**GENERAL HOUSEHOLD SURVEY**

**HOUSEHOLD QUESTIONNAIRE**

**COMPLETE FOR EACH SAMPLED HOUSEHOLD AT ADDRESS**

<table>
<thead>
<tr>
<th>Information already entered</th>
</tr>
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<tbody>
<tr>
<td>Areacode</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Hhld</td>
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<tr>
<td>IntDate</td>
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</tbody>
</table>

**Enter the date on which you interview**

**ALL HOUSEHOLDS**

**ASK OR RECORD**

| How many people are living altogether in this household? 1..20 |
| Npersons |

| Firstly, how many people aged 16 and over are there living regularly in this household? 1..20 |
| Nadults |

| How many children aged under 16 are there living in this household? 1..20 |
| Nchldren |
HOUSEHOLD BOX

INFORMATION TO BE COLLECTED FOR ALL PERSONS IN ALL HOUSEHOLDS

Name

In whose name is the house/flat owned or rented?

Please tell me the first name of this person.

(This person will be identified as the HOH)

REMEMBER THAT WHERE A PROPERTY IS OWNED/RENTED IN THE NAME OF A WOMAN WHO IS MARRIED OR COHABITING WITH A MAN, THEN BY DEFINITION, THE MAN IS THE HOH.

Sex

Code ...'s sex

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

Dob

Can you tell me your/...'s date of birth?

Age

Can I check, what age are you/is ...now?

0..99

Marstat

Are you/is ... married, living together as a couple, single, widowed, divorced or separated?

Married ...................................  1
Cohabiting (living together) ..............  2
Single/never been married ...............  3
Widowed ...................................  4
Divorced ..................................  5
Separated ..................................  6
Same sex cohabiter ........................  7
<table>
<thead>
<tr>
<th>Relationship</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>1</td>
</tr>
<tr>
<td>Cohabiter</td>
<td>2</td>
</tr>
<tr>
<td>Son/daughter (inc adopted)</td>
<td>3</td>
</tr>
<tr>
<td>Stepson/daughter</td>
<td>4</td>
</tr>
<tr>
<td>Foster child</td>
<td>5</td>
</tr>
<tr>
<td>Son-in-law/daughter-in-law</td>
<td>6</td>
</tr>
<tr>
<td>Parent</td>
<td>7</td>
</tr>
<tr>
<td>Step-parent</td>
<td>8</td>
</tr>
<tr>
<td>Foster parent</td>
<td>9</td>
</tr>
<tr>
<td>Parent-in-law</td>
<td>10</td>
</tr>
<tr>
<td>Brother/sister (inc adopted)</td>
<td>11</td>
</tr>
<tr>
<td>Stepbrother/sister</td>
<td>12</td>
</tr>
<tr>
<td>Foster brother/sister</td>
<td>13</td>
</tr>
<tr>
<td>Brother/sister-in-law</td>
<td>14</td>
</tr>
<tr>
<td>Grandchild</td>
<td>15</td>
</tr>
<tr>
<td>Grandparent</td>
<td>16</td>
</tr>
<tr>
<td>Other relative</td>
<td>17</td>
</tr>
<tr>
<td>Other non-relative</td>
<td>18</td>
</tr>
</tbody>
</table>

I would now like to ask how other people in your household are related to each other.

ASKS INTERVIEWER TO CODE RELATIONSHIPS BETWEEN HOUSEHOLD MEMBERS - EXCLUDING HOH
ACCOMMODATION

If aged 65 or over and there are no others in household

RelsNr1 {INTERVIEWER CHECK} Does the respondent have any relatives, including in-laws, living at another household at the same address or in the same building?

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

If ‘No’ at RelsNr2

RelsNr2 Do you have any relatives, including in-laws living close by – that is within 5 minutes

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

If ‘Yes’ at RelsNr1 or RelsNr2

Relswho Code relationship of adult relatives to informant
CODE ALL THAT APPLY

Son or daughter (inc. in-law)................. 1
Brother or sister (inc. in-law)................. 2
Other (SPECIFY AT NEXT QUESTION)........... 3

ERelsWho Specify relationship to informant

ALL HOUSEHOLDS

TypAccm Type of accommodation occupied by this household.
CODE FROM OBSERVATION, BUT IF IN DOUBT, ASK INFORMANT

Whole house, bungalow, detached ............1
Whole house, bungalow, semi-detached .........2
Whole house, bungalow, terraced/ end of terrace.................................3
Purpose-built flat or maisonette
in block – with lift.........................4
Purpose-built flat or maisonette
in block – without lift.....................5
Part of house/converted flat or maisonette/ rooms in house – with lift...............6
Part of house/converted flat or maisonette/ rooms in house – without lift............7
Dwelling with business premises .............8
Caravan/houseboat ............................9
Other (SPECIFY AT NEXT QUESTION).........10

XTypAccm Specify type of accommodation
If coded 4-8 at TypAccom

Storey  
What is the floor level of the main living part of the accommodation?

- Basement/semi-basement ...................... 1
- Ground floor/street level .................... 2
- 1st floor .................................... 3
- 2nd floor .................................... 4
- 3rd floor .................................... 5
- 4th to 9th floor ............................. 6
- 10th floor or higher ....................... 7

DateBlt  
When was the building first built?
Prompt if necessary - IF DK CODE YOUR ESTIMATE.

- Before 1919 ................................ 1
- Between 1919 and 1944 ...................... 2
- Between 1945 and 1964 ...................... 3
- 1965 or later ................................ 4
- DK but after 1944 ......................... 5

Bedrooms  
Now I would like to ask you about YOUR household's accommodation, EXCLUDING any rooms you may let or sublet. How many bedrooms do you have, including bedsitting rooms and spare bedrooms?

1. If 8 or more, type 8

BedCook  
Are any of them used by your household for cooking in - like a bedsitter for example?

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

Kitchen  
Do you have a kitchen, that is a separate room in which you cook?

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

If Yes at Kitchen

KitSize  
Is the narrowest side of the kitchen less than 6½ ft wide from wall to wall?
Less than 6½ ft ............................ 1
6½ ft or more ............................ 2

KitEat
Do any of you ever eat meals in it or use it as a sitting room?

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

If coded 4-10 AT TypAccom
ShareKit
Do you share the kitchen with any other household?

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

OthRms
Apart from the rooms you have already told me about and not counting bathrooms and toilets, do you have any other rooms?

EXCLUDE GARAGES, UTILITY ROOMS AND ROOMS USED SOLELY FOR BUSINESS

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

If Yes at OthRms
WhOthRms
What other rooms do you have?

CODE ALL THAT APPLY

IF THERE IS MORE THAN ONE ROOM CALLED BY THE SAME NAME RECORD IT/THEM AS OTHER AND SPECIFY AT NEXT QUESTION

Sitting Room.................................. 1
Living Room................................... 2
Lounge/through lounge........................ 3
Dining Room................................... 4
Other (SPECIFY AT NEXT QUESTION)........... 5

XWhRms
Record names of other rooms

CentHeat
Do you have any form of central heating, including electric storage heaters, in your (part of the) accommodation?

CENTRAL HEATING = 2 OR MORE ROOMS, KITCHENS, HALLS, LANDINGS, BATH/WC HEATED FROM ONE CENTRAL SOURCE.
Yes ........................................ 1
No ......................................... 2

If Yes at CentHeat
Fuel

Which type of fuel does it use?
CODE MAIN METHOD ONLY.

PROBE 'Hot Air' FOR FUEL.

Solid fuel: incl. coal, coke, wood, peat ....1
Electricity: storage heaters .................2
Electricity: other (including oil filled radiators) .............3
Gas/calor gas ................................4
Oil ..............................................5
Other ..........................................6
## CONSUMER DURABLES
### ALL HOUSEHOLDS

**TVcol**

Does your household have any of the following items in your (part of the) accommodation?

INCLUDE: Items stored or under repair

....Colour TV set?

1 only ..................................... 1  
more than one .................................. 2  
None ....................................... 3  

**TVbw**

...Black and white TV set?

1 only ..................................... 1  
more than one .................................. 2  
None ....................................... 3  

**Video**

...Video recorder?

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

**Freezer**

...Deep freezer or fridge freezer?

EXCLUDE: Fridge only

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

**WashMach**

...Washing machine?

IF COMBINED WASHING MACHINE AND TUMBLE DRIER,  
CODE 1 FOR BOTH

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

**Drier**

...Tumble drier?

IF COMBINED WASHING MACHINE AND TUMBLE DRIER,  
CODE 1 FOR BOTH

Yes ........................................ 1  
No ......................................... 2
DishWash  ...Dish washer?
Yes ........................................ 1
No ........................................ 2

MicroWve  ...Microwave oven?
Yes ........................................ 1
No ........................................ 2

Telephon  ...Telephone?
Shared telephones located in public hallways to be included only if this household is responsible for paying the account
Yes ........................................ 1
No ........................................ 2

CDplay  ...Compact disc (CD) player?
Yes ........................................ 1
No ........................................ 2

Computer  ... home computer?
EXCLUDE: Video games
Yes ........................................ 1
No ........................................ 2

Car  Is there a car or van NORMALLY available for private use by you (or any members of your household)?
INCLUDE: Any provided by employers if normally available for private use by informant or members of the household
EXCLUDE: vehicles used solely for the carriage of goods
Yes..........................................1
No...........................................2

If 'Yes' at Car
NCars  How many are normally available for use?
1..20
TENURE

ALL HOUSEHOLDS

OwnerTen  In whose name is this (HOUSE/FLAT/ROOM) owned or rented?
COHABITER INCLUDES SAME SEX COHABITER

HOH only ........................................ 1
WIFE/COHABITER of HOH only ............... 2
Joint HOH and WIFE/COHABITER ............ 3
Other (SPECIFY AT NEXT QUESTION)......... 8

OwnRent  Does your household own or rent this (HOUSE/FLAT/ROOM)?

Owns/is buying ................................. 1
Rents/rent free ............................... 2
Co-ownership scheme (Spontaneous) .......... 3
Shared ownership (Spontaneous) ............ 4

If 'Owns/is buying' at OwnRent
Mortgage  Is this (HOUSE/FLAT)

owned outright ............................... 1
or is it being bought with
a mortgage or loan?....................... 2

EXCLUDE: Improvement loans

If Code 2 at Mortgage or code 4 at OwnRent
CoOwner  Is the (HOUSE/FLAT)

owned as part of a co-ownership scheme,
that is jointly with a housing association...1

or is it owned as part of a shared ownership
scheme, that is part rented and part owned ..2

or neither of these? ......................... 3

If 'rents/rentfree' at OwnRent
RentFurn  Is the (HOUSE/FLAT/ROOM) rented (provided)
furnished or unfurnished?

Furnished ....................................... 1
Unfurnished or partly furnished .......... 2
RentBusn Are any business premises included in the rent for this accommodation (in the accommodation provided)?

INCLUDE: Farm

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

RentJob Does this accommodation go with the present job of anyone in your household?

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

Landlord Who is it rented from? (Who is it provided by?)

Local authority or council ............... 1
New Town corporation or commission ... 2
Property company .......................... 3
Scottish Special Housing Association/
Scottish Homes ......................... 4
Other housing association or co-operative or
charitable trust ............................ 5
Employer (organisation) ............... 6
Other organisation (SPECIFY AT
NEXT QUESTION) ....................... 7
Relative .................................. 8
Employer (individual) ................. 9
Other individual ........................ 10

If 'other organisation' at Landlord

XLandlrd Who is it rented from? (Who is it provided by?)

Enter text of no more than 40 characters

If Coded 8, 9 or 10 at Landlord (ie. rented from an individual)

LandLive Does the landlord live in this building?

Yes ........................................ 1
No ......................................... 2
If 'other housing association or co-operative or charitable trust' at Landlord
CoOwn

Do you just rent this (HOUSE/FLAT/ROOM) from (answer at LANDLORD) ........................1

or have you bought a share of it as part of a co-ownership scheme, that is jointly with a housing association ..........................2

or have you bought a share of it as part of a shared ownership scheme, that is part rented and part owned? .............................3

HOUSING BENEFIT

If 'shared ownership' at CoOwner, or coded 1-4, 6-10 at Landlord, or coded 1 or 3 at CoOwn
HB

Some people qualify for Housing Benefit, that is, a rent rebate or allowance.

Are you (or HOH) receiving Housing Benefit from your local authority or local Social Security office?

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

If 'no' at HB
HbWait

Are you waiting to receive Housing Benefit or to hear the outcome of a claim?

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

If 'no' at HbWait
HbChk

May I just check, does the local authority or local Social Security office pay any part of your rent?

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

If there is someone aged 16 and over, apart from HOH and partner, in the household
HbOthr

Is anyone (else) in the household receiving a rent rebate, a rent allowance or Housing Benefit?
Yes ........................................ 1
No ......................................... 2
MIGRATION

ALL PERSONS IN ALL HOUSEHOLDS

ResLen (Could I just check) how many years have you (...)
lived at this address?

If under 1, code as 0

If 0-4 years at ResLen

Nmoves How many moves have you (...)
made in the last 5 years, not counting moves between places outside Great Britain?

Cob In what country were you/was (...) born?

England .................................... 1
Scotland ................................... 2
Wales ...................................... 3
Northern Ireland ........................... 4
Channel Islands/Isle of Man ................. 5
Republic of Ireland/Eire ................... 6
Other (SPECIFY AT NEXT QUESTION) ....... 24

XCob In what country were you/was (...) born?

Enter text of at most 20 characters

If 'other' or 'Eire' (code 6 or 24 at Cob)

Arruk In what year did you (...) first arrive in the United Kingdom?
1..94

ALL PERSONS IN ALL HOUSEHOLDS

FathCob In what country was your (...'s) father born?

England .................................... 1
Scotland ................................... 2
Wales ...................................... 3
Northern Ireland ........................... 4
Channel Islands/Isle of Man ................. 5
Republic of Ireland/Eire ................... 6
Other (SPECIFY AT NEXT QUESTION) ....... 24

XFathCob In what country was your (...'s) father born?

Enter text of at most 20 characters
In what country was your (...'s) mother born?

England ........................................ 1
Scotland ........................................ 2
Wales ............................................. 3
Northern Ireland ............................. 4
Channel Islands/Isle of Man................. 5
Republic of Ireland/Eire ................... 6
Other (SPECIFY AT NEXT QUESTION)....... 24

Enter text of at most 20 characters

To which of the groups listed on this card do you consider you (...). belong?

White ........................................... 1
Black Caribbean ............................... 2
Black African .................................. 3
Black Other (SPECIFY AT NEXT QUESTION)........ 4
Indian .......................................... 5
Pakistani ........................................ 6
Bangladeshi ..................................... 7
Chinese ......................................... 8
None of these (SPECIFY AT NEXT QUESTION).... 9

If 'black other' or 'none of these' at Origin

How would you describe the racial or ethnic group to which you (...) belong?

Enter text of at most 20 characters

END OF HOUSEHOLD QUESTIONNAIRE
SuppSer Individual questionnaire number (see Admin instructions for details.

WhoInt1 Which person(s) do you wish to interview?

ENTER PERSON NO. OF FIRST PERSON (SECOND PERSON, IF ANY, AT NEXT QUESTION)

WhoInt2 Which other person do you wish to interview?

ENTER PERSON NO. OF SECOND PERSON (ENTER ZERO IF ONE PERSON ONLY)

IntTyp Code interview with [FIRST INFORMANT] as...

Full interview...................................1
or proxy interview................................2
missing, ie non-contact/refusal...................3

IntTyp Code interview with [SECOND INFORMANT] as...

Full interview...................................1
or proxy interview................................2
missing, ie non-contact/refusal...................3
EMPLOYMENT

All Adults

Work1Wk1 Did you do any paid work last week – that is in the 7 days ending last Sunday – either as an employee or self-employed?

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

If 'no' at Work1Wk1

Work1Wk2 Even though you weren't working, did you have a job that you were away from last week?

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

If 'no' at Work1Wk2

Work1Wk3 Last week were you ..... CODE FIRST THAT APPLIES

waiting to take up a job you had already obtained?.........................1
looking for work? .................2
or intending to look for work but prevented by temporary sickness or injury
(Check 28 days or less)?...............3
or NONE OF THESE? .....................4

Men aged 16-64 and women aged 16-59

GovSchem During last week, that is the 7 days ending last SUNDAY were you on any of the following government schemes? (including those run by:
Training Enterprise Councils (TEC) - England and Wales
Local Enterprise Companies - Scotland)?

INDIVIDUAL PROMPT
[IF AGED 16-20] Youth Training (YT)?..............1
Training for work/ET/Employment Action?..............2
Community Action?.................................3
None of these?.................................4
If on Youth Training, Employment Action, Employment Training, Training for Work
Trn

Last week were you...

CODE FIRST THAT APPLIES

with an employer, or on a project providing work experience or practical training?...........1
or at a college or training course? ............2

If unemployed and looking for work but prevented by temporary sickness or injury
LookWork

Thinking of the 4 weeks ending Sunday (date), were you looking for paid work (or a YT/ET etc place) at any time in those 4 weeks?

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

If unemployed and looking for work or coded 1 or 2 at LookWork
AbleStrt

If a job (or YT/ET place) had been available last week, would you have been able to start within 2 weeks?

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

If unemployed and waiting to take up a job
UnemWtj1

Apart from the job you are waiting to take up, have you ever had a paid job or done any paid work?

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

All others unemployed
UnemWtJ2

(May I check), have you ever had a paid job or done any paid work?

Yes .........................................................1
No ..........................................................2
All unemployed last week
UnempTim How long altogether have you been out of employment but wanting work in this current period of unemployment, that is, since any time you may have spent on a government scheme, such as YT or ET?

PERIOD = UP TO YESTERDAY

Less than a week.................................1
1 week but less than 1 month......................2
1 month but less than 3 months....................3
3 months but less than 6 months...................4
6 months but less than 12 months................5
12 months but less than 2 years...................6
2 years but less than 3 years.....................7
3 years but less than 5 years.....................8
5 years or more..................................9

All except those unemployed who have never worked and are not waiting to take up a job

JobTitle Can you tell me the job title?

JobDesc Can you describe fully the work you do/did?

Industry In what industry do/did you work?
Please describe fully.

SelfEmp Are/were you an employee or self-employed?

Employee ........................................1
Self-employed .................................2

If employee

ASK OR RECORD Are/were you a manager, a foreman or supervisor, or other employee?

Manager ........................................1
Foreman or supervisor .........................2
Other employee ...............................3
How many employees work/ed in the establishment?

1 - 2 ...........................................1
3 - 24 ..........................................2
25 - 99 .........................................3
100 - 499 ......................................4
500 - 999 .......................................5
1000 or more ..................................6
DK, but less than 25 ............................7
DK, but 25 or more .............................8
Other (SPECIFY AT NEXT QUESTION).............9

Specify number of employees.

Do/did you employ any other people?

1 - 5 employees ................................1
6 - 24 ..........................................
25 or more .......................................3
No employees .....................................4
DK number but has/had employees.................5

Last week did you do any other paid work or have any other job or business in addition to the one you have just told me about?

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

How many hours a week do you usually work (in your main job/government scheme), that is excluding meal breaks and overtime?

1..97

How many hours a week do you usually work (in your main job), that is excluding meal breaks but including any overtime?

1..97

How long have you been with your present employer (up to yesterday)?
Self-employed (main job)

JobTime How long have you been self employed (up to yesterday?)

Less than 4 weeks.................................1
4 weeks but less than 3 months..................2
3 months but less than 6 months...............3
6 months but less than 12 months.............4
12 months but less than 2 years...............5
2 years but less than 5 years...............6
5 years but less than 10 years............7
10 years or more..........................8

Men aged 16-64, women aged 16-59 who are not currently on a government scheme

BenOff Have you been to an Employment Service local office (formerly an Unemployment Benefit Office) in the last four months for the purpose of claiming benefit or National Insurance contributions?

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

If code 1 at BenOff and working last week (code 1 at Work1Wk1 or Work1Wk2)

UnBenA Some people who have jobs are also entitled to claim unemployment benefit. So may I just check, were you claiming unemployment benefit in the week ending last Sunday?

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

If code 1 at BenOff and not working last week (code 2 at Work1Wk2)

UnBenB So may I just check, were you claiming unemployment benefit in the week ending last Sunday?

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

If code 2 at UnBenA or UnBenB

IncSup Were you signed on at an Employment Service local office (formerly an Unemployment Benefit Office) in the week ending last Sunday to claim Income Support as an unemployed person?

Yes..............................................1
No...............................................2
NICred .... or in order to get credits for National Insurance contributions?

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

All economically inactive

CODE FIRST THAT APPLIES

Activity

Last week were you:
going to school or college? (use only if aged 16-49) .......................... 1
PERMANENTLY unable to work? (for men 16-64, women 16-59) ........ 2
retired? (for woman, check age stopped work and use this code only if stopped when aged 50 or over) .......................... 3
looking after the home or family? .......................... 4
or were you doing something else? (SPECIFY AT NEXT QUESTION) ...... 5

XActivity Specify what you were doing.

Men aged 16–69 and women aged 16–64

WantaJob Even though you were not looking for work (last week) would you like to have a regular paid job at the moment - either a full or part-time job?

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

If 'yes' at WantaJob

NablStrt If a job (or YT/ET place) had been available last week, would you have been able to start within two weeks?

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

NlookWrk Thinking of the 4 weeks ending Sunday (date), were you looking for paid work (or a YT/ET place) at any time in those 4 weeks?

Yes .......................................................... 1
No ............................................................ 2
If 'yes' at NlookWrk

TimUnemp  How long altogether have you been out of employment but wanting work in this current period of looking for work?

PERIOD = UP TO YESTERDAY

Less than a week.................................1
1 week but less than 1 month......................2
1 month but less than 3 months....................3
3 months but less than 6 months...............4
6 months but less than 12 months...............5
12 months but less than 2 years...............6
2 years but less than 3 years...................7
3 years but less than 5 years...................8
5 years or more...............................9

All economically inactive except those retired

EverWork  Have you ever had a paid job or done any paid work?

Yes..............................................1
No, NEVER WORKED.................................2

NJobTitl  Can you tell me about your LAST (main) job?

What was the job title?

NJobDesc  Can you describe fully the work you did?

NIndstry  In what industry did you work?

Please describe fully.

NSelfEmp  Were you an employee or self-employed?

Employee.........................................1
Self-employed.......................................2

NEmpstat  Were you a manager, a foreman or supervisor, or other employee?

Manager..............................................1
<table>
<thead>
<tr>
<th>Question</th>
<th>Option</th>
</tr>
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<tbody>
<tr>
<td>Foreman or supervisor</td>
<td>2</td>
</tr>
<tr>
<td>Other employee</td>
<td>3</td>
</tr>
<tr>
<td>NNempee How many employees worked in the establishment?</td>
<td></td>
</tr>
<tr>
<td>1-24</td>
<td>1</td>
</tr>
<tr>
<td>25-499</td>
<td>2</td>
</tr>
<tr>
<td>500 or more</td>
<td>3</td>
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<tr>
<td>Last job self employed</td>
<td></td>
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<tr>
<td>NSNemple Did you employ any other people?</td>
<td></td>
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<tr>
<td>1 - 5 employees</td>
<td>1</td>
</tr>
<tr>
<td>6 - 24</td>
<td>2</td>
</tr>
<tr>
<td>25 or more</td>
<td>3</td>
</tr>
<tr>
<td>No employees</td>
<td>4</td>
</tr>
<tr>
<td>All adults</td>
<td></td>
</tr>
<tr>
<td>UnPaidWk During the last week, that is in the 7 days ending last Sunday, did you do any unpaid work for any business owned by a relative?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>If Yes at UnPaidWk</td>
<td></td>
</tr>
<tr>
<td>OwnBusi Was this for a business that is owned by...</td>
<td></td>
</tr>
<tr>
<td>your spouse/partner</td>
<td>1</td>
</tr>
<tr>
<td>or another relative</td>
<td>2</td>
</tr>
<tr>
<td>UnPaidHr How many hours unpaid work did you do for that business in the 7 days ending last Sunday?</td>
<td>1..97</td>
</tr>
<tr>
<td>UnJobT1 Can you tell me about the unpaid work you were doing? What was the job title?</td>
<td></td>
</tr>
<tr>
<td>UnJobDes Can you describe fully the work you did?</td>
<td></td>
</tr>
<tr>
<td>UnIndst In what industry did you work? Please describe fully.</td>
<td></td>
</tr>
<tr>
<td>UnPaidHm Did you do this work mainly:</td>
<td></td>
</tr>
</tbody>
</table>
somewhere quite separate from home...............1
in different places using home as base............2
or in your own home or in the same grounds or
buildings as your home?..........................3

Only if spontaneously mentioned
some days at home, other days somewhere quite
separate from home..............................4
PENSIONS

If employee (main job/government scheme)

PenSchm (Thinking now of your present job,) some people (will) receive a pension from their employer when they retire, as well as the state pension. Does your present employer run a pension scheme or superannuation scheme for any employees? INCLUDE CONTRIBUTORY AND NON-CONTRIBUTORY SCHEMES

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

If 'yes' at PenSchm

Eligible Are you eligible to belong to your employer's pension scheme?

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

If 'yes' at Eligible

EmPenShm Do you belong to your employer's pension scheme?

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

If DK at PenSchm or Eligible or EmPenShm

PSchPoss So do you think it's possible that you belong to a pension scheme run by your employer, or do you definitely not belong to one?

Possibly belongs................................1
Definitely not....................................2

If Employee or Others under retirement age

PersPnt1 INTERVIEWER - INTRODUCE IF NECESSARY.

Now I would like to ask you about personal pensions rather than employers' pension schemes.

PersPens Some people arrange pensions for themselves which allow the holder to contract out of the State Earnings Related Pension Scheme (SERPS). These schemes are called 'personal pensions'.

Do you at present have any such arrangements?

Yes..............................................1
No...............................................2
If 'Yes' at PersPens
PersCont Do you make any extra contributions over and above any rebated National Insurance contributions made by the DSS on your behalf?

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

If employee in job last week and 'yes' at PersPens
EmpCont Does your employer contribute to the scheme?

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

If No at PersPens
EverPers Have you ever had any such arrangements?

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

OthPers Do you make any other contributions to personal pensions or Retirement Annuities for which the contributions are INCOME TAX DEDUCTIBLE?

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

If Self-employed at SelfEmp
PersPmt2 INTERVIEWER - INTRODUCE IF NECESSARY.
Now I would like to ask you about personal pension schemes.

SePrsPen The self-employed may arrange pensions for themselves for which the contributions are INCOME TAX DEDUCTIBLE. These schemes are sometimes called 'self-employed pensions' or 'Section 226 Retirement Annuities' or 'personal pensions'. Do you at present contribute to one of these schemes?

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

If 'no' at SePrsPen
SeEvPers Have you ever contributed to one of these schemes?

Yes..............................................1
No...............................................2
ALL ADULTS

1 Inherit The Department of the Environment wants to know how many people inherit property, and what effect the inheritance of property has on the housing market.

Since April 1985 have you personally received any inheritance valued at £1000 or more, that is, in money, property or goods of any kind (but excluding any inheritance from your husband/wife and any property abroad?)

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

IF 'YES' AT INHERIT

2 InhNoA How many inheritances valued at £1000 or over have you received?

ENTER NUMBER OF INHERITANCES

ASK ALL

3 InhTypeA What did you receive in your (first/second etc) inheritance? Please choose your answer from the card.

SHOW CARD A

Houses/flats or dwellings.................... 1
A share in a house/flat or dwelling ........... 2
Money from Executor sale of dwelling.......... 3
Other money, shares or securities............. 4
Anything else (including personal belongings and land)................................. 5

4 TotVal (Still thinking of your (first/second etc) inheritance); what was the total value, after tax and other deductions, of everything you inherited?

RECORD TO THE NEAREST £100

5 InHDate (Thinking of your first/second inheritance) In which year did you actually receive the money or become the owner of what you inherited?

ENTER A NUMBER BETWEEN 85 AND 95
Repeat, InhtypeA, TotVal and InHDate for all inheritances
ASK IF ANY InhTypeA = 1 OR 2
6 PropNum May I just check; how many properties or shares of property have you inherited since January 1985?
ENTER NUMBER OF PROPERTIES OR SHARES OF PROPERTIES

ASK FOR EACH PROPERTY INHERITED
7 InhCheck Thinking now of the first inheritance containing property that you received since April 1985, did it contain one property or more than one?
One.................................................. 1
More than one................................. 2

ASK IF ONLY ONE PROPERTY IN THE INHERITANCE
8 InRes1 Were you already living in it when you inherited it?
Yes....................................................1
No....................................................2

ASK IF MORE THAN N ONE PROPERTY IN THE INHERITANCE
9 InRes Thinking now of the most valuable property you inherited; were you already living in the property when you inherited it?
Yes....................................................1
No....................................................2

Ask if InRes/1 = 'Yes'
10 InHome May I just check, was it your main home at that time?
Yes....................................................1
No....................................................2

Ask if Inres = 'No'
11 Sitter When you inherited the property (your share of the property) was anyone living in or renting (your part of) it?
Yes....................................................1
No....................................................2

Ask all
12 Propsale (Still thinking of the most valuable property you inherited): do you still own it or have you sold it?
Still own .............................................1
Sold........................................2
13 NetVal  What was the value of (your share of) the property when you inherited it, once you take away any outstanding mortgage, tax and other deductions?

CODE TO NEAREST £100

14 Address  Could you tell me the town and county in which the property was situated?

ENTER TOWN AND COUNTY.

15 ProInhyr  May I just check: in which year did you inherit this property?

ENTER MONTH AND YEAR

FORCED MOVERS

If HOH's accommodation is rented ask all adults, else ask all adults except the HOH and wife

1 Everown  In the last ten years, (that is, since April 1985) have you ever owned your own house or flat?

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

Ask if Everown = 'Yes' and there are other adults in the household

2 OtherOwn  Did you own this accommodation with someone else in this household?

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

If Otherown = 'Yes'

3 Persono  Who did you own it with?

ENTER PERSON NUMBER OF JOINT OWNER

4 IntAlread  IF OTHER JOINT OWNER HAS ALREADY COMPLETED THIS SECTION OF THE INTERVIEW GO TO THE NEXT SECTION OF THE INTERVIEW. IF THE OTHER JOINT OWNER IS NOW BEING INTERVIEWED AS PART OF AN INTERVIEWER PAIR,

ASK THE REMAINDER OF THIS SECTION OF ONLY ONE PERSON.

Joint owner already interviewed ............... 1
Joint owner not yet interviewed ............... 2
Not sure if joint owner has been interviewed ..3

Ask if Everown = 'Yes'
5 Ownedadd RECORD FOR REFERENCE THE ADDRESS OF THE
MOSTRECENTLY OWNED ACCOMMODATION

6 RentLA Before you became the owner of (ADDRESS) were
you

renting it from a local authority or council?"

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

Ask if RentLA = 'Yes'
7 RightTB Did you buy it under the council's Right to Buy
Scheme?

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

ASK ALL
8 MBought In which month did you buy or become the owner
of

(ADDRESS)?

ENTER MONTH

9 YrBought And in which year (did you buy it or become
owner)?

ENTER YEAR

10 MSold In which month did you sell or leave (ADDRESS)?

ENTER MONTH

11 YrSold And in which year did you sell (or leave)

(ADDRESS)?

ENTER YEAR

12 Whyleft On this card are some reasons for leaving a house

or flat. Please tell me why you left (ADDRESS),

choosing your answers from the card.

SHOW CARD B
CODE UP TO SIX REASONS FOR LEAVING

Relationship breakdown, left accommodation..............1
Relationship breakdown/kept accomm/financial problems.......2
Moved to join current partner...3
Husband/wife or partner died ...4
Sold to avoid arrears.............5
Sold to reduce housing costs....6
Sold/arrears/to avoid court action.........................7
Abandoned accommodation........8
Forced to leave following court order ......................9
Lost job/had to give up work ..10
Sold to move to a job in a new area .................11
Planned break between selling old home and buying a new one..12
Moved to be looked after by relatives/go into sheltered accommodation........13
Moved to look after a relative in their home ....14
Other (Specify)................15

If 'other' reason given
13 XWhyLeft Specify other reason(s)

Ask if reasons include 11 (moved to a job in a new area)
14 Empaccom Are you now living in accommodation provided by your employer?
Yes .................................................1
No .................................................2

Ask all
How many different places (eg houses/flats or hotels) did you live in between leaving (ADDRESS) and moving in here?

ENTER NUMBER OF MAIN RESIDENCES
EXCLUDE ANY STAYS OF LESS THAN 4 DAYS
16 AccomTen Please look at this card and tell me what arrangements you made between leaving (ADDRESS) and moving in here?

SHOW CARD C
CODE ALL THAT APPLY

Rented from a Local Authority, New Town Corporation or Housing Association.................................1

Rented privately........................................2

Stayed with relatives or friends .................3

Stayed in accommodation provided by employer.....................................................4

Stayed in a hotel.....................................5

Other..................................................6

Ask if `other' arrangements made
17 XAccomTe What other arrangements did you make?

Ask all
18 LongTen Which of these arrangements did you use for the longest time?

Ask all
19 Buyagain Do you think you will eventually buy somewhere again or not?

Yes .....................................................1

No ......................................................2
EDUCATION

ALL ADULTS

EducPres  Are you at present attending any sort of leisure
or recreation classes during the day, in the
evenings or at weekends?

Yes......................................................1

No.......................................................2

If 'Yes' at EducPres

EdTyp  What type of college or organisation runs these
classes?
CODE ALL THAT APPLY

Evening Institute/Local Education Authority/
College or Centre of Adult Education........1
College of Further Education/
Technical College..............................2
University Extra-Mural Department.............3
Other (SPECIFY AT NEXT QUESTION)...........4

XEdTyp  Give type and name of college or organisation
All those aged 16-69

AgeLftSc  How old were you when you left school?
(NOT TECHNICAL COLLEGE)

Never went to school.............................1
Still at school........................................98
1..97

If aged 16-69 and not still at school but has attended school
PresEd  Apart from leisure classes, and ignoring holidays, are you at present doing any of the types of education shown on this card?
SHOW CARD D

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

If 'yes' at PresEd
EdNow  What are you doing at present?
CODE FIRST THAT APPLIES

Studying at a college on a YT or Employment Training (ET) programme.........................1
Studying at a college or university or polytechnic full-time (INCLUDING SANDWICH COURSE STUDY).2
Training in nursing, physiotherapy, or a similar medical subject.................................3
Studying at college part-time or on day or block release (INCLUDING COURSES OF UNDER 3 MONTHS).4
Open University course............................5
A correspondence course..........................6

If No at Presed
FurthrEd  I would now like to ask you about any education you may have had since leaving school. Have you ever had any full-time or part-time further education of the types shown on this card?
SHOW CARD D

Yes..............................................1
No...............................................2
If coded 1 or 3-6 at Ednow or coded 1 at FurthrEd

LastSch

Now thinking of your full-time education, what type of school or college did you last attend full-time?

EXCLUDE COURSES OF UNDER 3 MONTHS

RUNNING PROMPT

Was it:
- elementary or secondary school...............1
- university.......................................2
- polytechnic (INCLUDE: SCOTTISH CENTRAL INSTITUTIONS )..............................3
- nursing school or teaching hospital..............4
- or some other type of college?....................5
- Other (SPECIFY AT NEXT QUESTION)...............6

XLastSch

Specify other type of school or college

If coded 2-6 at LastSch

AgeLftFt

How old were you when you left there, or when you finished or stopped your course?

1..97

All adults aged 16-69
(except those who have never attended school)

QualsB

HAND INFORMANT CARD E

Have you passed any examinations of the types listed on this card?

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

If 'yes' at QualsB

LevCode1

Which ones have you obtained?

CSE..............................................1
GCSE.............................................2
GCE 'O' levels...................................3
GCE 'AS' levels..................................4
GCE 'A' levels...................................5
School certificate or matric.....................6
Higher School Certificate......................7
Scottish exams.................................8
Foreign school exams.........................9
### If CSE (code 1)

**CSELev**  What CSE grade(s) do you have?

- Ungraded or DK grade.............................................1
- Grade 1.................................................................2
- Grades 2-5..............................................................3

### If GCSE (code 2)

**GCSELev**  What GCSE grade(s) do you have?

- Grades A, B, C.........................................................1
- Grades D, E, F, G.....................................................2

### If GCE 'O' Level (code 3)

**OLevel**  What 'O'level grade(s) do you have?

- obtained before 1975................................................1
- Grades A, B, C.........................................................2
- Grades D, E.............................................................3

### If GCE 'AS' Level (code 4)

**ASLevel**  What GCE AS level grade(s) do you have? (1989 OR LATER)

- Grades A,B............................................................1
- Grade C...............................................................2
- Grade D,E............................................................3

### If GCE 'A' Level (code 5)

**ALevel**  What GCE A level grade(s) do you have?

- Grades A,B............................................................1
- Grade C...............................................................2
- Grade D,E............................................................3
- No grade or don't know grade.................................4

### If Scottish Exams (code 8)

**ScotExam**  Do you have any of the exams on this card?

- Scottish Leaving Certificate(lower grade) OR Scottish Universities Preliminary Exam.................1
- Scottish Certificate of Education Ordinary Grade(before 1973)........................................2
- SCE ordinary grade bands A, B, C.................................3
- SCE ordinary grade bands D, E....................................4
- Standard grade level 1-3...........................................5
- Standard grade level 4,5...........................................6
- Standard grade level 6,7 or no award............................7
- SLC/SCE/SUPE at higher grade or Certificate of Sixth Year Studies.................................8
ASK AFTER EACH TYPE OF EXAM MENTIONED (EXCEPT FOREIGN SCHOOL EXAMS)

In how many subjects at..... did you pass?
1..20

SHOW CARD G

Do you have any of the qualifications listed on this card or have you passed any of these examinations, whether you are using them or not?

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

If 'yes' at QualsC

Which qualifications do you have?

- Recognised trade apprenticeship completed........1
- Clerical and commercial qualifications
  (eg, typing, shorthand, book-keeping, commerce)..........................2
- City and Guilds Certificate - Craft/Intermediate/
  Ordinary or Part 1.........................3
- City and Guilds Certificate - Advanced/Final or
  Part II.....................................4
- City and Guilds Certificate - Full Technological
  or Part III...............................5
- BTEC First Award.................................6
- Ordinary National Certificate (ONC) or Diploma
  (OND), BEC/TEC/BTEC National/General
  Certificate or Diploma..........................7
- Higher National Certificate (HNC) or Diploma,
  BEC/TEC/BTEC Higher Certificate or
  Higher Diploma................................8
- SCOTVEC National (1-12 modules).........................9
- SCOTVEC National (13 or more modules).................10

SHOW CARD H

Do you have any of the qualifications listed on this card or have you passed any of these examinations, whether you are using them or not?

Yes..............................................1
No...............................................2
If 'yes' at QualsD

LevCode3 Which qualifications do you have?

Nursing qualifications (eg SEN, SRN, SCM, RGN)...1
Teaching qualifications................................2
University Diploma..................................3
University or CNAA First Degree (eg BA, BSc)...4
University or CNAA Higher Degree (eg MSc, PhD)...5
Membership of professional institution..........6
Other non-school foreign qualifications........7
Any other qualifications obtained after passing
an exam.............................................8

QualDesc

If 'Teaching' (code 2), 'University' (codes 3-5),
or 'Other' (code 8)
Please give full details of all qualifications of the
above type, including level and membership status.

Award What was the awarding institution or college?

WhereOb Where was the qualification obtained?

In the UK.............................................1
or Abroad..........................................2

Major What was/were the major subject(s)?

Exam Did you have to pass an exam?

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

**Ask All (except proxy informants)**

*GenHlth [*] Over the last 1 months would you say your health has on the whole been good, fairly good, or not good?*

Good.............................................1
Fairly good......................................2
Not good.........................................3

**Ask All**

*Illness [*] Do you have any long-standing illness, disability or infirmity? By long-standing I mean anything that has troubled you over a period of time or that is likely to affect you over a period of time?*

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

**If 'Yes' at Illness**

*LMatter [*] What is the matter with you?*

*LimitAct [*] Does this illness or disability(limit any one of these illnesses or disabilities) limit your activities in any way?*

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

**Ask All**

*CutDown [*] Now I'd like you to think about the 2 weeks ending yesterday. During those 2 weeks, did you have to cut down on any of the things you usually do (about the house/at work or in your free time) because of (answers at LMatter) or some other illness or injury?*

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

**If 'Yes' at CutDown**

*NDysCutD How many days was this in all during these 2 weeks, including Saturdays and Sundays?*

1..14

*CMatter [*] What was the matter with you?*
Ask All DocTalk

During the 2 weeks ending yesterday, apart from any visit to a hospital, did you talk to a doctor for any reason at all, either in person or by telephone?

EXCLUDE: CONSULTATIONS MADE ON BEHALF OF CHILDREN UNDER 16 AND PERSONS OUTSIDE THE HOUSEHOLD.

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

If 'Yes' at DocTalk

How many times did you talk to a doctor in these 2 weeks?

1..9

For each consultation

On whose behalf was this consultation made?

Informant........................................1
Other member of household 16 or over...........2

Give person number

Was this consultation ....

under the National Health Service............1
or paid for privately?.........................2

Was the doctor....

A GP (ie a family doctor)....................1
or a specialist...............................2
or some other kind of doctor?
(SPECIFY AT NEXT QUESTION)...............3

Specify type of doctor

Did you talk to the doctor....

by telephone..................................1
at your home..................................2
in the doctor's surgery......................3
at a health centre..........................4
or elsewhere?.................................5

Did the doctor give (send) you a prescription?

Yes..............................................1
Ask All
OutPatnt

During the months of [LAST 3 COMPLETE CALENDAR MONTHS] did you attend as a patient the casualty or outpatient department of a hospital (apart from straightforward ante-or post-natal visits)?

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

If Yes at OutPatnt

NTimes1
How many times did you attend in [EARLIEST MONTH IN REFERENCE PERIOD]?
0..31

NTimes2
How many times did you attend in [SECOND MONTH IN REFERENCE PERIOD]?
0..31

NTimes3
How many times did you attend in [THIRD MONTH IN REFERENCE PERIOD]?
0..31

Casualty
Was this visit (Were any of these visits) to the Casualty department or was it (were they all) to some other part of the hospital?

At least one visit to Casualty .................1
No Casualty visits ..........................2

If went to Casualty

NCasVis
How many times did you go to Casualty altogether?
1..31

PrVists
Was your outpatient visit (were any of your outpatient visits) in [REFERENCE PERIOD] made under the NHS, or was it (were any of them) paid for privately?

All under NHS.................................1
At least one paid for privately?..............2

NPrVists
How many of the visits were paid for privately?
1..31
**Ask All**

**DayPatnt**

During the last year, that is, since [DATE ONE YEAR AGO], have you been in hospital for treatment as a day patient, ie admitted to a hospital bed or day ward, but not required to remain overnight?

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

**If Yes at DayPatnt**

**NHSPDays**

How many separate days in hospital have you had as a day patient since [DATE ONE YEAR AGO]?

1..97

**PrDPntnt**

Was this daypatient treatment (were any of these daypatient treatments) under the NHS, or was it (were any of them) paid for privately?

All under NHS.................................................................1
At least one paid for privately?.........................2

**NPrDptnt**

How many of the visits were paid for privately?

1..31

**Ask All**

**InPatnt**

During the last year, that is, since [DATE ONE YEAR AGO], have you been in hospital as an inpatient, overnight or longer?

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

**If 'Yes' at InPatnt**

**NStays**

How many separate stays in hospital as an inpatient have you had since [DATE ONE YEAR AGO]

1..97

**For each stay**

**Nights**

How many nights altogether were you in hospital?

1..97

**NHSTreat**

Were you treated under the NHS or were you a private patient on that occasion?

NHS.........................................................................................1
Private patient.................................................................2

**If private**

**PrvStay**

Were you treated in an NHS hospital or in a private one?

NHS hospital.................................................................1
PRIVATE MEDICAL INSURANCE

MedIns  Some people these days have health insurance, like BUPA, PPP or WPA for instance, which pays the cost of private medical treatment. Are you covered by any private medical insurance of this kind?

Ask if MedIns = No
Mindisly  Have you been covered by medical insurance at any time during the last 12 months, that is since....?

EXCLUDE INSURANCE FOR HOLIDAYS ABROAD

If covered by medical insurance and aged 18 or over
Policy  Is the insurance policy in your name, or are you included as a dependant on someone else's policy?

Policy holder........................................1
Dependant........................................2

If policy holder
InsurnCo  Which insurance company is the policy with?

British United Provident Association (BUPA)......1
Private Patients Plan (PPP)..........................2
Western Provident Association (WPA)...............3
Other (SPECIFY AT NEXT QUESTION)..............4

XInsCo  Specify name of insurance company

OthCover  Is anyone else covered by your policy?

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

PnCvrdM1-6  ENTER PERSON NUMBERS OF DEPENDANTS COVERED

Applied  Did you apply to join the scheme yourself, or were you enrolled by your employer?

Applied personally.................................1
Enrolled by employer...............................2

If applied personally
Group  Did you apply through a group membership scheme, or did you just apply individually?

Group scheme....................................1
Individually......................................2
If enrolled by employer

SubsPay  Do you pay the whole subscription yourself (including the subscription for your dependants), or does your employer pay all or part of it for you?

Informant pays it all............................1
Employer pays it all............................2
Employer pays for informant,
 informant pays for dependants..............3
Employer pays part, informant pays part....4

CompPay  May I just check; is any part of your subscriptions paid by a company of which you are a director?

Yes: company pays it all .......................1
Yes: company pays part..........................2
No .............................................3

If had private treatment as an outpatient (code 2 at PrVisits)

OPTClaim  You told me that during the [LAST THREE COMPLETE CALENDAR MONTHS] you paid privately as an outpatient. Did you or will you claim back all or part of the cost of this visit (any of these visits) under your private medical insurance?

If did or will claim and had more than one private visit

NOPTClms  How many visits did (will) you claim for?

ENTER NUMBER
HEARING DIFFICULTIES

HearDiff  Do you ever have any difficulty with your hearing?

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

HearAid   (May I just check) do you ever wear a hearing aid nowadays?

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

AidDiff   Do you ever have any difficulties with your hearing even when you're wearing an aid

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

NumAids  How many hearing aids have you got that you wear even if only occasionally?

   ENTER NUMBER

Ask for each hearing aid

AidTyp   Did you obtain this aid through the National Health Service or was it bought privately?

   NHS..........................................1
   Private.....................................2

YPriv  Why did you decide to buy this aid privately?

   CODE ALL THAT APPLY

      To get a better choice.......................1
      To get it quicker...........................2
      Not available through NHS..................3
      Other (Specify at next question)..........4

XYPriv  SPECIFY REASON

AidWear  Do you wear this aid regularly?

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

Dontwear  Do you have any hearing aids which still work that you no longer wear?

   Yes.........................................1
   No..........................................2
NoNotWrn   How many aids do you have that you don’t wear?

ENTER NUMBER

Ask for each aid worn

Notworn     Did you obtain this aid through the National Health
            Service or was it bought privately?

NHS.................................1
Privately..........................2

YNTWR     Why do you no longer wear this aid?

Did not help hearing..................1
Appearance...........................2
Other (specify) .......................3

XYNTWR SPECIFY REASON
DENTAL HEALTH

Teeth Can I just check:
    have you still got some
    of your own teeth ..............1
    or have you lost them all? .......2

DntstWhn [*] In general, do you go to the dentist for a regular
    check-up, an occasional check-up, or only when you are
    having trouble with your teeth?
    Regular check-up ...............1
    Occasional check-up ............2
    Only when having trouble .......3
    Never go to the dentist ........4

Ask if aged 16 or 17
YngTeeth When was the last time you went to the dentist?
    Less than one month ago ........1
    1 mth & less than 3 mths ..........2
    3 mths & less than 6 mths .........3
    6 mths & less than 9 mths ........4
    9 mths & less than 12 mths .......5
    12 mths or more ................6

DenReg16 Are you registered with a dentist?
    Yes ................................1
    No ..................................2
CHILD HEALTH

If children under 16 in household
Illness [*] Now I'd like to ask about your children under 16.

Do any of your children under 16 have any long-standing illness, disability or infirmity? By long-standing I mean anything that has troubled them over a period of time or that is likely to affect them over a period of time?

Yes, (any child).................................1
No (all children)...............................2

If Yes at Illness
ChList1 Enter from household box the person numbers of those children with long-standing illness, disability or infirmity

For each child with a long-standing illness, disability or infirmity
LMatter [*] What is the matter with.......

LimitAct [*] Does this illness or disability (Do any of these illnesses or disabilities) limit.......'s activities in any way?

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

CutDown [*] Now I'd like you to think about the 2 weeks ending yesterday. During those 2 weeks, did any of your children have to cut down on any of the things they usually do (at school or in their free time) because of ...?

Yes, (any child).................................1
No (all children)...............................2

If 'Yes' at CutDown
ChList Enter from household box the person numbers of those children who had to cut down.

NDysCutD How many days did....have to cut down in all during these 2 weeks, including Saturdays and Sundays?

1..14

For each child who has had to cut down
Matter [*] What was the matter with...?

All children under 16
DocTalk  During the 2 weeks ending yesterday, apart from visits to a hospital, did any of your children under 16 talk to a doctor for any reason at all, or did you or any other member of the household talk to a doctor on their behalf?

INCLUDE TELEPHONE CONSULTATIONS AND CONSULTATIONS MADE ON BEHALF OF CHILDREN

Yes, (any child)................................1
No (all children)...............................2

If Yes at DocTalk
ChList3  Enter from household box the person numbers of those children who consulted a doctor.

For each child who consulted a doctor
Nchats  How many times did..., talk to the doctor (or did you or any other member of the household consult the doctor on ....'s behalf) in those 2 weeks?

1..4

NHS  Was this consultation....

under the National Health Service...............1
or paid for privately............................2

GP  Was the doctor.....

RUNNING PROMPT
a GP(ie a family doctor).......................1
or a specialist..................................2
or some other kind of doctor?....................3
(SPECIFY AT NEXT QUESTION)

XGP  Specify type of doctor

DocWhere  Did you or....talk to the doctor

RUNNING PROMPT
by telephone......................................1
at your home.....................................2
in the doctor's surgery........................3
at a health centre..............................4
or elsewhere?.................................5
Presc  Did the doctor give (send) ....a prescription?
Yes.........................................................1
No...........................................................2

All children under 16

OutPat  During the months of [LAST 3 COMPLETE CALENDAR MONTHS] did any of your children under 16 attend as a patient the casualty or outpatient or outpatient department of a hospital (apart from straightforward post-natal visits)?
Yes, (any child)........................................1
No (all children).................................2

If 'Yes' at OutPat
ChList4  Enter from household box the person numbers of those children who attended the casualty or outpatient department of a hospital.

For each child who has been an outpatient
NTimes1  How many times did.... attend in...?
0..97

NTimes2  How many times did.... attend in...?
0..97

NTimes3  How many times did.... attend in...?
0..97

Casualty  Was this visit (Were any of these visits) to the Casualty department or was it (were they all) to some other part of the hospital?
At least one visit to Casualty .................1
No Casualty visits .........................2

If went to Casualty
NCasVis  How many times did .... go to Casualty altogether?
0..31

All children under 16

DayPat  During the last year, that is since [DATE ONE YEAR AGO] have any of your children under 16 been in hospital for treatment as a day patient, ie admitted to a hospital bed or day ward, but not required to remain in hospital overnight?
Yes, (any child).................................1
No (all children)...............................2
If Yes at DayPat
ChList5 Enter from household box the person number of those children who have been in hospital as a day patient

For each child who has been a day patient
NHSPDays How many separate days in hospital has.....had as a day patient [DATE ONE YEAR AGO]? 1..97

All children under 16
InPat During the last year, that is since [DATE ONE YEAR AGO] have any of your children under 16 been in hospital as an inpatient overnight or longer?
Yes, (any child).................................1 No (all children)...............................2

If Yes at InPat
ChList6 Enter from household box the person numbers of those children who have been in hospital overnight or longer.

For each child who has been an inpatient
NSTays How many separate stays in hospital as an inpatient has... had since [DATE ONE YEAR AGO]? 1..97

For each stay
Nights How many nights altogether was... in hospital? 1..97
CHILDREN'S DENTAL HEALTH

Ask for all children aged 0-15
CHDental Has ...... ever been to a dentist's surgery, either for treatment or for some other reason?

EXCLUDE SCHOOL DENTISTS

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

ChVLsWhy Last time ...... went to the dentist, was it because...

CODE FIRST THAT APPLIES

He/she was having trouble with
his/her teeth?"......................1
He/she went for Regular check-up?.....2
He/she went to get used to going
to the dentist?......................3
Other: none of these...............4

YngTeeth When was the last time ...... went to the dentist?":

Less than one month ago.............1
1 mth & less than 3 mths...........2
3 mths & less than 6 mths..........3
6 mths & less than 9 mths.........4
9 mths & less than 12 mths.......5
12 mths or more....................6

DenReg16 Is ...... registered with a dentist?

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

1 CareIntr I'd like to talk now about caring informally for others.

TO ALL
2 DepLivA Some people have extra responsibilities because they look after someone who is physically or mentally sick, handicapped or elderly.

Ask if there is more than one person in the household
3 DepLivB [*] May I check, is there anyone living with you who is sick, handicapped or elderly whom you look after or give special help to (e.g. a sick or handicapped (or elderly) relative/ husband/ wife/ child/ friend, etc)

Yes .................................................................1
No .................................................................2
Not sure .........................................................3

If Yes at DepLivB
4 DLivNo Do you look after or help one sick, handicapped or elderly person living with you, or is it more than one?

Enter no. ...........................................range 1-9

5 DepOut [*] And how about people not living with you, do you provide some regular service or help for any sick, handicapped or elderly relative, friend or neighbour not living with you?

CODE 2 (NO) IF GIVES FINANCIAL HELP ONLY

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

If Yes at DEPOUT
6 DOutNo Do you look after or help one sick, handicapped or elderly person living elsewhere, or is it more than one?

9 = 9 OR MORE

Enter no. ...........................................range 1-9

Ask if there is only one person in the household
7 DLivOut [*] Is there anyone, either living with you or not living with you who is sick, handicapped or elderly
whom you look after or give special help to, other than in a professional capacity (for example, a sick or handicapped (or elderly) relative/ husband/ wife/ child/ friend etc)";

SET [2] OF

(YesIn "Yes; in this household",
YesOut "Yes; in another household",
No,
NotSure "Not sure"
);

8 DepOut [*] And how about people not living with you; do you provide some regular service or help for any sick, handicapped or elderly relative, friend or neighbour not living with you?

CODE 2 (NO) IF GIVES FINANCIAL HELP ONLY

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

9 DOutNo Do you look after one sick, handicapped or elderly person living elsewhere, or is it more than one?

10 TotDep RECORD total number of dependants (DLIVNO + DOUTNO).

Blaise then generates the correct number of records, up to a maximum of 6
IF RESPONDENT IS A CARER (CODE 1 AT DEPLIV OR CODE 1 AT DEPOUT)
ASF DRELINF TO OTHHELP/MORETIME FOR EACH DEPENDANT IN TURN

ASK FOR EACH DEPENDANT (maximum of 6)

(Ask of those living in household first, then those living elsewhere.)

11 DRELINF Who is it (in your household/ not living with you) that you look after or help?

Spouse /cohabitee ........................................1
Own/ adopted/ step child ..................................2
Foster child ................................................3
Parent ......................................................4
Parent-in-law ...............................................5
Other relative ..............................................6
Friend or neighbour ....................................7
Client of voluntary organisation .......................8
Other (SPECIFY) .........................................9

12 XDRELINF Who is it that you look after or help? (SPECIFY)

IF CODE 8 AT DRELINF, NO FURTHER QUESTIONS ABOUT THAT DEPENDANT.

13 DEPNAME RECORD Name or relationship by which dependant will be referred to in following questions.

14 PERSNO ENTER Person number of dependant (if in household), otherwise code 97.

Number from household box ..................range 01-19
Non-member of household ............................97

15 DAGE How old is he/ she now?
ESTIMATE IF NECESSARY

YEARS ..................................................range 00-96
Estimate (SPECIFY) ....................................97

16 XDAGE Enter estimated age range
17 SEX  ASK OR RECORD
Sex of dependant

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

IF NON-MEMBER OF HOUSEHOLD  (CODE 97 AT DPERSNO)
18 LIVINST  May I check, does .....(DEPNAME) usually live in a
hospital, old peoples home, a nursing home or a home
for the physically or mentally ill or handicapped?

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

If YES Yes (CODE 1) AT LIVINST, NO FURTHER QUESTIONS ABOUT THAT
DEPENDANT.

IF DEPENDATN IS IN HOUSEHOLD  (DPERSNO IN RANGE 01-19)
19 LIVELSEW  May I check, does .... (DEPNAME) usually live here all
the time or does he/she sometimes go to live
somewhere else?

Lives here all the time ........................................1
Sometimes lives somewhere else .........................2

IF SOMETIMES LIVES ELSEWHERE  (CODE 2 AT LIVELSEW)
20 WHERELSE  Where does ... (DEPNAME) live when he/she is not living
with you. Is it in another household or somewhere
else?

In another private household ..............................1
Somewhere else (PROBE)
  Boarding school/ residential college .............2
  Hospital, Old people's home, Nursing home,
  Home for the physically/ mentally handicapped..3
  Other institution (SPECIFY) .........................4
  Other (SPECIFY) .......................................5

21 XWHERE  SPECIFY where dependant lives when not living with
carer.
ALL DEPENDANTS

22 DILLNESS ASK or RECORD (If already mentioned by respondent)

[*]May I check what is the matter with ... (DEPNAME)?
DO NOT PROBE

Record illness

23 AFFECTED {You mentioned earlier what was the matter with .... (DEPNAME)...}

[*]Could I just check, how is he/ she affected?

SHOW CARD I or
RUNNING PROMPT

Is it....
physically ..........................................1
mentally ............................................2
or both? ............................................3
Old age .............................................4
Other (SPECIFY) .....................................5

24 XAFFECT How is he/ she affected? (SPECIFY)

DILLCHK INTERVIEWER CHECK
Is the illness permanent or temporary?

Permanent ............................................1
Temporary ............................................2

IF THE ILLNESS IS TEMPORARY GO TO NEXT DEPENDANT
What kinds of things do you usually do for...
(DEPNAME)...

IF DEPENDANT IS IN HOUSEHOLD
(over and above what you would normally do for (someone living with you/ a child of his/her age))

SHOW CARD J

CODE ALL TYPES OF HELP THAT APPLY

PROMPT FIRST ITEM AS EXAMPLE
Do you usually help with......

Personal care ...............................................1
(eg. dressing, bathing, washing, shaving, cutting nails, feeding, using the toilet)?

Physical help? .............................................2
(eg. with walking, getting up and down stairs, getting into and out of bed)

Helping with paperwork or financial matters? ........3
(eg. writing letters, sending cards, filling in forms, dealing with bills, banking).

Other practical help? ......................................4
(eg. preparing meals, doing his/ her shopping, laundry, housework, gardening, decorating, household repairs, taking to doctor's or hospital)

Keeping him/ her company? .............................5
(eg. visiting, sitting with, reading to, talking to, playing cards or games)

Taking out? ..................................................6
(eg. taking out for a walk or drive, taking to see friends or relatives)

Giving medicines? ........................................7
(eg. making sure he/ she takes pills, giving injections, changing dressings)

Keeping an eye on him/her to see he/she is all right.8

Other help? (SPECIFY) .................................9

SPECIFY other types of help.
27 DFINCHK  INTERVIEWER CHECK
Does the carer give financial help only?

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

IF CODE 1 AT DFINCHK, GO TO NEXT DEPENDANT.

28 HELPHRS  About how long do you spend each week looking after or helping ..... (DEPNAME) - that is doing the things you've mentioned and including time when you just need to be there (apart from when you are asleep / including time travelling to and from his/ her home)?

SHOW CARD K

0-4 hours per week ........................................01
5-9 hours per week ........................................02
10-19 hours per week ....................................03
20-34 hours per week ...................................04
35-49 hours per week ...................................05
50-99 hours per week ...................................06
100 or more hours per week .............................07
Varies - Under 20 hours ...............................08
Varies - 20 hours or more .............................09
Other (SPECIFY) .......................................10

29 HELPYRS  About how long have you been looking after or helping ..... (DEPNAME) ..... IF DEPENDANT IS IN HOUSEHOLD (that is doing things for him/her over and above what you would normally do for (someone living with you/ a child of that age))? PROMPT AS NECESSARY

Less than 6 months ......................................1
6 months, less than 1 year ............................2
1 year, less than 3 years ..............................3
3 years, less than 5 years ............................4
5 years, less than 10 years ...........................5
10 years, less than 15 years ...........................6
15 years, less than 20 years ...........................7
20 years or more .......................................8
Apart from any people, such as nurses or home helps, who may regularly visit ..... (DEPNAME), is there anyone else who helps to look after him/her – for example, another member of your household, another member of the family, a relative or friend or some kind of paid helper?

Yes .................................................1
No ..................................................2
DK ..................................................3

IF ANYONE ELSE HELPS (Code 1 at OTHHELP)

Can I just check, do any of these people (including anyone in your household) spend more time looking after .... (DEPNAME) than you do?

Yes .................................................1
No ..................................................2
Other person(s) spend equal time ....................3
Don't know ..........................................4

RETURN TO NEXT DEPENDANT.

ASK CARERS WITH MORE THAN ONE DEPENDANT (AFTER ASKING ABOUT EACH DEPENDANT IN TURN)

May I check, thinking about the total time you spend caring for ..... (SPECIFY DEPENDANTS), about how long altogether do you spend each week looking after or helping them?

SHOW CARD K

0-4 hours per week ....................................01
5-9 hours per week ....................................02
10-19 hours per week .................................03
20-34 hours per week .................................04
35-49 hours per week .................................05
50-99 hours per week .................................06
100 or more hours per week .........................07
Varies - Under 20 hours ............................08
Varies - 20 hours or more ...........................09
Other (SPECIFY) ....................................10

INTRODUCTION IF MORE THAN ONE DEPENDANT

I am now going to ask a few questions about just one of the people that you look after or help.
You mentioned earlier that you spent a similar amount of time per week looking after or helping .... (DEPENDANTS). Can you say which one you spend more time helping on average, or is there no difference?

Enter DEPNO ......................................................1-8
No difference .................................................97

**ASK OF `MAIN DEPENDANT' ONLY**

In this case I would like to ask a few questions about .... (DEPNAME)

**IF PERSON2 IN AN INTERVIEWER PAIR IS CARING FOR THE SAME MAIN DEPENDANT AS PERSON1, YOU WILL BE ASKED IF YOU WISH TO SKIP AT THIS POINT TO RESPITE CARE**

Does ....... (DEPNAME) receive regular visits at least once a month from any of these people?

SHOW CARD L

Doctor.................................................................1
Community or district nurse....................................2
Health visitor........................................................3
Social worker or care manager.................................4
Home help/care worker...........................................5
Meals on wheels ......................................................6
Voluntary worker....................................................7
Other professional visitor.......................................8

SPECIFY other professional visitor.
IF DEPENDENT IS CLOSE RELATIVE (DRELINF = 1 to 5) OR IN HOUSEHOLD (DPERSNO LT 98)

FOR SERVICES NOT USED
37 DNurs What are the reasons for ..... (DEPNAME) not receiving regular visits at least once a month from a district nurse? Please choose your answers from the card.

SHOW CARD M

CODE ALL REASONS THAT APPLY

Not available/ not offered ..........................1
Not relevant/ not needed ..............................2
Tried, but not helpful .................................3
Not wanted .............................................4
Not at a convenient time .............................5
Too expensive ..........................................6
Other (SPECIFY) .......................................7

38 DHV Ditto health visitor
39 DSW Ditto social worker/care manager
40 DHH Ditto home help/home care worker
41 DMW Ditto meals on wheels
42 DVW Ditto voluntary worker
ASK OF ALL MAIN DEPENDANTS

43 DGO Does ..... (DEPNAME) regularly go to any of the places or activities listed on this card?

SHOW CARD N

Work.................................................................1
Adult training centre/Social education centre........2
School or college..............................................3
Day centre or day hospital.................................4
Social club, support group or other club..............5

FOR EACH PLACE ATTENDED ASK

44 DWkHrs About how many hours a week does he/she usually spend there?

ENTER NUMBER OF HOURS/WEEK

IF VARIES, ASK FOR AVERAGE NUMBER OF HOURS PER MONTH AND CALCULATE AVERAGE NUMBER PER WEEK

IF HOURS VARY AND CANNOT GIVE AVERAGE, CODE 97

IF DEPENDANT IS CLOSE RELATIVE (DRELINF = 1 to 5) OR IN HOUSEHOLD (DPERSNO LT 98)

FOR SERVICES NOT USED (AGE SPECIFIC)

45 DATC What are the reasons that (DEPNAME) does not go to and Adult training centre? Please choose your answers from the card.

SHOW CARD O
CODE UP TO 4 REASONS

Not available ................................................1
Not relevant .................................................2
Tried, but not helpful ...................................3
Not wanted ...................................................4
Not at a convenient time ................................5
Too expensive ................................................6
Activity too tiring (for dependant) ......................7
Transport not available ..................................8
Transport too expensive ..................................9
Journey too tiring or long .............................10
Other (SPECIFY) ...........................................11

45 Ditto School or college
47 Ditto Day centre or day hospital
48 Ditto Social club or support group
49 DTRNSP  Does .... (DEPNAME) regularly make use of a community or voluntary transport scheme?
Yes .........................................................1
No ..........................................................2
DK ..........................................................3

If DTRNSP EQ 2
50 DTRNS  And what are the reasons that ....(DEPNAME) does not make use of a community or voluntary transport scheme?
Not available .................................................1
Not relevant to needs .......................................2
Tried, but not helpful ........................................3
Not suitable ..................................................4
Not at a convenient time ....................................5
Too expensive ................................................6
Other (SPECIFY) ..............................................7
FOLOWING QUESTIONS (RESP2DYS to RSPBEF) APPLY ONLY IF CARER LOOKS AFTER MAIN DEPENDATN FOR 20 OR MORE HOURS PER WEEK (Codes 4-7 or 9
AT HELPHRS (27) )

51 RESP2DYS You've told me about the things you do for .... (DEPNAME). If you wanted a break for a couple of days (during the time when you usually look after him/her), would someone else have to look after him/her?

Yes, need someone else .........................................................1
No .....................................................................................2

IF SOMEONE ELSE NEEDED (CODE 1 AT RESP2DYS)

52 HLP2DYS Is there anyone whom you could rely on to look after him/her either at home or elsewhere?

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

IF SOMEONE ELSE NEEDED (CODE 1 AT RESP2DYS)

53 RSPTY The card shows various types of temporary care or holidays which may be available in some parts of the country. Are any of these services available if you wanted a break for a couple of days?

SHOW CARD P
CODE ALL THAT APPLY

Nursing or residential home .................................................1
NHS hospital ..........................................................................2
Holiday for dependant person ..............................................3
Holiday for carer and dependant ..........................................4
Stay with a volunteer family ...............................................5
None of these ........................................................................6

IF SOMEONE ELSE NEEDED (CODE 1 AT RESP2DYS)

54 BREAK Have you had a break for 2 days or more since you started to look after ....... (DEPNAME)?

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

IF HAS HAD A BREAK FOR 2 DAYS OR MORE (Code 1 AT BREAK)

55 BRK1AGO About how long is it since you last had a break for 2 days or longer? Was it less than or more than 1 year ago?

Less than 1 year ago ..........................................................1
1 year or more ago ...........................................................2
IF LESS THAN 1 YEAR AGO (CODE 1 AT BRK1AGO)
56 BRK1MTH RECORD OR PROBE
   About how many months is it since you last had a break for 2 days or longer?

   Number of months ..........................Range 01-11

IF 1 YEAR OR MORE AGO (CODE 2 AT BRK1AGO)
57 BRK1YR RECORD OR PROBE
   About how many years is it since you last had a break for 2 days or longer?

   Number of years ..........................Range 01-98

IF HAS HAD A BREAK FOR 2 DAYS OR MORE (CODE 1 AT BREAK)
58 BRK1TYP What sort of arrangements did you use for ..... (DEPNAME) when you last had a break for 2 days or more?

   Nursing or residential home .........................1
   NHS hospital ...........................................2
   Local authority hostel ...............................3
   Arranged holiday (dependant only) .................4
   Arranged holiday (dependant and carer) ..........5
   Stay with a volunteer family .......................6
   Stay with relatives or friends .....................7
   Friend or relative staying with dependant ..........8
   Other (SPECIFY) ..................................9

59 XBRK1TYP SPECIFY arrangements used when last had a break for 2 days or more.

IF HAS HAD A BREAK FOR 2 DAYS OR MORE (CODE 1 AT BREAK)
60 BRK2AGO And about how long was it between that break and the time before that when you had a break for 2 days or longer? Was it less than or more than 1 year?

   Less than 1 year ..................................1
   1 year or more ....................................2
   No other break since started looking after dependant ........................................3

IF LESS THAN 1 YEAR (CODE 1 AT BRK2AGO)
61 BRK2MTH RECORD OR PROBE
   About how many months was it between your last break and the previous one?

   Number of months ..............................Range 01-11
IF 1 YEAR OR MORE (CODE 2 AT BRK2AGO)
62 BRK2YR RECORD OR PROBE
About how many years was it between your last break and the previous one?

Number of years ..................................Range 01-98

IF HAD AN EARLIER BREAK (CODE 1 OR 2 AT BRK2AGO)
63 BRK2TYP And what sort of arrangements did you use for ..... (DEPNAME) when you had that break?

Nursing or residential home ..........................1
NHS hospital ..........................................2
Local authority hostel ...............................3
Arranged holiday (dependant only) .................4
Arranged holiday (dependant and carer) ..........5
Stay with a volunteer family ........................6
Stay with relatives or friends ......................7
Friend or relative staying with dependant ........8
Other (SPECIFY) ....................................9

64 XBRK2TYP SPECIFY arrangements used when last had a break for 2 days or more.

IF LOOKS AFTER MAIN DEPENDANT FOR 20 OR MORE HOURS PER WEEK (CODES 4-7 OR 9 AT HELPHRS)
65 RESP2HRS If you wanted to go out for a couple of hours (during the time when you usually look after ..... (DEPNAME)), would someone else have to look after him/her?

Yes, someone else needed ..........................1
No, could be left alone ............................2

IF NEED SOMEONE ELSE TO LOOK AFTER DEPENDANT (CODE 1 AT RESP2HRS)
66 RSPSIT In the last year, have you made use of a sitting service for ..... (DEPNAME) in order to go out for a couple of hours?

Yes .....................................................1
No ....................................................2
Not available /DK about service ..................3

ASK OF ALL MAIN DEPENDANTS
67 RSPBEF In the last year, have you made use of a befriending service for ..... (DEPNAME) (that's where a volunteer takes him/her out for the day?)

57
FAMILY INFORMATION
TO ALL AGED 16-59

If single or same sex cohabiting
SlMar Have you ever been legally married?

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

If married/cohabiting, but partner not a household member
HusbAway Is your husband, wife or partner absent because he/she usually works away from home, or for some other reason?

Usually works away (include Armed Forces, Merchant Navy).............................1
Marriage broken down.............................2
Some other reason (SPECIFY AT NEXT QUESTION).....3

XHusbAway Specify reason

(Jump key 3)
FamIntro The next section consists of a series of questions about family information.

SelfCom3 Offer self-completion form and enter code

Interviewer asked section.........................1
Informant accepted self-completion...............2
Data now being keyed by interviewer .............3
Interpreter aged under 16 - section not asked....4

To married men and women
WhereWed Thinking of your present marriage, did you get married with a religious ceremony of some kind, or at a register office, or are you simply living together as a couple?

To widowed, divorced or separated men and women
WhereWed Thinking or your most recent marriage, did you get married with a religious ceremony of some kind, or at a register office, or were you simply living together as a couple?
Religious ceremony of some kind..................1
Register office..................................2
Religious ceremony and register office...........3
Living together as a couple.......................4

If coded 1-3 at WhereWed
NumMar How many times have you been legally married?
(INCLUDE PRESENT MARRIAGE)
1..7

Cohabiting men and women
(exc. couples now separated and same sex couples)
When did you and your partner start living together as a couple?
ClMon ENTER MONTH 1..12
ClYr ENTER YEAR 0..94

ClPrtMar Has your partner ever been married, that is legally married?
Yes...............................................1
No...............................................2

All cohabiting (and ex-cohabiting) men and women
ClMar Have you yourself ever been legally married?
Yes...............................................1
No...............................................2

If 'yes' at ClMar
ClNumMar How many times have you been legally married altogether?
1..7

To all who are, or have been legally married
What month and year were you married?
MonMar ENTER MONTH 1..12
YrMar ENTER YEAR 0..94

LvTgthr Before getting married did you and your husband/wife live together as a couple?
Yes...............................................1
No...............................................2

If 'yes' at LvTgthr
What month and year did you start living together?

MonLvTog ENTER MONTH 1..12
YrLvTg ENTER YEAR 0..94

All who are or have been legally married
PartMar Had your husband/wife been legally married before?
Yes..............................................1
No...............................................2

For last marriage entered
Current INTERVIEWER - IS THIS MARRIAGE CURRENT OR HAS IT ENDED?
current..........................................1
ended............................................2

If marriage ended (code 2 at current)
HowEnded Did your marriage end in ...
death............................................1
divorce..........................................2
or separation?...................................3

If marriage ended in death
What month and year did your husband/wife die?

MonDie ENTER MONTH 1..12
YrDie ENTER YEAR 0..94

If marriage ended in divorce or separation
What month and year did you stop living together?

MonSep ENTER MONTH 1..12
YrSep ENTER YEAR 0..94

If marriage ended in divorce
What month and year was your decree absolute granted?

MonDiv ENTER MONTH 1..12
YrDiv ENTER YEAR 0..94
Widowed, divorced, separated or single men and women, where there is an unrelated adult of the opposite sex in the household who is not married or cohabiting

Tgthr INTRODUCE AS NECESSARY
(As you know, some couples live together without actually getting married, either because they cannot get married for some reason, or because they prefer not to get married.)

Are you currently living with someone as a couple?

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

If 'yes' at Tgthr
When did you and your partner start living together as a couple?

StrtMon ENTER MONTH 1..12
StrtYr ENTER YEAR 0..94

CPartMar Has your partner ever been married, that is legally married?

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

Women with children in household
StpChld (The next questions are about the family).

Have you any step, foster or adopted children living with you?

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

Men with children in household
StpChld Have you any step children of any age living with you?

Yes..............................................1
No...............................................2
If step children in household
NumStep How many step, foster, or adopted children have you living with you altogether?
  1..7

StPersNo ENTER PERSON NUMBER OF CHILD FROM HOUSEHOLD BOX
  1..20

StepType ENTER CODE AS FOLLOWS
  Step.............................................1
  Foster...........................................2
  Adopted..........................................3

For each child
Date child started living with informant
StLivMon ENTER MONTH  1..12
StLivYr ENTER YEAR  0..94

All women
ASK OR CODE
EXCLUDE ANY STILLBORN
Baby Have you ever had a baby - even one who only lived for a short time?
  Yes..............................................1
  No...............................................2

If 'yes' at Baby
NumBaby EXCLUDE ANY STILLBORN
How many children have you given birth to, including any who are not living here and any who may have died since birth?
  1..20

For each child
Date of birth.
BirthMon ENTER MONTH  1..12
BirthYr ENTER YEAR  0..94

BirthSex Sex of child
  Male.............................................1
  Female...........................................2

ChldLive Is child living with informant?
  Yes..............................................1
  No, lives elsewhere..............................2
  No, deceased.....................................3
All women aged 16-49

Pregnant (May I just check), are you pregnant now?

Yes.................................................................1
No/unsure.........................................................2

MoreChld Do you think that you will have any (more)
children at all (after the one you are expecting)?
Could you choose your answers from this card.
SHOW CARD Q

Yes.................................................................1
Probably yes......................................................2
Probably not......................................................3
No.................................................................4
If 'DK' at MoreChld
ProbMore On the whole, do you think...

you will probably have any/more children........1
or you will probably not have any/more children..2

If coded 1 or 2 at MoreChld or 1 at ProbMore
TotChld (Can I just check, do you have.... children still
alive). How many children do you think you will
have born to you in all [including those you have
already (who are still alive) (and the one you are
expecting)]?
1..20

NextAge How old do you think you will be when you have
your first/next baby (after the one you are
expecting)?
1..97

CONTRACEPTION

Ask married women and women cohabiting with men
SterilA We've talked about how many children you think you'll
have. The next questions are about ways of preventing
pregnancy.

Have you or your husband/partner ever been
sterilised - I mean ever had an operation intended
to prevent you getting pregnant (again)?

Ask if SterilA = Yes
WhoStlsd Was it you who was sterilised or
your husband \partner who had a vasectomy?"

Informant .............................1
Husband or partner....................2
Both......................................3

Ask non-cohabiting women
SterilB We've talked about how many children you think you'll
have. The next questions are about ways of preventing
pregnancy.

Have you ever been sterilised - I mean ever had
an operation intended to prevent you getting
pregnant (again)?

Yes......................................1
No.......................................2
Ask if respondent or partner sterilised

NHSOp Was the operation carried out under the NHS or not?:

WhereOp Did you have the operation as a hospital inpatient staying overnight or longer, as a hospital outpatient, at your doctor's surgery, at a clinic, or was it carried out somewhere else?:

StMon In what month was the sterilisation/vasectomy operation?

ENTER MONTH

StYr In what year was the sterilisation/vasectomy operation?

ENTER YEAR

NHSOpP (And for your husband/partner) Was the operation carried out under the NHS or not?

NHS.....................................1
Other...................................2

WhereOpP Did he have the operation as a hospital inpatient staying overnight or longer, as a hospital outpatient, at his doctor's surgery, at a clinic, or was it carried out somewhere else?

As a hospital inpatient staying overnight or longer.....................1
As a hospital outpatient.................................2
At your/his doctor's surgery............................3
At a clinic...............................................4
Or was it carried out somewhere else .....5

StMonP In what month and year was the sterilisation/vasectomy operation?

ENTER MONTH

StYrP In what year was the sterilisation/vasectomy operation?

ENTER YEAR
**ChkFp2**

RECORD WHETHER THIS/EITHER OF THESE OPERATION(S) TOOK PLACE MORE THAN 2 YEARS AGO:

- Less than 2 years ago............... 1
- 2 years or more....................... 2

**Ask if the respondent is pregnant**

SHOW CARD R

Here is a list of ways of preventing pregnancy - were you or your partner using any of them when you became pregnant?

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

**CCPreg**

Please can you look through the list to the end of the card and read out the numbers beside the methods which applied to you and your husband/partner when you got pregnant?:

**CODE UP TO 4 METHODS**

- Withdrawal............................ 1
- Male sheath/condom.................... 2
- Safe period/rhythm method............ 3
- Cap/diaphragm.......................... 4
- Contraceptive sponge................. 5
- Mini pill (progesterone only)........ 6
- Combined pill (inc multi-phasic pill).. 7
- Pill-not sure if mini or combined.... 8
- Coil/intra-uterine device............. 9
- Gels, sprays,pessaries(spermicides)... 10
- Injections ................................ 11
- Surgically implanted hormone capsules.............. 12
- Another method........................ 13

**Ask if CCPreg = 8**

**PillNam1** What is the name of the pill

ENTER NAME

**If CCPreg = 13**

**XCCPreg** RECORD THE OTHER METHOD

**Ask if married/cohabiting**

**OtherOp** Have you or your husband/partner had any other operation which prevents you getting pregnant (again)?
Ask if other

Have you had any other operation which prevents you getting pregnant (again)?

Yes informant........................1
Yes, husband or partner..............2
Yes, both..............................3
No.....................................4

Ask if OtherOp = 1 or 3
OthOpM     In what month did you have the operation?

ENTER MONTH

Ask if OtherOp = 1 or 3
OthOpYr    In what year did you have the operation?

ENTER YEAR

Ask if OtherOp = 2 or 3
OthOpMP    In what month did he have the operation?

ENTER MONTH

Ask if OtherOp = 2 or 3
OthOpYrP   In what year did he have the operation?

ENTER YEAR

ChkFp3     RECORD WHETHER THIS/EITHER OF THESE OPERATION(S) TOOK PLACE MORE GREATER THAN 2 YEARS AGO:

Less than 2 years ago............... 1
2 years or more...................... 2
Ask if respondent not pregnant and not sterile

CCMUsu SHOW CARD S

Here is a list of possible ways of preventing pregnancy - which of them, if any, do you (and your husband/partner) usually use at present?

ENTER UP TO 4 METHODS

- No method needed-no sexual relationship..15
- No method used at all ......................16
- Pregnant..................................19
- Withdrawal................................1
- Male sheath/condom.........................2
- Safe period/rhythm method..................3
- Cap/diaphragm................................4
- Contraceptive sponge.........................5
- Mini pill (progesteron only)...............6
- Combined pill (inc multi-phasic pill).....7
- Pill-not sure if mini or combined........8
- Coil/intra-uterine device....................9
- Gels, sprays, pessaries (spermicides)......10
- Going without sexual intercourse to avoid pregnancy ..........11
- Injections ....................................12
- Surgically implanted hormone capsules...........13
- Another method..............................14

Ask if CCMUsu = 8
PillNam2 What is the name of the pill

ENTER NAME

Ask if CCMUsu = 13
XCCMUsu RECORD THE OTHER METHOD

ENTER NAME

Ask if more than one method used
CcmComb You have mentioned that you (and your husband/partner) usually use more than one method. Do/did you use them in combination or do/did you sometimes use one and sometimes the other?

- In combination............................1
- Sometimes one, sometimes other.........2
Ask if CcmComb = 2

MstFrq    Which one do/did you use most often?":

  Withdrawal............................1
  Male sheath/condom....................2
  Safe period/rhythm method...........3
  Cap/diaphragm.........................4
  Contraceptive sponge..................5
  Mini pill (progesteron only).........6
  Combined pill (inc multi-phasic pill)..7
  Pill - not sure if mini or combined...8
  Coil/intra-uterine device............9
  Gels, sprays, pessaries (spermicides)..10
  Injections ................................11
  Surgically implanted hormone
     capsules....................12
  Another method........................13

UsuTime    How long has/had this method/combination of methods
been your usual one (ie the one you use most often)?":

  Under 3 months.........................1
  At least 3 months, less than 6 months..2
  At least 6 months, less than 1 year....3
  At least 1 year, less than 2 years.....4
  At least 2 years ......................5

Ask if no method currently used

YNoCC    SHOWCARD T

Here is a list of reasons why people
do not use any method for preventing pregnancy.
Can you tell me which reason applies/applied to
you?

CODE MAIN REASON ONLY

  Want to get pregnant....................1
  Unlikely to conceive because of
     menopause.........................2
  Unlikely to conceive because possibly
     infertile.........................3
  Don't like contraception and/or finds
     methods unsatisfactory...........4
  Other reasons..........................5

Ask if YNoCC = 5

XYNoCC    RECORD OTHER REASON
Ask if no method needed or possibly pregnant
UsedL2yr    SHOW CARD S
Have you (or your husband/partner) ever used any of these methods in the last 2 years?

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

If Used2yr = 1
CcBfor     ENTER UP TO 4 METHODS

No method needed-no sexual relationship..15
No method used at all .......................16
Pregnant......................................................19
Withdrawal..................................................1
Male sheath/condom...............................2
Safe period/rhythm method.....................3
Cap/diaphragm.............................................4
Contraceptive sponge.............................5
Mini pill (progesteron only)....................6
Combined pill/inc multi-phasic pill).........7
Pill-not sure if mini or combined............8
Coil/intra-uterine device......................9
Gels, sprays, pessaries (spermicides)......10
Injections .................................................11
Surgically implanted hormone capsules.....12
Another method..........................................13

Ask if CcBfor = 8
PillNam3    What is the name of the pill

ENTER NAME

Ask if CcBfor = 13
XCCBFor     RECORD THE OTHER METHOD

Ask all
EmerCon     There are other methods of contraception available. These are referred to as emergency contraception.

Have you used emergency contraception, that is the `morning after' pill or IUD method in the last two years?

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

EmerNum     On how many occasions in the last 2 years have you used emergency contraception?

ENTER NUMBER
"And for each occasion,) could you tell me the method(s) you used?"

PROMPT AS NECESSARY

Pill method, sometimes called the morning after pill............1
IUD coil fitted....................2

Where did you go for this emergency contraception?

Your own GP.........................1
Another GP..........................2
Family planning clinic...............3
Hospital emergency room.............4
Other..............................5

If MaWhere = 5
XMaWhere RECORD WHERE RESPONDENT WENT

As far as you know, could you (and your husband/ partner) have (more) children if you wanted to or would it be difficult or impossible?

Could have more children..............1
Would be difficult/impossible..........2

SHOW CARD U
Will you please look at this card and tell me what the difficulty is?

ENTER UP TO 3 REASONS

Getting pregnant.......................1
Having a baby born alive...............2
Pregnancy would endanger health.......3
Passed the menopause-change of life...4
Other

If PrDiff = 5
XPrDiff RECORD OTHER DIFFICULTY

Have you (or your husband/partner) ever consulted a doctor about the difficulty you have or would have in getting pregnant/having a baby born alive?
INCOME

All adults

StatBenE SHOW CARD V
Would you please look at this card and tell me whether you are receiving any of the state benefits listed on it?
INCLUDE ET, TRAINING FOR WORK AND EA ALLOWANCE

Yes receiving benefits - code at next question...1
No, not receiving any............................2
Refused whole income section.....................7

If 'yes' at StatBenE
StatBnM SHOW CARD V: RECORD BENEFITS RECEIVED
CODE ALL THAT APPLY

Child benefit (including one parent benefit).....1
Income support....................................2
NI retirement pension or old age pension.......3
Unemployment benefit............................4
NI sickness benefit................................5
Disability living allowance.......................6
Invalidity pension, invalidity benefit or allowance...........................7
Severe disablement allowance.....................8

StatBnAm In total how much do you receive from these benefits per week?
0.01..999.97

Ask All

CardBenE SHOW CARD W
Here is a second card on benefits. Are you receiving any of the benefits listed on this card?
EXCLUDE HOUSING BENEFIT

Yes receiving benefits - code at next question...1
No, not receiving any............................2
If 'yes' at CardBene
CardBnM SHOW CARD W
Record benefits received.
CODE ALL THAT APPLY

Family credit...............................1
Widow's pension or war widow's pension........2
Any other state widow's benefits (eg widowed mother's allowance)..................3
War disablement pension....................4
Industrial disablement pension..............5
Attendance allowance........................6
Invalid care allowance........................7
Disability working allowance.................8
Any other type of benefit (SPECIFY AT NEXT QUESTION)...........................9

XCrdbnM Specify type of benefit.

CardBnAm In total how much do you receive from these benefits per week?
0.01..999.97

Ask All
OthSourc SHOW CARD V
Would you please look at this card and tell me whether you are receiving any regular payment of the kinds listed on it?

Yes, receiving benefits - code at next question..1
No, not receiving any.......................2

If 'yes' at OthSourc
OthSrcM SHOW CARD X: RECORD PAYMENTS RECEIVED
CODE ALL THAT APPLY

Occupational pensions from former employer(s)....1
Occupational pensions from a spouse's former employer(s)..............................2
Private pensions or annuities....................3
Regular redundancy payments from former employer(s).....................................4
Government Training Schemes, YT allowance on
In total how much do you receive each month from all these sources AFTER tax is deducted? (ie NET) DO NOT PROBE MONTH. ACCEPT CALENDAR MONTH OR 4 WEEKLY. 0.01..99999.97

AmIn total how much do you receive each month from all these sources before tax is deducted? (ie GROSS) DO NOT PROBE MONTH. ACCEPT CALENDAR MONTH OR 4 WEEKLY. 0.01..99999.97

SHOW CARD Y
Now would you look at this card and tell me whether you are receiving any regular payments of the kind listed on it?

Yes receiving benefits - code at next question...1
No, not receiving any.........................2

SHOW CARD Y: RECORD TYPES OF PAYMENT RECEIVED
CODE ALL THAT APPLY

Educational grant........................................1
Regular payments from friends or relatives outside the household........................................2
Rent from property or subletting.........................3
Maintenance, alimony or separation allowance.....4

In total how much do you receive from these each month?
0.01..99999.97

How long a period does your wage/salary usually cover?

One week.................................................1
Two weeks.................................................2
Three weeks.................................................3
Four weeks................................................4
Calendar month............................................5
Three months.............................................6
Six months................................................7
One year..................................................8
If coded 1-9 at PyPeriod

TakeHome How much is your usual take home pay per [period at PyPeriod] after all deductions? 0.00..99999.97

If DK at TakeHome TakHmEst SHOW CARD Z
Would you look at this card and estimate your usual take home pay per [period at PyPeriod] after all deductions.
1..30

PayeAm How much is usually deducted for income tax and National Insurance per [period at PyPeriod]?
0.00..99999.97

If DK at PayeAm PayeEst SHOW CARD Z
Would you look at this card and estimate how much is usually deducted for income tax and National Insurance?
1..30

GrossAm How much are your usual gross earnings per [period at PyPeriod] before any deductions?
0.01..99999.97

If DK at GrossAm GrossEst SHOW CARD Z
Would you look at this card and estimate your usual gross earnings per [period at PyPeriod] before any deductions?
1..30

PaySlip INTERVIEWER - CODE WHETHER PAYSLIP WAS CONSULTED
Pay slip consulted...............................1
Pay slip not consulted...........................2

If Code 1 at PaySlip IntPySlp WAS PAY SLIP CONSULTED BY INTERVIEWER?
PayBonus   In your present job, have you received an occasional addition to pay in the last 12 months, that is since [DATE ONE YEAR AGO] such as a Christmas bonus or a quarterly bonus?
EXCLUDE SHARES AND VOUCHERS

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

If 'yes' at PayBonus
HowBonus   Was the bonus or commission paid....
RUNNING PROMPT
after tax was deducted (net).....................1
or before tax was deducted (gross)..............2
or some before and some after?...................3

If coded 1 or 3 or DK at HowBonus
NetBonus   What was the total amount you received in the last 12 months after tax was deducted (ie net)? 0.01..99999.97

If coded 2 or 3 at HowBonus
GrsBonus   What was the total amount you received in the last 12 months before tax was deducted (ie gross)? 0.01..999999.97

If Self-employed less than 12 months
LongSelf   How long have you been self-employed?
ENTER MONTHS
1..11

GrsPrLTY   How much did you earn before tax but after deductions of any expenses and wages since becoming self-employed?
IF NOTHING OR MADE A LOSS, ENTER ZERO. 0.00..999999.97

PrLTYest   SHOW CARD Z
Would you look at this card and estimate the amount that you expect to earn before tax but after deductions of any expenses and wages in the first full 12 months that you will have been self-employed, that is up to the end of (month) next?
1..30

SInsLTY Do you pay a National Insurance contribution?

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

If 'yes' at SInsLTY

SIAmLTY How much National Insurance contribution have you paid in the ....months that you have been self-employed?
0.01..9999.97

If Self-Employed 12 months or more

GrsPrft How much did you earn in the last tax year, before tax but after deduction of any expenses or wages?

IF NOTHING OR MADE A LOSS, ENTER ZERO.
0.00..999999.97

If DK at GrsPrft

PrftEst SHOW CARD Z

Would you look at this card and estimate the amount that you earned in the last tax year, before tax but after the deduction of any expenses or wages?
1..30

SENatIns Do you pay a National Insurance contribution?

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

If 'yes' at SENatIns

SENatAm How much National Insurance have you paid in the last 12 months (that is since...), relating to your self-employment?
0.01..9999.97

If Second Job
SecJob  Do you earn any money (from a second job), from odd jobs or from work that you do from time to time (apart from your main job)?
PROMPT AS NECESSARY AND INCLUDE BABYSITTING, MAIL ORDER AGENT, POOLS AGENT, ETC

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

If 'yes' at SecJob

SjReg  (You told me that you had a second job last week)
Is that a job you do:

regularly each week...................................................1
or from time to time...............................................2
or other (SPECIFY AT NEXT QUESTION).........................3

XSjReg  Please specify

SjEmplee  In that job do you work as an employee or are you self-employed?

employee.........................................................1
self-employed................................................1

If Employee in second job regularly each week

SjNetAm  In the last month, how much did you earn from your second/occasional job(s) after deductions for tax and National Insurance (ie net)?

0.01..99999.97

SjGrAsAm  In the last month, how much did you earn from your second/occasional job(s) before deductions for tax and National Insurance (ie gross)?

0.01..9999.97

If Self employed, or employee in second job but not regularly each week

SjPrfGrs  In the last 12 months, that is, since [DATE ONE YEAR AGO] how much have you earned from this work, before deducting income tax, and National Insurance contributions, (and money drawn for your own use but after deducting all business expenses)?

IF MADE NO PROFIT ENTER 0

00000.00..99999.97
Ask All
IncTax During the last 12 months, that is, since [DATE ONE YEAR AGO] have you paid any tax direct to the Inland Revenue?

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

If 'yes' at IncTax
IncTaxAm How much income tax did you pay direct to the Inland Revenue?
0.01..99999.97

Adults aged 18 or over
PEP There is a scheme called a Personal Equity Plan or PEP which gives people tax relief if they invest in shares or unit trusts. Do you have a personal equity plan at present?

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

If 'yes' at PEP
PepTypm Is this...
RUNNING PROMPT
CODE ALL THAT APPLY
a Unit Trust only plan.............................1
a Single Company plan............................2
or some other type of plan? (SPECIFY AT NEXT QUESTION).................................3

XPEpTyp Specify type of PEP

Ask All
Accounts SHOW CARD XX
Do you currently have an account or investments or have you had an account or investments during the last 12 months, such as those listed on this card?

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

If 'yes' at Accounts
AccTypM SHOW CARD XX
Which of these types of accounts or investments do you have?
CODE ALL THAT APPLY
<table>
<thead>
<tr>
<th>XAccTypm</th>
<th>Specify type of account or investment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank Account</td>
<td>...........................................1</td>
</tr>
<tr>
<td>Building Society Account</td>
<td>.................................2</td>
</tr>
<tr>
<td>Post Office Savings Account</td>
<td>.................................3</td>
</tr>
<tr>
<td>National Savings Bonds</td>
<td>..........................................4</td>
</tr>
<tr>
<td>National Savings Certificates</td>
<td>..........................................5</td>
</tr>
<tr>
<td>TESSAs</td>
<td>............................................6</td>
</tr>
<tr>
<td>Government gilt-edged stock</td>
<td>...........................................7</td>
</tr>
<tr>
<td>Bonds, debentures (exc. premium bonds)</td>
<td>...........................................8</td>
</tr>
<tr>
<td>Dividends from shares</td>
<td>.............................................9</td>
</tr>
<tr>
<td>Dividends from unit trusts</td>
<td>............................................10</td>
</tr>
<tr>
<td>Other (specify at next question)</td>
<td>.............................................11</td>
</tr>
</tbody>
</table>
For each investment ask IntDiv

IntDiv Have you received or been credited with any interest or dividends on this investment/account in the last 12 months (that is since...)?

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

If 'yes' at IntDiv

IntDivNG Was the interest or dividend on this account/investment paid gross or net of income tax?

Gross............................................1
Net..............................................2

IntDivAm How much interest did you yourself receive or were you credited with in the last 12 months (that is since...)?

0.01..99999.97

If DK amount

IntDvEst INTERVIEWER - IF INFORMANT DOES NOT KNOW AMOUNT, SHOW CARD YY AND ASK FOR AN ESTIMATE

1..10

OthRgPay And finally, apart from anything you have already mentioned, are you receiving any regular payment from any other source in the last 12 months (that is since...)?

SPECIFY DETAILS AT NEXT QUESTION
EXCLUDE BENEFITS NO LONGER RECEIVED

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

If 'yes' at OthRgPay

OthRgPy Specify details of other regular payments since...

XOthRgPAM How much have you received in the last 12 months?

0.01..99999.97
If Proxy
NtIncEst I would like now to ask you about the income of... Please could you look at this card and estimate the total net income, that is after deduction of tax, National Insurance and any expenses ... brings into the household in a year from all sources (benefits, employment, investments etc.)
ENTER CODE FROM CARD Z
1..30

Ask All
FollowUp If we want to contact you again about any future survey, would it be all right if we called on you again?

Yes, it would be all right (UNCONDITIONAL)........1
No, (UNCONDITIONAL)..............................2
Yes, (WITH CONDITIONS/QUALIFICATIONS: SPECIFY AT NEXT QUESTION)............................3

XFollowUp Specify conditions
How to fill in the form

To answer a question either you ring a number by the side of the answer which applies to you or you write the answer in a box. There are notes at each question telling you what to do. To the right of your answer you will find a note "Answer Q" which tells you which question number to go to next. See the example below.

If you have difficulty with any of the questions, please ask the interviewer for help.

EXAMPLE FOR ILLUSTRATION ONLY

When people get married nowadays, do you think they are most likely to get married in a church or in a register office?

If in a church of some kind, ring 1 Answer Q1
If in a register office, ring 2 Answer Q2
If in a church and register office, ring 3 Answer Q2
If don't know, ring 4 Answer Q1

If you are married please start at Q1
If you are not married please start at Q3
1. Thinking of your present marriage, did you get married with a religious ceremony of some kind, or at a register office, or are you simply living together as a couple?

- If a religious ceremony of some kind, ring 1
- If register office, ring 2
- If religious ceremony and register office, ring 3
- If living together as a couple, ring 4

2. To those married with a religious ceremony or at a register office

How many times have you been legally married?

Enter the total number including your present marriage.

3. To those currently living with someone as a couple but not legally married

Enter the month and year you and your partner started having together as a couple.

4. Has your partner ever been legally married?

- If yes, ring 1
- If no, ring 2

5. Have you yourself ever been legally married?

- If yes, ring 1
- If no, ring 2

6. To those who have been legally married in the past

How many times have you been legally married?

Enter number of times.
7. TO THOSE WHO ARE, OR HAVE BEEN, LEGALLY MARRIED

The next questions concern your marriage history.

Please record the answer for your first/only marriage in column 1 then if you've had a second marriage record the answer in column 2 and so on until you have filled in a column for each marriage.

<table>
<thead>
<tr>
<th>Column</th>
<th>Questions and Answers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>FIRST/ONLY MARRIAGE</strong></td>
</tr>
<tr>
<td></td>
<td>Month ... ... ... ...</td>
</tr>
<tr>
<td></td>
<td>Year 19 ... ... ... ...</td>
</tr>
<tr>
<td>Ring</td>
<td><strong>Yes</strong> 1 Answer Q9</td>
</tr>
<tr>
<td></td>
<td><strong>No</strong> 2 Answer Q10</td>
</tr>
<tr>
<td>8.</td>
<td>Before getting married did you and your husband live together as a couple?</td>
</tr>
<tr>
<td>9.</td>
<td>Enter the month and year when you started having together</td>
</tr>
<tr>
<td></td>
<td>Month ... ... ... ...</td>
</tr>
<tr>
<td></td>
<td>Year 19 ... ... ... ...</td>
</tr>
<tr>
<td>Ring</td>
<td><strong>Yes</strong> 1 Answer Q10</td>
</tr>
<tr>
<td></td>
<td><strong>No</strong> 2 Answer Q11</td>
</tr>
<tr>
<td>10.</td>
<td>Had your husband been legally married before he married you?</td>
</tr>
<tr>
<td></td>
<td><strong>Yes</strong> 1 Answer Q11</td>
</tr>
<tr>
<td></td>
<td><strong>No</strong> 2 Answer Q12</td>
</tr>
<tr>
<td>11.</td>
<td>Are you still married or has your marriage ended in death, divorce or separation?</td>
</tr>
<tr>
<td></td>
<td><strong>Still married</strong> 1 Answer Q15</td>
</tr>
<tr>
<td></td>
<td><strong>Death</strong> 1 Answer Q12</td>
</tr>
<tr>
<td></td>
<td><strong>Divorce</strong> 2 Answer Q13 and Q14</td>
</tr>
<tr>
<td></td>
<td><strong>Separation</strong> 3 Answer Q13</td>
</tr>
<tr>
<td>12.</td>
<td>If your marriage ended in death</td>
</tr>
<tr>
<td></td>
<td>Enter the month and year of your former husband's death</td>
</tr>
<tr>
<td></td>
<td>Month ... ... ... ...</td>
</tr>
<tr>
<td></td>
<td>Year 19 ... ... ... ...</td>
</tr>
<tr>
<td>13.</td>
<td>If your marriage ended in divorce or separation:</td>
</tr>
<tr>
<td></td>
<td>Enter the month and year when you stopped living together</td>
</tr>
<tr>
<td></td>
<td>Month ... ... ... ...</td>
</tr>
<tr>
<td></td>
<td>Year 19 ... ... ... ...</td>
</tr>
<tr>
<td>14.</td>
<td>If your marriage ended in divorce:</td>
</tr>
<tr>
<td></td>
<td>Enter the month and year your decree absolute was granted</td>
</tr>
<tr>
<td></td>
<td>Month ... ... ... ...</td>
</tr>
<tr>
<td></td>
<td>Year 19 ... ... ... ...</td>
</tr>
</tbody>
</table>

Go to next column if another marriage or Q15 if not

When you have completed a column for each marriage please answer Q15 on page 6.
<table>
<thead>
<tr>
<th>SECOND MARRIAGE</th>
<th>THIRD MARRIAGE</th>
<th>FOURTH MARRIAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
<td>Month</td>
<td>Month</td>
</tr>
<tr>
<td>Year 19</td>
<td>Year 19</td>
<td>Year 19</td>
</tr>
</tbody>
</table>

- If Ring
  - Yes 1: Answer Q9
  - No 2: Answer Q10

- If No
  - Yes 1: Answer Q9
  - No 2: Answer Q10

- Month
  - Year 19

- Answer Q10

- Month
  - Year 19

- Answer Q10

- Ring
  - Yes 1: Answer Q11
  - No 2: Answer Q11

- Month
  - Year 19

- Still married
  - 1: Answer Q15

- Death
  - 1: Answer Q12

- Divorce
  - 1: Answer Q13 and Q14

- Separation
  - 1: Answer Q13

- Month
  - Year 19

- Go to next column if another marriage or Q15 if not

- Month
  - Year 19

- Go to next column if another marriage or Q15 if not

- Month
  - Year 19
15. Have you any step, foster, or adopted children of any age who live with you?

   If yes, ring 1
   Answer Q16

   If no, ring 2
   Answer Q17
   on page 7

16. Please enter the details of your step/foster/adopted child(ren) below

<table>
<thead>
<tr>
<th>Enter the child's first name</th>
<th>1st child</th>
<th>2nd child</th>
<th>3rd child</th>
<th>4th child</th>
</tr>
</thead>
<tbody>
<tr>
<td>He/she is</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>step</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>foster</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>adopted</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How old is he/she?</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Child is</td>
<td>Male</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date he/she began living with you</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year</td>
<td>19</td>
<td>19</td>
<td>19</td>
<td>19</td>
</tr>
</tbody>
</table>

Now answer Q17 on page 7
17. Have you ever had a baby?

*NOTE Even if you have had a baby who only lived for a short time, please ring 1 in the box. A stillborn baby should not be included. Please ring 2 if no liveborn baby.*

<table>
<thead>
<tr>
<th>Answer</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes, have had a baby, ring</td>
</tr>
<tr>
<td>2</td>
<td>No, have never had a baby, ring</td>
</tr>
</tbody>
</table>

18. To those who have had a baby

Enter the total number of children born to you, (but please do not include any stillborn babies) ... ...

19. Please record the following details for each of the children you have given birth to starting with the oldest child

<table>
<thead>
<tr>
<th>1st born child</th>
<th>2nd born child</th>
<th>3rd born child</th>
<th>4th born child</th>
<th>5th born child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter the child's first name</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of birth</td>
<td>Month</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year</td>
<td>19</td>
<td>19</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td>Ring</td>
<td>Ring</td>
<td>Ring</td>
<td>Ring</td>
<td>Ring</td>
</tr>
<tr>
<td>Sex</td>
<td>Male</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Ring</td>
<td>Ring</td>
<td>Ring</td>
<td>Ring</td>
<td>Ring</td>
</tr>
<tr>
<td>Is he/she living with you now</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>living somewhere else</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>or no longer alive?</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

Now answer Q20

20. If you are aged 50 or over, ring

<table>
<thead>
<tr>
<th>Answer</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Thank you. Please return the form.</td>
</tr>
</tbody>
</table>

If you are aged 16-49 and have ever given birth to a baby, ring

<table>
<thead>
<tr>
<th>Answer</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Answer Q21 on page 8</td>
</tr>
</tbody>
</table>

If you are aged 16-49 and have never had a baby, ring

<table>
<thead>
<tr>
<th>Answer</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Answer Q30 on page 10</td>
</tr>
</tbody>
</table>
21. To those who have had a baby

Are you pregnant now?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Answer Q22</td>
</tr>
<tr>
<td>2</td>
<td>Answer Q26</td>
</tr>
</tbody>
</table>

22. To those who are pregnant

Do you think that you will have any more children, after the one you are expecting?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Answer Q24</td>
</tr>
<tr>
<td>2</td>
<td>Answer Q26</td>
</tr>
<tr>
<td>3</td>
<td>Answer Q39 on page 12</td>
</tr>
<tr>
<td>4</td>
<td>Answer Q23</td>
</tr>
<tr>
<td>5</td>
<td>Answer Q23</td>
</tr>
</tbody>
</table>

23. If you do not know whether you will have more children

On the whole do you think that, after the child you are expecting, you will probably or probably not have any more children?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Answer Q24</td>
</tr>
<tr>
<td>2</td>
<td>Answer Q39 on page 12</td>
</tr>
</tbody>
</table>

24. How many children do you think you will have born to you in all, including the one you are expecting and those you have already who are still alive?

Enter total number of children - Answer Q25

25. How old do you think you will be when you have your next baby, after the one you are expecting?

Enter age you think you will be - Answer Q39 on page 12

26. To those who are not pregnant

Do you think that you will have any more children at all?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Answer Q28</td>
</tr>
<tr>
<td>2</td>
<td>Answer Q39 on page 12</td>
</tr>
<tr>
<td>3</td>
<td>Answer Q27</td>
</tr>
<tr>
<td>4</td>
<td>Answer Q27</td>
</tr>
<tr>
<td>5</td>
<td>Answer Q27</td>
</tr>
</tbody>
</table>
27. If you do not know whether you will have more children

On the whole do you think that you will probably or probably not have any more children?

<table>
<thead>
<tr>
<th>If probably yes, ring</th>
<th>1</th>
<th>Answer Q28</th>
</tr>
</thead>
<tbody>
<tr>
<td>If probably not, ring</td>
<td>2</td>
<td>Answer Q39 on page 12</td>
</tr>
</tbody>
</table>

28. How many children do you think you will have born to you in all, including those you have already who are still alive?

Enter total number of children

Answer Q29

29. How old do you think you will be when you have your next baby?

Enter age you think you will be

Answer Q39 on page 12
30. To those who have not had a liveborn baby

Are you pregnant now?

- If yes, ring → 1 → Answer Q31
- If no or unsure, ring → 2 → Answer Q35

31. To those who are pregnant

Do you think that you will have any more children, after the one you are expecting?

- If yes, ring → 1 → Answer Q33
- If probably yes, ring → 2 → Answer Q39 on page 12
- If probably no, ring → 3 → Answer Q32
- If no, ring → 4 → Answer Q39 on page 12
- If you don’t know, ring → 5 → Answer Q32

32. If you do not know whether you will have more children

On the whole do you think that, after the child you are expecting, you will probably or probably not have any more children?

- If probably yes, ring → 1 → Answer Q33
- If probably not, ring → 2 → Answer Q39 on page 12

33. How many children do you think you will have born to you in all, including the one you are expecting?

Enter total number of children → Answer Q34

34. How old do you think you will be when you have your next baby, after the one you are expecting?

Enter age you think you will be → Answer Q39 on page 12

35. To those who are not pregnant

Do you think that you will have any children at all?

- If yes, ring → 1 → Answer Q37 on page 11
- If probably yes, ring → 2 → Answer Q39 on page 12
- If probably no, ring → 3 → Answer Q32
- If no, ring → 4 → Answer Q39 on page 12
- If you don’t know, ring → 5 → Answer Q36 on page 11
36. **If you do not know whether you will have any children**

On the whole do you think that you will probably or probably not have any children?

- If probably yes, ring 1
- If probably not, ring 2

1. **Answer Q37**

2. **Answer Q39 on page 12**

37. **How many children do you think you will have born to you in all?**

Enter total number of children

**Answer Q38**

38. **How old do you think you will be when you have your first baby?**

Enter age you think you will be

**Answer Q39 on page 12**
39. We’ve asked you about how many children you think you’ll have. The next questions are about ways of preventing pregnancy.

Have you or your husband/partner ever been sterilised - I mean ever had an operation intended to prevent you getting pregnant (again)?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Answer Q40</td>
</tr>
<tr>
<td>2</td>
<td>Answer Q46 on page 14</td>
</tr>
</tbody>
</table>

40. Was it you who was sterilised or your husband/partner who had a vasectomy?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Answer Q41</td>
</tr>
</tbody>
</table>

41. Was the operation carried out under the NHS or not?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Answer Q41</td>
</tr>
<tr>
<td>2</td>
<td>Answer Q45</td>
</tr>
</tbody>
</table>

42. Did you/did he have the operation

<table>
<thead>
<tr>
<th>Answer</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Answer Q41</td>
</tr>
<tr>
<td>2</td>
<td>Answer Q45</td>
</tr>
</tbody>
</table>

43. What month and year was the operation?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Answer Q41</td>
</tr>
<tr>
<td>2</td>
<td>Answer Q45</td>
</tr>
</tbody>
</table>

44. Was either your or your husband's/partner's operation less than 2 years ago?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Answer Q41</td>
</tr>
<tr>
<td>2</td>
<td>Answer Q45</td>
</tr>
</tbody>
</table>

Thank you. Please return the form.
45. Which of the following method(s) of preventing pregnancy, if any, were you and your husband/partner usually using immediately before that?

<table>
<thead>
<tr>
<th>Method</th>
<th>Ring Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you had no sexual relationship, ring</td>
<td>15</td>
</tr>
<tr>
<td>If no method used at all, ring</td>
<td>16</td>
</tr>
<tr>
<td>If you were pregnant, ring</td>
<td>19</td>
</tr>
<tr>
<td>If usually using one or more methods, ring all the numbers that apply</td>
<td></td>
</tr>
<tr>
<td>Withdrawal</td>
<td>1</td>
</tr>
<tr>
<td>Male sheath/condom</td>
<td>2</td>
</tr>
<tr>
<td>Safe period/rhythm method</td>
<td>3</td>
</tr>
<tr>
<td>Cap/diaphragm</td>
<td>4</td>
</tr>
<tr>
<td>Contraceptive sponge</td>
<td>5</td>
</tr>
<tr>
<td>Pill: mini pill (progesteron only)</td>
<td>6</td>
</tr>
<tr>
<td>Pill: combined pill (including multi-phasic pill)</td>
<td>7</td>
</tr>
<tr>
<td>Pill: not sure if mini or combined</td>
<td></td>
</tr>
<tr>
<td>Please write the brand name below</td>
<td>8</td>
</tr>
<tr>
<td>IUD/coil/intra-uterine device</td>
<td>9</td>
</tr>
<tr>
<td>Foams/gels/sprays/pessaries (spermicides)</td>
<td>10</td>
</tr>
<tr>
<td>Going without sexual intercourse to avoid pregnancy</td>
<td>11</td>
</tr>
<tr>
<td>Injections</td>
<td>12</td>
</tr>
<tr>
<td>Surgically implanted hormone capsules</td>
<td>13</td>
</tr>
<tr>
<td>Another method</td>
<td>14</td>
</tr>
</tbody>
</table>

Answer Q74 on page 23
To those who have not had a sterilisation operation to prevent pregnancy

If you are pregnant now, ring

If you are not pregnant now or are unsure, ring

Which of the following method(s) of preventing pregnancy, if any, were you and your husband/partner using when you became pregnant?

If no method used, ring

If using one or more methods, ring all the numbers that apply

Withdrawal
Male sheath/condom
Safe period/rhythm method
Cap/diaphragm
Contraceptive sponge
Pill: mini pill (progesterone only)
Pill: combined pill (including multi-phasic pill)
Pill: not sure if mini or combined
Please write the brand name below
IUD/coil/intra-uterine device
Foams/gels/sprays/pessaries (spermicides)
Injections
Surgically implanted hormone capsules
Another method
Please write its name below
48. Please put a ring around the number opposite the statement which applied to you at the time you became pregnant

<table>
<thead>
<tr>
<th>Statement</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>We only used one method</td>
<td>X</td>
</tr>
<tr>
<td>We used more than one method at a time</td>
<td>1</td>
</tr>
<tr>
<td>Sometime we used one method, sometimes another</td>
<td>2</td>
</tr>
</tbody>
</table>

Answer Q50

49. Which method did you use most often?

Please look at the list at Q47 for the number of the method and write the number in the box.

Answer Q50

50. How long had this method (combination of methods) been the one you usually used, that is the one you used most often?

<table>
<thead>
<tr>
<th>Duration</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 3 months</td>
<td>1</td>
</tr>
<tr>
<td>At least 3 months, less than 6 months</td>
<td>2</td>
</tr>
<tr>
<td>At least 6 months, less than 1 year</td>
<td>3</td>
</tr>
<tr>
<td>At least 1 year, less than 2 years</td>
<td>4</td>
</tr>
<tr>
<td>At least 2 years</td>
<td>5</td>
</tr>
</tbody>
</table>

Answer Q51

51. Which of the following method(s) of preventing pregnancy, if any, did you usually use immediately before that?

<table>
<thead>
<tr>
<th>Method</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you had no sexual relationship, ring</td>
<td>15</td>
</tr>
<tr>
<td>If no method used at all, ring</td>
<td>16</td>
</tr>
<tr>
<td>If you were pregnant, ring</td>
<td>19</td>
</tr>
<tr>
<td>If using one or more methods, ring all the numbers that apply</td>
<td></td>
</tr>
<tr>
<td>Withdrawal</td>
<td>1</td>
</tr>
<tr>
<td>Male sheath/condom</td>
<td>2</td>
</tr>
<tr>
<td>Safe period/rhythm method</td>
<td>3</td>
</tr>
<tr>
<td>Cap/diaphragm</td>
<td>4</td>
</tr>
<tr>
<td>Contraceptive sponge</td>
<td>5</td>
</tr>
<tr>
<td>Pill: mini pill (progesterone only)</td>
<td>6</td>
</tr>
<tr>
<td>Pill: combined pill (including multi-phasic pill)</td>
<td>7</td>
</tr>
<tr>
<td>Pill: not sure if mini or combined</td>
<td>8</td>
</tr>
<tr>
<td>Please write the brand name below</td>
<td></td>
</tr>
<tr>
<td>IUD/coil/intra-uterine device</td>
<td>9</td>
</tr>
<tr>
<td>Foams/gels/sprays/pessaries (spermicides)</td>
<td>10</td>
</tr>
<tr>
<td>Going without sexual intercourse to avoid pregnancy</td>
<td>11</td>
</tr>
<tr>
<td>Injections</td>
<td>12</td>
</tr>
<tr>
<td>Surgically implanted hormone capsules</td>
<td>13</td>
</tr>
<tr>
<td>Another method - Please write its name below</td>
<td>14</td>
</tr>
</tbody>
</table>

Answer Q74 on page 23
52. To those who were not using a method of preventing pregnancy at the time of becoming pregnant

Here is a list of reasons why people do not use a method for preventing pregnancy. Which of the reasons applied to you and your husband/partner at the time you became pregnant?

Ring all the numbers that apply

<table>
<thead>
<tr>
<th>Reason</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wanted to get pregnant</td>
<td>1</td>
</tr>
<tr>
<td>Unlikely to conceive because of menopause</td>
<td>2</td>
</tr>
<tr>
<td>Unlikely to conceive because possibly infertile</td>
<td>3</td>
</tr>
<tr>
<td>Don't like contraception and/or find methods unsatisfactory</td>
<td>4</td>
</tr>
<tr>
<td>Another reason</td>
<td>5</td>
</tr>
</tbody>
</table>

Please write your reason below

53. In the last 2 years have you (or your husband/partner) used any of the methods of preventing pregnancy listed below at Q54?

If yes, ring ________________
If no, ring ________________

54. If you (or your husband/partner) used one or more methods in the last 2 years, ring all the numbers that apply.

<table>
<thead>
<tr>
<th>Method</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Withdrawal</td>
<td>1</td>
</tr>
<tr>
<td>Male sheath/condom</td>
<td>2</td>
</tr>
<tr>
<td>Safe period/rhythm method</td>
<td>3</td>
</tr>
<tr>
<td>Cap/diaphragm</td>
<td>4</td>
</tr>
<tr>
<td>Contraceptive sponge</td>
<td>5</td>
</tr>
<tr>
<td>Pill: mini pill (progesterone only)</td>
<td>6</td>
</tr>
<tr>
<td>Pill: combined pill (including multi-phasic pill)</td>
<td>7</td>
</tr>
<tr>
<td>Pill: not sure if mini or combined</td>
<td>8</td>
</tr>
<tr>
<td>Please write the brand name below</td>
<td></td>
</tr>
<tr>
<td>IUD/coil/intra-uterine device</td>
<td>9</td>
</tr>
<tr>
<td>Foams/gels/sprays/pessaries (spermicides)</td>
<td>10</td>
</tr>
<tr>
<td>Going without sexual intercourse to avoid pregnancy</td>
<td>11</td>
</tr>
<tr>
<td>Injections</td>
<td>12</td>
</tr>
<tr>
<td>Surgically implanted hormone capsules</td>
<td>13</td>
</tr>
<tr>
<td>Another method - Please write its name below</td>
<td>14</td>
</tr>
</tbody>
</table>
55. To those who are not pregnant and have not been sterilised to prevent pregnancy

<table>
<thead>
<tr>
<th>Have you or your husband/partner had any other operation which prevents you getting pregnant (again)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, ring X</td>
</tr>
<tr>
<td>If no, ring 4</td>
</tr>
</tbody>
</table>

56. Was it you or your husband/partner who had an operation which prevents you getting pregnant (again)?

| If yourself, ring 1                                           |
| If husband/partner, ring 2                                    |
| If both, ring 3                                               |

57. In what month and year was the operation?

<table>
<thead>
<tr>
<th>Own operation</th>
<th>Husband's/ partner's operation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter month</td>
<td>Enter year</td>
</tr>
</tbody>
</table>

58. Was either your or your husband's/partner's operation less than 2 years ago?

| If yes, ring 1                                      |
| If no, ring 2                                       |

59. Which of the following method(s) of preventing pregnancy, if any, did you usually use immediately before that?

| If you had no sexual relationship, ring 15          |
| If no method used at all, ring 16                    |
| If you were pregnant, ring 19                        |
| If using one or more methods, ring all the numbers that apply |
| Withdrawal                                           |
| Male sheath/condom                                  |
| Safe period/rhythm                                  |
| Cap/diaphragm                                        |
| Contraceptive sponge                                |
| Pill mini pill (progesteron only).                   |
| Pill combined pill (including multi-phasic pill)     |
| Pill not sure if mini or combined                     |

Please write the brand name below

| IUD/coil/intra-uterine device 9                     |
| Foams/gels/sprays/pessaries (spermicides) 10         |
| Going without sexual intercourse to avoid pregnancy 11 |
| Injections                                          |
| Surgically implanted hormone capsules               |
| Another method - Please write its name below        |
60. To those who are not pregnant and who have not had any operation that prevents pregnancy

Which of the following method(s) of preventing pregnancy, if any, are you, and your husband/partner usually using at present?

If using one or more methods, ring all the numbers that apply

If you have no sexual relationship, ring

If no method used at all, ring

Withdrawal
Male sheath/condom
Safe period/rhythm method
Cap/diaphragm
Contraceptive sponge
Pill: mini pill (progesterone only)
Pill: combined pill (including multi-phasic pill)
Pill: not sure if mini or combined
Please write brand name below
IUD/coil/intra-uterine device
Foams/gels/sprays/pessaries (spermicides)
Going without sexual intercourse to avoid pregnancy
Injections
Surgically implanted hormone capsules
Another method
Please write its name below

Answer Q69 on page 21
Answer Q68 on page 20
Answer Q61
61. Please put a ring around the number opposite the statement which applies to you at present

<table>
<thead>
<tr>
<th>Statement</th>
<th>Ring Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>We only use one method</td>
<td>X</td>
</tr>
<tr>
<td>We use more than one method at a time</td>
<td>1</td>
</tr>
<tr>
<td>Sometimes we use one method, sometimes another</td>
<td>2</td>
</tr>
</tbody>
</table>

Answer Q62

62. Which method do you use most often?

Please look at the list at Q60 for the number of the method and write that number in the box

Answer Q63

63. How long has this method (combination of methods) been the one you usually use, that is the one you use most often?

Ring the number which applies to you

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Ring Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 3 months</td>
<td>1</td>
</tr>
<tr>
<td>At least 3 months, less than 6 months</td>
<td>2</td>
</tr>
<tr>
<td>At least 6 months, less than 1 year</td>
<td>3</td>
</tr>
<tr>
<td>At least 1 year, less than 2 years</td>
<td>4</td>
</tr>
<tr>
<td>At least 2 years</td>
<td>5</td>
</tr>
</tbody>
</table>

Answer Q64

Answer Q63

64. Which of the following methods of preventing pregnancy, if any, did you (or your partner) usually use immediately before that?

If you had no sexual relationship, ring

If no method used at all, ring

If you were pregnant, ring

If using one or more methods, ring all the numbers that apply

<table>
<thead>
<tr>
<th>Method</th>
<th>Ring Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Withdrawal</td>
<td>1</td>
</tr>
<tr>
<td>Male sheath/condom</td>
<td>2</td>
</tr>
<tr>
<td>Safe period/rhythm method</td>
<td>3</td>
</tr>
<tr>
<td>Cap/diaphragm</td>
<td>4</td>
</tr>
<tr>
<td>Contraceptive sponge</td>
<td>5</td>
</tr>
<tr>
<td>Pill mini pill (progestogen only)</td>
<td>6</td>
</tr>
<tr>
<td>Pill combined pill (including multi-phasic pill)</td>
<td>7</td>
</tr>
<tr>
<td>Pill not sure if mini or combined</td>
<td></td>
</tr>
<tr>
<td>Please write brand name below</td>
<td></td>
</tr>
<tr>
<td>Contraceptive cream/spray/pessary (spermicides)</td>
<td>10</td>
</tr>
<tr>
<td>Going without sexual intercourse to avoid pregnancy</td>
<td>11</td>
</tr>
<tr>
<td>Injections</td>
<td>12</td>
</tr>
<tr>
<td>Surgically implanted hormone capsules</td>
<td>13</td>
</tr>
<tr>
<td>Another method - Please write its name below</td>
<td>14</td>
</tr>
</tbody>
</table>

Answer Q65 on page 20

Answer Q66
65. As far as you know, could you (and your husband/partner) have (more) children if you wanted to, or would it be difficult or impossible?

| If you could have (more) children, ring | 1 | Answer Q74 on page 23 |
| If it would be difficult/impossible, ring | 2 | Answer Q66 |

66. What is the difficulty?

Ring all numbers that apply

- Getting pregnant: 1
- Having a baby born alive: 2
- Pregnancy could endanger health: 3
- Passed the menopause - change of life: 4
- Another difficulty
  Please write your reason below: 5

67. Have you or your husband/partner ever consulted a doctor about difficulty in getting pregnant or having a baby born alive?

| If yes, ring | 1 | Answer Q74 on page 23 |
| If no, ring | 2 |

68. To those who do not use a method at the present time

Here are some reasons for not using a method. Which one applies to you and your husband/partner?

Ring all numbers that apply

- Want to get pregnant: 1
- Unlikely to conceive because of menopause: 2
- Unlikely to conceive because possibly infertile: 3
- Don't like contraception and/or find methods unsatisfactory: 4
- Another reason
  Please write your reason below: 5

Answer Q66
Answer Q67
Answer Q74 on page 23
Answer Q65
Answer Q74 on page 23
69. In the last 2 years have you (or your husband/partner) used any of the methods of preventing pregnancy listed at Q70?  
If yes, ring 1  
If no, ring 2  

Answer Q70  

Answer Q71 on page 22

70. Which methods did you (or your husband/partner) usually use?  

<table>
<thead>
<tr>
<th>Method</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Withdrawal</td>
<td></td>
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<tr>
<td>Male sheath/condom</td>
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<td></td>
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<tr>
<td>Safe period/rhythm method</td>
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<tr>
<td>Cap/diaphragm</td>
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<tr>
<td>Contraceptive sponge</td>
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<tr>
<td>Pill mini pill (progesterone only)</td>
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<tr>
<td>Pill combined pill (including multi-phasic pill)</td>
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</tr>
<tr>
<td>Pill not sure if mini or combined</td>
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<tr>
<td>IUD/coil/intra-uterine device</td>
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<td></td>
</tr>
<tr>
<td>Foams/gels/sprays/pessaries (spermicides)</td>
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<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Going without sexual intercourse to avoid pregnancy</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Injections</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgically implanted hormone capsules</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Another method</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please write its name below</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
71. As far as you know, could you (and your husband/partner) have (more) children, if you wanted to, or would it be difficult or impossible?

If you could have (more) children, ring

If it would be difficult/impossible, ring

72. What is the difficulty?

Please ring all numbers that apply

- Getting pregnant
- Having a baby born alive
- Pregnancy would endanger health
- Passed the menopause - change of life
- Another difficulty

Please write your reason below

73. Have you or your husband/partner ever consulted a doctor about difficulty in getting pregnant or having a baby born alive?

If yes, ring

If no, ring
74. There are other methods of contraception available. These are referred to as emergency contraception.

Have you ever used emergency contraception, that is, the 'morning after pill' or the IUD method, in the last 2 years?

If yes, ring 1
If no, ring 2

Answer Q75
Thank you. Please return the form.

75. On how many occasions have you used emergency contraception in the last 2 years?

Enter the total number of times

Answer Q76

76. Please record the method used on each occasion

<table>
<thead>
<tr>
<th>Occasion number</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pill method, sometimes called the 'morning after pill'</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>IUD/coil fitted</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

77. Where did you go for this emergency contraception?

<table>
<thead>
<tr>
<th>Location</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your own GP</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Another GP</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Family planning clinic</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Hospital emergency room</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

Go to next column of Q76 if another occasion. If not, thank you. Please return the form.
How to fill in the form

To answer a question either you ring a number by the side of the answer which applies to you or you write the answer in a box. There are notes at each question telling you what to do. To the right of your answer you will find a note "Answer Q" which tells you which question number to go to next. See the example below.

If you have difficulty with any of the questions, please ask the interviewer for help.

EXAMPLE FOR ILLUSTRATION ONLY

When people get married nowadays, do you think they are most likely to get married in a church or in a register office?

If in a church of some kind, ring 1
If in a register office, ring 2
If in a church and register office, ring 3
If don't know, ring 4

Answer Q1
Answer Q1
Answer Q2
Answer Q1

Please now go to Q1
1. As you know, some couples live together without actually getting married either because they cannot for some reason or because they prefer not to.

Are you currently living with someone as a couple?

- If yes, ring → 1 → Answer Q2
- If no, ring → 2 → Answer Q4 on page 4

2. To those living with someone as a couple

Enter the month and year you and your partner started living together as a couple:

Month ... ...
Year 19....

Answer Q3

3. Has your partner ever been legally married?

- If yes, ring → 1 → Answer Q4 on page 4
- If no, ring → 2
4. Have you any step, foster, or adopted children of any age who live with you?

If yes, ring → 1 → Answer Q5

If no, ring → 2 → Answer Q6 on page 5

5. Please enter the details of your step/foster/adopted child(ren) below

<table>
<thead>
<tr>
<th>Enter the child's first name</th>
<th>1st child</th>
<th>2nd child</th>
<th>3rd child</th>
<th>4th child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ring one number</td>
<td>Ring one number</td>
<td>Ring one number</td>
<td>Ring one number</td>
<td></td>
</tr>
</tbody>
</table>

He/she is.

- step → 1
- foster → 2
- adopted → 3

How old is he/she?

<table>
<thead>
<tr>
<th>Child is</th>
<th>Ring one number</th>
<th>Ring one number</th>
<th>Ring one number</th>
<th>Ring one number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Female</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

Date he/she began living with you:

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>19</td>
</tr>
</tbody>
</table>
5. As you know, some women become pregnant and have children without being married.

Have you ever had a baby?

Yes, have had a baby, ring 1

No, have never had a baby, ring 2

Answer Q7

Answer Q9

NOTE: Even if you have had a baby who only lived for a short time, please ring 1 in the box. A stillborn baby should not be included. Please ring 2 if no liveborn baby.

7. To those who have had a baby

Enter the total number of children born to you, (but please do not include any stillborn babies). Answer Q8

8. Please record the following details for each of the children you have given birth to starting with the oldest child.

<table>
<thead>
<tr>
<th>1st born child</th>
<th>2nd born child</th>
<th>3rd born child</th>
<th>4th born child</th>
<th>5th born child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter the child's first name</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of birth</td>
<td>Month</td>
<td>Year</td>
<td>Ring</td>
<td>Ring</td>
</tr>
<tr>
<td>19</td>
<td>19</td>
<td>19</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td>Sex</td>
<td>Male</td>
<td>Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Is he/she living with you now</td>
<td>Ring</td>
<td>Ring</td>
<td>Ring</td>
<td>Ring</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Living somewhere else</td>
<td>Ring</td>
<td>Ring</td>
<td>Ring</td>
<td>Ring</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Or no longer alive?</td>
<td>Ring</td>
<td>Ring</td>
<td>Ring</td>
<td>Ring</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

Now answer Q9

9. If you are aged 50 or over, ring 1

Thank you. Please return the form.

If you are aged 16-49 and have ever given birth to a baby, ring 2

Answer Q10 on page 6

If you are aged 16-49 and have never had a baby, ring 2

Answer Q19 on page 8
10. To those who have had a baby

Are you pregnant now?

If yes, ring → 1  Answer Q11
If no or unsure, ring → 2  Answer Q15

11. To those who are pregnant

Do you think that you will have any more children, after the one you are expecting?

If yes, ring → 1  Answer Q13
If probably yes, ring → 2  Answer Q15
If probably no, ring → 3  Answer Q28 on page 10
If no, ring → 4  Answer Q28 on page 10
If you don't know, ring → 5  Answer Q15

12. If you do not know whether you will have more children

On the whole do you think that, after the child you are expecting, you will probably or probably not have any more children?

If probably yes, ring → 1  Answer Q13
If probably not, ring → 2  Answer Q28 on page 10

13. How many children do you think you will have born to you in all, including the one you are expecting and those you have already who are still alive?

Enter total number of children →  Answer Q14

14. How old do you think you will be when you have your next baby, after the one you are expecting?

Enter age you think you will be →  Answer Q28 on page 10

15. To those who are not pregnant

Do you think that you will have any more children at all?

If yes, ring → 1  Answer Q17
If probably yes, ring → 2  Answer Q28 on page 10
If probably no, ring → 3  Answer Q28 on page 10
If no, ring → 4  Answer Q16
If you don't know, ring → 5  Answer Q16
16. If you do not know whether you will have more children

On the whole do you think that you will probably or probably not have any more children?

<table>
<thead>
<tr>
<th>If probably yes, ring</th>
<th>1</th>
<th>Answer Q17</th>
</tr>
</thead>
<tbody>
<tr>
<td>If probably not, ring</td>
<td>2</td>
<td>Answer Q28 on page 10</td>
</tr>
</tbody>
</table>

17. How many children do you think you will have born to you in all, including those you have already who are still alive?

Enter total number of children \( ...... \) \( .... \) Answer Q18

18. How old do you think you will be when you have your next baby?

Enter age you think you will be \( .... \) \( .... \) Answer Q28 on page 10
19. **To those who have not had a liveborn baby**

   Are you pregnant now?
   
<table>
<thead>
<tr>
<th>Option</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, ring</td>
<td>1</td>
</tr>
<tr>
<td>If no or unsure, ring</td>
<td>2</td>
</tr>
</tbody>
</table>

20. **To those who are pregnant**

   Do you think that you will have any more children, after the one you are expecting?
   
<table>
<thead>
<tr>
<th>Option</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, ring</td>
<td>1</td>
</tr>
<tr>
<td>If probably yes, ring</td>
<td>2</td>
</tr>
<tr>
<td>If probably no, ring</td>
<td>3</td>
</tr>
<tr>
<td>If no, ring</td>
<td>4</td>
</tr>
<tr>
<td>If you don't know, ring</td>
<td>5</td>
</tr>
</tbody>
</table>

21. **If you do not know whether you will have more children**

   On the whole do you think that, after the child you are expecting, you will probably or probably not have any more children?
   
<table>
<thead>
<tr>
<th>Option</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>If probably yes, ring</td>
<td>1</td>
</tr>
<tr>
<td>If probably not, ring</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

22. **How many children do you think you will have born to you in all, including the one you are expecting?**

   Enter total number of children

   Answer Q23

23. **How old do you think you will be when you have your next baby, after the one you are expecting?**

   Enter age you think you will be

   Answer Q28 on page 10

24. **To those who are not pregnant**

   Do you think that you will have any children at all?
   
<table>
<thead>
<tr>
<th>Option</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, ring</td>
<td>1</td>
</tr>
<tr>
<td>If probably yes, ring</td>
<td>2</td>
</tr>
<tr>
<td>If probably no, ring</td>
<td>3</td>
</tr>
<tr>
<td>If no, ring</td>
<td>4</td>
</tr>
<tr>
<td>If you don't know, ring</td>
<td>5</td>
</tr>
</tbody>
</table>
25. If you do not know whether you will have any children

On the whole do you think that you will probably or probably not have any children?

If probably yes, ring → 1 Answer Q26
If probably not, ring → 2 Answer Q28 on page 10

26. How many children do you think you will have born to you in all?

Enter total number of children → Answer Q27

27. How old do you think you will be when you have your first baby?

Enter age you think you will be → Answer Q28 on page 10
28. We've asked you about how many children you think you'll have. The next questions are about ways of preventing pregnancy.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer Q29</th>
<th>Answer Q30</th>
<th>Answer Q31</th>
<th>Answer Q32</th>
<th>Answer Q33</th>
<th>Answer Q61</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever been sterilised - I mean ever had an operation intended to prevent you getting pregnant (again)?</td>
<td>If yes, ring</td>
<td>1</td>
<td>Enter month</td>
<td>Enter year</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>If no, ring</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>Answer Q33</td>
<td>-</td>
</tr>
</tbody>
</table>

29. Was the operation carried out under the NHS or not?

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer Q29</th>
<th>Answer Q30</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If NHS, ring</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>If other, ring</td>
<td>2</td>
</tr>
</tbody>
</table>

30. Did you have the operation

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer Q29</th>
</tr>
</thead>
<tbody>
<tr>
<td>as a hospital inpatient, staying overnight or longer</td>
<td>1</td>
</tr>
<tr>
<td>as a hospital outpatient</td>
<td>2</td>
</tr>
<tr>
<td>at your/his doctor's surgery</td>
<td>3</td>
</tr>
<tr>
<td>at a clinic</td>
<td>4</td>
</tr>
<tr>
<td>or was it carried out somewhere else?</td>
<td>5</td>
</tr>
</tbody>
</table>

31. In what month and year was the operation?

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer Q29</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter month</td>
<td></td>
</tr>
</tbody>
</table>

32. Was your operation less than 2 years ago?

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer Q29</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, ring</td>
<td>1</td>
</tr>
<tr>
<td>If no, ring</td>
<td>2</td>
</tr>
</tbody>
</table>

33. Which of the following method(s) of preventing pregnancy, if any, were you usually using immediately before that?

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer Q29</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you had no sexual relationship, ring</td>
<td>15</td>
</tr>
<tr>
<td>If no method used at all, ring</td>
<td>16</td>
</tr>
<tr>
<td>If you were pregnant, ring</td>
<td>19</td>
</tr>
<tr>
<td>If usually using one or more methods, ring all the numbers that apply</td>
<td>-</td>
</tr>
</tbody>
</table>

- Withdrawal
- Male sheath/condom
- Safe period/rhythm method
- Cap/diaphragm
- Contraceptive sponge
- Pill mini pill (progesteron only)
- Pill combined pill (including multi-phasic pill)
- Pill not sure if mini or combined

If usually using one or more methods, Please write brand name below

- IUD/coil/intra-uterine device
- Foams/gels/sprays/pessaries (spermicides)
- Going without sexual intercourse to avoid pregnancy
- Injections
- Surgically implanted hormone capsules
- Another method - Please write its name below
34. To those who have not had a sterilisation operation to prevent pregnancy

If you are pregnant now, ring → 1  - Answer Q35
If you are not pregnant now or are unsure, ring → 2  - Answer Q43

35. Which of the following method(s) of preventing pregnancy, if any, were you (or your partner) using when you became pregnant?

If no method used, ring → 2  - Answer Q40
If using one or more methods, ring all the numbers that apply

<table>
<thead>
<tr>
<th>Method</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Withdrawal</td>
<td>1</td>
</tr>
<tr>
<td>Male sheath/condom</td>
<td>2</td>
</tr>
<tr>
<td>Safe period/rhythm method</td>
<td>3</td>
</tr>
<tr>
<td>Cap/diaphragm</td>
<td>4</td>
</tr>
<tr>
<td>Contraceptive sponge</td>
<td>5</td>
</tr>
<tr>
<td>Pill: mini pill (progesterone only)</td>
<td>6</td>
</tr>
<tr>
<td>Pill combined pill (including multi-phasic pill)</td>
<td>7</td>
</tr>
<tr>
<td>Pill not sure if mini or combined</td>
<td>8</td>
</tr>
<tr>
<td>Please write brand name below</td>
<td></td>
</tr>
<tr>
<td>IUD/coil/intra-uterine device</td>
<td>9</td>
</tr>
<tr>
<td>Foams/gels/sprays/pessaries (spermicides)</td>
<td>10</td>
</tr>
<tr>
<td>Injections</td>
<td>12</td>
</tr>
<tr>
<td>Surgically implanted hormone capsules</td>
<td>13</td>
</tr>
<tr>
<td>Another method - Please write its name below</td>
<td>14</td>
</tr>
</tbody>
</table>

36. Please put a ring around the number opposite the statement which applied to you at the time you became pregnant.

<table>
<thead>
<tr>
<th>Statement</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>We only used one method</td>
<td>X</td>
</tr>
<tr>
<td>We used more than one method at a time</td>
<td>1</td>
</tr>
<tr>
<td>Sometimes we used one method, sometimes another</td>
<td>2</td>
</tr>
</tbody>
</table>

37. Which method did you use most often?

Please look at the list at Q35 for the number of the method and write that number in the box → ... - Answer Q38
38. How long has this method (combination of methods) been the one you usually used, that is the one you used most often?

Ring the number which applies to you

<table>
<thead>
<tr>
<th>Method Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 3 months</td>
<td>1</td>
</tr>
<tr>
<td>At least 3 months, less than 6 months</td>
<td>2</td>
</tr>
<tr>
<td>At least 6 months, less than 1 year</td>
<td>3</td>
</tr>
<tr>
<td>At least 1 year, less than 2 years</td>
<td>4</td>
</tr>
<tr>
<td>At least 2 years</td>
<td>5</td>
</tr>
</tbody>
</table>

Answer Q39

39. Which of the following method(s) of preventing pregnancy, if any, did you (or your partner) usually use immediately before that?

If you had no sexual relationship, ring
If no method used at all, ring
If you were pregnant, ring
If using one or more methods, ring all the numbers that apply

- Withdrawal
- Male sheath/condom
- Safe period/rhythm method
- Cap/diaphragm
- Contraceptive sponge
- Pill: mini pill (progesteron only)
- Pill combined pill (including multi-phasic pill)
- Pill: not sure if mini or combined
- Please write brand name below
- IUD/coil/intra-uterine device
- Foams/gels/sprays/pessaries (spermicides)
- Going without sexual intercourse to avoid pregnancy
- Injections
- Surgically implanted hormone capsules
- Another method

Please write its name below

Answer Q61 on page 20
40. To those who did not use a method at the time of becoming pregnant

Here is a list of reasons why people do not use any method for preventing pregnancy. Which reason applied to you?

Ring all the numbers that apply

<table>
<thead>
<tr>
<th>Reason</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wanted to get pregnant</td>
<td>1</td>
</tr>
<tr>
<td>Unlikely to conceive because of menopause</td>
<td>2</td>
</tr>
<tr>
<td>Unlikely to conceive because possibly infertile</td>
<td>3</td>
</tr>
<tr>
<td>Don’t like contraception and/or find methods unsatisfactory</td>
<td>4</td>
</tr>
<tr>
<td>Another reason</td>
<td>5</td>
</tr>
<tr>
<td>Please write your reason below</td>
<td></td>
</tr>
</tbody>
</table>

Another method - Please write its name below

---

41. In the last 2 years have you (or your partner) used any of the methods of preventing pregnancy listed below at Q42? If yes, ring ... ... ... ... 1 - Answer Q42

If no, ring ... ... ... ... 2 - Answer Q61 on page 20

42. If you (or your partner) used one or more methods in the last 2 years, ring all the numbers that apply

<table>
<thead>
<tr>
<th>Method</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Withdrawal</td>
<td>1</td>
</tr>
<tr>
<td>Male sheath/condom</td>
<td>2</td>
</tr>
<tr>
<td>Safe period/rhythm method</td>
<td>3</td>
</tr>
<tr>
<td>Cap/diaphragm</td>
<td>4</td>
</tr>
<tr>
<td>Contraceptive sponge</td>
<td>5</td>
</tr>
<tr>
<td>Pill mini pill (progesteron only)</td>
<td>6</td>
</tr>
<tr>
<td>Pill combined pill (including multi-phasic pill)</td>
<td>7</td>
</tr>
<tr>
<td>Pill not sure if mini or combined</td>
<td>8</td>
</tr>
<tr>
<td>Please write brand name below</td>
<td></td>
</tr>
<tr>
<td>IUD/coil/intra-uterine device</td>
<td>9</td>
</tr>
<tr>
<td>Foams/gels/sprays/pessaries (spermicides)</td>
<td>10</td>
</tr>
<tr>
<td>Going without sexual intercourse to avoid pregnancy</td>
<td>11</td>
</tr>
<tr>
<td>Injections</td>
<td>12</td>
</tr>
<tr>
<td>Surgically implanted hormone capsules</td>
<td>13</td>
</tr>
<tr>
<td>Another method - Please write its name below</td>
<td>14</td>
</tr>
</tbody>
</table>

---
43. To those who are not pregnant and have not been sterilised to prevent pregnancy

<table>
<thead>
<tr>
<th>Have you had any other operation which prevents you getting pregnant (again)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, ring → 1</td>
</tr>
<tr>
<td>If no, ring → 4</td>
</tr>
</tbody>
</table>

44. In what month and year was the operation?

<table>
<thead>
<tr>
<th>Enter month → 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter year → 1</td>
</tr>
</tbody>
</table>

45. Was your operation less than 2 years ago?

| If yes, ring → 1 |
| If no, ring → 2  |

46. Which of the following method(s) of preventing pregnancy, if any, did you usually use immediately before that?

| If you had no sexual relationship, ring → 15 |
| If no method used at all, ring → 16 |
| If you were pregnant, ring → 19 |
| If using one or more methods, ring all the numbers that apply |

<table>
<thead>
<tr>
<th>Withdrawal .............</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male sheath/condom ......</td>
</tr>
<tr>
<td>Safe period/rhythm method</td>
</tr>
<tr>
<td>Cap/diaphragm ...........</td>
</tr>
<tr>
<td>Contraceptive sponge ......</td>
</tr>
<tr>
<td>IUD/coil/intra-uterine device</td>
</tr>
<tr>
<td>Foams/gels/spays/pessaries (spermicides)</td>
</tr>
<tr>
<td>Going without sexual intercourse to avoid pregnancy</td>
</tr>
<tr>
<td>Injections .............</td>
</tr>
<tr>
<td>Surgically implanted hormone capsules</td>
</tr>
<tr>
<td>Another method - Please write its name below</td>
</tr>
</tbody>
</table>

Answer Q46
Thank you.
Please return the form.

Answer Q61 on page 20
47. To those who are not pregnant and who have not had any operation that prevents pregnancy

Which of the following method(s) of preventing pregnancy, if any, are you (and your partner) usually using at present?

If you have no sexual relationship, ring

If no method used at all, ring

If using one or more methods, ring all the numbers that apply

<table>
<thead>
<tr>
<th>Method</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Withdrawal</td>
<td>1</td>
</tr>
<tr>
<td>Male sheath/condom</td>
<td>2</td>
</tr>
<tr>
<td>Safe period/rhythm method</td>
<td>3</td>
</tr>
<tr>
<td>Cap/diaphragm</td>
<td>4</td>
</tr>
<tr>
<td>Contraceptive sponge</td>
<td>5</td>
</tr>
<tr>
<td>Pill mini pill (progesteron only)</td>
<td>6</td>
</tr>
<tr>
<td>Pill combined pill (including multi-phasic pill)</td>
<td>7</td>
</tr>
<tr>
<td>Pill not sure if mini or combined</td>
<td>8</td>
</tr>
<tr>
<td>Please write brand name below</td>
<td></td>
</tr>
<tr>
<td>IUD/coil/intra-uterine device</td>
<td>9</td>
</tr>
<tr>
<td>Foams/gels/sprays/pessaries (spermicides)</td>
<td>10</td>
</tr>
<tr>
<td>Going without sexual intercourse to avoid pregnancy</td>
<td>11</td>
</tr>
<tr>
<td>Injections</td>
<td>12</td>
</tr>
<tr>
<td>Surgically implanted hormone capsules</td>
<td>13</td>
</tr>
<tr>
<td>Another method - Please write its name below</td>
<td>14</td>
</tr>
</tbody>
</table>

48. Please put a ring around the number opposite the statement which applies to you at present

We only use one method                                   X  Answer Q50 on page 16
We use more than one method at a time                        1  Answer Q49
Sometimes we use one method, sometimes another            2

49. Which method do you use most often?

Please look at the list at Q47 for the number of the method and write that number in the box Answer Q50 on page 16
50. How long has this method (combination of methods) been the one you usually use, that is the one you use most often?

**Ring the number which applies to you**

<table>
<thead>
<tr>
<th>Duration</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 3 months</td>
<td>1</td>
</tr>
<tr>
<td>At least 3 months, less than 6 months</td>
<td>2</td>
</tr>
<tr>
<td>At least 6 months, less than 1 year</td>
<td>3</td>
</tr>
<tr>
<td>At least 1 year, less than 2 years</td>
<td>4</td>
</tr>
<tr>
<td>At least 2 years</td>
<td>5</td>
</tr>
</tbody>
</table>

51. Which of the following method(s) of preventing pregnancy, if any, did you (or your partner) usually use immediately before that?

- **If you had no sexual relationship**, ring **15**
- **If no method used at all**, ring **16**
- **If you were pregnant**, ring **19**
- **If using one or more methods**, ring all the numbers that apply

<table>
<thead>
<tr>
<th>Method</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Withdrawal</td>
<td>1</td>
</tr>
<tr>
<td>Male sheath/condom</td>
<td>2</td>
</tr>
<tr>
<td>Safe period/rhythm method</td>
<td>3</td>
</tr>
<tr>
<td>Cap/diaphragm</td>
<td>4</td>
</tr>
<tr>
<td>Contraceptive sponge</td>
<td>5</td>
</tr>
<tr>
<td>Pill. mini pill (progesteron only)</td>
<td>6</td>
</tr>
<tr>
<td>Pill. combined pill (including multi-phasic pill)</td>
<td>7</td>
</tr>
<tr>
<td>Pill: not sure if mini or combined</td>
<td></td>
</tr>
<tr>
<td>Please write brand name below</td>
<td>8</td>
</tr>
<tr>
<td>IUD/coil/intra-uterine device</td>
<td>9</td>
</tr>
<tr>
<td>Foams/gels/sprays/pessaries (spermicides)</td>
<td>10</td>
</tr>
<tr>
<td>Going without sexual intercourse to avoid pregnancy</td>
<td>11</td>
</tr>
<tr>
<td>Injections</td>
<td>12</td>
</tr>
<tr>
<td>Surgically implanted hormone capsules</td>
<td>13</td>
</tr>
<tr>
<td>Another method - Please write its name below</td>
<td>14</td>
</tr>
</tbody>
</table>
52. As far as you know, could you (and your partner) have (more) children if you wanted to, or would it be difficult or impossible?

<table>
<thead>
<tr>
<th>Option</th>
<th>Ring</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you could have (more) children</td>
<td>1</td>
</tr>
<tr>
<td>If it would be difficult/impossible</td>
<td>2</td>
</tr>
</tbody>
</table>

53. What is the difficulty?

Ring all numbers that apply

<table>
<thead>
<tr>
<th>Difficulty</th>
<th>Ring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting pregnant</td>
<td>1</td>
</tr>
<tr>
<td>Having a baby born alive</td>
<td>2</td>
</tr>
<tr>
<td>Pregnancy would endanger health</td>
<td>3</td>
</tr>
<tr>
<td>Passed the menopause - change of life</td>
<td>4</td>
</tr>
<tr>
<td>Another difficulty</td>
<td>5</td>
</tr>
</tbody>
</table>

54. Have you (or your partner) ever consulted a doctor about difficulty in getting pregnant or having a baby born alive?

<table>
<thead>
<tr>
<th>Option</th>
<th>Ring</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes</td>
<td>1</td>
</tr>
<tr>
<td>If no</td>
<td>2</td>
</tr>
</tbody>
</table>

55. To those who do not use a method at the present time

Here is a list of reasons why people do not use any method for preventing pregnancy. Which reason applies to you?

Ring all the numbers that apply

<table>
<thead>
<tr>
<th>Reason</th>
<th>Ring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Want to get pregnant</td>
<td>1</td>
</tr>
<tr>
<td>Unlikely to conceive because of menopause</td>
<td>2</td>
</tr>
<tr>
<td>Unlikely to conceive because possibly infertile</td>
<td>3</td>
</tr>
<tr>
<td>Don’t like contraception and/or find methods unsatisfactory</td>
<td>4</td>
</tr>
<tr>
<td>Another reason</td>
<td>5</td>
</tr>
</tbody>
</table>

Please write your reason below
56. In the last two years have you (or your partner) used any of the methods of preventing pregnancy listed at Q57?

<table>
<thead>
<tr>
<th>Method</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, ring</td>
<td>1</td>
</tr>
<tr>
<td>If no, ring</td>
<td>2</td>
</tr>
</tbody>
</table>

57. Which methods did you (or your partner) usually use?

<table>
<thead>
<tr>
<th>Method</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Withdrawal</td>
<td>1</td>
</tr>
<tr>
<td>Male sheath/condom</td>
<td>2</td>
</tr>
<tr>
<td>Safe period/rhythm method</td>
<td>3</td>
</tr>
<tr>
<td>Cap/diaphragm</td>
<td>4</td>
</tr>
<tr>
<td>Contraceptive sponge</td>
<td>5</td>
</tr>
<tr>
<td>Pill. mini pill (progesteron only)</td>
<td>6</td>
</tr>
<tr>
<td>Pill: combined pill (including multi-phasic pill)</td>
<td>7</td>
</tr>
<tr>
<td>Pill. not sure if mini or combined</td>
<td>8</td>
</tr>
<tr>
<td>Please write brand name below</td>
<td></td>
</tr>
<tr>
<td>IUD/coil/intra-uterine device</td>
<td>9</td>
</tr>
<tr>
<td>Foams/gels/sprays/pessaries (spermicides)</td>
<td>10</td>
</tr>
<tr>
<td>Going without sexual intercourse to avoid pregnancy</td>
<td>11</td>
</tr>
<tr>
<td>Injections</td>
<td>12</td>
</tr>
<tr>
<td>Surgically implanted hormone capsules</td>
<td>13</td>
</tr>
<tr>
<td>Another method</td>
<td>14</td>
</tr>
<tr>
<td>Please write its name below</td>
<td></td>
</tr>
</tbody>
</table>
58. As far as you know, could you have (more) children if you wanted to, or would it be difficult or impossible?

If you could have (more) children, ring ➔ 1 ➔ Answer Q61 on page 20

If it would be difficult/impossible, ring ➔ 2 ➔ Answer Q59

59. What is the difficulty?

Ring all numbers that apply

Getting pregnant ➔ 1 ➔ Answer Q60

Having a baby born alive ➔ 2

Pregnancy would endanger health ➔ 3

Passed the menopause - change of life ➔ 4 ➔ Answer Q61 on page 20

Another difficulty ➔ 5

Please write your reason below ➔ 5

... ... ........... ........ ... ....... ... ....

60. Have you ever consulted a doctor about difficulty in getting pregnant or having a baby born alive?

If yes, ring ➔ 1 ➔ Answer Q61

If no, ring ➔ 2
61. There are other methods of contraception available.
These are referred to as emergency contraception.

Have you ever used emergency contraception, that is, the 'morning after pill' or the IUD method, in the last 2 years?

| If yes, ring | 1 | Answer Q62 |
| If no, ring | 2 | Thank you. Please return the form. |

62. On how many occasions have you used emergency contraception in the last 2 years?

Enter the total number of times

63. Please record the method used on each occasion

<table>
<thead>
<tr>
<th>Occasion number</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pill method, sometimes called the 'morning after pill'</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>IUD/coil fitted</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

64. Where did you go for this emergency contraception?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your own GP</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Another GP</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Family planning clinic</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Hospital emergency room</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

Please write its name below

Go to next column of Q63 if another occasion. If not, thank you. Please return the form.
How to fill in the form

To answer a question either ring a number by the side of the answer which applies to you or you write the answer in a box. There are notes at each question telling you what to do. To the right of your answer you will find a note "Answer Q" which tells you which question number to go to next. See the example below.

If you have difficulty with any of the questions, please ask the interviewer for help.

EXAMPLE FOR ILLUSTRATION ONLY

When people get married nowadays, do you think they are most likely to get married in a church or in a register office?

If in a church of some kind, ring 1
If in a register office, ring 2
If in a church and register office, ring 3
If don't know, ring 4

Answer Q1
Answer Q2
Answer Q1

Please now go to Q1
1. Thinking of your (most recent) marriage, did you get married with a religious ceremony of some kind, or at a register office, or are you simply living together as a couple?

<table>
<thead>
<tr>
<th>Option</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>If a religious ceremony of some kind, ring</td>
<td>1</td>
</tr>
<tr>
<td>If register office, ring</td>
<td>2</td>
</tr>
<tr>
<td>If religious ceremony and register office, ring</td>
<td>3</td>
</tr>
<tr>
<td>If living together as a couple, ring</td>
<td>4</td>
</tr>
</tbody>
</table>

2. To those married with a religious ceremony or at a register office

How many times have you been legally married?

Enter the total number of times

- Answer Q5 on page 4

3. To those who were living with someone as a couple but not legally married

Have you ever been legally married?

<table>
<thead>
<tr>
<th>Option</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, ring</td>
<td>1</td>
</tr>
<tr>
<td>If no, ring</td>
<td>2</td>
</tr>
</tbody>
</table>

- Answer Q4
- Answer Q13 on page 6

4. To those who have been legally married in the past

How many times have you been legally married?

Enter number of times

- Answer Q5 on page 4
5. TO THOSE WHO ARE, OR HAVE BEEN, LEGALLY MARRIED

The next questions concern your marriage history.

Please record the answer for your first/only marriage in column 1 then if you've had a second marriage record the answer in column 2 and so on until you have filled in a column for each marriage.

<table>
<thead>
<tr>
<th>Column 1: First/Only Marriage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Enter the month and year of your marriage</strong></td>
</tr>
<tr>
<td><strong>Month</strong></td>
</tr>
<tr>
<td><strong>Ring</strong></td>
</tr>
<tr>
<td><strong>No</strong></td>
</tr>
</tbody>
</table>

| **Before getting married did you and your husband live together as a couple?** |
| **Enter the month and year when you started living together** |
| **Month** | | **Year** | 19 |
| **Ring** | **Yes** | 1 | **Answer Q8** |
| **No** | 2 | **Answer Q9** |

| **Had your husband been legally married before he married you?** |
| **Yes** | 1 | **Answer Q9** |
| **No** | 2 | |

| **Are you still married or has your marriage ended in death, divorce or separation?** |
| **Death** | 1 | **Answer Q10** |
| **Divorce** | 2 | **Answer Q11 and Q12** |
| **Separation** | 3 | **Answer Q11** |

| **If your marriage ended in death:** |
| **Enter the month and year of your former husband's death** |
| **Month** | | **Year** | 19 |

| **If your marriage ended in divorce or separation:** |
| **Enter the month and year when you stopped living together** |
| **Month** | **Year** | 19 |

| **If your marriage ended in divorce:** |
| **Enter the month and year your decree absolute was granted** |
| **Month** | **Year** | 19 |

---

When you have completed a column for each marriage please answer Q13 on page 6.
<table>
<thead>
<tr>
<th>SECOND MARRIAGE</th>
<th>THIRD MARRIAGE</th>
<th>FOURTH MARRIAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Month</strong> ...</td>
<td><strong>Month</strong> ...</td>
<td><strong>Month</strong> ...</td>
</tr>
<tr>
<td><strong>Year 19 ...</strong></td>
<td><strong>Year 19</strong> ...</td>
<td><strong>Year 19</strong> ...</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Ring</strong></th>
<th><strong>Answer Q7</strong></th>
<th><strong>Yes 1</strong></th>
<th><strong>Answer Q7</strong></th>
<th><strong>Yes 1</strong></th>
<th><strong>Answer Q7</strong></th>
<th><strong>Yes 1</strong></th>
<th><strong>Answer Q7</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No 2</strong></td>
<td><strong>Answer Q8</strong></td>
<td><strong>Yes 2</strong></td>
<td><strong>Answer Q8</strong></td>
<td><strong>No 2</strong></td>
<td><strong>Answer Q8</strong></td>
<td><strong>No 2</strong></td>
<td><strong>Answer Q8</strong></td>
</tr>
</tbody>
</table>

| **Month** ... | **Year 19** . | **Month** ... | **Year 19** . | **Month** ... | **Year 19** . |

<table>
<thead>
<tr>
<th><strong>Ring</strong></th>
<th><strong>Answer Q8</strong></th>
<th><strong>Yes 1</strong></th>
<th><strong>Answer Q8</strong></th>
<th><strong>Yes 1</strong></th>
<th><strong>Answer Q8</strong></th>
<th><strong>Yes 1</strong></th>
<th><strong>Answer Q8</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No 2</strong></td>
<td><strong>Answer Q8</strong></td>
<td><strong>Yes 2</strong></td>
<td><strong>Answer Q8</strong></td>
<td><strong>No 2</strong></td>
<td><strong>Answer Q8</strong></td>
<td><strong>No 2</strong></td>
<td><strong>Answer Q8</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Ring</strong></th>
<th><strong>Answer Q9</strong></th>
<th><strong>Yes 1</strong></th>
<th><strong>Answer Q9</strong></th>
<th><strong>Yes 1</strong></th>
<th><strong>Answer Q9</strong></th>
<th><strong>Yes 1</strong></th>
<th><strong>Answer Q9</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No 2</strong></td>
<td><strong>Answer Q9</strong></td>
<td><strong>Yes 2</strong></td>
<td><strong>Answer Q9</strong></td>
<td><strong>No 2</strong></td>
<td><strong>Answer Q9</strong></td>
<td><strong>No 2</strong></td>
<td><strong>Answer Q9</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Death</strong> 1</th>
<th><strong>Answer Q10</strong></th>
<th><strong>Death</strong> 1</th>
<th><strong>Answer Q10</strong></th>
<th><strong>Death</strong> 1</th>
<th><strong>Answer Q10</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Divorce</strong> 2</td>
<td><strong>Answer Q11 and Q12</strong></td>
<td><strong>Divorce</strong> 2</td>
<td><strong>Answer Q11 and Q12</strong></td>
<td><strong>Divorce</strong> 2</td>
<td><strong>Answer Q11 and Q12</strong></td>
</tr>
<tr>
<td><strong>Separation</strong> 3</td>
<td><strong>Answer Q11</strong></td>
<td><strong>Separation</strong> 3</td>
<td><strong>Answer Q11</strong></td>
<td><strong>Separation</strong> 3</td>
<td><strong>Answer Q11</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Month</strong> Year 19</th>
<th><strong>Go to next column if another marriage or Q13 if not</strong></th>
<th><strong>Month</strong> Year 19</th>
<th><strong>Go to next column if another marriage or Q13 if not</strong></th>
<th><strong>Month</strong> Year 19</th>
<th><strong>Go to next column if another marriage or Q13 if not</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Month</strong> Year 19</td>
<td><strong>Go to next column if another marriage or Q13 if not</strong></td>
<td><strong>Month</strong> Year 19</td>
<td><strong>Go to next column if another marriage or Q13 if not</strong></td>
<td><strong>Month</strong> Year 19</td>
<td><strong>Go to next column if another marriage or Q13 if not</strong></td>
</tr>
<tr>
<td><strong>Month</strong> Year 19</td>
<td><strong>Go to next column if another marriage or Q13 if not</strong></td>
<td><strong>Month</strong> Year 19</td>
<td><strong>Go to next column if another marriage or Q13 if not</strong></td>
<td><strong>Month</strong> Year 19</td>
<td><strong>Go to next column if another marriage or Q13 if not</strong></td>
</tr>
</tbody>
</table>
13. As you know, some couples live together without actually getting married either because they cannot for some reason or because they prefer not to.

Are you currently living together with someone as a couple?

| If yes, ring | 1 | Answer Q14 |
| If no, ring  | 2 | Answer Q16 on page 7 |

14. To those currently living with someone as a couple but not legally married

Enter the month and year you and your partner started living together as a couple

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Answer Q15</td>
<td></td>
</tr>
</tbody>
</table>

15. Has your partner ever been legally married?

| If yes, ring | 1 | Answer Q16 on page 7 |
| If no, ring  | 2 |                      |
16. Have you any step, foster, or adopted children of any age who live with you?

If yes, ring 1 - Answer Q17
If no, ring 2 - Answer Q18

17. Please enter the details of your step/foster/adopted child(ren) below

<table>
<thead>
<tr>
<th>Enter the child's first name</th>
<th>1st child</th>
<th>2nd child</th>
<th>3rd child</th>
<th>4th child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ring one number</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>He/she is</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>step</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>foster</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>adopted</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>How old is he/she?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ring one number</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child is</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Female</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Date he/she began living with you</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Month</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year</td>
<td>19</td>
<td>19</td>
<td>19</td>
<td>19</td>
</tr>
</tbody>
</table>

Now answer Q18
18. Have you ever had a baby?

**NOTE**: Even if you have had a baby who only lived for a short time, please ring 1 in the box. A stillborn baby should not be included. Please ring 2 if no liveborn baby.

<table>
<thead>
<tr>
<th></th>
<th>Yes, have had a baby</th>
<th>No, have never had a baby</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

**Answer Q19**

19. **To those who have had a baby**

Enter the total number of children born to you, (but please do not include any stillborn babies)...

**Answer Q20**

20. Please record the following details for each of the children you have given birth to starting with the oldest child.

<table>
<thead>
<tr>
<th>1st born child</th>
<th>2nd born child</th>
<th>3rd born child</th>
<th>4th born child</th>
<th>5th born child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter the child's first name</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
</tr>
<tr>
<td>Date of birth</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Month</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
</tr>
<tr>
<td>Year</td>
<td>19</td>
<td>19</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td>Ring</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Sex</td>
<td>Male</td>
<td>Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ring</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Is he/she living with you now</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ring</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Is he/she living somewhere else</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ring</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Is he/she or no longer alive?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ring</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

**Now answer Q21**

21. If you are aged 50 or over, ring 1 - Thank you. Please return the form.

If you are aged 16-49 and have ever given birth to a baby, ring 2 - Answer Q22 on page 9

If you are aged 16-49 and have never had a baby, ring 2 - Answer Q31 on page 11
22. **To those who have had a baby**

Are you pregnant now?

- If yes, ring ——— 1 — Answer Q23
- If no or unsure, ring ——— 2 — Answer Q27

23. **To those who are pregnant**

Do you think that you will have any more children, after the one you are expecting?

- If yes, ring ——— 1 — Answer Q25
- If probably yes, ring ——— 2 — Answer Q40 on page 13
- If probably no, ring ——— 3 — Answer Q40 on page 13
- If no, ring ——— 4 — Answer Q24
- If you don't know, ring ——— 5 — Answer Q24

24. **If you do not know whether you will have more children**

On the whole do you think that, after the child you are expecting, you will probably or probably not have any more children?

- If probably yes, ring ——— 1 — Answer Q25
- If probably not, ring ——— 2 — Answer Q40 on page 13

25. **How many children do you think you will have born to you in all, including the one you are expecting and those you have already who are still alive?**

Enter total number of children ——— — Answer Q26

26. **How old do you think you will be when you have your next baby, after the one you are expecting?**

Enter age you think you will be ——— — Answer Q40 on page 13

27. **To those who are not pregnant**

Do you think that you will have any more children at all?

- If yes, ring ——— 1 — Answer Q29
- If probably yes, ring ——— 2 — Answer Q40 on page 13
- If probably no, ring ——— 3 — Answer Q40 on page 13
- If no, ring ——— 4 — Answer Q28
- If you don't know, ring ——— 5 — Answer Q28
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>28. If you do not know whether you will have more children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>On the whole do you think that you will probably</td>
<td></td>
<td></td>
</tr>
<tr>
<td>or probably not have any more children?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If probably yes, ring 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If probably not, ring 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29. How many children do you think you will have born to you in all,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>including those you have already who are still alive?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enter total number of children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30. How old do you think you will be when you have your next baby?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enter age you think you will be</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Answer Q29</td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>Answer Q40 on page 13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Answer Q30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Answer Q40 on page 13</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
31. To those who have not had a liveborn baby

Are you pregnant now?

<table>
<thead>
<tr>
<th>Option</th>
<th>Ring Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No or unsure</td>
<td>2</td>
</tr>
</tbody>
</table>

32. To those who are pregnant

Do you think that you will have any more children, after the one you are expecting?

<table>
<thead>
<tr>
<th>Option</th>
<th>Ring Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>Probably yes</td>
<td>2</td>
</tr>
<tr>
<td>Probably no</td>
<td>3</td>
</tr>
<tr>
<td>No</td>
<td>4</td>
</tr>
<tr>
<td>Don't know</td>
<td>5</td>
</tr>
</tbody>
</table>

33. If you do not know whether you will have more children

On the whole do you think that, after the child you are expecting, you will probably or probably not have any more children?

<table>
<thead>
<tr>
<th>Option</th>
<th>Ring Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Probably yes</td>
<td>1</td>
</tr>
<tr>
<td>Probably not</td>
<td>2</td>
</tr>
</tbody>
</table>

34. How many children do you think you will have born to you in all, including the one you are expecting?

Enter total number of children

Answer Q35

35. How old do you think you will be when you have your next baby, after the one you are expecting?

Enter age you think you will be

Answer Q40 on page 13

36. To those who are not pregnant

Do you think that you will have any children at all?

<table>
<thead>
<tr>
<th>Option</th>
<th>Ring Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>Probably yes</td>
<td>2</td>
</tr>
<tr>
<td>Probably no</td>
<td>3</td>
</tr>
<tr>
<td>No</td>
<td>4</td>
</tr>
<tr>
<td>Don't know</td>
<td>5</td>
</tr>
<tr>
<td>Question</td>
<td>Response Options</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>37. If you do not know whether you will have any children</td>
<td>On the whole do you think that you will probably or probably not have any children?</td>
</tr>
<tr>
<td></td>
<td>If probably yes, ring 1</td>
</tr>
<tr>
<td></td>
<td>If probably not, ring 2</td>
</tr>
<tr>
<td></td>
<td>Answer Q38 on page 13</td>
</tr>
<tr>
<td>38. How many children do you think you will have born to you in all?</td>
<td>Enter total number of children</td>
</tr>
<tr>
<td></td>
<td>Answer Q39 on page 13</td>
</tr>
<tr>
<td>39. How old do you think you will be when you have your first baby?</td>
<td>Enter age you think you will be</td>
</tr>
<tr>
<td></td>
<td>Answer Q1 on page 13</td>
</tr>
</tbody>
</table>
40. We've asked you about how many children you think you'll have. The next questions are about ways of preventing pregnancy.

Have you ever been sterilised - I mean ever had an operation intended to prevent you getting pregnant (again)?

| If yes, ring | 1 | Answer Q41 | If no, ring | 2 | Answer Q46 on page 14 |

41. Was the operation carried out under the NHS or not?

| If NHS, ring | 1 |  | If other, ring | 2 | Answer Q42 |

42. Did you have the operation

- as a hospital inpatient, staying overnight or longer | 1 | Answer Q43 |
- as a hospital outpatient | 2 |
- at your/ his doctor's surgery | 3 |
- at a clinic | 4 |
- or was it carried out somewhere else? | 5 |

43. In what month and year was the operation?

Enter month | | | Enter year | | Answer Q44 |

44. Was your operation less than 2 years ago?

If yes, ring | 1 | Answer Q45 |
| If no, | 2 |

45. Which of the following method(s) of preventing pregnancy, if any, were you usually using immediately before that?

- If you had no sexual relationship, ring | 15 |
- If no method used at all, ring | 16 |
- If you were pregnant, ring | 19 |
- If usually using one or more methods, ring all the numbers that apply

Withdrawal | 1
Male sheath/condom | 2
Safe period/rhythm method | 3
Cap/diaphragm | 4
Contraceptive sponge | 5
Pill mini pill (progesterone only) | 6
Pill combined pill (including multi-phase pill) | 7
Pill not sure if mini or combined | 8
Please write brand name below | |
IUD/coil/intra-uterine device | 9
Foams/gels/sprays/pessaries (spermicides) | 10
Going without sexual intercourse to avoid pregnancy | 11
Injections | 12
Surgically implanted hormone capsules | 13
Another method - Please write its name below | | 14

Answer Q73 on page 23
46. To those who have not had a sterilisation operation to prevent pregnancy

| If you are pregnant now, ring | 1 | Answer Q47 |
| If you are not pregnant now or are unsure, ring | 2 | Answer Q55 on page 17 |

47. Which of the following method(s) of preventing pregnancy, if any, were you (or your partner) using when you became pregnant?

| If no method used, ring | 2 | Answer Q52 on page 16 |
| If using one or more methods, ring all the numbers that apply | |

- Withdrawal
- Male sheath/condom
- Safe period/rhythm method
- Cap/diaphragm
- Contraceptive sponge
- Pill: mini pill (progestogen only)
- Pill: combined pill (including multi-phasic pill)
- Pill: not sure if mini or combined
- Please write brand name below
- IUD/coil/intra-uterine device
- Foams/gels/sprays/pessaries (spermicides)
- Injections
- Surgically implanted hormone capsules
- Another method - Please write its name below

48. Please put a ring around the number opposite the statement which applied to you at the time you became pregnant?

| We only used one method | X | Answer Q50 |
| We used more than one method at a time | 1 | Answer Q49 |
| Sometimes we used one method, sometimes another | 2 | |

49. Which method did you use most often?

Please look at the list at Q47 for the number of the method and write that number in the box.
50. How long had this method (combination of methods) been the one you usually used, that is the one you used most often?

Ring the number which applies to you

<table>
<thead>
<tr>
<th>Duration</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 3 months</td>
<td>1</td>
</tr>
<tr>
<td>At least 3 months, less than 6 months</td>
<td>2</td>
</tr>
<tr>
<td>At least 6 months, less than 1 year</td>
<td>3</td>
</tr>
<tr>
<td>At least 1 year, less than 2 years</td>
<td>4</td>
</tr>
<tr>
<td>At least 2 years</td>
<td>5</td>
</tr>
</tbody>
</table>

Answer Q51 on page 23

51. Which of the following method(s) of preventing pregnancy, if any, did you (or your partner) usually use immediately before that?

If you had no sexual relationship, ring 15
If no method used at all, ring 16
If you were pregnant, ring 19
If using one or more methods, ring all the numbers that apply

<table>
<thead>
<tr>
<th>Method</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Withdrawal</td>
<td>1</td>
</tr>
<tr>
<td>Male sheath/condom</td>
<td>2</td>
</tr>
<tr>
<td>Safe period/rhythm method</td>
<td>3</td>
</tr>
<tr>
<td>Cap/diaphragm</td>
<td>4</td>
</tr>
<tr>
<td>Contraceptive sponge</td>
<td>5</td>
</tr>
<tr>
<td>Pill mini pill (progesteron only)</td>
<td>6</td>
</tr>
<tr>
<td>Pill combined pill (including multi-phasic pill)</td>
<td>7</td>
</tr>
<tr>
<td>Pill not sure if mini or combined</td>
<td></td>
</tr>
<tr>
<td>Please write brand name below</td>
<td>8</td>
</tr>
<tr>
<td>IUD/coil/intra-uterine device</td>
<td>9</td>
</tr>
<tr>
<td>Foams/gels/sprays/pessaries (spermicides)</td>
<td>10</td>
</tr>
<tr>
<td>Going without sexual intercourse to avoid pregnancy</td>
<td>11</td>
</tr>
<tr>
<td>Injections</td>
<td>12</td>
</tr>
<tr>
<td>Surgically implanted hormone capsules</td>
<td>13</td>
</tr>
<tr>
<td>Another method - Please write its name below</td>
<td>14</td>
</tr>
</tbody>
</table>

Answer Q73 on page 23
52. To those who did not use a method at the time of becoming pregnant

Here is a list of reasons why people do not use any method for preventing pregnancy. Which reason applied to you?

Ring all the numbers that apply

<table>
<thead>
<tr>
<th>Reason</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wanted to get pregnant</td>
<td>1</td>
</tr>
<tr>
<td>Unlikely to conceive because of menopause</td>
<td>2</td>
</tr>
<tr>
<td>Unlikely to conceive because possibly infertile</td>
<td>3</td>
</tr>
<tr>
<td>Don't like contraception and/or find methods unsatisfactory</td>
<td>4</td>
</tr>
<tr>
<td>Another reason</td>
<td>5</td>
</tr>
<tr>
<td>Please write your reason below</td>
<td></td>
</tr>
</tbody>
</table>

53. In the last 2 years have you (or your partner) used any of the methods of preventing pregnancy listed below at Q54?

If yes, ring 1

If no, ring 2

54. If you (or your partner) used one or more methods in the last 2 years ring all the numbers that apply

<table>
<thead>
<tr>
<th>Method</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Withdrawal</td>
<td>1</td>
</tr>
<tr>
<td>Male sheath/condom</td>
<td>2</td>
</tr>
<tr>
<td>Safe period/rhythm method</td>
<td>3</td>
</tr>
<tr>
<td>Cap/diaphragm</td>
<td>4</td>
</tr>
<tr>
<td>Contraceptive sponge</td>
<td>5</td>
</tr>
<tr>
<td>Pill: mini pill (progesterone only)</td>
<td>6</td>
</tr>
<tr>
<td>Pill: combined pill (including multi-phasic pill)</td>
<td>7</td>
</tr>
<tr>
<td>Pill: not sure if mini or combined</td>
<td>8</td>
</tr>
<tr>
<td>Please write brand name below</td>
<td></td>
</tr>
<tr>
<td>IUD/coil/intra-uterine device</td>
<td>9</td>
</tr>
<tr>
<td>Foams/gels/sprays/pessaries (spermicides)</td>
<td>10</td>
</tr>
<tr>
<td>Going without sexual intercourse to avoid pregnancy</td>
<td>11</td>
</tr>
<tr>
<td>Injections</td>
<td>12</td>
</tr>
<tr>
<td>Surgically implanted hormone capsules</td>
<td>13</td>
</tr>
<tr>
<td>Another method - Please write its name below</td>
<td>14</td>
</tr>
</tbody>
</table>
55. To those who are not pregnant and have not been sterilised to prevent pregnancy

Have you had any other operation which prevents you getting pregnant (again)?

| If yes, ring | 1 | Answer Q56 |
| If no, ring | 4 | Answer Q59 on page 18 |

56. In what month and year was the operation?

Enter month | Answer Q57 |
Enter year |

57. Was your operation less than 2 years ago?

If yes, ring | 1 | Answer Q58 |
If no, ring | 2 | Thank you. Please return the form. |

58. Which of the following method(s) of preventing pregnancy, if any, did you usually use immediately before that?

If you had no sexual relationship, ring | 15 |
If no method used at all, ring | 16 |
If you were pregnant, ring | 19 |
If using one or more methods, ring all the numbers that apply

- Withdrawal | 1 |
- Male sheath/condom | 2 |
- Safe period/rhythm method | 3 |
- Cap/diaphragm | 4 |
- Contraceptive sponge | 5 |
- Pill: mini pill (progesterone only) | 6 |
- Pill: combined pill (including multi-phasic pill) | 7 |
- Pill: not sure if mini or combined | |
- Please write brand name below | 8 |
- IUD/coil/intra-uterine device | 9 |
- Foams/gels/sprays/pessaries (spermicides) | 10 |
- Going without sexual intercourse to avoid pregnancy | 11 |
- Injections | 12 |
- Surgically implanted hormone capsules | 13 |
- Another method - Please write its name below | 14 |

Answer Q73 on page 23
59. To those who are not pregnant and who have not had any operation that prevents pregnancy

Which of the following method(s) of preventing pregnancy, if any, are you (and your partner) usually using at present?

If you have no sexual relationship, ring → 15
If no method used at all, ring → 16
If using one or more methods, ring all the numbers that apply

- Withdrawal
- Male sheath/condom
- Safe period/rhythm method
- Cap/diaphragm
- Contraceptive sponge
- Pill: mini pill (progesterone only)
- Pill: combined pill (including multi-phasic pill)
- Pill: not sure if mini or combined
- Please write brand name below
- IUD/coil/intra-uterine device
- Foams/gels/sprays/pessaries (spermicides)
- Going without sexual intercourse to avoid pregnancy
- Injections
- Surgically implanted hormone capsules
- Another method - Please write its name below

60. Please put a ring around the number opposite the statement which applies to you at present

- We only use one method → X
- We use more than one method at a time → 1
- Sometimes we use one method, sometimes another → 2

61. Which method do you use most often?

Please look at the list at Q59 for the number of the method and write that number in the box.
62. How long has this method (combination of methods) been the one you usually use, that is the one you use most often?

Ring the number which applies to you

<table>
<thead>
<tr>
<th>Method Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 3 months</td>
<td>1</td>
</tr>
<tr>
<td>At least 3 months, less than 6 months</td>
<td>2</td>
</tr>
<tr>
<td>At least 6 months, less than 1 year</td>
<td>3</td>
</tr>
<tr>
<td>At least 1 year, less than 2 years</td>
<td>4</td>
</tr>
<tr>
<td>At least 2 years</td>
<td>5</td>
</tr>
</tbody>
</table>

63. Which of the following method(s) of preventing pregnancy, if any, did you (or your partner) usually use immediately before that?

If you had no sexual relationship, ring 15
If no method used at all, ring 16
If you were pregnant, ring 19
If using one or more methods, ring all the numbers that apply

<table>
<thead>
<tr>
<th>Method Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Withdrawal</td>
<td>1</td>
</tr>
<tr>
<td>Male sheath/condom</td>
<td>2</td>
</tr>
<tr>
<td>Safe period/rhythm method</td>
<td>3</td>
</tr>
<tr>
<td>Cap/diaphragm</td>
<td>4</td>
</tr>
<tr>
<td>Contraceptive sponge</td>
<td>5</td>
</tr>
<tr>
<td>Pill mini pill (progesteron only)</td>
<td>6</td>
</tr>
<tr>
<td>Pill combined pill (including multi-phasic pill)</td>
<td>7</td>
</tr>
<tr>
<td>Pill not sure if mini or combined</td>
<td></td>
</tr>
</tbody>
</table>

Please write brand name below

<table>
<thead>
<tr>
<th>Method Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>IUD/coil/intra-uterine device</td>
<td>9</td>
</tr>
<tr>
<td>Foams/gels/sprays/pessaries (spermicides)</td>
<td>10</td>
</tr>
<tr>
<td>Going without sexual intercourse to avoid pregnancy</td>
<td>11</td>
</tr>
<tr>
<td>Injections</td>
<td>12</td>
</tr>
<tr>
<td>Surgically implanted hormone capsules</td>
<td>13</td>
</tr>
<tr>
<td>Another method - Please write its name below</td>
<td>14</td>
</tr>
</tbody>
</table>
64. As far as you know, could you (and your partner) have (more) children if you wanted to, or would it be difficult or impossible?

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Answer Q65 on page 23</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>If you could have (more) children, ring</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>If it would be difficult/impossible, ring</td>
<td></td>
</tr>
</tbody>
</table>

65. What is the difficulty?

Ring all numbers that apply

- Getting pregnant...
- Having a baby born alive...
- Pregnancy could endanger health...
- Passed the menopause - change of life
- Another difficulty

Please write your reason below.

66. Have you (or your partner) ever consulted a doctor about difficulty in getting pregnant or having a baby born alive?

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Answer Q67 on page 23</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>If yes, ring</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>If no, ring</td>
<td></td>
</tr>
</tbody>
</table>

67. To those who do not use a method at the present time

Here is a list of reasons why people do not use any method for preventing pregnancy. Which reason applies to you?

Ring all the numbers that apply

- Want to get pregnant...
- Unlikely to conceive because of menopause
- Unlikely to conceive because possibly infertile
- Don't like contraception and/or find methods unsatisfactory
- Another reason

Please write your reason below.
68. In the last 2 years have you (or your partner) used any of the methods of preventing pregnancy listed at Q69?

| If yes, ring | 1 |
| If no, ring | 2 |

Answer Q69

Answer Q70 on page 22

69. Which methods did you (or your partner) usually use?

<table>
<thead>
<tr>
<th>Method</th>
<th>Answer Q70</th>
</tr>
</thead>
<tbody>
<tr>
<td>Withdrawal</td>
<td>1</td>
</tr>
<tr>
<td>Male sheath/condom</td>
<td>2</td>
</tr>
<tr>
<td>Safe period/rhythm method</td>
<td>3</td>
</tr>
<tr>
<td>Cap/diaphragm</td>
<td>4</td>
</tr>
<tr>
<td>Contraceptive sponge</td>
<td>5</td>
</tr>
<tr>
<td>Pill mini pill (progestron only)</td>
<td>6</td>
</tr>
<tr>
<td>Pill combined pill (including multi-phasic pill)</td>
<td>7</td>
</tr>
<tr>
<td>Pill not sure if mini or combined</td>
<td></td>
</tr>
<tr>
<td>Please write brand name below</td>
<td>8</td>
</tr>
<tr>
<td>Contraceptive sponge</td>
<td></td>
</tr>
<tr>
<td>IUD/coil/intra-uterine device</td>
<td>9</td>
</tr>
<tr>
<td>Foams/gels/sprays/pessaries (spermicides)</td>
<td>10</td>
</tr>
<tr>
<td>Going without sexual intercourse to avoid pregnancy</td>
<td>11</td>
</tr>
<tr>
<td>Injections</td>
<td>12</td>
</tr>
<tr>
<td>Surgically implanted hormone capsules</td>
<td>13</td>
</tr>
<tr>
<td>Another method</td>
<td></td>
</tr>
<tr>
<td>Please write its name below</td>
<td>14</td>
</tr>
</tbody>
</table>

Please write brand name below.
70. As far as you know, could you have (more) children, if you wanted to, or would it be difficult or impossible?

| If you could have (more) children, ring | Answer Q1 on page 2 |
| If it would be difficult/impossible, ring | Answer Q2 |

71. What is the difficulty?

Please ring all numbers that apply

| Getting pregnant | Answer Q1 | 1 |
| Having a baby born alive | Answer Q2 | 2 |
| Pregnancy would endanger health | Answer Q3 | 3 |
| Passed the menopause - change of life | Answer Q4 on page 3 |
| Another difficulty
Please write your reason below | 5 |

72. Have you ever consulted a doctor about difficulty in getting pregnant or having a baby born alive?

| If yes, ring | Answer Q1 |
| If no, ring | 2 |
73. There are methods of contraception available. These are referred to as emergency contraception.

Have you ever used emergency contraception, that is, the 'morning after pill' or the IUD method, in the last 2 years?

If yes, ring — 1
If no, ring — 2

74. On how many occasions have you used emergency contraception in the last 2 years?

Enter the total number of times —

75. Please record the method used on each occasion

<table>
<thead>
<tr>
<th>Occasion number</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pill method, sometimes called the 'morning after pill'</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>IUD/coil fitted</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

76. Where did you go for this emergency contraception?

Your own GP — 1 | 1 | 1 | 1 | 1 | 1 |
Another GP — 2 | 2 | 2 | 2 | 2 | 2 |
Family planning clinic — 3 | 3 | 3 | 3 | 3 | 3 |
Hospital emergency room — 4 | 4 | 4 | 4 | 4 | 4 |
Other — 5 | 5 | 5 | 5 | 5 | 5 |

Please write its name below —

Go to next column of Q75 if another occasion. If not, thank you. Please return the form.
If you are married or living with someone, please use the 'M/C' section pages 3 - 8
If you are single, please use the 'S' section, pages 9 - 12
If you are widowed, divorced or separated, please use the 'WDS' section, pages 13 - 19
How to fill in the form

To answer a question either you ring a number by the side of the answer which applies to you or you write the answer in a box. There are notes at each question telling you what to do. To the right of your answer you will find a note "Answer Q". which tells you which question number to go to next. See the example below.

If you have difficulty with any of the questions, please ask the interviewer for help.

EXAMPLE FOR ILLUSTRATION ONLY

When people get married nowadays, do you think they are most likely to get married in a church or in a register office?

If in a church of some kind, ring 1
If in a register office, ring 2
If in a church and register office, ring 3
If don't know, ring 4

Answer Q1
Answer Q1
Answer Q2
Answer Q1

If you are married please start at Q1
If you are not married please start at Q3
1. Thinking of your present marriage, did you get married with a religious ceremony of some kind, or at a register office, or are you simply living together as a couple?

<table>
<thead>
<tr>
<th>Option</th>
<th>Ring</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>If a religious ceremony of some kind</td>
<td>1</td>
<td>Q2</td>
</tr>
<tr>
<td>If register office</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>If religious ceremony and register office</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>If living together as a couple</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

2. To those married with a religious ceremony or at a register office

- How many times have you been legally married?

Enter the total number including your present marriage

Answer Q7 on page 6

3. To those currently living with someone as a couple but not legally married

Enter the month and year you and your partner started living together as a couple

Answer Q4

4. Has your partner ever been legally married?

<table>
<thead>
<tr>
<th>Yes</th>
<th>Ring</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes</td>
<td>1</td>
<td>Q5</td>
</tr>
<tr>
<td>If no</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

5. Have you yourself ever been legally married?

<table>
<thead>
<tr>
<th>Yes</th>
<th>Ring</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes</td>
<td>1</td>
<td>Q6</td>
</tr>
<tr>
<td>If no</td>
<td>2</td>
<td>Q15</td>
</tr>
</tbody>
</table>

6. To those who have been legally married in the past

- How many times have you been legally married?

Enter number of times

Answer Q7 on page 6
7. TO THOSE WHO ARE, OR HAVE BEEN, LEGALLY MARRIED

The next questions concern your marriage history.

Please record the answer for your first/only marriage in column 1 then if you've had a second marriage record the answer in column 2 and so on until you have filled in a column for each marriage.

<table>
<thead>
<tr>
<th>Column</th>
<th>Question</th>
<th>Answer</th>
<th>Next Column</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Enter the month and year of your marriage</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Go to next</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>column if</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>another</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>marriage</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>or Q15 if</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>not</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Before getting married did you and your wife live together as a couple?</td>
<td>Yes 1</td>
<td>Answer Q9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No 2</td>
<td>Answer Q10</td>
</tr>
<tr>
<td>9.</td>
<td>Enter the month and year when you started living together</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Had your wife been legally married before she married you?</td>
<td>Yes 1</td>
<td>Answer Q11</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No 2</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Are you still married or has your marriage ended in death, divorce or</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>separation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Still married 1</td>
<td>Answer Q15</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Death 1</td>
<td>Answer Q12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Divorce 2</td>
<td>Answer Q13</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Separation 3</td>
<td>Answer Q13</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>If your marriage ended in death:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Enter the month and year of your former wife’s death</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>If your marriage ended in divorce or separation:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Enter the month and year when you stopped living together</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>If your marriage ended in divorce:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Enter the month and year your decree absolute was granted</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

 When you have completed a column for each marriage please answer Q15 on page 8.
<table>
<thead>
<tr>
<th>SECOND MARRIAGE</th>
<th>THIRD MARRIAGE</th>
<th>FOURTH MARRIAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
<td>Month</td>
<td>Month</td>
</tr>
<tr>
<td>Year 19</td>
<td>Year 19</td>
<td>Year 19</td>
</tr>
<tr>
<td>Ring</td>
<td>Ring</td>
<td>Ring</td>
</tr>
<tr>
<td>Yes 1</td>
<td>Yes 1</td>
<td>Yes 1</td>
</tr>
<tr>
<td>No 2</td>
<td>No 2</td>
<td>No 2</td>
</tr>
<tr>
<td>Answer Q9</td>
<td>Answer Q9</td>
<td>Answer Q9</td>
</tr>
<tr>
<td>Answer Q10</td>
<td>Answer Q10</td>
<td>Answer Q10</td>
</tr>
<tr>
<td>Month</td>
<td>Month</td>
<td>Month</td>
</tr>
<tr>
<td>Year 19</td>
<td>Year 19</td>
<td>Year 19</td>
</tr>
<tr>
<td>Answer Q10</td>
<td>Answer Q10</td>
<td>Answer Q10</td>
</tr>
<tr>
<td>Ring</td>
<td>Ring</td>
<td>Ring</td>
</tr>
<tr>
<td>Yes 1</td>
<td>Yes 1</td>
<td>Yes 1</td>
</tr>
<tr>
<td>No 2</td>
<td>No 2</td>
<td>No 2</td>
</tr>
<tr>
<td>Answer Q11</td>
<td>Answer Q11</td>
<td>Answer Q11</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Still married</td>
<td>Still married</td>
<td>Still married</td>
</tr>
<tr>
<td>Death 1</td>
<td>Death 1</td>
<td>Death 1</td>
</tr>
<tr>
<td>Answer Q12</td>
<td>Answer Q12</td>
<td>Answer Q12</td>
</tr>
<tr>
<td>Divorce 2</td>
<td>Divorce 2</td>
<td>Divorce 2</td>
</tr>
<tr>
<td>Answer Q13 and Q14</td>
<td>Answer Q13 and Q14</td>
<td>Answer Q13 and Q14</td>
</tr>
<tr>
<td>Separation 3</td>
<td>Separation 3</td>
<td>Separation 3</td>
</tr>
<tr>
<td>Answer Q13</td>
<td>Answer Q13</td>
<td>Answer Q13</td>
</tr>
</tbody>
</table>

Month...
Year 19...
Month...
How to fill in the form

To answer a question either you ring a number by the side of the answer which applies to you or you write the answer in a box. There are notes at each question telling you what to do. To the right of your answer you will find a note "Answer Q" which tells you which question number to go to next. See the example below.

If you have difficulty with any of the questions, please ask the interviewer for help.

EXAMPLE FOR ILLUSTRATION ONLY

When people get married nowadays, do you think they are most likely to get married in a church or in a register office?

If in a church of some kind, ring 1
If in a register office, ring 2
If in a church and register office, ring 3
If don't know, ring 4

Answer Q1
Answer Q2
Answer Q1

Please now go to Q1
1. As you know, some couples live together without actually getting married either because they cannot for some reason or because they prefer not to.

Are you currently living with someone as a couple?

If yes, ring $\rightarrow$ 1 - Answer Q2
If no, ring $\rightarrow$ 2 - Answer Q4 on page 12

2. To those living with someone as a couple

Enter the month and year you and your partner started living together as a couple $\rightarrow$ Answer Q3

Month $\ldots\ldots\ldots$
Year 19 $\ldots\ldots\ldots$

3. Has your partner ever been legally married?

If yes, ring $\rightarrow$ 1 - Answer Q4
If no, ring $\rightarrow$ 2
4. Have you any stepchildren of any age who live with you?

   If yes, ring \( \rightarrow \) 1 Answer Q5

   If no, ring \( \rightarrow \) 2

   Thank you.

   Ring one number

5. Please enter the details of your stepchild(ren) below

<table>
<thead>
<tr>
<th>Enter the child's first name</th>
<th>1st child</th>
<th>2nd child</th>
<th>3rd child</th>
<th>4th child</th>
</tr>
</thead>
<tbody>
<tr>
<td>He/she is step</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How old is he/she?</td>
<td>Ring one number</td>
<td>Ring one number</td>
<td>Ring one number</td>
<td>Ring one number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child is: Male</th>
<th>1</th>
<th>1</th>
<th>1</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date he/she began living with you: Month</th>
<th>19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td>19</td>
</tr>
</tbody>
</table>

Thank you. Please return the form.
1. Thinking of your (most recent) marriage, did you get married with a religious ceremony of some kind, or at a register office, or are you simply living together as a couple?

<table>
<thead>
<tr>
<th>Option</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>If a religious ceremony of some kind, ring</td>
<td>1</td>
</tr>
<tr>
<td>If register office, ring</td>
<td>2</td>
</tr>
<tr>
<td>If religious ceremony and register office, ring</td>
<td>3</td>
</tr>
<tr>
<td>If living together as a couple, ring</td>
<td>4</td>
</tr>
</tbody>
</table>

Answer Q2

2. To those married with a religious ceremony or at a register office

How many times have you been legally married?

Enter the total number of times

Answer Q5 on page 16

3. To those who were living with someone as a couple but not legally married

Have you ever been legally married?

<table>
<thead>
<tr>
<th>Option</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, ring</td>
<td>1</td>
</tr>
<tr>
<td>If no, ring</td>
<td>2</td>
</tr>
</tbody>
</table>

Answer Q4
Answer Q13 on page 18

4. To those who have been legally married in the past

How many times have you been legally married?

Enter number of times

Answer Q5 on page 16
5. TO THOSE WHO ARE, OR HAVE BEEN, LEGALLY MARRIED

The next questions concern your marriage history.

Please record the answer for your first/only marriage in column 1 then if you've had a second marriage record the answer in column 2 and so on until you have filled in a column for each marriage.

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Column 2</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Enter the month and year of your marriage</th>
<th>Month</th>
<th>Year 19</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Before getting married did you and your wife live together as a couple?</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>7. Enter the month and year when you started living together</td>
<td>Month</td>
<td>Year 19</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Had your wife been legally married before she married you?</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>9. Did your marriage end in death, divorce or separation?</td>
<td>Death</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Divorce</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Separation</td>
<td>3</td>
</tr>
<tr>
<td>10. If your marriage ended in death:</td>
<td>Month</td>
<td>Year 19</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Go to next column if another marriage or Q13 if not</td>
</tr>
<tr>
<td>11. If your marriage ended in divorce or separation:</td>
<td>Month</td>
<td>Year 19</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. If your marriage ended in divorce:</td>
<td>Month</td>
<td>Year 19</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

When you have completed a column for each marriage please answer Q13 on page 18.
<table>
<thead>
<tr>
<th>SECOND MARRIAGE</th>
<th>THIRD MARRIAGE</th>
<th>FOURTH MARRIAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month . . . . .</td>
<td>Month . . . . .</td>
<td>Month . . . . .</td>
</tr>
<tr>
<td><strong>Rng</strong></td>
<td><strong>Rng</strong></td>
<td><strong>Rng</strong></td>
</tr>
<tr>
<td>Yes 1 - Answer Q7</td>
<td>Yes 1 - Answer Q7</td>
<td>Yes 1 - Answer Q7</td>
</tr>
<tr>
<td>No 2 - Answer Q8</td>
<td>No 2 - Answer Q8</td>
<td>No 2 - Answer Q8</td>
</tr>
<tr>
<td>Month . . . . .</td>
<td>Month . . . . .</td>
<td>Month . . . . .</td>
</tr>
<tr>
<td><strong>Rng</strong></td>
<td><strong>Rng</strong></td>
<td><strong>Rng</strong></td>
</tr>
<tr>
<td>Yes 1 - Answer Q9</td>
<td>Yes 1 - Answer Q9</td>
<td>Yes 1 - Answer Q9</td>
</tr>
<tr>
<td>No 2 - Answer Q8</td>
<td>No 2 - Answer Q8</td>
<td>No 2 - Answer Q8</td>
</tr>
<tr>
<td>Month . . . . .</td>
<td>Month . . . . .</td>
<td>Month . . . . .</td>
</tr>
<tr>
<td><strong>Rng</strong></td>
<td><strong>Rng</strong></td>
<td><strong>Rng</strong></td>
</tr>
<tr>
<td>Death 1 - Answer Q10</td>
<td>Death 1 - Answer Q10</td>
<td>Death 1 - Answer Q10</td>
</tr>
<tr>
<td>Divorce 2 - Answer Q11 and Q12</td>
<td>Divorce 2 - Answer Q11 and Q12</td>
<td>Divorce 2 - Answer Q11 and Q12</td>
</tr>
<tr>
<td>Separation 3 - Answer Q11</td>
<td>Separation 3 - Answer Q11</td>
<td>Separation 3 - Answer Q11</td>
</tr>
<tr>
<td>Month Year 19</td>
<td>Month Year 19</td>
<td>Month Year 19</td>
</tr>
<tr>
<td>Go to next column if another marriage or Q13 if not</td>
<td>Go to next column if another marriage or Q13 if not</td>
<td>Go to next column if another marriage or Q13 if not</td>
</tr>
<tr>
<td>Month Year 19</td>
<td>Month Year 19</td>
<td>Month Year 19</td>
</tr>
<tr>
<td>Month Year 19</td>
<td>Month Year 19</td>
<td>Month Year 19</td>
</tr>
<tr>
<td>Month Year 19</td>
<td>Month Year 19</td>
<td>Month Year 19</td>
</tr>
</tbody>
</table>
13. As you know, some couples live together without actually getting married either because they cannot for some reason or because they prefer not to

Are you currently living together with someone as a couple?

- If yes, ring 1
- If no, ring 2

14. To those currently living with someone as a couple but not legally married

Enter the month and year you and your partner started living together as a couple:

- Month
- Year 19

15. Has your partner ever been legally married?

- If yes, ring 1
- If no, ring 2
Have you any stepchildren of any age who live with you?

If yes, ring 1. Answer Q17
If no, ring 2. Thank you. Please return the form.

Please enter the details of your stepchild(ren) below:

<table>
<thead>
<tr>
<th>Enter the child's first name</th>
<th>1st child</th>
<th>2nd child</th>
<th>3rd child</th>
<th>4th child</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ring one number</td>
<td>Ring one number</td>
<td>Ring one number</td>
<td>Ring one number</td>
</tr>
<tr>
<td>He/she is step</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How old is he/she?</th>
<th>1st child</th>
<th>2nd child</th>
<th>3rd child</th>
<th>4th child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ring one number</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child is</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Female</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

Date he/she began living with you
Month
Year

19 19 19 19

Thank you. Please return the form.