

Section P — PREGNANCY AND SMOKING		Person Number _____	
<b>ITEM P1</b> Refer to age and sex on Household Composition Page. <input type="checkbox"/> 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 Q)		P1 First name _____	
	These next few questions refer to smoking and pregnancy and are asked of women aged 18–44. In this family the questions refer to <i>(read names)</i> .		
	1a. Are any of these women now pregnant? 1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No (2)    9 <input type="checkbox"/> DK (2)		
	b. Who is this? Mark box in person's column.	1b.	<input type="checkbox"/> Yes, pregnant now <span style="float: right;">7707</span>
c. Anyone else? <input type="checkbox"/> Yes (Reask 1b and c) <input type="checkbox"/> No			
<b>ITEM P2</b> Mark first appropriate box. <input type="checkbox"/> 1b and 2b blank, refused, or DK for all eligible females. (Section Q)		P2	
	2a. Have any of these women given birth to a live born infant in the past 5 years? 1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No (Item P2)    9 <input type="checkbox"/> DK (Item P2)		
	b. Who is this? Mark box in person's column.	2b.	<input type="checkbox"/> Yes, child past 5 years <span style="float: right;">7708</span>
	c. Anyone else? <input type="checkbox"/> Yes (Reask 2b and c) <input type="checkbox"/> No		
		1 <input type="checkbox"/> Available, "Yes" in 2b (3) 2 <input type="checkbox"/> Available, "Yes" in 1b (4) 3 <input type="checkbox"/> Callback required (NP) 4 <input type="checkbox"/> Noninterview (Cover page, THEN NP) 8 <input type="checkbox"/> Other (NP) <span style="float: right;">7709</span>	
3. In what month and year was your last child born?	3.	_____/19_____ Month                      Year <span style="float: right;">7710</span>	
4. Have you smoked at least 100 cigarettes in your entire life?	4.	1 <input type="checkbox"/> Yes (Mark "Sm" box, THEN 5) 2 <input type="checkbox"/> No (Mark "Sm" box, THEN P2 for NP) <span style="float: right;">7714</span>	
5a. Do you smoke cigarettes now?	5a.	1 <input type="checkbox"/> Yes (6) 2 <input type="checkbox"/> No <span style="float: right;">7715</span>	
b. About how long has it been since you last smoked cigarettes fairly regularly?	b.	<input type="checkbox"/> Less than 1 day _____ } <input type="checkbox"/> Days } <input type="checkbox"/> Weeks } <input type="checkbox"/> Months } <input type="checkbox"/> Years <input type="checkbox"/> Never smoked regularly (P3) <span style="float: right;">7716</span>	
6. On the average, about how many cigarettes a day [do you now smoke/did you smoke when you last smoked regularly]?	6.	00 <input type="checkbox"/> Less than 1 per day _____ Number <span style="float: right;">7719</span>	
<b>ITEM P3</b> Refer to question 5a.		P3	
7. Have you ever made a serious attempt to stop smoking cigarettes?	7.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (P4) 9 <input type="checkbox"/> DK <span style="float: right;">7722</span>	
8a. When was the START of your MOST RECENT serious quit attempt?	8a.	_____ } <input type="checkbox"/> Days ago } <input type="checkbox"/> Weeks ago } <input type="checkbox"/> Months ago } <input type="checkbox"/> Years ago 9 <input type="checkbox"/> DK <span style="float: right;">7723</span>	
b. How long did you actually stay off cigarettes that time?	b.	0 <input type="checkbox"/> Less than one day _____ } <input type="checkbox"/> Days } <input type="checkbox"/> Weeks } <input type="checkbox"/> Months } <input type="checkbox"/> Years } (P4) 9 <input type="checkbox"/> DK <span style="float: right;">7726</span>	
Notes			

**Section P – PREGNANCY AND SMOKING – Continued**

Person Number \_\_\_\_\_

**ITEM  
P4**

Refer to questions 1b and 5a.

- P4**
- "Yes" in 1b and "Yes" in 5a (10)
  - "Yes" in 1b and "No" in 5a (9)
  - Other (P5)

**9. Have you smoked cigarettes at any time during this pregnancy?**

- 9.**  Yes 7730  
 No (P5)

**10. On the average, about how many cigarettes a day did you smoke BEFORE you found out you were pregnant this time?**

- 10.** \_\_\_\_\_ Number 7731  
 96  Did not smoke regularly

**11. On the average, about how many cigarettes a day did you smoke AFTER you found out you were pregnant this time?**

- 11.** \_\_\_\_\_ Number 7733  
 96  Did not smoke regularly

**ITEM  
P5**

Refer to question 2b.

- P5**
- "Yes" in 2b (12)
  - Other (16)

**12. Did you smoke cigarettes at all during the 12 months before your last child was born in (month and year in 3)?**

- 12.**  Yes 7736  
 No (16)

**13. On the average, about how many cigarettes a day did you smoke BEFORE you found out you were pregnant?**

- 13.** \_\_\_\_\_ Number 7737  
 96  Did not smoke regularly

**14. On the average, about how many cigarettes a day did you smoke AFTER you found out you were pregnant?**

- 14.** \_\_\_\_\_ Number 7739  
 96  Did not smoke regularly  
 00  None (16)

**15. In general, would you say that you smoked cigarettes during MOST of that pregnancy?**

- 15.**  Yes 7741  
 No  
 Other

**16. Did a doctor EVER advise you to quit or cut down on smoking?**

- 16.**  Yes } 7742  
 No } (P2 for NP)  
 DK }

Notes