

Section C — PREGNANCY AND SMOKING		PERSON 1		RT 71
				3-4
ITEM C1	a. Refer to age and sex on Household Composition Page.	C1	1 <input type="checkbox"/> Female(s) 18-49 in family (C1b)	5
	b. Mark appropriate box in each person's column.	a.	2 <input type="checkbox"/> No female 18-49 in family (Section D)	
	c. Enter name of eligible female.	b.	<input type="checkbox"/> Female 18-49 (C1c) <input type="checkbox"/> Other (NP)	
	d. Enter person number of respondent.	c.	Enter name, then C1b for NP	
The next questions refer to pregnancy, breastfeeding, and smoking and are asked of women aged 18-49. In this family, the questions refer to (read names).		d.	Person No. of Resp. _____	6-7
1a. Have any of these women given birth to a live born infant in the past 5 years?		1a.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Dk } (Section D)	8
b. Who is this? Mark box in person's column.		b.	1 <input type="checkbox"/> Child in the past 5 years	9
c. Anyone else? <input type="checkbox"/> Yes (Reask 1b and c) <input type="checkbox"/> No (Item C2)				
ITEM C2	a. Refer to 1b.	C2	1 <input type="checkbox"/> Box marked in 1b (C2b) 2 <input type="checkbox"/> Other (NP or Section D)	10
	b. Mark first appropriate box.	a.	1 <input type="checkbox"/> Available (2) 2 <input type="checkbox"/> Callback required (Arrange, THEN NP or Section D) 3 <input type="checkbox"/> Noninterview (Back Cover, THEN NP or Section D)	11
(Earlier I was told that you have had a baby in the past 5 years.) These questions are about breastfeeding, pregnancy, and smoking.		2a.	_____/19_____ Month Year	12-15
2a. In what month and year was your last child born?		b.	1 <input type="checkbox"/> Yes (2c) 2 <input type="checkbox"/> No } (3) 9 <input type="checkbox"/> DK }	16
b. Did you ever breastfeed this child?		c.	1 <input type="checkbox"/> Yes (2d) 2 <input type="checkbox"/> No } (2e) 9 <input type="checkbox"/> DK }	17
c. Was there a period of one day or more when your breast milk was the child's ONLY food?		d.	000 <input type="checkbox"/> Still only breast milk (3) _____ (Number) { 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years 999 <input type="checkbox"/> DK	18-20
d. For how long was this child fed ONLY breast milk?		e.	000 <input type="checkbox"/> Still breastfeeding _____ (Number) { 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years 999 <input type="checkbox"/> DK	21-23
e. How old was this child when he or she COMPLETELY stopped breastfeeding?		3.	1 <input type="checkbox"/> Yes (Mark "Sm" box, THEN 4) 2 <input type="checkbox"/> No } (Mark "Sm" box, THEN 3 <input type="checkbox"/> DK } C2 for NP or Section D)	24
3. Have you smoked at least 100 cigarettes in your entire life?		4.	1 <input type="checkbox"/> Every day 2 <input type="checkbox"/> Some days 3 <input type="checkbox"/> Not at all 9 <input type="checkbox"/> DK	25
4. Around this time LAST YEAR, were you smoking cigarettes every day, some days, or not at all?		5.	1 <input type="checkbox"/> Yes (6) 2 <input type="checkbox"/> No (7)	26
5. Do you smoke cigarettes now?		6.	1 <input type="checkbox"/> Every day (8) 2 <input type="checkbox"/> Some days (15)	27
6. Do you now smoke cigarettes every day or some days?		7.	1 <input type="checkbox"/> Some days (15) 2 <input type="checkbox"/> Not at all (C3)	28
7. Do you now smoke cigarettes some days or not at all?		8.	_____ Cigarettes a day (Number) } (9) 99 <input type="checkbox"/> DK	29-30
8. On the average, how many cigarettes do you now smoke a day?				

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ITEM C3	Refer to question 4.	C3	<input type="checkbox"/> "Every day" in 4 (11) <input type="checkbox"/> Other in 4 (17)
9. Have you EVER quit smoking for one day or longer?		9.	<input type="checkbox"/> Yes (10) <input type="checkbox"/> No } (20) <input type="checkbox"/> DK }
10. During the past 12 months, have you quit smoking for one day or longer?		10.	<input type="checkbox"/> Yes (11) <input type="checkbox"/> No } (12) <input type="checkbox"/> DK }
11. How many times during the past 12 months have you quit smoking for one day or longer?		11.	_____ Times (Number) <input type="checkbox"/> DK
<i>Hand Card C1. Read answer categories if telephone interview.</i>			
12. Thinking about the most recent time you stopped smoking, which of the following describes why you stopped?		12.	<input type="checkbox"/> I quit on purpose <input type="checkbox"/> I could not smoke because I was sick <input type="checkbox"/> I could not smoke for some other reason <input type="checkbox"/> DK
ITEM C4	Refer to questions 6 and 7.	C4	<input type="checkbox"/> "Every day" in 6 (13) <input type="checkbox"/> "Not at all" in 7 (18)
13a. How long ago was the START of your MOST RECENT quit attempt that lasted for one day or longer?		13a.	_____/19____ (14) Month Year OR <input type="checkbox"/> Days ago (14) <input type="checkbox"/> Weeks ago (14) <input type="checkbox"/> Months ago <input type="checkbox"/> Years ago (Number) } If one year or 12 months ago, go to 13b, otherwise go to 14 <input type="checkbox"/> DK (13b)
b. Was it within the past year or a year or more ago?		b.	<input type="checkbox"/> Within the past year <input type="checkbox"/> 1 year or more <input type="checkbox"/> DK
14. How long did you actually stay off cigarettes that time before you started smoking again?		14.	<input type="checkbox"/> Days <input type="checkbox"/> Weeks } (20) <input type="checkbox"/> Months } <input type="checkbox"/> Years } (Number) <input type="checkbox"/> DK (20)
15. On how many of the past 30 days did you smoke cigarettes?		15.	<input type="checkbox"/> None (C5) _____ Days } (16) (Number) <input type="checkbox"/> DK
16. On the average, when you smoked, how many cigarettes did you smoke a day?		16.	_____ Cigarettes a day (Number) <input type="checkbox"/> DK
ITEM C5	Refer to question 4.	C5	<input type="checkbox"/> "Every day" in 4 (18) <input type="checkbox"/> Other in 4 (17)
17. Have you EVER smoked cigarettes every day?		17.	<input type="checkbox"/> Yes (18) <input type="checkbox"/> No } (20) <input type="checkbox"/> DK }

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18a. About how long has it been since you last smoked cigarettes every day?		18a.	58-60 (Number) $\left\{ \begin{array}{l} 1 \square \text{Days} \\ 2 \square \text{Weeks} \\ 3 \square \text{Months} \\ 4 \square \text{Years} \end{array} \right\} (19)$ If 1 year or 12 months ago go to 18b, otherwise go to 19 999 <input type="checkbox"/> DK
b. Was it within the past year or a year or more ago?		b.	61 1 <input type="checkbox"/> Within the past year 2 <input type="checkbox"/> 1 year or more 9 <input type="checkbox"/> DK
19. On the average, how many cigarettes did you smoke a day when you last smoked every day?		19.	62-63 (Number) Cigarettes a day 99 <input type="checkbox"/> DK
Now, I will ask you some questions about smoking during your last pregnancy.		20.	64 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
20. Were you smoking cigarettes when you became pregnant with your last child?		21.	65 1 <input type="checkbox"/> Yes (C6) 2 <input type="checkbox"/> No } (C7) 9 <input type="checkbox"/> DK
21. Did you smoke cigarettes at any time during your pregnancy with your last child?		C6	66 1 <input type="checkbox"/> "Yes" in 9 (22) 2 <input type="checkbox"/> "No" or "DK" in 9 (C7) 8 <input type="checkbox"/> Other (22)
ITEM C6	Refer to question 9.	22.	67 1 <input type="checkbox"/> Yes (23) 2 <input type="checkbox"/> No } (C7) 9 <input type="checkbox"/> DK
22. Did you quit smoking for 7 days or longer during your pregnancy with your last child?		23.	68-69 (Number) Month 99 <input type="checkbox"/> DK
23. In what month of your pregnancy did you FIRST quit for 7 days or longer?		24.	70 1 <input type="checkbox"/> Stayed off rest of pregnancy (30) 2 <input type="checkbox"/> Started again (25) 3 <input type="checkbox"/> Never started again (C7) 9 <input type="checkbox"/> DK (30)
24. Did you start smoking again during that pregnancy or did you stay off cigarettes for the rest of the pregnancy?		25.	71-73 (Number) $\left\{ \begin{array}{l} 1 \square \text{Days} \\ 2 \square \text{Weeks} \\ 3 \square \text{Months} \\ 4 \square \text{Years} \end{array} \right\}$ 999 <input type="checkbox"/> DK
25. How long did you actually stay off cigarettes that time before you started smoking again?		26.	74 1 <input type="checkbox"/> Yes (27) 2 <input type="checkbox"/> No } (C7) 9 <input type="checkbox"/> DK
26. Did you quit smoking for 7 days or longer at any other time during that pregnancy?		27.	75 1 <input type="checkbox"/> Stayed off rest of pregnancy (30) 2 <input type="checkbox"/> Started again (28) 3 <input type="checkbox"/> Never started again (C7) 9 <input type="checkbox"/> DK (30)
27. Did you START smoking again during that pregnancy or did you stay off cigarettes for the rest of the pregnancy?		28.	76-77 (Number) Month 99 <input type="checkbox"/> DK
28. In what month of that pregnancy did your MOST RECENT quit attempt begin?		29.	78-80 (Number) $\left\{ \begin{array}{l} 1 \square \text{Days} \\ 2 \square \text{Weeks} \\ 3 \square \text{Months} \\ 4 \square \text{Years} \end{array} \right\} (C7)$ 999 <input type="checkbox"/> DK (C7)
29. How long did you actually stay off cigarettes that time before you started smoking again?		30.	81 1 <input type="checkbox"/> Yes (31) 2 <input type="checkbox"/> No } (C7) 9 <input type="checkbox"/> DK
30. Did you start smoking cigarettes again at any time after your baby was born?			

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31. How long after your baby was born did you start smoking cigarettes again?		31.	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years </div> <div style="border-left: 1px solid black; padding-left: 5px;"> 82-84 (Number) </div> </div> <input type="checkbox"/> DK
ITEM C7	<i>Refer to questions 4 and 7.</i>	C7	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <input type="checkbox"/> "Not at all" in 4 and 7 (32) <input type="checkbox"/> Other (33) </div> <div style="border-left: 1px solid black; padding-left: 5px;"> 85 </div> </div>
32. Did you smoke cigarettes AT ALL during the past 12 months?		32.	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <input type="checkbox"/> Yes (33) <input type="checkbox"/> No } (35) <input type="checkbox"/> DK } </div> <div style="border-left: 1px solid black; padding-left: 5px;"> 86 </div> </div>
33a. During the past 12 months, how many different times did you stay overnight in a hospital?		33a.	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <input type="checkbox"/> None (34) _____ Stays (33b) (Number) <input type="checkbox"/> DK (34) </div> <div style="border-left: 1px solid black; padding-left: 5px;"> 87-88 </div> </div>
b. On how many of these hospital stays were you advised to quit smoking?		b.	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <input type="checkbox"/> None _____ Stays (Number) <input type="checkbox"/> DK </div> <div style="border-left: 1px solid black; padding-left: 5px;"> 89-90 </div> </div>
34a. During the past 12 months, how many times have you visited a doctor or other health professional? (Do not count visits while staying overnight in a hospital.)		34a.	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <input type="checkbox"/> None (35) _____ Visits (34b) (Number) <input type="checkbox"/> DK (35) </div> <div style="border-left: 1px solid black; padding-left: 5px;"> 91-92 </div> </div>
b. On how many of these visits were you advised to quit smoking by a doctor or other health professional?		b.	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <input type="checkbox"/> None (35) _____ Visits (C2 for NP or (Number) Section D) <input type="checkbox"/> DK (35) </div> <div style="border-left: 1px solid black; padding-left: 5px;"> 93-94 </div> </div>
35. Has a doctor or other health professional EVER advised you to quit smoking?		35.	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <input type="checkbox"/> Yes } (C2 for NP or <input type="checkbox"/> No } Section D) <input type="checkbox"/> DK } </div> <div style="border-left: 1px solid black; padding-left: 5px;"> 95 </div> </div>
Notes			