?	9.	1 <input type="checkbox"/> Yes 7730 2 <input type="checkbox"/> No (P5)
10. On the average, about how many cigarettes a day did you smoke BEFORE you found out you were pregnant this time?	10.	_____ Number 7731 96 <input type="checkbox"/> Did not smoke regularly
11. On the average, about how many cigarettes a day did you smoke AFTER you found out you were pregnant this time?	11.	_____ Number 7733 96 <input type="checkbox"/> Did not smoke regularly
ITEM P5	Refer to question 2b.	P5 <input type="checkbox"/> "Yes" in 2b (12) <input type="checkbox"/> Other (16)
12. Did you smoke cigarettes at all during the 12 months before your last child was born in (month and year in 3)?	12.	1 <input type="checkbox"/> Yes 7736 2 <input type="checkbox"/> No (16)
13. On the average, about how many cigarettes a day did you smoke BEFORE you found out you were pregnant?	13.	_____ Number 7737 96 <input type="checkbox"/> Did not smoke regularly
14. On the average, about how many cigarettes a day did you smoke AFTER you found out you were pregnant?	14.	_____ Number 7739 96 <input type="checkbox"/> Did not smoke regularly 00 <input type="checkbox"/> None (16)
15. In general, would you say that you smoked cigarettes during MOST of that pregnancy?	15.	1 <input type="checkbox"/> Yes 7741 2 <input type="checkbox"/> No 8 <input type="checkbox"/> Other
16. Did a doctor EVER advise you to quit or cut down on smoking?	16.	1 <input type="checkbox"/> Yes 7742 2 <input type="checkbox"/> No } (P2 for NP) 9 <input type="checkbox"/> DK }
Notes		