

Women Work Family and Education Survey
QUESTIONNAIRE

October 1995
Job No: 8402

Start Point Number: _____

Interview No: _____

Household No: _____

I. INTRODUCTION

Good.....

My name is _____ from MRL Research Group. This is a study on women's lives - their work, family and education, and is part of a world wide study.

IF MALE ANSWERS THE DOOR: may I speak to a woman in this household who is aged between 20 years and 59 years old.

REINTRODUCE IF NECESSARY.

It is sponsored by the Center for Population Studies at the University of Waikato. The information will be used for understanding women's needs and planning services. **SOME KEY POINTS**

the survey takes about 45 minutes to one hour to complete
IF NECESSARY, PRESENT LANGUAGES CARD

{brochure available }

II. RESPONDENT SELECTION

Before I begin, in order to be sure that we interview a cross section of women, I need to list all the women including yourself who usually live in this household who are aged between 20 and 59 years.

List, in birthday order, beginning with next birthday. Select respondent whose name appears beside asterisk and interview or arrange call back / or terminate with thanks. [Establish that this will be asking some personal questions and that if the respondent prefers you can arrange another interviewer of the same ethnic group. Arrange call back if necessary.]

CALL BACK:

Respondents Name: _____

Interviewer Ethnic Group: _____

Date: _____

Time: _____

Address: _____

REPEAT INTRODUCTION IF NECESSARY WITH SELECTED RESPONDENT.

everything you say will be completely private, your answers will be combined with other people's and you will not be identified personally

you do not need to answer any question if you don't want to - please let me know and I will go on to the next question.

randomly selected

the survey has been approved by the University of Waikato's Ethics Committee public and community organisations

CORE SECTION 0: HOUSEHOLD CHARACTERISTICS

Q1 To begin, I would like to ask how many persons, including yourself, usually live in your household?

Number

Q2 **CHECK TOTAL NUMBER OF HOUSEHOLD MEMBERS. IF ONLY 1 PERSON → Q5, OTHERWISE ASK Q3.**

Q3 Now I would like some information about each member of your household, starting with yourself:

NUMBER OF COLUMNS TO BE ENTERED IS THE NUMBER IN Q1:

Q4 What is your relationship to (...) (is this person your ...)?

RESPONDENT (01) (02) (03) (04) (05)



Q5 **SEX**

Male.....1	Male.....1	Male.....1	Male.....1
Female.....2	Female.....2	Female.....2	Female.....2

Q6 **AGE AT LAST BIRTHDAY**

Age..... Age..... Age..... Age..... Age.....

Q7 **CHECK BACK TO Q6, IF THIS PERSON IS UNDER 15 → Q10, OTHERWISE ASK Q8.**

Q8 What is your/his/her present legal marital status?

Single 01	Single.....01	Single 01	Single01	Single 01
Married (legally)..... 02	Married (legally)02	Married (legally)..... 02	Married (legally).....02	Married (legally) 02
Widowed 03	Widowed03	Widowed 03	Widowed03	Widowed 03
Divorced 04	Divorced04	Divorced 04	Divorced04	Divorced 04
Legally Separated..... 05	Legally Separated05	Legally Separated..... 05	Legally Separated05	Legally Separated 05
Not separated, living apart from partner ... 06	Not separated, living apart from partner06	Not separated, living apart from partner 06	Not separated, living apart from partner06	Not separated, living apart from partner ... 06

Q9 What is your/his/her main activity? Are you/is he/she... (read out)

Employed 1	Employed..... 1	Employed 1	Employed 1	Employed..... 1
Unemployed 2	Unemployed 2	Unemployed 2	Unemployed 2	Unemployed 2
Home maker 3	Home maker 3	Home maker 3	Home maker 3	Home maker 3
Studying 4	Studying 4	Studying 4	Studying 4	Studying 4
Retired..... 5	Retired 5	Retired 5	Retired 5	Retired 5
Other 6	Other 6	Other 6	Other 6	Other 6
Employed without pay 7	Employed without pay 7	Employed without pay 7	Employed without pay 7	Employed without pay 7

Q10 **CHECK BACK TO Q1, IF ONLY one PERSON → Q12. OTHERWISE CONTINUE**

Q11 **REPEAT Q4-Q9 FOR NEXT MEMBER (USE ADDITIONAL SHEETS IF NECESSARY); IF NO MORE MEMBERS → Q14**



CODES FOR Q4

- | | | |
|-----------------------------|---------------------------|---|
| 31 Partner/husband | 41 Son/daughter | 11 Grandparent |
| 32 Partner's brother/sister | 42 Son/daughter's partner | 21 Parents/step parent |
| 33 Brother/sister | 43 Adopted child | 22 Partner's parent |
| 34 Brother/sister's partner | 44 Partner's child | 61 Other Relative |
| | 45 Foster child | 71 Non relative (eg. flatmate, boarder) |
| | 51 Grandchild | |

Q12 Do you own or rent this home?
(even if it is with a mortgage or partly owned)

Owned 1 → Q100
Rented 2 → Q100
Other 3 → Q100

Q14 Who in this household owns or rents this home?

WRITE IN COLUMN NUMBER FROM Q4 OF EACH OWNER/TENANT

1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>

Not Applicable99

CORE SECTION 1: EARLY LIFE

Q100 Now I would like to ask a few questions about your early home life and places where you have lived.

Q101 Including yourself, how many children did your mother have who were born alive?

Number
 Don't Know 97

Q102 In what month and year were you born?

Month.....
 Year.....

Q102a Were you born in New Zealand or overseas?

New Zealand1 → Q103
 Overseas.....2 ASK Q102b

Q102b What country were you born in?

- Australia 01
- England 02
- Scotland..... 03
- The Netherlands..... 04
- Western Samoa 05
- Cook Islands 06
- Fiji..... 07
- Other (write in) 08

Q103 In which city, town or rural area did you live most of the time up to age 15? **WRITE IN**

1. NZ _____
2. Overseas (Country , Area) _____

SHOWCARD A


Q103a Which ethnic group(s) do you belong to?

, , Other (Write in) _____

 **READ OUT, CODE ALL (IF MORE THAN ONE, ASK Q103b OTHERWISE → Q103c)**

Q103b Please tell me which one of these is the main ethnic group you identify with?

More than one..... 95

 **Main Ethnic Group** **DK/No** 97 **Other (write in)** _____

Q103c Is this ethnic group the same as the one you identified yourself with as a child?

Yes1 → Q104a
 No.....2 Ask 103d

Q103d Which ethnic group(s) did you identify with as a child?

, ,

 **Other (write in)** _____

 **CODES FOR Q103a, b, d**

- | | | | |
|-----------------------|----------------------|------------|--------------------|
| 01 NZ Maori | 04 Samoan | 07 Niuean | 10 Other (specify) |
| 02 NZ European/Pakeha | 05 Cook Island Maori | 08 Chinese | |
| 03 Other European | 06 Tongan | 09 Indian | |

Q104a Which city, town or rural area were you living in when you left your parents (foster) for the very first time to start living on your own?

1. New Zealand: _____

2. Overseas: (Country, Area) _____

9. Did not leave home 99

Q104b And, in which city or town or rural area were you living 5 years ago, that is in October 1990? write in

1. New Zealand: _____

2. Overseas: (Country, Area) _____

Q104c As an adult have you lived overseas for 3 years or more?

Yes1

No2

CORE SECTION 3: CHILDREN

Q300 Now I would like to talk about children, including any adopted, step or fosterchildren you may have had.

Q301 Have you ever given birth to a child who was born alive? Yes 1 ASK Q302
No 2 → Q303

Q302 How many children born alive have you had altogether? Number *

Q303 Have you ever legally or informally adopted a child as your own? Yes 1 ASK Q304
No 2 → Q305

Q304 How many children have you adopted altogether? Number *

Q305 Have you ever had a stepchild who lived with you for some time in the same household?
Yes 1 ASK Q306
No 2 → Q307

Q306 How many such stepchildren have you had in all? Number *

Q307 Have you ever had a fosterchild who lived with you for some time in the same household?
Yes 1 ASK Q308
No 2 → Q309

Q308 How many such fosterchildren have you had? Number *

Q309 ADD TOTALS OF * Q302, Q304, Q306 AND Q308 AND WRITE IN (BLANK = 00): TOTAL

Q310 CHECK BACK TO Q309: Just to make sure that I have this right: you have had in TOTAL... children at one time or another.
Is that correct?
Yes 1 → Q312

IF NOT PROBE AND CORRECT Q301-Q310 AS NECESSARY.

Q312 CHECK BACK TO Q302: (total number of children born alive to respondent) IF TOTAL = 00, (no natural children) → Q405,
OTHERWISE CONTINUE

Q313 Now I would like some information about (each of) the child(ren) you have given birth to.

CORE SECTION 8: EDUCATION AND WORK

Q800 The rest of the questionnaire is about your work and education, who you have lived with or married, any children or pregnancies you may have had and aspects of your reproductive health. That is a lot of things to remember. Some women find it helpful to use this chart (*produce life summary chart*) to note down the key things that have happened to them, and when they occurred. Would you like to take a minute to jot down things in each of these columns and we can use it as a reminder as we go through the interview. *Give respondent definitions if she needs (partnership, 3 months working rule and so forth).*

Next are a few questions on your education and work history.

Q800a When did you first leave school? **WRITE IN**

Month

Year.....

Age.....

Did not attend school 99

Q800b Do you have a secondary school qualification?

Yes 1 **CONTINUE**
 No 2 → **Q800e**

Q800c What is your highest secondary school qualification?

.....



Other (write in): _____

Q800d What year did you complete this qualification? **WRITE IN**

.....

Q800e Do you have any other qualification, such as a trade certificate, a diploma or a degree, that you had to pass a course lasting at least 3 months full-time (or the equivalent) to get?

DON'T COUNT

- secondary school qualifications
- part of an unfinished qualification (eg. credits towards a degree)

Yes 1 **CONTINUE**
 No 2 → **Q812**

Q801 What is the highest qualification that you have successfully completed? **PROBE FULLY**



OR WRITE IN: _____

Q801a What year did you complete this qualification? **WRITE IN**

.....



CODES FOR Q800c

- | | |
|---|---|
| 01 NZ School Certificate in one or more subjects | 05 NZ University Bursary or Entrance, or Scholarship |
| 02 NZ Sixth Form Certificate in one or more subjects | 06 Other NZ Secondary School qualification (write in) |
| 03 NZ University Entrance before 1986 in one or more subjects | 07 Overseas secondary school qualification (write in) |
| 04 NZ Higher School Certificate or Higher Leaving Certificate | |



CODES FOR Q801

- 11 Post Graduate Degree Certificate or Diploma (eg. Masters, Doctorate)
- 12 Bachelors Degree
- 13 University Certificate or Undergraduate Diploma, NZ Certificate or Diploma, Teaching Diploma/Certificate, Nursing Diploma/Certificate
- 14 Trade Certificate or Advanced Trade Certificate. Technicians Certificate
- 15 Trade Certificate, Apprenticeship
- 16 Foundation, Pre-vocational or Bridging Certificate

Q801b Did you complete this full time or part time?

Full time..... 1
Part time 2

Q801c In the time between when you left school and the completion of your **main** education/training, were there any times when this education or training was interrupted for a **significant** period for any reason?

Yes 1 ASK Q801d
No 2 → Q812

Q801d Why did these breaks occur? **CODE ALL MENTIONS PROBE FULLY**

Baby/Children 01
Illness 02
Travel/Overseas 03
Work/employment 04
Other (specify) 05

WORK AND INCOME SUPPORT

Q812 Now I would like to talk about your work. I am interested only in periods of at least 3 consecutive months, and in work like paid employment, working for yourself, unpaid work in a family business or other business or farm or profession and so on. Have you ever worked in a job for at least 3 months, whether paid or unpaid? (IF NECESSARY: Do not count student holiday or temporary work)
 Yes 1 ASK Q813
 No 2 → Q200

Q813 In what month and year did you start your first/next job?

	(01)	(02)	(03)	(04)	(05)
Month	<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"/>
Year	<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"/>
Age	<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"/>

Q814 Check Q813 for Gap (of at least 3 months) with end previous job (Q820)

First job → Q815	Gap 1 ASK Q815 No Gap... 2 → Q816	Gap 1 ASK Q815 No Gap .. 2 → Q816	Gap 1 ASK Q815 No Gap .. 2 → Q816	Gap 1 ASK Q815 No Gap .. 2 → Q816
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Q815 What was your main activity before this new job (and after the previous one?)

Employed 1	Employed 1	Employed 1	Employed 1	Employed 1
Unemployed 2	Unemployed 2	Unemployed 2	Unemployed 2	Unemployed 2
Home maker 3	Home maker 3	Home maker 3	Home maker 3	Home maker 3
Study 4	Study 4	Study 4	Study 4	Study 4
Retired 5	Retired 5	Retired 5	Retired 5	Retired 5
Other 6	Other 6	Other 6	Other 6	Other 6
Employed without pay 7	Employed without pay 7	Employed without pay 7	Employed without pay 7	Employed without pay 7

Q815a CHECK BACK TO Q815, IF CODE IS 2 (unemployed) ASK Q815b, OTHERWISE → Q815c.

Q815b At any time while you were unemployed did you look for paid work?

Yes 1	Yes 1	Yes 1	Yes 1	Yes 1
No 2	No 2	No 2	No 2	No 2

Q815c Did you receive any benefit or government income support during this time before/between/after jobs?

Yes 1 ASK Q815d	Yes 1 ASK Q815d	Yes 1 ASK Q815d	Yes 1 ASK Q815d	Yes 1 ASK Q815d
No 2 → Q816	No 2 → Q816	No 2 → Q816	No 2 → Q816	No 2 → Q816

Q815d What was this ?

Unemployment 01	Unemployment 01	Unemployment 01	Unemployment 01	Unemployment 01
DPB 02	DPB 02	DPB 02	DPB 02	DPB 02
Sickness 03	Sickness 03	Sickness 03	Sickness 03	Sickness 03
Widows 04	Widows 04	Widows 04	Widows 04	Widows 04
Invalid's 05	Invalid's 05	Invalid's 05	Invalid's 05	Invalid's 05
Student allowance... 06	Student allowance.. 06	Student allowance.. 06	Student allowance... 06	Student allowance .. 06
Other (specify) 07	Other (specify) 07	Other (specify) 07	Other (specify) 07	Other (specify) 07

Q816 What kind of work did/do you do exactly in this job? **WRITE IN**

Q817 In that job which one of these were/are you (READ OUT)?

(01)

(02)

(03)

(04)

(05)

CODE 

.....

.....

.....

.....

.....

Q818 How many hours per week on average did/do you work at this job? WRITE IN

.....

.....

.....

.....

.....

Q819 Do you still have this same job?

Yes.....1 → Q821
No.....2 ASK Q820

Yes 1 → Q821
No 2 ASK Q820

Yes1 → Q821
No2 ASK Q820

Yes.....1 → Q821
No.....2 ASK Q820

Yes..... 1 → Q821
No..... 2 ASK Q820

Q820 In what month and year did you finish your job?

Month
Year
Age

Month
Year
Age

Month.....
Year.....
Age.....

Month.....
Year.....
Age.....

Month
Year.....
Age.....

Q821 Did you ever take another job (for 3 months or longer)?

Yes.....1 Continue
No.....2 → Q200

Yes 1 Continue
No 2 → Q200

Yes 1 Continue
No 2 → Q200

Yes.....1 Continue
No.....2 →Q200

Yes1 Continue
No2 → Q200

Q822 REPEAT Q813-Q821 FOR NEXT JOB (USE EXTRA SHEETS IF NECESSARY). IF NO MORE JOBS → Q200



CODE FOR Q817

- 1 An employer of others in your own business
- 2 Self employed and not employing other people

- 3 A paid employee
- 4 Working in a family business or family farm without pay

CORE SECTION 2: PARTNERSHIPS

Q200 The following questions are about partners that you have had. By that I mean a man who you have had an intimate (if necessary: sexual) relationship with and have lived in the same household with (circumstances such as work or housing permitting). If you have lived twice with the same partner that counts as two different partnerships.

Q201 Let me first ask, have you ever been married? Yes 1 ASK Q202
No 2 → Q206

Q202 How many times have you been married altogether? Number *

Q203 Can I just check what is your marital status at present? Married 02 ASK Q204
Widowed 03 → Q206
Divorced 04 → Q206
Legally Separated 05 → Q206
Not separated, living
apart from partner 06 → Q206
Defacto union 07 → Q206
Other (write in) 08 → Q206

Q204 Is your husband currently living with you in this household? Yes 1 → Q206
No 2 ASK Q205

Q205 Why not, if I may ask? Marital discord 1
Forced "living apart together" 2
Refused 8

Q206 Have you ever lived with someone with whom you had an intimate (sexual) relationship but did not marry?
Yes 1 ASK Q207
No 2 → Q208

Q207 How many such partnerships have you had altogether, including multiple partnerships with the same partner?
Number *

Q208 CHECK BACK TO Q204 (living with husband) IF Q204 IS SKIPPED → Q209. IF Q204 IS CODED YES (1) → Q215. OTHERWISE CONTINUE

Q208a CHECK BACK TO Q205 (if not, why not) IF Q205 IS CODED 2 (forced apart) → Q215, OTHERWISE CONTINUE

Q209 CHECK BACK TO Q206 (ever in non-marital) IF Q206 IS CODED 2 (no) → Q211, OTHERWISE CONTINUE

Q210 Are you currently living in the same household with someone with whom you have an intimate relationship but to whom you are not married?
Yes 1 → Q215
No 2 ASK Q211

Q211 Are you currently having an intimate relationship with someone who lives in a separate household?
Yes 1
No 2

Q215 ADD TOTALS OF * Q202 (number of marriages) AND Q207 (number of partnerships) AND WRITE IN (BLANK = 00):
Number ASK Q217
None 00 → Q232

Q217 Now I would like to ask a few questions about (each of) your partnership(s) (starting with the first one).

Q218 In what month and year did you first start living with your (first, second, ...) partner in the same household?
IF NOT YET, WRITE IN 99 IN EACH BOX FOR THAT PARTNER AND → Q227.

	(01)	(02)	(03)	(04)
Month	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Year	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Your Age	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Q219 How old was your partner when you started living together? DK = 97

Age	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
-----------	---	---	---	---

Q219a What is/was his main ethnic group? SHOWCARD A

.....	<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"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Q222a How many children did you and your partner have in total living with you when you started living together including adopted or foster children? WRITE IN NUMBER 00 IF NONE

.....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
-------	---	-------	---	-------	---	-------	---

Q222b Apart from your partner and the children I just asked about, did anyone else usually live in the same household at that time?

Yes 1 ASK Q222c	Yes 1 ASK Q222c	Yes 1 ASK Q222c	Yes 1 ASK Q222c
No 2 → Q223	No 2 → Q223	No 2 → Q223	No 2 → Q223



CODES FOR Q219a

- | | | | |
|-----------------------|----------------------|------------|--------------------|
| 01 NZ Maori | 04 Samoan | 07 Niuean | 10 Other (specify) |
| 02 NZ European/Pakeha | 05 Cook Island Maori | 08 Chinese | |
| 03 Other European | 06 Tongan | 09 Indian | |

Q222c How many other people usually lived in the same household? **WRITE IN NUMBER**

(01)

(02)

(03)

(04)

.....

Q22d (For each mentioned) What was your relationship to them? (PROBE: He/She was your...)

.....	<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"/>	<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"/>	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Q223 CHECK BACK TO Q201. (ever married) CIRCLE 2 WITHOUT ASKING IF Q201 CODED 2 (never married). Did you marry him when you first started living together?

Yes..... 1 → Q226	Yes..... 1 → Q226	Yes..... 1 → Q226	Yes..... 1 → Q226
No..... 2 ASK Q224	No..... 2 ASK Q224	No..... 2 ASK Q224	No..... 2 ASK Q224

Q224 What was his legal marital status when you started living together?

Single..... 01	Single..... 01	Single..... 01	Single..... 01
Married (legally)..... 02	Married (legally)..... 02	Married (legally)..... 02	Married (legally)..... 02
Widowed..... 03	Widowed..... 03	Widowed..... 03	Widowed..... 03
Divorced..... 04	Divorced..... 04	Divorced..... 04	Divorced..... 04
Legally Separated..... 05	Legally Separated..... 05	Legally Separated..... 05	Legally Separated..... 05

Q225 CHECK BACK TO Q201. (have you ever been married) CIRCLE 2 WITHOUT ASKING IF Q201 IS CODED 2 (never married) Did you later marry him?


Yes..... 1 ASK Q226	Yes..... 1 ASK Q226	Yes..... 1 ASK Q226	Yes..... 1 ASK Q226
No..... 2 → Q227	No..... 2 → Q227	No..... 2 → Q227	No..... 2 → Q227

Q226 In what month and year did you marry him?

Month.....	<input type="text"/>	<input type="text"/>	Month.....	<input type="text"/>	<input type="text"/>	Month.....	<input type="text"/>	<input type="text"/>	Month.....	<input type="text"/>	<input type="text"/>
Year.....	<input type="text"/>	<input type="text"/>	Year.....	<input type="text"/>	<input type="text"/>	Year.....	<input type="text"/>	<input type="text"/>	Year.....	<input type="text"/>	<input type="text"/>
Your Age.....	<input type="text"/>	<input type="text"/>	Your Age.....	<input type="text"/>	<input type="text"/>	Your Age.....	<input type="text"/>	<input type="text"/>	Your Age.....	<input type="text"/>	<input type="text"/>

Q227 CHECK BACK TO Q215: IF MORE PARTNERSHIPS, THEN → Q229, OTHERWISE ASK Q228

Q228 CHECK BACK TO Q204 and Q210: (if not currently living with husband or partner) ASK Q229. OTHERWISE → Q232

 CODES FOR Q222d	41 Son/daughter	11 Grandparent
31 Partner/husband	42 Son/daughter's partner	21 Parents/step parent
32 Partner's brother/sister	43 Adopted child	22 Partner's parent
33 Brother/sister	44 Partner's child	61 Other Relative
34 Brother/sister's partner	45 Foster child	71 Non relative
	51 Grandchild	

Q229 In what month and year did you stop living with your partner in the same household?

(01)

(02)

(03)

(04)

Month

Year

Your Age ...

Month

Year

Your Age ...

Month

Year

Your Age ...

Month

Year

Your Age ...

Q231 CHECK BACK TO Q215: IF MORE PARTNERSHIPS CONTINUE, OTHERWISE → Q232

Q231a At the end of that relationship, who did you live with then?

⌘

.....

.....

.....

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.....

.....

.....

.....

IF CODED 06 OR 08 (straight into another relationship) → Q218, OTHERWISE ASK Q232

Q232 In your adult life, have you ever lived in any other type of family or household relationship that we have not mentioned here?
(IF NECESSARY: by that I mean with a partner or family members, not just flatting)

Yes..... 1 Continue
No 2 → Q300

⌘ CODES FOR Q231a

- | | |
|---|---|
| 01 my father/mother | 06 straight into relationship with male partner |
| 02 my sons/daughters | 07 alone/no one |
| 03 my brother/sister | 08 straight into relationship with female partner |
| 04 other related people such as cousins | 09 Other |
| 05 other people (such as flatmates) | |

Q233 How many such relationships have you had, including multiple times in the same relationship?

Number

Q234 Now I would like to ask a few questions about each of these times, starting with the first one. In what month and year did you first start living in this relationship in the same household?

	(01)	(02)	(03)	(04)
Month	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Year	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Your Age ...	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Q235 What was/is your relationship to the person/people you live(d) with (count children)? (Was this your...)

 <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"/> <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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Q236 How many children in total lived with you when you started living in the household (IF NECESSARY: Both yours and other people's) **WRITE IN NUMBER**

..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
---	---	---	---

Q237 In what month and year did you stop living in this household?

Month	<input type="text"/> <input type="text"/>	Month	<input type="text"/> <input type="text"/>	Month	<input type="text"/> <input type="text"/>	Month	<input type="text"/> <input type="text"/>
Year	<input type="text"/> <input type="text"/>	Year	<input type="text"/> <input type="text"/>	Year	<input type="text"/> <input type="text"/>	Year	<input type="text"/> <input type="text"/>
Your Age ...	<input type="text"/> <input type="text"/>	Your Age ...	<input type="text"/> <input type="text"/>	Your Age ...	<input type="text"/> <input type="text"/>	Your Age ...	<input type="text"/> <input type="text"/>
Still there	99	Still there	99	Still there	99	Still there	99

Q238 CHECK BACK TO Q233. IF MORE RELATIONSHIPS REPEAT Q234-Q237 FOR NEXT RELATIONSHIPS (USE ADDITIONAL SHEETS IF NECESSARY) OTHERWISE → Q300.

 CODES FOR Q235 31 Partner/husband 32 Partner's brother/sister 33 Brother/sister 34 Brother/sister's partner	41 Son/daughter 42 Son/daughter's partner 43 Adopted child 44 Partner's child 45 Foster child 51 Grandchild	11 Grandparent 21 Parents/step parent 22 Partner's parent 61 Other Relative 71 Non relative (eg. flatmate, boarder)
--	--	---

Q314 In what month and year was the (first, second, ...) child born?

	(01)		(02)		(03)		(04)		(05)		
Month	<input type="text"/>	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>	Month.....	<input type="text"/>	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>
Year	<input type="text"/>	<input type="text"/>	Year	<input type="text"/>	<input type="text"/>	Year.....	<input type="text"/>	<input type="text"/>	Year.....	<input type="text"/>	<input type="text"/>
Your Age	<input type="text"/>	<input type="text"/>	Your Age	<input type="text"/>	<input type="text"/>	Your Age.....	<input type="text"/>	<input type="text"/>	Your Age	<input type="text"/>	<input type="text"/>

Q314a Was the child born in New Zealand or Overseas?

NZ	1	NZ	1	NZ	1	NZ	1	NZ	1
Overseas	2	Overseas	2	Overseas.....	2	Overseas.....	2	Overseas	2

Q314b. In which city, town or rural area was this?

1. NZ _____

2. Overseas (Country , Area) _____

Q315 Was it a boy or a girl?

Boy	1	Boy	1	Boy.....	1	Boy.....	1	Boy.....	1
Girl	2	Girl	2	Girl.....	2	Girl.....	2	Girl.....	2

SHOWCARD A

Q315a Which ethnic group does the child belong to?

☞

.....	<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"/>	<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"/>

Q315b What is the ethnic group of the father?

☞

.....	<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"/>	<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"/>

SHOWCARD B

Q315c At any stage up to the age of 5 did the child attend regular formal child care or early childhood education?

Yes	1	Yes	1	Yes.....	1	Yes.....	1	Yes.....	1
No	2	No	2	No.....	2	No.....	2	No.....	2
Don't Know	7	Don't Know	7	Don't Know	7	Don't Know	7	Don't Know	7

Q315d In his/her first year of life, was the child ever admitted overnight to hospital (IF NECESSARY: after being discharged after birth)?

Yes	1	Yes	1	Yes.....	1	Yes.....	1	Yes.....	1
No	2	No	2	No.....	2	No.....	2	No.....	2
N/A.....	9	N/A.....	9	N/A.....	9	N/A.....	9	N/A.....	9
Don't Know	7	Don't Know	7	Don't Know	7	Don't Know	7	Don't Know	7

CHECK BACK TO Q314:

IF CHILD BORN BEFORE 1 JAN 1985 → Q315g

IF CHILD BORN BETWEEN 1 JAN 1985 AND 31 APRIL 1991 ASK Q315e

IF CHILD BORN AFTER 31 APRIL 1991 → Q315f



CODES FOR Q315a-Q315b

- | | | | |
|-----------------------|----------------------|------------|--------------------|
| 01 NZ Maori | 04 Samoan | 07 Niuean | 10 Other (specify) |
| 02 NZ European/Pakeha | 05 Cook Island Maori | 08 Chinese | |
| 03 Other European | 06 Tongan | 09 Indian | |

Q315e Did you receive Family Care or Family Support from the New Zealand Government in addition to the Family Benefit?

(01)	(02)	(03)	(04)	(05)
Yes1	Yes1	Yes1	Yes1	Yes1
No2	No2	No2	No2	No2
DK/Can't Remember....7	DK/Can't Remember ... 7	DK/Can't Remember....7	DK/Can't Remember ... 7	DK/Can't Remember....7

NOW → Q315g

Q315f Did you receive Family Support from the New Zealand Government?

Yes1	Yes1	Yes1	Yes1	Yes1
No2	No2	No2	No2	No2
DK/Can't Remember....7	DK/Can't Remember ... 7	DK/Can't Remember....7	DK/Can't Remember ... 7	DK/Can't Remember....7

CONTINUE

SHOWCARD C

Q315g Until the child was 5 who were you mostly living with?

99 = NO ONE ELSE → Q315j. OTHERWISE ASK Q315h

.....	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

IF CODED 31 (partner/husband) → Q315j, OTHERWISE CONTINUE

SHOWCARD D

Q315h Did you get any of these types of support from any members of this household other than from your partner or children (until the child was 5)?

Yes1	Yes1	Yes1	Yes1	Yes1
No2	No2	No2	No2	No2
DK/Can't Remember....7	DK/Can't Remember ... 7	DK/Can't Remember....7	DK/Can't Remember ... 7	DK/Can't Remember....7

Q315i Did you give any support to any members of this household (other than your partner or children) until the child was 5?


Yes1	Yes1	Yes1	Yes1	Yes1
No2	No2	No2	No2	No2
DK/Can't Remember....7	DK/Can't Remember ... 7	DK/Can't Remember....7	DK/Can't Remember ... 7	DK/Can't Remember....7

Q315j In the nine months before the birth, were you in paid employment at any time?

Yes1 ASK Q315k	Yes1 ASK Q315k	Yes1 ASK Q315k	Yes1 ASK Q315k	Yes1 ASK Q315k
No2 → Q315m	No2 → Q315m	No2 → Q315m	No2 → Q315m	No2 → Q315m
N/A9 → Q915m	N/A9 → Q915m	N/A9 → Q915m	N/A9 → Q915m	N/A9 → Q915m

Q315k Did you receive paid or unpaid maternity leave from your employer?

Yes, paid1 ASK Q315l	Yes, paid1 ASK Q315l	Yes, paid1 ASK Q315l	Yes, paid1 ASK Q315l	Yes, paid1 ASK Q315l
Yes, unpaid2 ASK Q315l	Yes, unpaid2 ASK Q315l	Yes, unpaid2 ASK Q315l	Yes, unpaid2 ASK Q315l	Yes, unpaid2 ASK Q315l
No, ceased employment ...3 → Q315m	No, ceased employment ...3 → Q315m	No, ceased employment ...3 → Q315m	No, ceased employment ...3 → Q315m	No, ceased employment ...3 → Q315m
N/A9 → Q315m	N/A9 → Q315m	N/A9 → Q315m	N/A9 → Q315m	N/A9 → Q315m

 CODES FOR Q315g	41 Son/daughter	11 Grandparent
31 Partner/Husband	42 Son/daughter's partner	21 Parents/step parent
32 Partner's brother/sister	43 Adopted child	22 Partner's parent
33 Brother/sister	44 Partner's child	61 Other Relative
34 Brother/sister's partner	45 Foster child	71 Non relative (eg. flatmate, boarder)
	51 Grandchild	

Q315l How long was this for?

	(01)	(02)	(03)	(04)	(05)
Weeks	<input type="text"/> <input type="text"/>	Weeks	<input type="text"/> <input type="text"/>	Weeks	<input type="text"/> <input type="text"/>
Months	<input type="text"/> <input type="text"/>	Months	<input type="text"/> <input type="text"/>	Months	<input type="text"/> <input type="text"/>

Q315m Did you ever smoke while you were pregnant with this child?

Yes	1	Yes	1	Yes	1	Yes	1	Yes	1
No	2	No	2	No	2	No	2	No	2

Q315n What did this baby weigh at birth? **WRITE IN**

1 Pound _____	1 Pound.. _____	1 Pound..... _____	1 Pound _____	1 Pound _____
& Oz. _____	& Oz.... _____	& Oz _____	& Oz. _____	& Oz. _____
2 Grams _____	2 Grams.. _____	2 Grams _____	2 Grams _____	2 Grams _____
DK.....7	DK 7	DK..... 7	DK..... 7	DK..... 7

Q315o Did you ever breastfeed your baby?

Yes.....1	ASK Q315p	Yes.....1	ASK Q315p	Yes.....1	ASK Q315p	Yes.....1	ASK Q315p	Yes.....1	ASK Q315p
No.....2	→ Q316	No.....2	→ Q316	No.....2	→ Q316	No.....2	→ Q316	No.....2	→ Q316

Q315p At what age was the baby when you stopped breastfeeding all together?

Days	<input type="text"/> <input type="text"/>	Days	<input type="text"/> <input type="text"/>	Days	<input type="text"/> <input type="text"/>	Days	<input type="text"/> <input type="text"/>	Days	<input type="text"/> <input type="text"/>
Weeks	<input type="text"/> <input type="text"/>	Weeks	<input type="text"/> <input type="text"/>	Weeks	<input type="text"/> <input type="text"/>	Weeks	<input type="text"/> <input type="text"/>	Weeks	<input type="text"/> <input type="text"/>
Months	<input type="text"/> <input type="text"/>	Months	<input type="text"/> <input type="text"/>	Months	<input type="text"/> <input type="text"/>	Months	<input type="text"/> <input type="text"/>	Months	<input type="text"/> <input type="text"/>
Still feeding	99	Still feeding	99	Still feeding	99	Still feeding	99	Still feeding	99

Q316 Does this child still live with you now?

Yes, full time.....1	→ Q319	Yes, full time.....1	→ Q319	Yes, full time.....1	→ Q319	Yes, full time.....1	→ Q319	Yes, full time.....1	→ Q319
Yes, part time.....2	→ Q319	Yes, part time.....2	→ Q319	Yes, part time.....2	→ Q319	Yes, part time.....2	→ Q319	Yes, part time.....2	→ Q319
No.....3	ASK Q317	No.....3	ASK Q317	No.....3	ASK Q317	No.....3	ASK Q317	No.....3	ASK Q317

Q317 What is the reason that this child does not live with you any longer?

☞

☞ **CODES FOR Q317**

- | | |
|--|--|
| 1 Child died | 5 Respondent moved, child staying behind |
| 2 Child given up for adoption | 6 Other |
| 3 Child moved out to live on his/her own | 7 Child moved in with extended family |
| 4 Child moved in with other parent | |

Q318 In what month and year did this happen?

(01)	(02)	(03)	(04)	(05)
Month <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/>	Month..... <input type="text"/> <input type="text"/>	Month..... <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/>
Year <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/>	Year..... <input type="text"/> <input type="text"/>	Year..... <input type="text"/> <input type="text"/>	Year..... <input type="text"/> <input type="text"/>
Your Age. <input type="text"/> <input type="text"/>	Your Age. <input type="text"/> <input type="text"/>	Your Age. <input type="text"/> <input type="text"/>	Your Age <input type="text"/> <input type="text"/>	Your Age <input type="text"/> <input type="text"/>

Q320 Before this child was born, did you have any pregnancy that miscarried, ended in a stillbirth or was terminated?

Yes.....1 Ask Q321 Yes 1 Ask Q321 Yes 1 Ask Q321 Yes.....1 Ask Q321 Yes1 Ask Q321
No.....2 → Q323 No 2 → Q323 No..... 2 → Q323 No.....2 → Q323 No2 → Q323

Q321 How many such pregnancies did you have before this child was born? (IF NECESSARY: and after the last baby)
ENTER NUMBER

Number ... <input type="text"/> <input type="text"/>	Number ... <input type="text"/> <input type="text"/>	Number... <input type="text"/> <input type="text"/>	Number... <input type="text"/> <input type="text"/>	Number... <input type="text"/> <input type="text"/>
--	--	---	---	---

Q323 REPEAT Q314-Q321 FOR NEXT NATURAL CHILD; (USE ADDITIONAL SHEETS IF NECESSARY)

IF NO MORE NATURAL CHILDREN, → Q400

CORE SECTION 4: OTHER PREGNANCIES

Q400 CHECK BACK TO Q301: (ever given birth to a live child) IF YES (1) IS CODED ASK Q401, OTHERWISE →Q405

Q401 After the birth of your last own child, did you have any pregnancy that miscarried, ended in a stillbirth or was terminated?

Yes..... 1 Ask Q402
 No..... 2 → Q403

Q402 How many such pregnancies did you have after the birth of your last own child? Number

Q403 (total number of lost pregnancies) ADD ALL ANSWERS TO Q321 AND Q402 (BLANK = 0),
 AND WRITE IN TOTAL: Total → Q407
 None 00 → Q412

Q405 Have you ever had a pregnancy that miscarried, ended in a stillbirth or was terminated?

Yes..... 1 ASK Q406
 No..... 2 → Q412

Q406 How many such pregnancies did you have in all? Total

Q407 Now I would like to ask a few questions about each of these pregnancies.
 (ASK Q408-Q410 FOR EACH PREGNANCY, WRITTEN IN Q403 OR Q406)

Q408 In what month and year did the (first, second, ...) such pregnancy end?

	(01)	(02)	(03)	(04)	(05)		
Month	<input type="text"/> <input type="text"/>	Month	<input type="text"/> <input type="text"/>	Month.....	<input type="text"/> <input type="text"/>	Month	<input type="text"/> <input type="text"/>
Year	<input type="text"/> <input type="text"/>	Year	<input type="text"/> <input type="text"/>	Year.....	<input type="text"/> <input type="text"/>	Year.....	<input type="text"/> <input type="text"/>
Your Age .	<input type="text"/> <input type="text"/>	Your Age .	<input type="text"/> <input type="text"/>	Your Age	<input type="text"/> <input type="text"/>	Your Age	<input type="text"/> <input type="text"/>

Q409 How long did it last?

DK = 97

Months	<input type="text"/> <input type="text"/>	Months....	<input type="text"/> <input type="text"/>	Months ...	<input type="text"/> <input type="text"/>	Months ...	<input type="text"/> <input type="text"/>	Months ...	<input type="text"/> <input type="text"/>
Weeks	<input type="text"/> <input type="text"/>	Weeks	<input type="text"/> <input type="text"/>	Weeks ...	<input type="text"/> <input type="text"/>	Weeks ...	<input type="text"/> <input type="text"/>	Weeks ...	<input type="text"/> <input type="text"/>

Q410 Did it end in miscarriage, still birth or a termination?

Termination..... 1	Termination 1	Termination..... 1	Termination 1	Termination 1
Miscarriage 2	Miscarriage..... 2	Miscarriage 2	Miscarriage..... 2	Miscarriage..... 2
Still birth..... 3	Still birth 3	Still birth 3	Still birth..... 3	Still birth..... 3

Q411 REPEAT Q408-Q410 FOR NEXT PREGNANCY. IF NO MORE LOST PREGNANCIES, ASK Q412

Q411a CHECK BACK TO Q6 (respondents age). IF OVER 50 → Q500, OTHERWISE CONTINUE

Q412 Are you currently pregnant?

Yes..... 1 ASK Q413
 No 2 → Q500

Q413 When is the baby expected to be born? ENTER YEAR WITHOUT ASKING

Month.....
 Year

CORE SECTION 5: FERTILITY REGULATION

Q500 The next section is about women's health issues including questions about your health, contraception and family planning. Firstly have you had a cervical smear test* in the last 3 years, that is since October 1992?

**IF NECESSARY, A smear test is where a doctor or nurse take some cells from the entrance to the womb and sends them to a laboratory to check whether or not they are healthy.*

Yes..... 1
 No..... 2
 Can't Remember/DK 7

Q500a CHECK BACK TO Q215 (total number of marriages and partnerships)

- IF ONE OR MORE PARTNERSHIPS → Q502
- OTHERWISE CHECK BACK TO Q302 (total number of natural children)
 - IF ONE OR MORE CHILDREN → Q502
 - OTHERWISE CHECK BACK TO Q406 (total number of lost pregnancies)
 - IF ONE OR MORE LOST PREGNANCIES → Q502
 - OTHERWISE ASK Q501

Q501 To avoid unnecessary questions later I would like to ask: Have you ever had sexual intercourse? Yes..... 1 ASK Q502
 No..... 2 → Q602

Q502 How old were you when you had sexual intercourse for the very first time in your life? Age
 (IF NECESSARY: by your consent) Don't Know97

SHOWCARD E
 Q503 At this very first sexual intercourse, did you and/or the other person do or use anything to avoid your becoming pregnant, anything at all? Yes..... 1 → Q506
 No..... 2 ASK Q504

SHOWCARD E
 Q504 Have you and/or another person ever done or used anything to avoid your becoming pregnant over your entire life, anything at all? Yes..... 1 ASK Q505
 No..... 2 → Q507a

Q505 How old were you when you and/or the other person first did or used something to avoid your becoming pregnant? Age
 DK97

SHOWCARD E
 Q506 Which method or combination of methods did you and/or the other person use at that time?
 ☞ WRITE IN: _____ Method A
 WRITE IN: _____ Method B

Q507a CHECK BACK TO Q412 : IF NOT CURRENTLY PREGNANT (2) →Q508, OTHERWISE ASK Q507b

Q507b CHECK BACK TO Q504: IF YES (1) IS CODED (ever used contraception) → Q518, OTHERWISE →Q607

☞ **CODES FOR Q506**

01 Sterilisation <u>self</u>	08 Condom
02 Vasectomy <u>current</u> partner	09 Foam/ Jelly
03 Vasectomy <u>ex</u> -partner	10 Periodic abstinence/ rhythm/ safe period
04 Pill	11 Withdrawal
05 Intra-uterine device/ IUD	12 Any other method(s) (write in)
06 Injections	99 Not applicable (no Method B)
07 Diaphragm/ Sponge	

Q508 As far as you know, is it physically possible for you personally to have a child now, supposing you wanted one?

- Certainly yes..... 1 → Q512
- Probably yes 2 → Q512
- Probably not 3 ASK Q509
- Certainly not..... 4 ASK Q509
- Menopause 5 ASK Q509
- Don't Know (for sure) 7 ASK Q509

Q509 Have you had any operation that makes it difficult or impossible for you to have any(more) children? Yes..... 1 ASK Q511
No..... 2 → Q510a

Q511 Did you have that operation for contraceptive or medical reasons? Contraceptive 1
Medical 2
Both..... 3

Q511a Was it a ... (READ OUT) Tubal ligation (tubes tied) ... 1 ASK Q510
Hysterectomy..... 2 ASK Q510
Both 3 ASK Q510
Don't Know 7 → Q512
Other (write in)..... 4 ASK Q510

Q510 In what month and year did you have that operation?

<p>Hysterectomy</p> <p>Month..... <input type="text"/> <input type="text"/></p> <p>Year..... <input type="text"/> <input type="text"/></p> <p>Your Age..... <input type="text"/> <input type="text"/></p>	<p>Tubal Ligation</p> <p>Month..... <input type="text"/> <input type="text"/></p> <p>Year..... <input type="text"/> <input type="text"/></p> <p>Your Age..... <input type="text"/> <input type="text"/></p>	<p>Other (write in) _____</p> <p>Month..... <input type="text"/> <input type="text"/></p> <p>Year..... <input type="text"/> <input type="text"/></p> <p>Your Age..... <input type="text"/> <input type="text"/></p>
--	--	--

Q510a CHECK BACK TO Q6 (age) IF 50 OR OVER ASK Q510b, OTHERWISE → Q512.

Q510b CHECK BACK TO Q204, Q210, Q211 (currently in marriage or partnership or intimate relationship) IF YES (1) CODED ASK Q510c, OTHERWISE → Q518.

Q510c Has your husband/or current partner had a vasectomy (IF NECESSARY: been sterilised)? Yes..... 1 → Q517
No..... 2 → Q518

Q512 Have you had sexual intercourse in the last 4 weeks? Yes..... 1
No..... 2

Q513 CHECK BACK TO Q504: (ever used contraception) IF NO (2) CODED → Q528, OTHERWISE ASK Q514

SHOWCARD E

Q514 Have you and/or your partner(s) used any contraceptive method or combination of methods or done anything to avoid or delay your becoming pregnant in the last 4 weeks? Yes..... 1 ASK Q515
No..... 2 → Q518

SHOWCARD E

Q515 Which method or combination of methods have you/or your partner(s) used in the last 4 weeks?



WRITE IN: _____

Method A.....

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

WRITE IN: _____

Method B.....

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------



CODES FOR Q515

- | | |
|-------------------------------------|---|
| 01 Sterilisation <u>self</u> | 08 Condom |
| 02 Vasectomy <u>current</u> partner | 09 Foam/ Jelly |
| 03 Vasectomy <u>ex</u> -partner | 10 Periodic abstinence/ rhythm/ safe period |
| 04 Pill | 11 Withdrawal |
| 05 Intra-uterine device/ IUD | 12 Any other method(s) (write in) |
| 06 Injections | 99 Not applicable (no Method B) |
| 07 Diaphragm/ Sponge | |

Q516 CHECK BACK TO Q515: (sterilisation current partner?) IF 02 CODED ASK Q517, OTHERWISE → Q518

Q517 In what month and year was your partner sterilised? (DK = 97)

Month

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Year

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Your Age

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Q518 And now I would like to talk about all main methods of contraception that you and/or your partner(s) may ever have used, (or any other precautions you may have taken), (including withdrawal for example) to avoid or to delay your becoming pregnant. With "main" I mean any particular method or combination of methods that you and/or your partner(s) have relied on to avoid or delay becoming pregnant during 3 consecutive months or longer. Have you ever used a particular method or combination of methods for so long?

Yes..... 1 ASK Q519

No..... 2 → Q528

SHOWCARD E

Q519 Could you please tell me which methods or combinations of methods you have relied on, starting with the first? If you have used a particular method or combination of methods more than once, for example before and after the birth of a child, please mention each use separately.

FIRST ENTER EACH METHOD OR COMBINATION MENTIONED, ONE PER COLUMN, IN Q520 OF CONTRACEPTION TABLE: (USE EXTRA SHEETS OF NECESSARY)



CODES FOR Q520

- | | |
|-------------------------------------|---|
| 01 Sterilisation <u>self</u> | 08 Condom |
| 02 Vasectomy <u>current</u> partner | 09 Foam/ Jelly |
| 03 Vasectomy <u>ex</u> -partner | 10 Periodic abstinence/ rhythm/ safe period |
| 04 Pill | 11 Withdrawal |
| 05 Intra-uterine device/ IUD | 12 Any other method(s) (write in) |
| 06 Injections | 99 Not applicable (no Method B) |
| 07 Diaphragm/ Sponge | |

AFTER LISTING ALL METHODS IN COLUMNS IN Q520, CONTINUE WITH Q521-Q527, FIRST COLUMN. BE SURE THAT LAST COLUMN IS THE MOST CURRENT METHOD USED. (USE ADDITIONAL SHEETS IF NECESSARY)

SHOWCARD E

Q520 Method(s) used:

(01)

(02)

(03)



Method A

Method B if combi

Method A

Method B if combi ...

Method A

Method B if combi ...

WRITE IN: _____

WRITE IN: _____

WRITE IN: _____

Q521 IF Q520 CODED 01 OR 02, COPY DATE FROM Q510 OR Q517; OTHERWISE ASK:

In what month and year did you first start using (method)?

Month

Year

Age

Month

Year

Age

Month

Year

Age

Q522 CHECK BACK TO Q520 TO SEE IF USED MORE METHODS:

CIRCLE CODE

More methods 1 → Q525
No more methods 2 Continue

More methods 1 → Q525
No more methods 2 Continue

More methods 1 → Q525
No more methods 2 Continue

Q523 CHECK Q520, IF YOU ARE UP TO THE MOST CURRENT METHOD THEN CHECK.

- IF CODE IS 01 OR 02 → Q617
- IF CODE IS 03 → Q528
- OTHERWISE ASK Q524

Q524 Did you ever stop using (method)?

Yes 1 ASK Q525
No 2 → Q601

Yes 1 ASK Q525
No 2 → Q601

Yes 1 ASK Q525
No 2 → Q601

Q525 In what month and year did you first stop using (method)?

Month

Year

Age

Month

Year

Age

Month

Year

Age

Q526 Why did you stop using (Method)? ONE REASON ONLY: MAIN REASON

- Method failed: Pregnancy 01
- Wanted a child 02
- Partner disapproved 03
- Side effects 04
- Health concerns 05
- Access/availability 06
- Wanted other method 07
- Inconvenient to use 08
- No sexual relations 09
- Cost 10
- Other (specify) 11

- Method failed: Pregnancy 01
- Wanted a child 02
- Partner disapproved 03
- Side effects 04
- Health concerns 05
- Access/availability 06
- Wanted other method 07
- Inconvenient to use 08
- No sexual relations 09
- Cost 10
- Other (specify) 11

- Method failed: Pregnancy 01
- Wanted a child 02
- Partner disapproved 03
- Side effects 04
- Health concerns 05
- Access/availability 06
- Wanted other method 07
- Inconvenient to use 08
- No sexual relations 09
- Cost 10
- Other (specify) 11

Q527 REPEAT Q521-Q526 FOR NEXT METHOD; (USE ADDITIONAL SHEETS IF NECESSARY) IF NO MORE METHODS, ASK 528.

Q528 CHECK BACK TO Q412: (Currently Pregnant?) IF CODE IS YES (1) → Q607, OTHERWISE CONTINUE.

Q529 CHECK BACK TO Q508 (possible to have a child?) IF CODE IS 3, 4 OR 7 (not possible) → Q617, OTHERWISE CONTINUE.

CORE SECTION 6: VIEWS ON HAVING CHILDREN

Q601 CHECK BACK TO Q6: (respondents age), IF OVER 50 → Q617,

OTHERWISE: CHECK BACK TO Q301: IF CODE IS 1 (have given birth) → Q605, OTHERWISE ASK Q602

Q602 Do you want to have children of your own some time? Yes..... 1 ASK Q604
No..... 2 → Q617
Don't Know 7 → Q617

Q604 At what age do you want to have your first child, Age → Q617
at the latest? WRITE IN EXACT AGE Don't Know97 → Q617

Q605 Do you want to have another child sometime? Yes..... 1 ASK Q605a
No..... 2 → Q617
Don't Know 7 → Q617

Q605a At what age would you want to have your next child? → Q617
WRITE IN EXACT AGE Don't Know97 → Q617

Q607 In addition to the child you are now expecting, do you think that you would want to have another child sometime?
Yes..... 1 ASK Q607a
No..... 2 → Q617
Don't Know 7 → Q617

Q607a At what age would you want to have your next child? → Q617
WRITE IN EXACT AGE Don't Know97 → Q617

Q617 How many children do you think is the ideal number for a family to have in this country?

WRITE IN EXACT NUMBER: Number
Don't Know97

CORE SECTION 9: PARTNER CHARACTERISTICS

Q901 This is the final section. **CHECK BACK TO Q204 and Q210: (currently living with husband or partner) IF EITHER CODE IS YES (1), CONTINUE. OTHERWISE → Q917**

Q905 Can I just check again, what is your partner's main activity? Employed (inc. self employed) .. 1 Continue
Other 2 → Q909

Q906 What kind of work does your partner do exactly? **WRITE IN :** _____

Q907 In that job, is your partner? **READ OUT**
An employer of others in his/her own business1
Self employed and not employing other people.....2
A paid employee.....3
Working in a family business or family farm without pay..4
Don't Know7

Q908 How many hours per week on average does your partner work at this job? **WRITE IN NUMBER**
Don't Know97

Q909 What is the highest level/stage of education your partner has attended? **CODE:**
Don't Know97



Q910 Has he/she successfully completed his/her studies at this level/stage?
Yes1
No2
Not yet, still studying3
Don't Know7

Q910a **CHECK BACK TO Q6 (respondents age) IF OVER 50 → Q914, OTHERWISE CONTINUE**

Q911 We have talked about your desire to have a(nother) child or not. Does your partner want the same number of children you want, or does she/he want more or fewer than you do?
Same1 **ASK Q912**
More2 **ASK Q912**
Fewer3 **ASK Q912**
Don't Know7 → Q914

Q912 How many children in total does your partner want? **WRITE IN EXACT NUMBER** Number
Don't Know 97

Q914 What is your partner's religion? **CODE ONE ONLY**

01 No Religion	06 Other Christian	11 Ratana
02 Anglican	07 Hindu	12 Latter Day Saints (Mormon)
03 Presbyterian	08 Muslim	13 Seventh Day Adventist
04 Catholic	09 Buddhist	95 Other (specify)
05 Methodist	10 Jewish	

<p> CODES FOR Q909</p> <p>01 NZ School Certificate in one or more subjects</p> <p>02 NZ Sixth Form Certificate in one or more subjects</p> <p>03 NZ University Entrance before 1986 in one or more subjects</p> <p>04 NZ Higher School Certificate or Higher Leaving Certificate</p> <p>05 NZ University Bursary or Entrance, or Scholarship</p> <p>06 Other NZ Secondary School qualification (write in)</p> <p>07 Overseas Secondary School Qualification (write in)</p>	<p>11 Post Graduate Degree Certificate or Diploma</p> <p>12 Bachelors Degree</p> <p>13 University Certificate or Undergraduate Diploma, NZ Certificate or Diploma, Teaching Diploma/Certificate, Nursing Diploma/Certificate</p> <p>14 Trade Certificate or Advanced Trade Certificate, Technicians Certificate</p> <p>15 Trade Certificate, Apprenticeship</p> <p>16 Foundation, Pre-vocational or Bridging Certificate</p>
---	--

CORE SECTION 9A. PERSONAL CHARACTERISTICS

Q917 Now to finish, I'd like to ask you a few questions about your current situation. What is your religion? **CODE ONE ONLY**

- | | | |
|-----------------|--------------------|-------------------------------|
| 01 No Religion | 06 Other Christian | 11 Ratana |
| 02 Anglican | 07 Hindu | 12 Latter Day Saints (Mormon) |
| 03 Presbyterian | 08 Muslim | 13 Seventh Day Adventist |
| 04 Catholic | 09 Buddhist | 95 Other (specify) |
| 05 Methodist | 10 Jewish | |

Q933a Finally, I'd like to finish with some questions about your current financial and other support, and about the way you may be supporting others.

SHOWCARD F

What are all the ways you yourself got income in the last 12 months? **CODE ALL MENTIONS**

- | | |
|---|--|
| 01 Wages/Salary/Commission/Bonus from employer | 08 Domestic purposes benefit |
| 02 Self employed or Own business | 09 Sickness benefit |
| 03 Interest, Dividends, Rent, Other Investments | 10 Invalid's benefit |
| 04 ACC regular payments | 11 Student allowance |
| 05 NZ Superannuation/(National super) | 12 Other govt benefits, Income support or War pensions |
| 06 Private Superannuation/Pensions/Annuities | 13 Other (eg maintenance, support payments) |
| 07 Unemployment Benefit | 14 Nil Income |

SHOWCARD G

Q933b From all these sources what was your total personal income before tax in the last 12 months ?



SHOWCARD F

Q933c **CHECK BACK TO Q1, IF ONLY ONE PERSON IN HOUSEHOLD → Q934, OTHERWISE CONTINUE**

What are all the ways your household got income in the last 12 months? **CODE ALL MENTIONS**

- | | |
|---|--|
| 01 Wages/Salary/Commission/Bonus from employer | 08 Domestic purposes benefit |
| 02 Self employed or Own business | 09 Sickness benefit |
| 03 Interest, Dividends, Rent, Other Investments | 10 Invalid's benefit |
| 04 ACC regular payments | 11 Student allowance |
| 05 NZ Superannuation/(National super) | 12 Other govt benefits, Income support or War pensions |
| 06 Private Superannuation/Pensions/Annuities | 13 Other (eg maintenance, support payments) |
| 07 Unemployment Benefit | 14 Nil Income |

SHOWCARD G

Q933d From all these sources what was your total household income before tax in the last 12 months?



Q934 Are you or is anyone on your behalf currently making any financial provision for your retirement? Yes - self..... 1
 Yes - other..... 2
 No..... 3

CODES FOR Q933b, Q933d

- | | |
|--|--|
| 01 Loss | 08 \$25,001-\$30,000 per year (\$481 and less than \$577 per week) |
| 02 Zero Income | 09 \$30,001-\$40,000 per year (\$577 and less than \$769 per week) |
| 03 \$1 - \$5,000 | 10 \$40,001-\$50,000 per year (\$769 and less than \$962 per week) |
| 04 \$5,001 - \$10,000 | 11 \$50,001-\$70,000 per year (\$962 and less than \$1,346 per week) |
| 05 \$10,001-\$15,000 per year (\$192 and less than \$288 per week) | 12 \$70,001-\$100,000 (\$1,346 and less than \$1,923 per week) |
| 06 \$15,001-\$20,000 per year (\$288 and less than \$385 per week) | 13 \$100,001 or more (\$1,923 and over) |
| 07 \$20,001-\$25,000 per year (\$385 and less than \$481 per week) | 97 Don't Know |
| | 98 Object to answering |

Q935a SHOWCARD D CHECK BACK TO Q1 (number of people) IF ONLY ONE PERSON → Q936a, OTHERWISE CONTINUE
 Looking at this card, what types of support, if any, do you currently get from people within your own household
 (IF APPROPRIATE: that is, apart from your partner and/or children)?

❖ **WRITE IN CODES** , , Other (Write in) _____

IF CODE 8 (no support) → Q936a, OTHERWISE CONTINUE

Q935b Who gives you this support? (WRITE IN COLUMN NUMBERS OF HOUSEHOLD MEMBERS FROM Q4)

⊙ , , , , ,

Q936a What type of support if any, do you get from other people living elsewhere such as friends, family or whanau)?

❖ **WRITE IN CODES** , , , , ,

Other (Write in) _____ **IF CODE 8 (NO SUPPORT) → Q937a, OTHERWISE CONTINUE**

Q936b Who give you this support?

☞ **WRITE IN CODES** , , , , ,

Q937a CHECK BACK TO Q1 (number of people) IF ONLY ONE PERSON → Q938a, OTHERWISE CONTINUE
 What types of support, if any, do you currently give without payment to the members of your own household
 (IF APPROPRIATE: that is, apart from your partner and/or children)?

❖ **WRITE IN CODES** , , , , ,

IF CODE 8 (no support) → Q938a, OTHERWISE CONTINUE

Q937b Who do you give this support to? WRITE IN COLUMN NUMBERS OF HOUSEHOLD MEMBERS FROM Q4.

⊙ , , , , ,

Q938a What type of support, if any, do you give without payment to other people living elsewhere (such as friends, family or whanau)?

❖ , , , , ,

IF CODE 8 (no support) → Q939, OTHERWISE CONTINUE

Q938b Who do you give this support to?

☞ **WRITE IN CODES** , , , , ,

Q939 Is there a telephone here in this dwelling? (IF NECESSARY: Count a cell phone that is here all or most of the time, do not count disconnected or broken phones).

Yes.....1
 No.....2

❖ **CODES FOR Q935a, Q936a, Q937a, Q938a**

- | | |
|--|---------------------------------------|
| 1 Care of children | 5 Educational support (tuition, etc.) |
| 2 Care of aged, ill or disabled adults | 6 other types of support (specify) |
| 3 General housework and home maintenance | 7 all types of support |
| 4 Financial assistance/money | 8 no support |

☞ **CODES FOR Q936b, Q938b**

- | | | |
|-----------------------------|---------------------------|------------------------------|
| 31 Partner/Husband | 41 Son/daughter | 11 Grandparent |
| 32 Partner's brother/sister | 42 Son/daughter's partner | 21 Parents/step parent |
| 33 Brother/sister | 43 Adopted child | 22 Partner's parent |
| 34 Brother/sister's partner | 44 Partner's child | 61 Other Relative |
| | 45 Foster child | 71 Non relative (eg. friend) |
| | 51 Grandchild | |

⊙ **CODES FOR Q936b, Q938b**

USE COLUMN NUMBERS OF HOUSEHOLD MEMBERS FROM Q4.

Finally as a quality check my supervisor may need to call you about this interview. Any records of your name will be destroyed after we have made our quality checks.

Respondents First Name: _____

Respondents Address: _____

Phone Number: _____

Thank you for your help in this. If you have any questions about this survey, here is where you can find out more about it {Area field manager's, phone number/card}. If you would like support or information about issues raised in this survey any doctor or medical centre can put you in touch with the right people.

END

Q940 COMPLETE THIS AWAY FROM THE RESPONDENT:

What is your overall assessment of the respondent's ability to understand this questionnaire?

Excellent								Poor	
10	09	08	07	06	05	04	03	02	01

"I Certify that this is a true and accurate record of the interview as conducted by me in full accordance with my instructions."

Interviewer: _____

Code: _____

Date: _____

Time: _____

Duration: _____

ADDITIONAL SHEET FOR EXTRA PEOPLE IN THE HOUSEHOLD

Respondent: _____

NUMBER OF COLUMNS TO BE ENTERED IS THE NUMBER IN Q1.

Q4 What is your relationship to (...) (is this person your ...)?

WRITE IN COLUMN NUMBER: (2 DIGIT)

() () () () ()

☞

Q5 SEX
 Male 1 Male 1 Male 1 Male 1 Male 1
 Female 2 Female 2 Female 2 Female 2 Female 2

Q6 AGE AT LAST BIRTHDAY
 Age Age Age Age Age

Q7 Check back to Q6, IF THIS PERSON IS UNDER 15 → Q10, OTHERWISE ASK Q8.

Q8 What is your/his/her present legal marital status?

Single 01	Single 01	Single 01	Single 01	Single 01
Married (legally) 02	Married (legally) 02	Married (legally) 02	Married (legally) 02	Married (legally) 02
Widowed 03	Widowed 03	Widowed 03	Widowed 03	Widowed 03
Divorced 04	Divorced 04	Divorced 04	Divorced 04	Divorced 04
Legally Separated 05	Legally Separated 05	Legally Separated 05	Legally Separated 05	Legally Separated 05
Not separated, living apart from partner 06	Not separated, living apart from partner 06	Not separated, living apart from partner 06	Not separated, living apart from partner 06	Not separated, living apart from partner 06

Q9 What is your/his/her main activity? Are you/he/she (read out)...

Employed 1	Employed 1	Employed 1	Employed 1	Employed 1
Unemployed 2	Unemployed 2	Unemployed 2	Unemployed 2	Unemployed 2
Home maker 3	Home maker 3	Home maker 3	Home maker 3	Home maker 3
Studying 4	Studying 4	Studying 4	Studying 4	Studying 4
Retired 5	Retired 5	Retired 5	Retired 5	Retired 5
Other 6	Other 6	Other 6	Other 6	Other 6
Employed without pay 7	Employed without pay 7	Employed without pay 7	Employed without pay 7	Employed without pay 7

Q11 REPEAT Q4-Q9 FOR NEXT MEMBER (USE ADDITIONAL SHEETS IF NECESSARY);
 IF NO MORE MEMBERS → Q14 OF MAIN QUESTIONNAIRE

<p>☞ CODES FOR Q4</p> <p>31 Partner/Husband</p> <p>32 Partner's brother/sister</p> <p>33 Brother/sister</p> <p>34 Brother/sister's partner</p>	<p>41 Son/daughter</p> <p>42 Son/daughter's partner</p> <p>43 Adopted child</p> <p>44 Partner's child</p> <p>45 Foster child</p> <p>51 Grandchild</p>	<p>11 Grandparent</p> <p>21 Parents/step parent</p> <p>22 Partner's parent</p> <p>61 Other Relative</p> <p>71 Non relative (eg. flatmate, boarder)</p>
---	---	--

ADDITIONAL SHEET FOR EXTRA JOBS

Respondent: _____

Q813 In what month and year did you start your first/next job?

WRITE IN COLUMN NUMBER: (2 DIGIT)

()	()	()	()	()
Month..... <input type="text"/> <input type="text"/>	Month..... <input type="text"/> <input type="text"/>	Month..... <input type="text"/> <input type="text"/>	Month..... <input type="text"/> <input type="text"/>	Month..... <input type="text"/> <input type="text"/>
Year..... <input type="text"/> <input type="text"/>	Year..... <input type="text"/> <input type="text"/>	Year..... <input type="text"/> <input type="text"/>	Year..... <input type="text"/> <input type="text"/>	Year..... <input type="text"/> <input type="text"/>
Age..... <input type="text"/> <input type="text"/>	Age..... <input type="text"/> <input type="text"/>	Age..... <input type="text"/> <input type="text"/>	Age..... <input type="text"/> <input type="text"/>	Age..... <input type="text"/> <input type="text"/>

Q814 Check Q813 for Gap (of at least 3 months)with end previous job (Q820)

Gap.....1 ASK Q815	Gap.....1 ASK Q815	Gap.....1 ASK Q815	Gap.....1 ASK Q815	Gap.....1 ASK Q815
No Gap.....2 → Q816	No Gap...2 → Q816	No Gap...2 → Q816	No Gap...2 → Q816	No Gap...2 → Q816

Q815 What was your main activity before this new job (and after the previous one?)

Employed..... 1	Employed..... 1	Employed..... 1	Employed..... 1	Employed.....1
Unemployed..... 2	Unemployed.....2	Unemployed..... 2	Unemployed.....2	Unemployed..... 2
Homemaker..... 3	Home maker.....3	Home maker..... 3	Home maker.....3	Home maker.....3
Study..... 4	Study.....4	Study..... 4	Study.....4	Study.....4
Retired..... 5	Retired.....5	Retired..... 5	Retired.....5	Retired.....5
Other..... 6	Other.....6	Other..... 6	Other.....6	Other.....6
Employed without pay..... 7	Employed without pay.....7	Employed without pay..... 7	Employed without pay.....7	Employed without pay.....7

Q815a CHECK BACK TO Q815, IF CODE IS 2 (unemployed) ASK Q815b, OTHERWISE → Q815c.

Q815b At any time while you were unemployed did you look for paid work?

Yes..... 1	Yes..... 1	Yes..... 1	Yes..... 1	Yes..... 1
No..... 2	No.....2	No..... 2	No.....2	No..... 2

Q815c Did you receive any benefit or government income support during this time before/between/after jobs?

Yes..... 1 ASK Q815d	Yes..... 1 ASK Q815d	Yes..... 1 ASK Q815d	Yes..... 1 ASK Q815d	Yes..... 1 ASK Q815d
No.....2 → Q816	No.....2 → Q816	No.....2 → Q816	No.....2 → Q816	No..... 2 → Q816

Q815d What was this ?

Unemployment..... 01	Unemployment.....01	Unemployment..... 0 1	Unemployment.....01	Unemployment..... 01
DPB..... 02	DPB.....02	DPB..... 02	DPB.....02	DPB..... 02
Sickness..... 03	Sickness.....03	Sickness..... 03	Sickness.....03	Sickness..... 03
Widows..... 04	Widows.....04	Widows..... 04	Widows.....04	Widows..... 04
Invalid's..... 05	Invalid's.....05	Invalid's..... 05	Invalid's.....05	Invalid's..... 05
Student allowance... 06	Student allowance...06	Student allowance.. 06	Student allowance...06	Student allowance... 06
Other (specify)..... 07	Other (specify).....07	Other (specify)..... 07	Other (specify).....07	Other (specify)..... 07

Q816 What kind of work did/do you do exactly in this job?

WRITE IN

Q817 In that job which one of these were/are you (READ OUT)?

WRITE IN COLUMN NUMBER: (2 DIGIT)

() () () () ()

CODE 

Q818 How many hours per week on average did/do you work at this job? WRITE IN

.....

Q819 Do you still have this same job?

Yes..... 1 → Q821 Yes..... 1 → Q821 Yes..... 1 → Q821 Yes..... 1 → Q821 Yes..... 1 → Q821
 No..... 2 ASK Q820 No..... 2 ASK Q820 No..... 2 ASK Q820 No..... 2 ASK Q820 No..... 2 ASK Q820


Q820 In what month and year did you finish your job?

Month..... <input type="text"/> <input type="text"/>	Month..... <input type="text"/> <input type="text"/>	Month..... <input type="text"/> <input type="text"/>	Month..... <input type="text"/> <input type="text"/>	Month..... <input type="text"/> <input type="text"/>
Year..... <input type="text"/> <input type="text"/>	Year..... <input type="text"/> <input type="text"/>	Year..... <input type="text"/> <input type="text"/>	Year..... <input type="text"/> <input type="text"/>	Year..... <input type="text"/> <input type="text"/>
Age..... <input type="text"/> <input type="text"/>	Age..... <input type="text"/> <input type="text"/>	Age..... <input type="text"/> <input type="text"/>	Age..... <input type="text"/> <input type="text"/>	Age..... <input type="text"/> <input type="text"/>

Q821 Did you ever take another job (for 3 months or longer)?

Yes..... 1 Continue Yes..... 1 Continue Yes..... 1 Continue Yes..... 1 Continue Yes..... 1 Continue
 No..... 2 → Q200 No..... 2 → Q200 No..... 2 → Q200 No..... 2 → Q200 No..... 2 → Q200

Q822 REPEAT Q813-Q821 FOR NEXT JOB (USE EXTRA SHEETS IF NECESSARY).
IF NO MORE JOBS → Q200 OF MAIN QUESTIONNAIRE

 CODE FOR Q817	
1 An employer of others in your own business	3 A paid employee
2 Self employed and not employing other people	4 Working in a family business or family farm without pay

ADDITIONAL SHEET FOR PARTNERSHIPS

Respondent: _____

NUMBER OF COLUMNS TO BE ENTERED IS THE NUMBER IN Q215.

Q218 In what month and year did you first start living with your (first, second, ...) partner in the same household?
IF NOT YET, WRITE IN 99 IN EACH BOX FOR THAT PARTNER AND → Q227.

WRITE IN COLUMN NUMBER: (2 DIGIT)

()	()	()	()
Month.....	Month.....	Month.....	Month.....
Year.....	Year.....	Year.....	Year.....
Your Age.	Your Age.	Your Age..	Your Age.

Q219 How old was your partner when you started living together? DK = 97

Age.....	Age.....	Age.....	Age.....
----------	----------	----------	----------

Q219a What is/was his main ethnic group? SHOWCARD A

	<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"/> <input type="text"/>
--------------------	--	--	--

Q222a How many children did you and your partner have in total living with you when you started living together including adopted or foster children? WRITE IN NUMBER 00 IF NONE

.....
-------	-------	-------	-------

Q222b Apart from your partner and the children I just asked about, did anyone else usually live in the same household at that time?

Yes.....1 ASK Q222c	Yes.....1 ASK Q222c	Yes.....1 ASK Q222c	Yes.....1 ASK Q222c
No.....2 → Q223	No.....2 → Q223	No.....2 → Q223	No.....2 → Q223

CODES FOR Q219a			
01 NZ Maori	04 Samoan	07 Niuean	10 Other (specify)
02 NZ European/Pakeha	05 Cook Island Maori	08 Chinese	
03 Other European	06 Tongan	09 Indian	

Q222c How many other people usually lived in the same household? **WRITE IN NUMBER**

WRITE IN COLUMN NUMBER: (2 DIGIT)

()

()

()

()

.....

.....

.....

.....

222d (For each mentioned) What was your relationship to them? (PROBE: He/She was your...)



.....

.....

.....

.....

.....

.....

.....

.....

.....

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.....

.....

.....

.....

.....

.....

Q223 CHECK BACK TO Q201. (ever married) CIRCLE 2 WITHOUT ASKING IF Q201 CODED 2 (never married).
Did you marry him when you first started living together?

Yes..... 1 → Q226
No..... 2 ASK Q224

Yes..... 1 → Q226
No..... 2 ASK Q224

Yes..... 1 → Q226
No..... 2 ASK Q224

Yes..... 1 → Q226
No..... 2 ASK Q224

Q224 What was his legal marital status when you started living together?

Single..... 01
Married (legally)..... 02
Widowed..... 03
Divorced..... 04
Legally Separated..... 05

Single..... 01
Married (legally)..... 02
Widowed..... 03
Divorced..... 04
Legally Separated..... 05

Single..... 01
Married (legally)..... 02
Widowed..... 03
Divorced..... 04
Legally Separated..... 05

Single..... 01
Married (legally)..... 02
Widowed..... 03
Divorced..... 04
Legally Separated..... 05

Q225 CHECK BACK TO Q201. (have you ever been married) CIRCLE 2 WITHOUT ASKING IF Q201 IS CODED 2 (never married)
Did you later marry him?

Yes..... 1 ASK Q226
No..... 2 → Q227

Yes..... 1 ASK Q226
No..... 2 → Q227

Yes..... 1 ASK Q226
No..... 2 → Q227

Yes..... 1 ASK Q226
No..... 2 → Q227

Q226 In what month and year did you marry him?

Month.....

Year.....

Your Age.....

Month.....

Year.....

Your Age.....

Month.....

Year.....

Your Age.....

Month.....

Year.....

Your Age.....

Q227 CHECK BACK TO Q215: IF MORE PARTNERSHIPS, THEN → Q229, OTHERWISE ASK Q228

Q228 CHECK BACK TO Q204 and Q210: (if not currently living with husband or partner) ASK Q229.
OTHERWISE → Q232 OF MAIN QUESTIONNAIRE



CODES FOR Q222d

- | | | |
|-----------------------------|---------------------------|------------------------|
| 31 Partner/Husband | 41 Son/daughter | 11 Grandparent |
| 32 Partner's brother/sister | 42 Son/daughter's partner | 21 Parents/step parent |
| 33 Brother/sister | 43 Adopted child | 22 Partner's parent |
| 34 Brother/sister's partner | 44 Partner's child | 61 Other Relative |
| | 45 Foster child | 71 Non relative |
| | 51 Grandchild | |

Q229 In what month and year did you stop living with your partner in the same household?

WRITE IN COLUMN NUMBER: (2 DIGIT)

	()	()	()	()			
Month.....	<input type="text"/> <input type="text"/>	Month.....	<input type="text"/> <input type="text"/>	Month.....	<input type="text"/> <input type="text"/>	Month.....	<input type="text"/> <input type="text"/>
Year.....	<input type="text"/> <input type="text"/>	Year.....	<input type="text"/> <input type="text"/>	Year.....	<input type="text"/> <input type="text"/>	Year.....	<input type="text"/> <input type="text"/>
Your Age.....	<input type="text"/> <input type="text"/>	Your Age.....	<input type="text"/> <input type="text"/>	Your Age.....	<input type="text"/> <input type="text"/>	Your Age.....	<input type="text"/> <input type="text"/>

Q231 CHECK BACK TO Q215: IF MORE PARTNERSHIPS CONTINUE, OTHERWISE →Q232

Q231a At the end of that relationship, who did you live with then?



.....	<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"/> <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"/>	<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"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

IF CODED 06 OR 08 (straight into another relationship) → Q218, OTHERWISE ASKQ232

Q232 In your adult life, have you ever lived in any other type of family or household relationship that we have not mentioned here?
 (IF NECESSARY: by that I mean with a partner or family members, not just flatting)

Yes.....1 Continue
 No.....2 → Q300 OF MAIN QUESTIONNAIRE



CODES FOR Q231a

- | | |
|---|---|
| 01 my father/mother | 06 straight into relationship with male partner |
| 02 my sons/daughters | 07 alone/no one |
| 03 my brother/sister | 08 straight into relationship with female partner |
| 04 other related people such as cousins | 09 Other |
| 05 other people (such as flatmates) | |

ADDITIONAL SHEET FOR OTHER HOUSEHOLD RELATIONSHIPS

Respondent: _____

NUMBER OF COLUMNS TO BE ENTERED IS THE NUMBER IN Q233.

Q234 Now I would like to ask a few questions about each of these times, starting with the first one.
In what month and year did you first start living in this relationship in the same household?

WRITE IN COLUMN NUMBER: (2 DIGIT)

()	()	()	()
Month.....	Month.....	Month.....	Month.....
Year.....	Year.....	Year.....	Year.....
Your Age.....	Your Age.....	Your Age.....	Your Age.....

Q235 What was/is your relationship to the person/people you live(d) with (count children)? (Was this your...)

.....
---	---	---	---

Q236 How many children in total lived with you when you started living in the household
(IF NECESSARY: Both yours and other people's) **WRITE IN NUMBER**

.....
-------	-------	-------	-------

Q237 In what month and year did you stop living in this household?

Month.....	Month.....	Month.....	Month.....
Year.....	Year.....	Year.....	Year.....
Your Age.....	Your Age.....	Your Age.....	Your Age.....
Still there.....99	Still there.....99	Still there.....99	Still there.....99

Q238 CHECK BACK TO Q233. IF MORE RELATIONSHIPS REPEAT Q234-Q237 FOR NEXT RELATIONSHIPS
(USE ADDITIONAL SHEETS IF NECESSARY) OTHERWISE → Q300 OF MAIN QUESTIONNAIRE

CODES FOR Q235 31 Partner/Husband 32 Partner's brother/sister 33 Brother/sister 34 Brother/sister's partner	41 Son/daughter 42 Son/daughter's partner 43 Adopted child 44 Partner's child 45 Foster child 51 Grandchild	11 Grandparent 21 Parents/step parent 22 Partner's parent 61 Other Relative 71 Non relative (eg. flatmate, boarder)
--	--	---

ADDITIONAL SHEET FOR EXTRA CHILDREN

NUMBER OF COLUMNS TO BE ENTERED IS THE NUMBER IN Q309.

Respondent: _____

Q314 In what month and year was the (first, second, ...) child born?
WRITE IN COLUMN NUMBER: (2 DIGIT)

	()		()		()		()
Month	<input type="text"/> <input type="text"/>	Month	<input type="text"/> <input type="text"/>	Month	<input type="text"/> <input type="text"/>	Month	<input type="text"/> <input type="text"/>
Year	<input type="text"/> <input type="text"/>	Year	<input type="text"/> <input type="text"/>	Year	<input type="text"/> <input type="text"/>	Year	<input type="text"/> <input type="text"/>
Your Age ..	<input type="text"/> <input type="text"/>	Your Age ..	<input type="text"/> <input type="text"/>	Your Age ..	<input type="text"/> <input type="text"/>	Your Age ..	<input type="text"/> <input type="text"/>

Q314a Was the child born in New Zealand or Overseas?

NZ..... 1	NZ..... 1	NZ..... 1	NZ..... 1	NZ..... 1
Overseas..... 2	Overseas..... 2	Overseas..... 2	Overseas..... 2	Overseas..... 2

Q314b. In which city, town or rural area was this?

1. NZ _____

2. Overseas (Country , Area) _____

Q315 Was it a boy or a girl?

Boy 1	Boy 1	Boy 1	Boy 1	Boy 1
Girl..... 2	Girl..... 2	Girl..... 2	Girl..... 2	Girl..... 2

SHOWCARD A

Q315a Which ethnic group does the child belong to?

	<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"/> <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"/>
	_____	_____	_____	_____	_____

Q315b What is the ethnic group of the father?

	<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"/> <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"/>
	_____	_____	_____	_____	_____

SHOWCARD B

Q315c At any stage up to the age of 5 did the child attend regular formal child care or early childhood education?

Yes..... 1	Yes..... 1	Yes..... 1	Yes..... 1	Yes..... 1
No..... 2	No..... 2	No..... 2	No..... 2	No..... 2
Don't Know..... 7	Don't Know..... 7	Don't Know..... 7	Don't Know..... 7	Don't Know..... 7

Q315d In his/her first year of life, was the child ever admitted overnight to hospital (IF NECESSARY: after being discharged after birth)?

Yes..... 1	Yes..... 1	Yes..... 1	Yes..... 1	Yes..... 1
No..... 2	No..... 2	No..... 2	No..... 2	No..... 2
N/A..... 9	N/A..... 9	N/A..... 9	N/A..... 9	N/A..... 9
Don't Know..... 7	Don't Know..... 7	Don't Know..... 7	Don't Know..... 7	Don't Know..... 7

CHECK BACK TO Q314:

IF CHILD BORN BEFORE 1 JAN 1985 → Q315g

IF CHILD BORN BETWEEN 1 JAN 1985 AND 31 APRIL 1991 ASK Q315e

IF CHILD BORN AFTER 31 APRIL 1991 → Q315f

CODES FOR Q315a, Q315b

- | | | | |
|-----------------------|----------------------|------------|--------------------|
| 01 NZ Maori | 04 Samoan | 07 Niuean | 10 Other (specify) |
| 02 NZ European/Pakcha | 05 Cook Island Maori | 08 Chinese | |
| 03 Other European | 06 Tongan | 09 Indian | |

P.T.O.

Q315e Did you receive family care or family support from the New Zealand Government in addition to the family benefit?

WRITE IN COLUMN NUMBER: (2 DIGIT)

() () () () ()

Yes 1 Yes 1 Yes 1 Yes 1 Yes 1
 No 2 No 2 No 2 No 2 No 2
 DK/Can't Remember 7 DK/Can't Remember 7 DK/Can't Remember 7 DK/Can't Remember 7 DK/Can't Remember 7

NOW → Q315g

Q315f Did you receive family support from the New Zealand Government?

Yes 1 Yes 1 Yes 1 Yes 1 Yes 1
 No 2 No 2 No 2 No 2 No 2
 DK/Can't Remember 7 DK/Can't Remember 7 DK/Can't Remember 7 DK/Can't Remember 7 DK/Can't Remember 7

CONTINUE

SHOWCARD C

Q315g Until the child was 5 who were you mostly living with?

99 = NO ONE ELSE → Q315j. OTHERWISE ASK Q315h

☞

<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"/>
<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"/>
<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"/>
<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"/>
<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"/>

IF CODED 31 (partner/husband) → Q315j, OTHERWISE CONTINUE

SHOWCARD D

Q315h Did you get any of these types of support from any members of this household other than your partner or children until the child was 5)?

Yes 1 Yes 1 Yes 1 Yes 1 Yes 1
 No 2 No 2 No 2 No 2 No 2
 DK/Can't Remember 7 DK/Can't Remember 7 DK/Can't Remember 7 DK/Can't Remember 7 DK/Can't Remember 7

Q315i Did you give any support to any members of this household (other than your partner or children) until the child was 5?

Yes 1 Yes 1 Yes 1 Yes 1 Yes 1
 No 2 No 2 No 2 No 2 No 2
 DK/Can't Remember 7 DK/Can't Remember 7 DK/Can't Remember 7 DK/Can't Remember 7 DK/Can't Remember 7

Q315j In the nine months before the birth, were you in paid employment at any time?

Yes 1 ASK Q315k Yes 1 ASK Q315k Yes 1 ASK Q315k Yes 1 ASK Q315k Yes 1 ASK Q315k
 No 2 → Q315m No 2 → Q315m No 2 → Q315m No 2 → Q315m No 2 → Q315m
 N/A 9 → Q915m N/A 9 → Q915m N/A 9 → Q915m N/A 9 → Q915m N/A 9 → Q915m

Q315k Did you receive paid or unpaid maternity leave from your employer?

Yes, paid 1 ASK Q315l Yes, paid 1 ASK Q315l Yes, paid 1 ASK Q315l Yes, paid 1 ASK Q315l Yes, paid 1 ASK Q315l
 Yes, unpaid 2 ASK Q315l Yes, unpaid 2 ASK Q315l Yes, unpaid 2 ASK Q315l Yes, unpaid 2 ASK Q315l Yes, unpaid 2 ASK Q315l
 No, ceased employment 3 → Q315m No, ceased employment 3 → Q315m No, ceased employment 3 → Q315m No, ceased employment 3 → Q315m No, ceased employment 3 → Q315m
 N/A 9 → Q315m N/A 9 → Q315m N/A 9 → Q315m N/A 9 → Q315m N/A 9 → Q315m

☞ CODES FOR Q315g	
31 Partner/Husband	41 Son/daughter
32 Partner's brother/sister	42 Son/daughter's partner
33 Brother/sister	43 Adopted child
34 Brother/sister's partner	44 Partner's child
	45 Foster child
	51 Grandchild
	11 Grandparent
	21 Parents/step parent
	22 Partner's parent
	61 Other Relative
	71 Non relative (eg. flatmate, boarder)

Q315l How long was this for?

WRITE IN COLUMN NUMBER: (2 DIGIT)

()	()	()	()	()
Weeks..... <input type="text"/> <input type="text"/>	Weeks..... <input type="text"/> <input type="text"/>	Weeks..... <input type="text"/> <input type="text"/>	Weeks..... <input type="text"/> <input type="text"/>	Weeks..... <input type="text"/> <input type="text"/>
Months..... <input type="text"/> <input type="text"/>	Months..... <input type="text"/> <input type="text"/>	Months..... <input type="text"/> <input type="text"/>	Months..... <input type="text"/> <input type="text"/>	Months..... <input type="text"/> <input type="text"/>

Q315m Did you ever smoke while you were pregnant with this child?

Yes..... 1	Yes..... 1	Yes..... 1	Yes..... 1	Yes..... 1
No..... 2	No..... 2	No..... 2	No..... 2	No..... 2

Q315n What did this baby weigh at birth? WRITE IN

1 Pound _____	1 Pound... _____	1 Pound..... _____	1 Pound _____	1 Pound _____
& Oz.. _____	& Oz..... _____	& Oz..... _____	& Oz.. _____	& Oz.. _____
2 Grams _____	2 Grams... _____	2 Grams..... _____	2 Grams _____	2 Grams _____
DK..... 7	DK..... 7	DK..... 7	DK..... 7	DK..... 7

Q315o Did you ever breastfeed your baby?

Yes..... 1 ASK Q315p	Yes..... 1 ASK Q315p	Yes..... 1 ASK Q315p	Yes..... 1 ASK Q315p	Yes..... 1 ASK Q315p
No..... 2 → Q316	No..... 2 → Q316	No..... 2 → Q316	No..... 2 → Q316	No..... 2 → Q316

Q315p At what age was the baby when you stopped breastfeeding all together?

Days..... <input type="text"/> <input type="text"/>	Days..... <input type="text"/> <input type="text"/>	Days..... <input type="text"/> <input type="text"/>	Days..... <input type="text"/> <input type="text"/>	Days..... <input type="text"/> <input type="text"/>
Weeks..... <input type="text"/> <input type="text"/>	Weeks..... <input type="text"/> <input type="text"/>	Weeks..... <input type="text"/> <input type="text"/>	Weeks..... <input type="text"/> <input type="text"/>	Weeks..... <input type="text"/> <input type="text"/>
Months..... <input type="text"/> <input type="text"/>	Months..... <input type="text"/> <input type="text"/>	Months..... <input type="text"/> <input type="text"/>	Months..... <input type="text"/> <input type="text"/>	Months..... <input type="text"/> <input type="text"/>
Still feeding..... 99	Still feeding..... 99	Still feeding..... 99	Still feeding..... 99	Still feeding..... 99

Q316 Does this child still live with you now?

Yes, full time..... 1 → Q319	Yes, full time..... 1 → Q319	Yes, full time..... 1 → Q319	Yes, full time..... 1 → Q319	Yes, full time..... 1 → Q319
Yes, part time..... 2 → Q319	Yes, part time..... 2 → Q319	Yes, part time..... 2 → Q319	Yes, part time..... 2 → Q319	Yes, part time..... 2 → Q319
No..... 3 ASK Q317	No..... 3 ASK Q317	No..... 3 ASK Q317	No..... 3 ASK Q317	No..... 3 ASK Q317

Q317 What is the reason that this child does not live with you any longer?

.....

CODES FOR Q317

- | | |
|--|--|
| 1 Child died | 5 Respondent moved, child staying behind |
| 2 Child given up for adoption | 6 Other |
| 3 Child moved out to live on his/her own | 7 Child moved in with extended family |
| 4 Child moved in with other parent | |

Q318 In what month and year did this happen?

WRITE IN COLUMN NUMBER: (2 DIGIT)

()	()	()	()	()
Month <input type="text"/> <input type="text"/>	Month..... <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/>	Month..... <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/>
Year <input type="text"/> <input type="text"/>	Year..... <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/>	Year..... <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/>
Your Age. <input type="text"/> <input type="text"/>	Your Age. <input type="text"/> <input type="text"/>	Your Age. <input type="text"/> <input type="text"/>	Your Age.. <input type="text"/> <input type="text"/>	Your Age. <input type="text"/> <input type="text"/>

Q320 **Before** this child was born, did you have any pregnancy that miscarried, ended in a stillbirth or was terminated?

Yes 1 Ask Q321 Yes..... 1 Ask Q321 Yes..... 1 Ask Q321 Yes 1 Ask Q321 Yes..... 1 Ask Q321
No 2 → Q323 No..... 2 → Q323 No..... 2 → Q323 No..... 2 → Q323 No..... 2 → Q323

Q321 How many such pregnancies did you have **before** this child was born? (IF NECESSARY: and after the last baby)
ENTER NUMBER

Number <input type="text"/> <input type="text"/>	Number.... <input type="text"/> <input type="text"/>	Number.... <input type="text"/> <input type="text"/>	Number..... <input type="text"/> <input type="text"/>	Number <input type="text"/> <input type="text"/>
---	--	--	---	---

Q323 REPEAT Q314-Q321 FOR NEXT NATURAL CHILD; (USE ADDITIONAL SHEETS IF NECESSARY)

IF NO MORE NATURAL CHILDREN, → Q400 OF MAIN QUESTIONNAIRE

ADDITIONAL SHEET FOR OTHER PREGNANCIES

Respondent: _____

NUMBER OF COLUMNS TO BE ENTERED IS THE NUMBER IN Q403 OR Q406

Q408 In what month and year did the (first, second, ...) such pregnancy end?

WRITE IN COLUMN NUMBER: (2 DIGIT)

()	()	()	()	()
Month <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/>
Year <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/>
Your Age. <input type="text"/> <input type="text"/>	Your Age. <input type="text"/> <input type="text"/>	Your Age. <input type="text"/> <input type="text"/>	Your Age.. <input type="text"/> <input type="text"/>	Your Age. <input type="text"/> <input type="text"/>

Q409 How long did it last?

DK = 97

Months..... <input type="text"/> <input type="text"/>	Months <input type="text"/> <input type="text"/>	Months..... <input type="text"/> <input type="text"/>	Months <input type="text"/> <input type="text"/>	Months..... <input type="text"/> <input type="text"/>
Weeks <input type="text"/> <input type="text"/>	Weeks..... <input type="text"/> <input type="text"/>	Weeks <input type="text"/> <input type="text"/>	Weeks..... <input type="text"/> <input type="text"/>	Weeks <input type="text"/> <input type="text"/>

Q410 Did it end in miscarriage, still birth or termination?

Termination..... 1	Termination 1	Termination 1	Termination..... 1	Termination 1
Miscarriage 2	Miscarriage.....2	Miscarriage 2	Miscarriage.....2	Miscarriage 2
Still birth 3	Still birth3	Still birth..... 3	Still birth3	Still birth..... 3

Q411 REPEAT Q408-Q410 FOR NEXT PREGNANCY. (USE ADDITIONAL SHEETS IF NECESSARY)
 IF NO MORE LOST PREGNANCIES, → Q412 OF MAIN QUESTIONNAIRE

ADDITIONAL SHEET FOR EXTRA CONTRACEPTIVE METHODS

Respondent: _____

AFTER LISTING ALL METHODS, CONTINUE WITH Q521-Q527, FIRST COLUMN. BE SURE THAT LAST COLUMN IS THE MOST CURRENT METHOD USED.

Q520 SHOWCARD E Method(s) used: **WRITE IN COLUMN NUMBER: (2 DIGIT)**

()	()	()
Method A..... <input type="text"/> <input type="text"/>	Method A..... <input type="text"/> <input type="text"/>	Method A..... <input type="text"/> <input type="text"/>
Method B if combi..... <input type="text"/> <input type="text"/>	Method B if combi..... <input type="text"/> <input type="text"/>	Method B if combi..... <input type="text"/> <input type="text"/>
WRITE IN: _____	WRITE IN: _____	WRITE IN: _____

Q521 IF Q520 CODED 01 OR 02, COPY DATE FROM Q510 OR Q517; OTHERWISE ASK:
In what month and year did you first start using (method)?

Month..... <input type="text"/> <input type="text"/>	Month..... <input type="text"/> <input type="text"/>	Month..... <input type="text"/> <input type="text"/>
Year..... <input type="text"/> <input type="text"/>	Year..... <input type="text"/> <input type="text"/>	Year..... <input type="text"/> <input type="text"/>
Age..... <input type="text"/> <input type="text"/>	Age..... <input type="text"/> <input type="text"/>	Age..... <input type="text"/> <input type="text"/>

Q522 CHECK BACK TO Q520 TO SEE IF USED MORE METHODS: CIRCLE CODE

More methods..... 1 → Q525	More methods..... 1 → Q525	More methods..... 1 → Q525
No more methods..... 2 Continue	No more methods..... 2 Continue	No more methods..... 2 Continue

Q523 CHECK Q520, IF YOU ARE UP TO THE MOST CURRENT METHOD THEN CHECK.
 - IF CODE IS 01 OR 02 → Q617 OF MAIN QUESTIONNAIRE
 - IF CODE IS 03 → Q528 OF MAIN QUESTIONNAIRE
 - OTHERWISE ASK Q524

Q524 Did you ever stop using (method)?

Yes..... 1 ASK Q525	Yes..... 1 ASK Q525	Yes..... 1 ASK Q525
No..... 2 → Q601	No..... 2 → Q601	No..... 2 → Q601

Q525 In what month and year did you first stop using (method)?

Month..... <input type="text"/> <input type="text"/>	Month..... <input type="text"/> <input type="text"/>	Month..... <input type="text"/> <input type="text"/>
Year..... <input type="text"/> <input type="text"/>	Year..... <input type="text"/> <input type="text"/>	Year..... <input type="text"/> <input type="text"/>
Age..... <input type="text"/> <input type="text"/>	Age..... <input type="text"/> <input type="text"/>	Age..... <input type="text"/> <input type="text"/>

Q526 Why did you stop using (Method)? ONE REASON ONLY: MAIN REASON

Method failed: Pregnancy 01	Method failed: Pregnancy 01	Method failed: Pregnancy 01
Wanted a child..... 02	Wanted a child..... 02	Wanted a child..... 02
Partner disapproved..... 03	Partner disapproved..... 03	Partner disapproved..... 03
Side effects..... 04	Side effects..... 04	Side effects..... 04
Health concerns..... 05	Health concerns..... 05	Health concerns..... 05
Access/availability..... 06	Access/availability..... 06	Access/availability..... 06
Wanted other method..... 07	Wanted other method..... 07	Wanted other method..... 07
Inconvenient to use..... 08	Inconvenient to use..... 08	Inconvenient to use..... 08
No sexual relations..... 09	No sexual relations..... 09	No sexual relations..... 09
Cost..... 10	Cost..... 10	Cost..... 10
Other (specify)..... 11	Other (specify)..... 11	Other (specify)..... 11

**Q527 REPEAT Q521-Q526 FOR NEXT METHOD, USE ADDITIONAL SHEETS IF NECESSARY.
IF NO MORE METHODS, → Q528 OF MAIN QUESTIONNAIRE**