

Section M. PREGNANCY AND SMOKING		Person Number	5-6
<b>M1</b>	Refer to age and sex on Household Composition Page. Females 18-44 in family (Enter person number and name of all females 18-44; THEN 1) <input type="checkbox"/> No females 18-44 in family (Section N)	First name	
<p>Read to respondent: These next few questions refer to smoking and pregnancy and are asked of women aged 18-44. In this family the questions refer to (read names).</p> <p>1a. Are any of these women now pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No (2) <input type="checkbox"/> DK (2)</p> <p>b. Who is this? Mark box in person's column.</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 1b and c) <input type="checkbox"/> No</p>		1b.	1 <input type="checkbox"/> Yes, pregnant now <input type="checkbox"/> DK <input type="checkbox"/> 7
<p>2a. Have any of these women given birth to a live born infant in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No (M2) <input type="checkbox"/> DK (M2)</p> <p>b. Who is this? Mark box in person's column.</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 2b and c) <input type="checkbox"/> No</p>		2b.	1 <input type="checkbox"/> Yes, child past 5 years <input type="checkbox"/> DK <input type="checkbox"/> 8
<b>M2</b>	Mark first appropriate box. <input type="checkbox"/> 1b and 2b blank for all persons (Section N)	M2	<input type="checkbox"/> Available, "Yes" in 2b (3) <input type="checkbox"/> Available, "Yes" in 1b (4) <input type="checkbox"/> Callback required (NP) <input type="checkbox"/> Noninterview (Cover page, THEN NP) <input type="checkbox"/> Other (NP)
3. In what month and year was your last child born?		3.	____ / 19 ____ Month Year <input type="checkbox"/> 9-13
4. Have you smoked at least 100 cigarettes in your entire life?		4.	<input type="checkbox"/> Yes (Mark "Smoking asked" box, THEN 5) <input type="checkbox"/> No (Mark "Smoking asked" box, THEN NP)
5a. Do you smoke cigarettes now?		5a.	<input type="checkbox"/> Yes (6) <input type="checkbox"/> No
b. About how long has it been since you last smoked cigarettes fairly regularly?		b.	<input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years Number (M3) <input type="checkbox"/> Never smoked regularly (M3)
6. On the average, about how many cigarettes a day do you now smoke?		6.	____ Number 00 <input type="checkbox"/> Less than 1 per day <input type="checkbox"/> 19-20
<b>M3</b>	Mark appropriate box.	M3	<input type="checkbox"/> "Yes" in 1b and "Yes" in 5a (8) <input type="checkbox"/> "Yes" in 1b and "No" in 5a (7) <input type="checkbox"/> Other (M4)
7. Have you smoked cigarettes at any time during this pregnancy?		7.	<input type="checkbox"/> Yes <input type="checkbox"/> No (M4)
8. On the average, about how many cigarettes a day did you smoke BEFORE you found out you were pregnant this time?		8.	____ Number 98 <input type="checkbox"/> Did not smoke regularly <input type="checkbox"/> 23-24
9. On the average, about how many cigarettes a day did you smoke AFTER you found out you were pregnant this time?		9.	____ Number 98 <input type="checkbox"/> Did not smoke regularly <input type="checkbox"/> 25-26
<b>M4</b>	Mark appropriate box.	M4	<input type="checkbox"/> "Yes" in 2b (10) <input type="checkbox"/> Other (14)
10. Did you smoke cigarettes at all during the 12 months before your last child was born in (month and year in 3)?		10.	<input type="checkbox"/> Yes <input type="checkbox"/> No (14)
11. On the average, about how many cigarettes a day did you smoke BEFORE you found out you were pregnant?		11.	____ Number 98 <input type="checkbox"/> Did not smoke regularly <input type="checkbox"/> 29-30
12. On the average, about how many cigarettes a day did you smoke AFTER you found out you were pregnant?		12.	____ Number 98 <input type="checkbox"/> Did not smoke regularly 00 <input type="checkbox"/> None (14) <input type="checkbox"/> 31-32
13. In general, would you say that you smoked cigarettes during MOST of that pregnancy?		13.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> 33
14. Did a doctor EVER advise you to quit or cut down on smoking?		14.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> 34