

*In a survey like this, it is important that everyone has the same question, given in the same way and same order as they appear in the questionnaire. I hope you will answer as freely as possible, even if you are given a question you don't think relevant to you.*

**HOUSEHOLD AND MIGRATION**

\*1. We will start with a question on your household. We will like to know for the persons belonging to your household, their sex, age and their kinship to you, if any.

1 <sup>75</sup>  Respondent lives alone → 2

Number within the household	Sex (1=M, 2=F)	Year of birth	Kinship (List of codes, see below)
01	10:	—	<input type="checkbox"/> <input type="checkbox"/> 76- 79
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> 80- 86
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> 87- 93
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> 94-100
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> 101-107
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> 108-114
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> 115-121
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> 122-128
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> 129-135
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> 136-142

**KINSHIP CODE**

- |   |                        |                        |
|---|------------------------|------------------------|
| 02 Spouse   | 07 Siblings            | 13 Other relatives     |
| 03 Common-law spouse                                    | 08 Parents             | 14 Other residents     |
| 04 Son/daughter   | 09 Parents-in-law      | 15 Worker in household |
| 05 Step child, foster child, child of common-law spouse | 10 Son/daughter-in-law | 16 Other non-relatives |
| 06 Adopted child  | 11 Grand parents       |                        |
|   | 12 Grand children      |                        |

For office use <sup>143-146</sup>

\*2. Where did you live most of the time before you turned 16?

- 1 <sup>147</sup>  Abroad → 4
- 2  Norway:

Place in Norway: \_\_\_\_\_

Municipality: \_\_\_\_\_

<sup>148-151</sup>  For office use

\*3. What kind of place was it when you were growing up there?

- 152
- 1  Rural district  
2  Small village (200-1,999 inhabitants)  
3  Large village/small town (2,000-19,999 inhabitants)  
4  Large town (20,000-100,000 inhabitants)  
5  Large town (more than 100,000 inh.-Oslo, Bergen, Trondheim)  
6  Other (specify): \_\_\_\_\_
- 

4. If you permanently have left your parents home (the home where you grew up), we would like to know when it happened. Can you state the month and year?

153-154      155-156  
 Month     Year

- 157  
1  Still living at home → Life history form
- 

#### PREGNANCIES

5. FOR RESPONDENTS LIVING TOGETHER WITH OWN CHILDREN (CODE 4, Q.1)  
TICK "YES" WITHOUT ASKING

Have you ever given birth?

- 158  
1  Yes → 9  
2  No → 6
- 

6. Have you ever been pregnant, even if only for a few weeks?

- 159  
1  Yes → 9  
2  No → 7
- 

7. Are you pregnant at the moment?

- 160  
1  Yes → 8  
2  No → 19
- 

8. When do you expect your baby?

- 161-162  
 Month → 19
-

\*9. We would like to have a record history of your pregnancies and births. This card (CARP 1) shows the items of this record. For each pregnancy we would like to know when and how it ended and, if it ended as an abortion, when it ended.

We start with your first pregnancy.

FOR EVERY PREGNANCY NOT ENDING IN A BIRTH, ASK THIS.

9B. Was it a spontaneous abortion or was it an extra-uterine conception?

NOTE THE ANSWERS IN THE SCHEDULE ON THE NEXT PAGE.

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10. FOR RESPONDENTS HAVING LIVE BIRTHS, OTHERS PROCEEDS TO Q. 17.

Are the children (child) still alive?

163

1  Yes → 12  
2  No → 11

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11. Did some children die? When did it happen?

NOTE THE ANSWERS IN THE SCHEDULE ON THE NEXT PAGE.



12. Now we will ask you to recall the time of your first live birth. When you discovered your pregnancy, was it in your opinion: Wanted but to early; Wanted and at the right time; Wanted but too late; or Was the pregnancy unwanted?

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13. Have you ever had a child with someone with whom you never have lived together?

574  
1  Yes → 14  
2  No → 15

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14. When were these children born? Start with the oldest.

	Mth.	Year	
Child no. 1	<input type="text"/>	<input type="text"/>	575-578
Child no. 2	<input type="text"/>	<input type="text"/>	579-582
Child no. 3	<input type="text"/>	<input type="text"/>	583-586
Child no. 4	<input type="text"/>	<input type="text"/>	587-590

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\*15. Have you ever had a child who has lived with you but only for periods during the child's life? (Do not include children who moved away as adults.)

591  
1  Yes → 16  
2  No → 17

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16. For each of these children, we would like to know the month and year of birth and what periods you have not lived together with him/her. Start with the oldest child.

CHILD No	BORN		LIVED TOGETHER									
	Mth	Year	From		To		From		To			
			Mth	Year	Mth	Year	Mth	Year	Mth	Year		
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	592-627
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	628-663
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	664-683
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	684-703
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	704-723
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	724-743

17. Are you pregnant at the moment?

- 744
- 1  Yes → 18
- 2  No → 19

18. When do you expect the child?

745-746

Month

#### COHABITATION AND MARRIAGE

19. Now we have some questions on cohabitation and marriage.

TICK "YES" FOR RESPONDENTS LIVING TOGETHER WITH A PARTNER (Q.1)

Have you ever been married or lived permanently with a man without a formal marriage?

- 747
- 1  Yes → 20
- 2  No → 21
- FIND THE FIELD GUIDE!

\*20. We would like to know every period you have been cohabiting or been married. Note that if you have lived in cohabitation before marriage we count this as a separate cohabitation.

Please begin with the first time you started living with a man.

COHAB. NO.	STARTED		TYPE		ENDED		ENDED BECAUSE			748-757
	MTH.	YR.	COHABI- TATION	MAR- RIAGE	MTH.	YR.	WE GOT MAR.	WE SEPA- RATED	HE DIED	
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	748-757
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	758-767
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	768-777
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	778-787
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	788-797
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	798-807
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	808-817
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	818-827
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	828-837
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	838-847

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**EDUCATION, LABOUR FORCE ACTIVITY, OTHER ACTIVITIES**

**FIND THE FIELD GUIDE!**

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AGE	YEAR	CHILD-REN Born	EDUCATION				
			Started/ended month, arrow	Type of education	Normal duration		How ended completed = 1 not completed = 2
					Full-time months/ years	Part-time hours	
39	1   9						
40	1   9						
41	1   9						
42	1   9						
43	1   9						

a Started/ended month, arrow	b Occupation		Code

Reduced size. Altogether 6 double pages.  
Age 14-43. The questions are written in  
a field guide



25. How many hours per week do you usually work in your main occupation? Report any paid work including overtime and extra work at home connected with this occupation.

848-850

Hours per week

**Spouse/common-law spouse**

26. CHECK FIELD 3 IN LIFE HISTORY FORM

851

- 1  Respondent is married      —→ 30
- 2  Respondent is cohabiting      —→ 27
- 3  Respondent is not in cohabitation      —→ 35

27. Who is registered as owner or tenant of the dwelling you are living in?

852

- 1  I am
- 2  My common-law spouse
- 3  Both of us
- 4  Other \_\_\_\_\_

28. Do you and your common-law spouse have any written agreement on what to do if you decide to split, or if one of you passes away?

853

- 1  Yes
- 2  No

29. Have you and your partner plans for marrying within the next two years?

854

- 1  Yes
- 2  No
- 3  Don't know

\*30. What does your spouse/partner do? Is he gainfully employed for at least 10 hours per week, or is he unemployed, student, doing military service, drawing social benefits/pension or working at home?

855

- 1  In gainful work for at least 10 hours per week, } —→ 31
- 2  Unemployed, }
- 3  Student/pupil, }
- 4  Doing military service, } —→ 34
- 5  Drawing social benefits/pension, }
- 6  Works at home, }
- 7  Other \_\_\_\_\_ }

\*31. What kind of enterprise is he working in?

Occupation: \_\_\_\_\_

856-858 859

Occupation code

\*32. What is his occupation in this enterprise?

Nature of enterprise: \_\_\_\_\_

860-861

For office

\*33. Is he self-employed or does he work as an employee or as a family member without a fixed agreed wage?

862

- 1  Self-employed  
2  Employed  
3  Family member

\*34. What general education has your spouse/common-law spouse completed?

TICK BOX FOR HIGHEST LEVEL REACHED.

863

- 1  7-year primary school or less  
2  1-year continuation school  
3  2-year continuation school  
4  9-year primary school  
5  Folk high school (junior high school or county school), first year course  
6  Secondary general school, lower stage, tenth year of primary school  
7  Folk high school, second-year course  
8  Secondary general school, upper stage  
9  Not stated

**Possibilities for having a child/contraception**

35. We now have some questions on the possibility for having a child, and the use of contraception.

First some questions on menstruation. How old were you when you had your first menstruation?

864-865

Age

866

- 1  Can't remember  
2  Don't wish to answer

\*36. Have you ever been treated for pelvic inflammations?

867

1	<input type="checkbox"/>	Yes	}	→ 37
2	<input type="checkbox"/>	No		
3	<input type="checkbox"/>	Don't remember		→ 39
4	<input type="checkbox"/>	Don't wish to answer		

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37. How many times have you been treated for pelvic inflammations?

868

Number of times

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38. For each occasion, we would like to know whether you were treated in a hospital, a polyclinic or both.

	Hospital	Polyclinic	Both	
1. time	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	869
2. time	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	870
3. time	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	871
4. time	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	872
5. time	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	873

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MARRIED/COHABITING WOMEN, OR WOMEN WHO HAVE BEEN PREGNANT  
→ 40

39. To avoid unnecessary questions later, we would first like to ask you whether you have ever had sexual intercourse?

874

1	<input type="checkbox"/>	Yes	}	→ 40
2	<input type="checkbox"/>	No		
3	<input type="checkbox"/>	Don't wish to answer		→ 75

40. In what year did you have your first sexual intercourse?

875-876

Year

877

1	<input type="checkbox"/>	Can't remember
2	<input type="checkbox"/>	Don't wish to answer

---

41. TICK FROM Q. 7 OR 17.

878

1	<input type="checkbox"/>	Respondent is pregnant	→ 51
2	<input type="checkbox"/>	Respondent is not pregnant	→ 42

---

42. Are you (or your partner) sterilized?

		879		
1	<input type="checkbox"/>	Respondent sterilized	→	43
2	<input type="checkbox"/>	Partner sterilized	→	51
3	<input type="checkbox"/>	Both sterilized	→	43
4	<input type="checkbox"/>	Not sterilized	}	→ 45
5	<input type="checkbox"/>	Don't wish to answer		

\*43. In what year did you become sterilized?

880-881  
  Year

\*44. Was it for contraceptive reasons, or was it mainly for medical reasons?

		882		
1	<input type="checkbox"/>	To avoid becoming pregnant	}	→ 51
2	<input type="checkbox"/>	For medical reasons		

45. Do you believe it is possible for you to become pregnant now or later (with your present spouse). We do not mean whether you are able or not to carry through the pregnancy.

		883		
1	<input type="checkbox"/>	Yes, I believe so	→	47
2	<input type="checkbox"/>	No, I don't believe so	→	46
3	<input type="checkbox"/>	Don't know	→	47

46. Why do you not believe it is possible for you to have a child (children)?

TICK BOXES FOR ALL REASONS GIVEN.

- |     |                          |  |   |      |
|-----|--------------------------|--|---|------|
| 884 | <input type="checkbox"/> | Illness or operation of respondent                           | } | → 51 |
| 885 | <input type="checkbox"/> | Don't have menstruation any longer                           |   |      |
| 886 | <input type="checkbox"/> | The doctor thinks I can't have a child                       |   |      |
| 887 | <input type="checkbox"/> | I have never yet become pregnant                             |   |      |
| 888 | <input type="checkbox"/> | Illness or operation of partner                              |   |      |
| 889 | <input type="checkbox"/> | The doctor does not think that my partner can father a child |   |      |
| 890 | <input type="checkbox"/> | Other reason (specify): _____                                |   |      |

47. Do you think it would be possible for you to carry through the pregnancy if you should like?

		891		
1	<input type="checkbox"/>	Yes, I think so	→	49
2	<input type="checkbox"/>	No, I don't think so	→	48
3	<input type="checkbox"/>	I don't know	→	49

48. Why do you not believe it is possible for you to carry through a pregnancy?

- 892  <sup>1</sup> Illness or operation of respondent
- 893  I'm too old
- 894  Doctor thinks I can't carry it through
- 895  I have not yet been able to do so
- 896  Other, specify \_\_\_\_\_
- } → 51

\*49. Have you had sexual intercourse within the past four weeks?

- 897
- 1  Yes → 50
- 2  No → 51
- 3  Don't wish to answer → 50

\*50. Now we have some questions on contraception during the last 4 weeks. We would like to know all methods used.

SHOW CARD 4

Have you during the last 4 weeks used:

- |   | YES<br>1                 | NO<br>2                  |     |
|---|--------------------------|--------------------------|-----|
| 1. Coitus interruptus (withdrawal)                  | <input type="checkbox"/> | <input type="checkbox"/> | 898 |
| 2. Safe period (rhythm)                             | <input type="checkbox"/> | <input type="checkbox"/> | 899 |
| 3. Spermicides (cream, ointment, foam, suppository) | <input type="checkbox"/> | <input type="checkbox"/> | 900 |
| 4. Condom   | <input type="checkbox"/> | <input type="checkbox"/> | 901 |
| 5. Pessary  | <input type="checkbox"/> | <input type="checkbox"/> | 902 |
| 6. P-pill   | <input type="checkbox"/> | <input type="checkbox"/> | 903 |
| 7. IUD  | <input type="checkbox"/> | <input type="checkbox"/> | 904 |
| 8. Other method                                     | <input type="checkbox"/> | <input type="checkbox"/> | 905 |
| DON'T WISH TO ANSWER                                | <input type="checkbox"/> |                          | 906 |

\*51. We also have some questions about any previous practice of contraception. Have you since 1975 used any of this methods for at least 3 months? Include also present methods, if any, if it has been used for at least 3 months.

SHOW CARD 4, AND READ THE ALTERNATIVES.

	YES 1	NO 2	DON'T REMEMBER 3	
1. Coitus interruptus (withdrawal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	907
2. Safe period (rhythm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	908
3. Spermicides (cream, ointment, foam, suppository)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	909
4. Condom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	910
5. Pessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	911
6. P-pill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	912
7. IUD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	913
8. Sterilization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	914
9. Other methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	915

10. TICK BOX

1	<input type="checkbox"/>	RESPONDENT HAS USED ONLY ONE METHOD	→	52
2	<input type="checkbox"/>	RESPONDENT HAS USED TWO OR MORE METHODS	→	53
3	<input type="checkbox"/>	RESPONDENT HAS NOT USED ANY METHOD	→	59

---

52. During what period (year) did you use this method?

NOTE THE ANSWER HERE, THEN GO TO Q. 59.

METHOD	FROM YEAR	TO YEAR		FOR OFFICE USE
_____	<input type="text"/>	<input type="text"/>	917-920	<input type="checkbox"/> 921
_____	<input type="text"/>	<input type="text"/>	922-925	<input type="checkbox"/> 926
_____	<input type="text"/>	<input type="text"/>	927-930	<input type="checkbox"/> 931
_____	<input type="text"/>	<input type="text"/>	932-935	<input type="checkbox"/> 936
_____	<input type="text"/>	<input type="text"/>	937-940	<input type="checkbox"/> 941
_____	<input type="text"/>	<input type="text"/>	942-945	<input type="checkbox"/> 946
_____	<input type="text"/>	<input type="text"/>	947-950	<input type="checkbox"/> 951
_____	<input type="text"/>	<input type="text"/>	952-955	<input type="checkbox"/> 956
_____	<input type="text"/>	<input type="text"/>	957-960	<input type="checkbox"/> 961
_____	<input type="text"/>	<input type="text"/>	962-965	<input type="checkbox"/> 966
_____	<input type="text"/>	<input type="text"/>	967-970	<input type="checkbox"/> 971
_____	<input type="text"/>	<input type="text"/>	972-975	<input type="checkbox"/> 976

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\*53. We would like to know when you have used the various methods of contraception. Which of the methods you have just mentioned was the first you used since 1975?

WRITE THE ANSWER IN Q. 52

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\*54. During what periods have you used this method? Just mention the years.

WRITE THE ANSWER IN Q. 52

---

\*55. What was the next method you used?

WRITE THE ANSWER IN Q. 52

---

\*56. During what periods did you use it?

WRITE THE ANSWER IN Q. 52

---

\*57. Repeat q. 55 and 56 until all methods are covered.

---

\*58. To make sure we have got everything, I shall read back what I have noted. Will you tell me if I have written anything down wrong?

READ OUT THE TABULATION OF THE PRACTICE OF CONTRACEPTION IN CHRONOLOGICAL SEQUENCE. IF NO PRACTICE OF CONTRACEPTION IS SHOWN FOR A PARTICULAR PERIOD, TELL THE RESPONDENT THAT YOU HAVE NOT PUT ANYTHING DOWN FOR THAT PERIOD. ENTER ANY CORRECTIONS OR ADDITIONS IN THE TABLE.

\*59. TICK FROM Q. 7, 17, 42, 45 OR 47.

- 977
- 1  Respondent is pregnant (q. 7 or 17)
- 2  Respondent or partner is sterilized (q. 42)
- 3  Respondent believes it is possible for her to have a child (Yes or Don't know q. 47)
- 4  Respondent does not believe it is possible for her to have a child (No q. 45 or 47)

60. Many women who try to become pregnant will experience that it may take a long time before they succeed and some will never succeed at all. We have some questions about how this has been for you.

Have you during the last 12 months tried to become pregnant without success?

- 978
- 1  Yes → 61
- 2  No → 70

61. Approximately, from which month and year have you tried to become pregnant?

979-980   Month 981-982   Year 983   Don't remember

62. On this card we have listed some kinds of help that couples seek when they not succeed in becoming pregnant. Have you tried any of them, and in that case, which ones?

SHOW CARD 5

- 984 A  General practitioner
- 985 B  Gynecologist (private/outpatient)
- 986 C  Admitted to hospital due to childlessness
- 987 D  Intercession
- 988 E  Homeopathy/iridiagnosis
- 989 F  Acupuncture
- 990 G  Sone therapy
- 991 H  Other: \_\_\_\_\_
- 992 I  Never tried to get help
- 64
- 68
- 63



63. Why didn't you try to get help?

- 1
- |     |                          |   |   |    |
|-----|--------------------------|---|---|----|
| 993 | <input type="checkbox"/> | Expect to conceive without such help                      | } | 68 |
| 994 | <input type="checkbox"/> | Not so important for me to become pregnant                |   |    |
| 995 | <input type="checkbox"/> | My husband does not want to                               |   |    |
| 996 | <input type="checkbox"/> | Difficult to establish contact with people who treat this |   |    |
| 997 | <input type="checkbox"/> | Don't think it can help me                                |   |    |
| 998 | <input type="checkbox"/> | Other: _____  |   |    |

64. Can you indicate month and year for your first contact with the Health Care System for your infertility problem?

999-1000  Month 1001-1002  Year 1003  Don't remember

65. When was your last contact for your infertility problem?

1004-1005  Month 1006-1007  Year 1008  Applied only once  
Don't remember

\*66. What kind of treatment has been tried? Include all sorts of treatment.

- 1
- 1009  Only examination, no treatment
- 1010  Antibiotics
- 1011  Hormones
- 1012  Surgery
- 1013  Insemination
- 1014  Other: \_\_\_\_\_

67. Are you at the present on a waiting list for some medical treatment in order to get children?

- 1015
- 1  Yes
- 2  No

68. Do you think that the reason for not getting pregnant is within yourself, your spouse, within both or is it unknown?

- 1016
- 1  Respondent
- 2  Spouse
- 3  Both
- 4  Unknown
- 5  None of us

69. Have you, except for this period we just talked about, previously had periods of at least one years duration when you have tried to become pregnant?

1017  
 1  Yes → 71  
 2  No → 75

70. Have you ever had periods of at least one years duration when you have tried to become pregnant?

1018  
 1  Yes → 71  
 2  No → 75

71. In what periods did you try to become pregnant without any success? Indicate month and year.

	FROM		TO		
	Month	Year	Month	Year	
1. period	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1019-1026
2. period	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1027-1034
3. period	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1035-1042
4. period	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1043-1050
5. period	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1051-1058

72. Did you seek any of the following kinds of help in that/these period(s)?

1059	A	<input type="checkbox"/>	General practitioner	} → 73
1060	B	<input type="checkbox"/>	Gynecologist (private/outpatient)	
1061	C	<input type="checkbox"/>	Admitted to hospital due to childlessness	
1062	D	<input type="checkbox"/>	Intercession	
1063	E	<input type="checkbox"/>	Homeopathy/iridagnosis	
1064	F	<input type="checkbox"/>	Acupuncture	} → 75 if respondent only gave these answers
1065	G	<input type="checkbox"/>	Sone therapy	
1066	H	<input type="checkbox"/>	Other: _____	
1067	I	<input type="checkbox"/>	Never tried to get help	→ 74

73. What kind of treatment has been tried? Include all sorts of treatment.

1068	<input type="checkbox"/>	Only examination, no treatment	} → 75
1069	<input type="checkbox"/>	Antibiotics	
1070	<input type="checkbox"/>	Hormones	
1071	<input type="checkbox"/>	Surgery	
1072	<input type="checkbox"/>	Insemination	
1073	<input type="checkbox"/>	Other: _____	

74. Why didn't you try to get help?

- 1074  Expected to conceive without such help
- 1075  Not so important for me to become pregnant
- 1076  My husband didn't want to
- 1077  Difficult to establish contact with people who treat this
- 1078  Didn't think it could help me
- 1079  Any other: \_\_\_\_\_

---

**ATTITUDES TOWARDS CHILDREN**

Then we have some questions on attitudes towards children.

\*75. This card shows some statements which women often put forward as reasons for having a child or additional children.

SHOW CARD 6

Which do you think is the most important reason and the next most important reason for women to want to have a child or children?

	MOST IMPORTANT 1080	NEXT MOST IMPORTANT 1081
A. Children make it less likely that a person will be lonely in his old age.	1 <input type="checkbox"/>	1 <input type="checkbox"/>
B. Children give a sense of responsibility and help a person to develop.	2 <input type="checkbox"/>	2 <input type="checkbox"/>
C. It is a fine thing to see children grow up and develop.	3 <input type="checkbox"/>	3 <input type="checkbox"/>
D. It is a satisfaction to see the family carried on.	4 <input type="checkbox"/>	4 <input type="checkbox"/>
E. Having children imparts a special feeling of joy.	5 <input type="checkbox"/>	5 <input type="checkbox"/>

---

\*76. This card sets out some statements which women often put forward as reasons for not having a child or additional children?

SHOW CARD 7

Which do you think is the most important reason (and the next most important reason) for women not to wish to have a child or children?

	MOST IMPORTANT 1082	NEXT MOST IMPORTANT 1083
A. Children are expensive while they are growing-up.	1 <input type="checkbox"/>	1 <input type="checkbox"/>
B. Children make it harder for a woman to have a job.	2 <input type="checkbox"/>	2 <input type="checkbox"/>
C. Pregnancies, births and the care of children are hard on a woman.	3 <input type="checkbox"/>	3 <input type="checkbox"/>
D. There is not enough time.	4 <input type="checkbox"/>	4 <input type="checkbox"/>
E. Bringing up children entails worries and problems.	5 <input type="checkbox"/>	5 <input type="checkbox"/>

77. It has been stated that women do not want to have more children because the men are unwilling to take their share of child care and house work. Do you think this is of great importance, some importance or of no importance at all for whether or not women prefer more children?

- 1084
- 1  Great importance  
 2  Some importance  
 3  None importance  
 4  Don't know

\*78. What do you think is the ideal number of children for a family in Norway?

1085-1086  
 Number

\*79. TICK BOX ACCORDING TO Q. 7, 17, 39, 42, 45 OR 47.

- 1087
- 1  Respondent has never had intercourse (q. 39) or refuses to answer that question → 80
- 2  Respondent is pregnant (q.7 or 17) → 80
- 3  Respondent or partner sterilized (q. 42) → 85
- 4  Respondent believes she can have a child (q. 47) → 80
- 5  Respondent doesn't believe she can have a child (q. 45 or 47) → 85

80. Do you expect to have a child or (additional children)?

- 1088
- 1  Yes → 82
- 2  No → 81
- 3  Don't know → 84

\* 81. Can you say something about why you don't expect to have a child (children)? You may give more than one reason.

- 1
- |      |                          |   |
|------|--------------------------|---|
| 1089 | <input type="checkbox"/> | 1. I am too old to have a child (children).                                 |
| 1090 | <input type="checkbox"/> | 2. My husband/common-law husband is too old.                                |
| 1091 | <input type="checkbox"/> | 3. I have health problems.  |
| 1092 | <input type="checkbox"/> | 4. My husband/common-law husband has health problems.                       |
| 1093 | <input type="checkbox"/> | 5. Earlier pregnancies/births were too difficult.                           |
| 1094 | <input type="checkbox"/> | 6. I want to work outside the home.   |
| 1095 | <input type="checkbox"/> | 7. Economic circumstances.  |
| 1096 | <input type="checkbox"/> | 8. Bad housing conditions.  |
| 1097 | <input type="checkbox"/> | 9. Too many commitments in the home.  |
| 1098 | <input type="checkbox"/> | 10. No possibility of looking after children.                               |
| 1099 | <input type="checkbox"/> | 11. I want to continue my education.  |
| 1100 | <input type="checkbox"/> | 12. My husband/common-law husband does not want to have a child (children). |
| 1101 | <input type="checkbox"/> | 13. I haven't the surplus energy needed to look after a child (children).   |
| 1102 | <input type="checkbox"/> | 14. I am content with the number I have.                                    |
| 1103 | <input type="checkbox"/> | 15. Other reason (specify): _____   |

84

IF THERE ARE SEVERAL REASONS:

81B. Which would you say is the most important reason?

NOTE THE NUMBER OF THE ANSWER CHOSEN.

1104-1105

Answer no.

\*82. How many children do you expect to have altogether?

1106-1107

Number

1108

1  Don't know

83. When approximately would you prefer to have your first/next child?

1109

- |   |                          |                    |
|---|--------------------------|--------------------|
| 1 | <input type="checkbox"/> | Within a year      |
| 2 | <input type="checkbox"/> | 1-2 years          |
| 3 | <input type="checkbox"/> | 3-4 years          |
| 4 | <input type="checkbox"/> | 5 years or more    |
| 5 | <input type="checkbox"/> | Have made no plans |

\*84. Could you consider to having a child on your own, that is, without living in any relationship?

- 1110  
1  Yes  
2  No  
3  Don't know

---

**ATTITUDES AND VALUES IN GENERAL**

We have now some questions on attitudes and values in general.

85. How many times have you attended church or religious meetings in the past 12 months? (Do not include christenings, weddings, funerals etc.)

- 1111  
1  0  
2  1-2  
3  3-5  
4  6-9  
5  10-19  
6  20-29  
7  40-59  
8  60 and more

---

86. Which of these four statements do you agree mostly with?

SHOW CARD 14

- A. Common-law marriage can never be accepted.
- B. Common-law marriage is as acceptable as marriage if there are no children born in it.
- C. Common-law marriage is as acceptable as marriage even if there are children born in it.
- D. Common-law marriage is always preferable to marriage.

- 1112  
1  Mostly agree with A  
2  Mostly agree with B  
3  Mostly agree with C  
4  Mostly agree with D  
5  Don't know

---

87. How satisfied or unsatisfied are you with your family life for the time being? Where would you put yourself at this scale?

SHOW CARD 9

Very unsatisfied									Very satisfied	Don't know	
1113-1114	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	1	2	3	4	5	6	7	8	9	10	11

\*88. I shall now read out some statements or opinions on women's roles in the family and in the community in general. For each statement I shall ask you to say whether you agree or disagree.

SHOW CARD 10

- |  | Agree                    | Dis-<br>agree            | No<br>opinion            |      |
|--|--------------------------|--------------------------|--------------------------|------|
|  | 1                        | 2                        | 3                        |      |
| a) Even if a woman has a job, she should keep the main responsibility for the practical work in the home and with the children.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1115 |
| b) Girls should choose to pursue further education regardless of the fact that, in most cases, they will become mothers and housewives.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1116 |
| c) Women who have children under school age should themselves look after them and not have a job.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1117 |
| d) Since women are in a weaker position than men in the labour market today, they should be given preference in hiring where the other applicants are in all respects equally qualified. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1118 |
- 

\*89. In recent years there has been some discussion about access to abortion. On this card we have collected some of the views advanced in this debate. Which of the statements on the card corresponds most closely to your own opinion?

SHOW CARD 11

- 1119
- 1  Abortion should never be permitted
  - 2  Abortion should be permitted only if the woman's life or health is in danger
  - 3  Abortion should be permitted if the woman finds it very difficult, because of her personal circumstances, to look after a child
  - 4  Every woman must decide for herself whether she wants to bear her child
  - 5  No opinion
  - 6  Don't wish to answer
-

\*90. There are some discussions about which aims this country should build up its future. On this card, we have set out some aims people have given priority. Which do you consider to be of highest importance? And which follows next?

SHOW CARD 12

	MOST IMPORTANT 1120	NEXT MOST IMPORTANT 1121
A. TO MAINTAIN LAW AND ORDER	1 <input type="checkbox"/>	1 <input type="checkbox"/>
B. TO GIVE PEOPLE GREATER INFLUENCE ON IMPORTANT POLITICAL ISSUES	2 <input type="checkbox"/>	2 <input type="checkbox"/>
C. TO STOP THE INCREASING PRICES	3 <input type="checkbox"/>	3 <input type="checkbox"/>
D. TO PROTECT THE FREEDOM OF SPEECH	4 <input type="checkbox"/>	4 <input type="checkbox"/>
E. DON'T KNOW	5 <input type="checkbox"/>	5 <input type="checkbox"/>

**CHILDHOOD FAMILY**

To conclude we have two questions on your family during your childhood.

\*91. How many siblings have you had?

1122-1123

Number

1124

1  Have not had any siblings

92. What was your main breadwinner's occupation for most of your childhood?

Occupation: \_\_\_\_\_

1125-1127 1128

Occupation code