CHILDREN (CN)

*CN1. The next questions are about children. How many living biological children do you have, not counting step children, adopted children, or foster children?

_________ BIOLOGICAL CHILDREN

NONE .........................00   GO TO *CN2
DON’T KNOW ...............98   GO TO *CN2
REFUSED ....................99   GO TO *CN2

*CN1.1 Could you tell me the age and sex of (your child/each of your children)?

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*CN1.2 INTERVIEWER CHECKPOINT (SEE *CN1.1a-1.10a)

AT LEAST ONE ‘0’ ENTRY .........................................................1
ALL OTHERS.................................................................2   GO TO *CN2

*CN1.3 You had a baby in the past year. In what month did you have the baby?

_________ MONTH (01-13)

DON’T KNOW ......................98
*CN2. How many living non-biological children do you have, including step children, adopted children, and others you helped to raise for at least five years?

_________ CHILDREN

NONE ..................00  GO TO *CN3
DON’T KNOW ..........98  GO TO *CN3
REFUSED ...............99  GO TO *CN3

*CN2.1 Could you tell me the age and sex of (this child/ each of these children)?

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<td>10</td>
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<td>b 1</td>
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*CN3. How old were you the first time you had sexual intercourse?

_________ YEARS OLD  GO TO *CN4.1

NEVER ................997
DON’T KNOW ..........998  GO TO *CN4.1
REFUSED ...............999  GO TO *CN4.1

*CN4. INTERVIEWER CHECKPOINT: (*CN1, *CN2)

*CN1 EQUALS BETWEEN ‘1’ AND ‘97’ ..................................................1
*CN2 EQUALS BETWEEN ‘1’ AND ‘97’ ..................................................2  GO TO *CN9
*CN4.1 INTERVIEWER CHECKPOINT: (R’S GENDER)

R IS MALE.......................................................1  GO TO *CN7
R IS FEMALE...............................................2

*CN5. Have you ever had a miscarriage or stillbirth?

YES ........................................ 1
NO ........................................ 5  GO TO *CN6
DON’T KNOW .......................... 98
REFUSED ................................. 99

*CN5a. How many (have you had)?

_________ MISCARRIAGE(S) OR STILLBIRTH(S)

DON’T KNOW ............... 98
REFUSED .......................... 99

*CN5b. Did you have a miscarriage or still birth in the past 12 months?

YES .................................. 1
NO .................................... 5  GO TO *CN6
DON’T KNOW ............. 8  GO TO *CN6
REFUSED ..................... 9  GO TO *CN6

*CN5c. In what month?

_________ MONTH (01-13)

DON’T KNOW ............... 98
REFUSED .......................... 99

*CN6. Have you ever had an abortion?

YES ........................................ 1
NO ........................................ 5  GO TO *CN7
DON’T KNOW ..................... 8
REFUSED .............................. 9

*CN6a. How many have you had?

_________ ABORTION(S)

DON’T KNOW ............... 98
REFUSED .......................... 99

*CN6b. Did you have an abortion in the past 12 months?

YES .................................... 1
NO .................................... 5  GO TO *CN7
*CN6c. In what month?

__________ MONTH (01-13)

DON’T KNOW ..............98
REFUSED ....................99

*CN7. Not counting miscarriages, stillbirths, or abortions, has any child of yours ever died?

YES ........................................1
NO .......................................5  GO TO *CN7.1
DON’T KNOW .........................98  GO TO *CN7.1
REFUSED ...........................99  GO TO *CN7.1

*CN7a. (IF NEC: How many of your children have died?)

__________ CHILD(REN)

DON’T KNOW ..................98
REFUSED .......................99

*CN7.1 INTERVIEWER CHECKPOINT: (R’s GENDER)

R IS MALE.................................1  GO TO *CN7.4
R IS FEMALE...............................2

*CN7.2 INTERVIEWER CHECKPOINT: (SEE *PR6, *PR12)

*PR6 EQUALS ‘3’ .........................................................1  GO TO *CN8
*PR12 EQUALS ‘1’ ......................................................2
ALL OTHERS .............................................................3

*CN7.3 (IF *CN7.2 EQUALS ‘2’: You mentioned earlier that your menstrual periods stopped because of pregnancy. Are you currently pregnant?/ ALL OTHERS: Are you currently pregnant?)

YES ..........................................1
NO ..........................................5  GO TO *CN8
DON’T KNOW .......................8  GO TO *CN8
REFUSED ............................9  GO TO *CN8

*CN7.3a. In what month did you become pregnant?

__________ MONTH (01-13)

DON’T KNOW .........................98
REFUSED .............................99
*CN7.3b. Was the pregnancy planned?

YES ..............................1
NO ............................5
DON’T KNOW ...............8
REFUSED .....................9

GO TO *CN8

*CN7.4. Is (IF R IS MARRIED: your wife/ ALL OTHERS: any sexual partner of yours) currently pregnant?

YES ..............................1
NO ............................5  GO TO *CN7.5
DON’T KNOW ...............8  GO TO *CN7.5
REFUSED .....................9  GO TO *CN7.5

*CN7.4a. In what month did she become pregnant?

_____________ MONTH (01-13)

DON’T KNOW ......................98
REFUSED ..........................99

*CN7.4b. Was the pregnancy planned?

YES ..............................1
NO ............................5
DON’T KNOW ...............8
REFUSED .....................9

*CN7.5. Did (IF R IS MARRIED: your wife/ ALL OTHERS: any of your sexual partners) have a miscarriage or still birth or abortion in the past 12 months?

YES ..............................1  GO TO *CN8
NO ............................5  GO TO *CN8
DON’T KNOW ...............8  GO TO *CN8
REFUSED .....................9  GO TO *CN8

*CN7.5a. In what month?

(IF MORE THAN ONE IN PAST 12 MONTHS, RECORD MONTH OF FIRST)

_____________ MONTH (01-13)

DON’T KNOW ......................98
REFUSED ..........................99
*CN8. INTERVIEWER CHECKPOINT: (*CN1, *CN2)

*CN1 EQUALS ‘1’ – ‘97’ OR *CN2 EQUALS ‘1’ – ‘97’ ..................1
ALL OTHERS.................................................................2 GO TO NEXT SECTION

*CN9. On a scale from 0 to 10 where 0 means “the worst possible relationship” and 10 means “the best possible relationship,” how would you rate your overall relationship with your (IF THE SUM OF CHILDREN IN *CN1 AND *CN2 EQUALS ‘1’: child/ ALL OTHERS: children) these days?

_________ NUMBER

DON’T KNOW.................98
REFUSED.........................99

LIST FOR *CN10

• PUSHED, GRABBED, OR SHOVED
• THREW SOMETHING
• SLAPPED, HIT, OR SPANKED

*CN10. (RB, PG 24) Please think about your relationship with your (IF THE SUM OF CHILDREN IN *CN1 AND *CN2 EQUALS ‘1’: child/ ALL OTHERS: children) during the years you raised them. During all that time, how often did you do any of the things in List A to your (IF THE SUM OF CHILDREN IN *CN1 AND *CN2 EQUALS ‘1’: child/ ALL OTHERS: children)— often, sometimes, rarely, or never?

OFTEN ............................................................1
SOMETIMES ..................................................2
RARELY .........................................................3
NEVER ............................................................4
DON’T KNOW ...............................................8
REFUSED ......................................................9

LIST FOR *CN11

• KICKED, BIT OR HIT WITH A FIST
• BEAT UP
• CHOKED
• BURNED OR SCALDED
• THREATENED WITH A KNIFE OR GUN

*CN11. (RB, PG 24) Now look at List B. During the years you raised them, how often did you do any of these things in List B to your (IF THE SUM OF CHILDREN IN *CN1 AND *CN2 EQUALS ‘1’: child/ ALL OTHERS: children)— often, sometimes, rarely, or never?

OFTEN ............................................................1
SOMETIMES ..................................................2
RARELY .........................................................3
NEVER ............................................................4
DON’T KNOW................................................8
REFUSED ........................................................9

*CN12. Does (your child/ either of your children/ any of your children) have a life threatening or seriously impairing health problem of any sort?

YES ....................................1
NO ......................................5 GO TO *CN13
DON’T KNOW .................8 GO TO *CN13
REFUSED .................9 GO TO *CN13

*CN12a. What is the problem?

________________________________________________________

________________________________________________________

________________________________________________________

*CN12b. Did (ILLNESS) (occur/start) or become significantly worse in the past 12 months?

YES ....................................1
NO ......................................5 GO TO *CN13
DON’T KNOW .................8 GO TO *CN13
REFUSED .................9 GO TO *CN13

*CN12c. In what month?

_____________ MONTH (01-13)

(IF VOL) SLOWLY THROUGHOUT ENTIRE YEAR .......... 98
DON’T KNOW......................................................................... 98
REFUSED ................................................................................. 99

*CN13. In the past 12 months, did (your child/ either of your children/ any of your children) experience a traumatic experience like being assaulted, witnessed a crime, or something like that?

YES ....................................1
NO ......................................5 GO TO *CN14
DON’T KNOW .................8 GO TO *CN14
REFUSED .................9 GO TO *CN14

*CN13a. What happened?

________________________________________________________

________________________________________________________

________________________________________________________
*CN13b. In what month did this happen?

________________________ MONTH (01-13)

SLOWLY THROUGHOUT ENTIRE YEAR ......................... 98
DON'T KNOW .......................................................... 98
REFUSED ............................................................... 99

*CN14. INTERVIEWER CHECKPOINT: (SEE *CN1, *CN2)

*CN1 EQUALS ‘1’-’97’ OR *CN2 EQUALS ‘1’-’97’ ...................... 1
ALL OTHERS ......................................................... 2

*CN15. Does (your child/ either of your children/ any of your children) have any serious ongoing problems that worries you a lot, like a problem with the law or with direction in life or with substance use?

YES ........................................ 1
NO ......................................... 5  GO TO *CN16
DON'T KNOW ............... 8  GO TO *CN16
REFUSED ......................... 9  GO TO *CN16

*CN15a. What’s the problem?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

*CN16. During the past 12 months, did (your child/ either of your children/ any of your children) have a major life crisis of any sort?

YES ........................................ 1
NO ......................................... 5  GO TO NEXT SECTION
DON'T KNOW ............... 8  GO TO NEXT SECTION
REFUSED ......................... 9  GO TO NEXT SECTION
INTERVIEWER: RECORD UP TO THREE MENTIONS

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<th>*CN16a. What happened?</th>
<th>*CN16b. In what month did this happen?</th>
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