

WOMEN'S MATERNAL HEALTH SURVEY

**Thomason Hospital
El Paso, Texas**

INTERVIEWER: _____

WOMAN'S NAME AND SURNAMES:

Name(s) **Paternal Surname** **Maternal Surname**

HOSPITAL PATIENT NUMBER: _____

Date of Admission/Hospitalization:

Day	Month	Year

Date of Interview:

--	--	--

Date of Baby's Birth:

Day	Month	Year

1	What language do you usually speak at home?	Spanish 1 English 2 Both 3
2	Considering your abilities in understanding, speaking, reading, and writing, which of these phrases best describes your abilities in Spanish?	Don't know Spanish 1 Much better in English 2 Better in English 3 No difference in either 4 language Better in Spanish 5 Much better in Spanish 6 Don't know English 7
3	To what racial or ethnic group do you feel you belong?	Hispanic or Latino 1 African-American/Black 2 Asian/Pacific Island 3 American Indian 4 White 5 Other (specify) 6

SECTION I:

SOCIOECONOMIC INFORMATION

101	When were you born?			
		Day	Month	Year
102	With whom do you currently live? CIRCLE ALL THAT APPLY If number one was not selected, go to question #105	Husband/partner (→ #103)		1
		Children		2
		Father		3
		Mother		4
		Brother/sister		5
		Other relative		6
		Other non-relative		7
		Alone		8
103	Since when have you been living with your current husband/partner?			
		Month	Year	
104	Is the husband/partner with whom you are currently living your first husband/partner?	Yes (→ #109)		1
		No (→ #108)		2
105	Have you ever lived with the father of the child(ren) that you have just had?	Yes		1
		No (→ #107)		2
106	From when to when? (→ #108)	From:		
			Month	Year
		To:		
			Month	Year
107	Have you ever been married or lived as a couple with a man?	Yes (→ #108)		1
		No (→ #109)		2
108	In what month and year did you first get married or begin living as a couple w/a man?			
		Month	Year	
109	What is your current marital status?	Single		1
		Living together		2
		Married		3
		Separated/Divorced		4
		Widowed		5

110	Who provides the income in your household? Circle all that apply.	<table> <tr><td>Herself</td><td>1</td></tr> <tr><td>Husband/partner</td><td>2</td></tr> <tr><td>Couple (both)</td><td>3</td></tr> <tr><td>Father/mother</td><td>4</td></tr> <tr><td>Son/daughter</td><td>5</td></tr> <tr><td>Brother/sister/other relative</td><td>6</td></tr> <tr><td>Other non-relative</td><td>7</td></tr> <tr><td>No one</td><td>8</td></tr> <tr><td>No response</td><td>9</td></tr> <tr><td>Government aid</td><td>10</td></tr> </table>	Herself	1	Husband/partner	2	Couple (both)	3	Father/mother	4	Son/daughter	5	Brother/sister/other relative	6	Other non-relative	7	No one	8	No response	9	Government aid	10
Herself	1																					
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Other non-relative	7																					
No one	8																					
No response	9																					
Government aid	10																					
110a	Who makes the payment on the house in which you are living?	<table> <tr><td>Herself</td><td>1</td></tr> <tr><td>Husband/partner</td><td>2</td></tr> <tr><td>Couple (both)</td><td>3</td></tr> <tr><td>Father/mother</td><td>4</td></tr> <tr><td>Son/daughter</td><td>5</td></tr> <tr><td>Brother/sister</td><td>6</td></tr> <tr><td>Other relative</td><td>7</td></tr> <tr><td>Other non-relative</td><td>8</td></tr> <tr><td>Other (specify) _____</td><td>9</td></tr> </table>	Herself	1	Husband/partner	2	Couple (both)	3	Father/mother	4	Son/daughter	5	Brother/sister	6	Other relative	7	Other non-relative	8	Other (specify) _____	9		
Herself	1																					
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Son/daughter	5																					
Brother/sister	6																					
Other relative	7																					
Other non-relative	8																					
Other (specify) _____	9																					
111	Do you receive WIC?	<table> <tr><td>Yes</td><td>1</td></tr> <tr><td>No</td><td>2</td></tr> </table>	Yes	1	No	2																
Yes	1																					
No	2																					
112	Do you receive: AFDC? Food Stamps? Medicaid	<table> <tr><td>Yes</td><td>1</td><td>No</td><td>2</td></tr> <tr><td>Yes</td><td>1</td><td>No</td><td>2</td></tr> <tr><td>Yes</td><td>1</td><td>No</td><td>2</td></tr> </table>	Yes	1	No	2	Yes	1	No	2	Yes	1	No	2								
Yes	1	No	2																			
Yes	1	No	2																			
Yes	1	No	2																			
113	Where were you born?	<table> <tr><td>El Paso</td><td>1</td></tr> <tr><td>Ciudad Juarez</td><td>2</td></tr> <tr><td>Other in Texas</td><td>3</td></tr> <tr><td>Other in Chihuahua</td><td>4</td></tr> <tr><td>Other in USA</td><td>5</td></tr> <tr><td>Other in Mexico</td><td>6</td></tr> <tr><td>Other</td><td>7</td></tr> </table>	El Paso	1	Ciudad Juarez	2	Other in Texas	3	Other in Chihuahua	4	Other in USA	5	Other in Mexico	6	Other	7						
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Other	7																					

114	What was the last year of schooling that you completed?	NONE	Ninguno	0		
		Grade School	1st	Primaria	1°	1
			2nd		2°	2
			3rd		3°	3
			4th		4°	4
			5th		5°	5
			6th		6°	6
		Middle School	7th	Secundaria	1°	7
			8th		2°	8
		High School	9th	Preparatoria o carrera técnica	3°	9
			10th		1°	10
			11th		2°	11
			12th		3°	12
		University	13th	Profesional o carrera técnica	1°	13
			14th		2°	14
			15th		3°	15
		B.A./B.S.	16th		4°	16
5°	17					
115	Where did you complete this last year of schooling?	Name of School				
		El Paso		1		
		Ciudad Juarez		2		
		Other in Texas		3		
		Other in Chihuahua		4		
		Other in USA		5		
		Other in Mexico		6		
		Other		7		
116	Did you receive all of your schooling in the same city? (If no, where was the previous school?)	Yes		1		
		No		2		
		City	<input type="text"/>			
117	Have you attended school at any time during the last two years?	Yes		1		
		No		2		
118	From when to when?	(Go to section II)				
		From:	<input type="text"/>	<input type="text"/>		
			Month	Year		
		To:	<input type="text"/>	<input type="text"/>		
		Month	Year			

SECTION II:

CURRENT PREGNANCY & HEALTH PRACTICES

201	How many weeks did your pregnancy last?		Weeks
202	Prenatal care refers to visits to the doctor, nurse or midwife during your pregnancy NOT just one visit to obtain a pregnancy test.		
	During what month of your pregnancy did you first get prenatal care? (1st month, 2nd, 3rd, etc.)		Month
203	During this pregnancy, how many times did you seek medical care?		(If response is one or more times, go to #205)
204	Why didn't you seek prenatal care? GO TO #207	Does not think it is necessary Lack of money Someone told her it was not necessary Was afraid that the doctor would tell her something negative Did not have anyone to watch her children Did not have transportation Other (specify)	1 2 3 4 5 6 7
205	Where did you go or what is the name of the doctor (or nurse or midwife) that you saw the majority of the time for prenatal care? (If she names more than one, list the names in order of visits)	Clinic/Hospital Doctor El Paso Ciudad Juarez Other in Texas Other in Chihuahua Other in USA Other in Mexico Other	1 2 3 4 5 6 7
206	Who recommended this place or this doctor?	Relative Friend Nurse Social Services Midwife Church No one/herself Other:	1 2 3 4 5 6 7 8
		(specify)	

207	During this pregnancy, were you exposed to chemicals or toxic materials?			Yes	1			
				No	2			
				Don't know	3			
	Where?							
	What materials?							
208	Did you take any medication during the pregnancy?			Yes	1			
				No	2			
(→ #210)								
209	Could you please tell me, the name of the medicine(s), for what problem(s) you took it, and if you had a prescription, who prescribed it?							
	Medicine Name	Problem	Prescription?	Who Prescribed?	Where did you get it?			
1			Yes	1	Local Type	City		
			No	2	Pharmacy	1	El Paso	1
					Ciudad			
					Clinic	2	Juarez	2
					Other	3	Other in	
					Specify:		Texas	3
							Other in	
							Chihuahua	4
							Other in	
							USA	5
							Other in	
							Mexico	6
							Other	7
2			Yes	1	Pharmacy	1	El Paso	1
			No	2	Clinic	2	Ciudad	
					Other	3	Juarez	2
					Specify:		Other in	
							Texas	3
							Other in	
							Chihuahua	4
							Other in	
							USA	5
							Other in	
							Mexico	6
							Other	7

3			Yes	1		Pharmacy	1	El Paso	1
			No	2		Clinic	2	Ciudad	2
						Other	3	Juarez	2
						Specify:		Other in	3
								Texas	3
								Other in	4
								Chihuahua	4
				Other in	5				
				USA	5				
				Other in	6				
				Mexico	6				
				Other	7				
210	Other than those problems you just mentioned, did you have any other health problems or accidents during the pregnancy that worried you?				Specify:	Yes	1		
						No	2		
211	During this pregnancy, did you have a problem with your family, with your husband/partner, or with someone at work which especially affected you?					with husband/partner	1		
						with other relative	2		
						with the boss at work	3		
						with a (some)co-worker(s)	4		
						No, with no one	5		
212	During this pregnancy, how many times a week did you:					eat meat?			
						eat fish? (per month)			
						eat eggs?			
						drink milk?			
212a	How much weight did you gain during this pregnancy?								
						Kilograms (kg)		Pounds (lb.)	
213	During this pregnancy, did you take prenatal vitamins?					Yes	1		
						No	2		
214	Have you ever smoked?					Yes	1		
						No	2		
									(→ #217)
215	Did you smoke during this pregnancy?					Yes	1		
						No	2		
									(→ #217)

216	How many cigarettes per day?		<input type="text"/>
			number
217	Did you use any type of drug during this pregnancy? What drug?	Yes No	1 2
218	Do you drink (beer, wine, or some other type of alcoholic beverage)?	Yes No	1 2 (→ #221)
219	Did you drink during your pregnancy?	Yes No	1 2 (→ #221)
220	How many drinks per week?		number: <input type="text"/>
If not married or living together: GO TO SECTION III.			
221	Did your husband smoke during this pregnancy?	Yes No	1 2 (→ #223)
222	How many cigarettes per day?		<input type="text"/> number
223	Does your husband use any type of drug? What drug?	Yes No	1 2
224	Does your husband drink (beer, wine, or some other type of alcoholic beverage)?	Yes No	1 2 (→ #227)
225	How many drinks per week?		number: <input type="text"/>
226	Have you had problems related to your husband's drinking?	Yes No	1 2
227	Is your husband/partner currently working?	Yes No	1 (→ #229) 2
228	Since when has he been without work?	Month: Year:	

229	What is (was) the position your husband/partner held in the company or establishment where he works (worked)?	Agricultural worker 1 Public service worker (waiter, elevator operator, cook, etc.) 2 Employed at a commercial business or store 3 Owner of a small business 4 Factory worker (laborer, maintenance, etc.) 5 Technician or supervisor in a factory 6 Service technician for public (home electrical repairs or installations, etc.) 7 Driver (taxis, buses, trucks) 8 Construction worker (painter, bricklayer, carpenter, etc.) 9 Self-employed: 10 Other: 11 specify: _____
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SECTION III

BIRTH HISTORY

Now I would like to ask you some questions about your pregnancies:

301	How many times have you been pregnant in your whole life (including this last pregnancy)?																												
302	Of these pregnancies, how many abortions, miscarriages or stillbirths have you had? (including this last pregnancy)	abortions: <input type="text"/> miscarriages: <input type="text"/> stillbirths: <input type="text"/>																											
303	In total, how many children have you had that were born alive? (including this last pregnancy)	<input type="text"/>																											
304	How many of these children are male?	<input type="text"/>																											
305	How many of these children are female?	<input type="text"/>																											
306	How many are still alive?	<input type="text"/>																											
INTERVIEWER NOTE: If the sum of live births, abortions and still births is not equal to the number of pregnancies, ask about multiple births.																													
307	Did you change your place of residence during your pregnancy?	Yes 1 No 2																											
308	From where to where?	<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%;">Within El Paso</td> <td style="width: 20%; text-align: right;">1</td> </tr> <tr> <td></td> <td>Within Ciudad Juarez</td> <td style="text-align: right;">2</td> </tr> <tr> <td></td> <td>Other:</td> <td style="text-align: right;">3</td> </tr> <tr> <td>From:</td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;">City</td> <td><input type="text"/></td> </tr> <tr> <td></td> <td style="text-align: right;">State</td> <td><input type="text"/></td> </tr> <tr> <td>To:</td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;">City</td> <td><input type="text"/></td> </tr> <tr> <td></td> <td style="text-align: right;">State</td> <td><input type="text"/></td> </tr> </table>		Within El Paso	1		Within Ciudad Juarez	2		Other:	3	From:				City	<input type="text"/>		State	<input type="text"/>	To:				City	<input type="text"/>		State	<input type="text"/>
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	State	<input type="text"/>																											
308a	Where do you live?	<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%;">El Paso</td> <td style="width: 20%; text-align: right;">1</td> </tr> <tr> <td></td> <td>Ciudad Juarez</td> <td style="text-align: right;">2</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;">(→ 309)</td> </tr> <tr> <td></td> <td>Other</td> <td style="text-align: right;">3</td> </tr> <tr> <td></td> <td>City</td> <td><input type="text"/></td> </tr> <tr> <td></td> <td>State</td> <td><input type="text"/></td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;">(→ 309)</td> </tr> </table>		El Paso	1		Ciudad Juarez	2			(→ 309)		Other	3		City	<input type="text"/>		State	<input type="text"/>			(→ 309)						
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		(→ 309)																											
	Other	3																											
	City	<input type="text"/>																											
	State	<input type="text"/>																											
		(→ 309)																											

308b	If you live in El Paso, what is your zip code?	zip code:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
IF THIS IS HER FIRST PREGNANCY, GO TO SECTION IV.							
309	What was the result of your previous pregnancy? Mark all options that apply.	Live Birth	1	Twins	2	Triplets	3
							(→ #312)
		Stillborn	4	Miscarriage/Abortion	5		
310	On what date did your previous pregnancy end?		<input type="text"/>		<input type="text"/>	Month	Year
311	How many months pregnant were you at that time?		<input type="text"/>				number of months
IF THE CURRENT BABY IS THE ONLY LIVE BIRTH SHE HAS HAD, GO TO SECTION IV; IF NOT, ASK ABOUT THE BABY BEFORE THAT (born alive).							
312	When was this child born? (the previous live birth)	Month:	<input type="text"/>	Year:	<input type="text"/>		
313	How many weeks had you been pregnant when this child was born?		<input type="text"/>				number of weeks
314	Was it a boy or a girl?	Boy	1	Girl	2		
315	During what month of this pregnancy did you first seek prenatal care? (1st, 2nd month, etc.)		<input type="text"/>				Month
316	During this pregnancy, how many times did you seek medical care?		<input type="text"/>				number of times
317	Who attended the birth of this child?	Doctor	1	Nurse	2	Midwife	3
		Other	4				

318	Where was this previous child born?		
		Hospital/Clinic	
		El Paso	1
		Ciudad Juarez	2
		Other in Texas	3
		Other in Chihuahua	4
		Other in USA	5
		Other in Mexico	6
		Other	7
319	Where did you register the birth of your previous child?		
		El Paso	1
		Ciudad Juarez	2
		Other in Texas	3
		Other in Chihuahua	4
		Other in USA	5
		Other in Mexico	6
		Other	7
320	How much did this (previous birth) child weigh at birth?		lbs. and oz.
			kilogramos
321	Did you breastfeed this child?	Yes	1 (→ #323)
		No	2
322	Why didn't you breastfeed this child?	mother ill/weak	1
		child ill/weak	2
		child premature	3
		nipple/breast problems or pain	4
		insufficient milk	5
		mother working	6
		child refused	7
		mother taking medication	8
		Other	9
		Specify	(→ #328)

323	Who advised you to breastfeed the child?	Doctor	1
		Nurse	2
		Midwife	3
		Herself	4
		Other	5
		Specify	
324	How long did you breastfeed the child?		
		Months	Years
325	At what age did you begin to give the child foods (including formula) other than mother's milk?	Weeks	
		Months	
		Years	
326	Were you able to breastfeed the child the entire time that you wished to breastfeed her or him?	Yes	1 → #328)
		No	2
327	Why not?	Mother ill/weak	1
		Child ill/weak	2
		Child premature	3
		Nipple/breast problems or pain	4
		Insufficient milk	5
		Mother working	6
		Child refused	7
		Mother taking medication	8
		Other	9
328	Is this child still living?	Yes	1 (→ #334)
		No	2
329	When did the child die?		
		Month	Year
330	Where did you register the child's death?	El Paso	1
		Ciudad Juarez	2
		Other in Texas	3
		Other in Chihuahua	4
		Other in USA	5
		Other in Mexico	6
		Other	7

331	Was this child seen by a doctor during the time (s)he had the illness that caused his/her death?	Yes 1 No 2 (→ #333) No response 3 (→ #333)
332	Where was (s)he seen during the illness?	Hospital/Clinic El Paso 1 Ciudad Juarez 2 Other in Texas 3 Other in Chihuahua 4 Other in USA 5 Other in Mexico 6 Other 7
333	What was the main cause of the child's death?	Infectious or parasitic illness 1 Respiratory illness 2 Infections originated during the prenatal period 3 Congenital anomalies 4 Trauma or poisoning 5 Other 6 Specify (Go to Section IV)
334	Who is taking care of this child at this moment?	Child is alone 1 Father of the child 2 Other relative 3 Friend 4 Older children 5 Neighbors 6 Day care 7 Domestic servant 8 Child at school 9 Other 10 Specify

335	Where is (s)he at this moment?	<p style="text-align: right;"> El Paso 1 Ciudad Juarez 2 Other in Texas 3 Other in Chihuahua 4 Other in USA 5 Other in Mexico 6 Other 7 </p>
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SECTION IV

WORK

O.K., now I would like to ask you about your work, that is, work in addition to housework, and for which you probably, although not necessarily, receive some type of pay.

401	Have you worked at any time after the birth of your previous child? (or during the last two years if this is your first birth)	Yes	_____	1
		No	_____	2
(Go to Section V)				
402	From when to when? NOTE: questions 403 to 410 are about the last job (within the last 2 years or since the birth of her previous child)	From:	_____	_____
			Month	Year
		To:	_____	_____
			Month	Year
403	What kind of business is conducted at your place of work?	_____		

404	What is (was) the name of the occupation, profession, position, or post, that describes your work?	_____		

405	At work are you normally:	Seated		1
		Standing		2
		Walking		3
		Other		4
		Specify		
406	Do you have to move heavy objects that requires strength at work?	Yes		1
		No		2
407	Do you use protective gear or clothing at work, such as:	Hard-hat		1
		Goggles		2
		Face mask		3
		Protective gloves		4
		Belt or girdle		5
		Protective shoes		6
		Protective clothing (used to cover any part of your body such as your hair or feet)		7
		Other accessories		8
		Specify		

408	Are you frequently exposed to chemical materials at work (such as glues, paint, soldering materials, etc.), fumes or powders?	Yes 1 No 2
409	Your place of work is:	Outdoors 1 Has air conditioning/heating 2 Has ventilation 3 Does not have AC/heating or ventilation 4
410	Where is the company or establishment where you work is located?	El Paso 1 Ciudad Juarez 2 Other in Texas 3 Other in Chihuahua 4 Other in USA 5 Other in Mexico 6 Other 7

SECTION V

USE OF CONTRACEPTION

501 - 503	Now I would like to ask some questions about family planning - the various methods that a couple can use to delay or avoid pregnancy.		
	CIRCLE NUMBER 1 IN THE FIRST COLUMN FOR RESPONSES MENTIONED SPONTANEOUSLY. CIRCLE NUMBER 2 IF THE METHOD IS RECOGNIZED WHEN PROBED, OR NUMBER 3 IF THE METHOD IS NOT RECOGNIZED.		
	THEN, FOR EACH METHOD WITH A CODE 1 OR 2 IN RESPONSE TO Q502, ASK Q503.		
	501: Which ways or methods have you heard about? (let her mention the names spontaneously)	502: Have you ever heard of (METHOD)? READ THE DESCRIPTION OF EACH METHOD	503: Have you ever used (METHOD)?
a.	PILL a pill that a woman takes every day.	Yes/Spontaneously 1 Yes/Recognize if questioned 2 No 3	Yes 1 No 2
b.	IUD a loop or coil that a woman can have placed inside her by a nurse or doctor.	Yes/Spontaneously 1 Yes/Recognize if questioned 2 No 3	Yes 1 No 2
c.	INJECTIONS contraceptive injections to prevent pregnancy that can be administered by a nurse or doctor.	Yes/Spontaneously 1 Yes/Recognize if questioned 2 No 3	Yes 1 No 2
d.	NORPLANT	Yes/Spontaneously 1 Yes/Recognize if questioned 2 No 3	Yes 1 No 2
e.	VAGINAL METHODS such as foams, jellies, creams, and tablets that the woman can put inside herself before intercourse.	Yes/Spontaneously 1 Yes/Recognize if questioned 2 No 3	Yes 1 No 2
f.	DIAPHRAGM that a woman can place inside herself before having intercourse.	Yes/Spontaneously 1 Yes/Recognize if questioned 2 No 3	Yes 1 No 2
g.	CONDOM that the male can use during intercourse	Yes/Spontaneously 1 Yes/Recognize if questioned 2 No 3	Yes 1 No 2
h.	FEMALE STERILIZATION OR LIGATION an operation a woman can have performed to avoid having more children.	Yes/Spontaneously 1 Yes/Recognize if questioned 2 No 3	Yes 1 No 2
i.	VASECTOMY an operation that a man can have to avoid having any more children	Yes/Spontaneously 1 Yes/Recognize if questioned 2 No 3	Yes 1 No 2
j.	RHYTHM OR BILLINGS having intercourse during certain days of the month so that the woman will not become pregnant	Yes/Spontaneously 1 Yes/Recognize if questioned 2 No 3	Yes 1 No 2
k.	WITHDRAWAL the man can be careful and pull out before climax.	Yes/Spontaneously 1 Yes/Recognize if questioned 2 No 3	Yes 1 No 2
504	After your previous pregnancy ended (or in the last 2 years	Yes	1

	if this is her first pregnancy) did you or your husband use a form of contraception or do something specific to avoid pregnancy?	No (Confirm then go to #513)	2
505	What did you do first or what method did you use to avoid pregnancy?	Pill 1 IUD 2 Injections 3 NORPLANT 4 Vaginal Method 5 Diaphragm 6 Condom 7 Female Sterilization or Ligation 8 Vasectomy 9 Billings (abstinence) 10 Rhythm 11 Withdrawal 12 Don't know 13 Other: 14	
		Specify	
506	Where did you obtain this method for the first time?	NAME (Method) Clinic 1 Hospital 2 Pharmacy 3 El Paso 1 Ciudad Juarez 2 Other in Texas 3 Other in Chihuahua 4 Other in USA 5 Other in Mexico 6 Other 7	
507	From when to when did you use it?	From: <input type="text"/> <input type="text"/> Month Year To: <input type="text"/> <input type="text"/> Month Year	

508	What was the main reason you stopped using (METHOD)?	<table border="0"> <tr><td>Became pregnant while using method</td><td>1</td></tr> <tr><td>Wanted to become pregnant</td><td>2</td></tr> <tr><td>Spouse/partner disapproved</td><td>3</td></tr> <tr><td>Side effects</td><td>4</td></tr> <tr><td>Worries about health</td><td>5</td></tr> <tr><td>Access/availability</td><td>6</td></tr> <tr><td>Wanted more effective method</td><td>7</td></tr> <tr><td>Inconvenient to use</td><td>8</td></tr> <tr><td>Infrequent intercourse</td><td>9</td></tr> <tr><td>Cost</td><td>10</td></tr> <tr><td>Difficulty becoming pregnant/menopause</td><td>11</td></tr> <tr><td>Fatalist</td><td>12</td></tr> <tr><td>Divorced/separated</td><td>13</td></tr> <tr><td>Other</td><td>14</td></tr> <tr><td colspan="2"><hr/></td></tr> <tr><td>Specify</td><td></td></tr> <tr><td>Don't know/no reason</td><td>15</td></tr> </table>	Became pregnant while using method	1	Wanted to become pregnant	2	Spouse/partner disapproved	3	Side effects	4	Worries about health	5	Access/availability	6	Wanted more effective method	7	Inconvenient to use	8	Infrequent intercourse	9	Cost	10	Difficulty becoming pregnant/menopause	11	Fatalist	12	Divorced/separated	13	Other	14	<hr/>		Specify		Don't know/no reason	15
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509	Did you use another method or did you do anything after using (1st method) to avoid pregnancy?	<table border="0"> <tr><td>Yes</td><td>1</td></tr> <tr><td>No</td><td>2</td></tr> <tr><td></td><td>(→ #513)</td></tr> </table>	Yes	1	No	2		(→ #513)																												
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510	What method did you use after using (1st method)?	<table border="0"> <tr><td>Pill</td><td>1</td></tr> <tr><td>IUD</td><td>2</td></tr> <tr><td>Injections</td><td>3</td></tr> <tr><td>NORPLANT</td><td>4</td></tr> <tr><td>Vaginal Method</td><td>5</td></tr> <tr><td>Diaphragm</td><td>6</td></tr> <tr><td>Condom</td><td>7</td></tr> <tr><td>Female Sterilization or Ligation</td><td>8</td></tr> <tr><td>Vasectomy</td><td>9</td></tr> <tr><td>Billings (abstinence)</td><td>10</td></tr> <tr><td>Rhythm</td><td>11</td></tr> <tr><td>Withdrawal</td><td>12</td></tr> <tr><td>Don't know</td><td>13</td></tr> <tr><td>Other:</td><td>14</td></tr> <tr><td colspan="2"><hr/></td></tr> <tr><td>Specify</td><td></td></tr> </table>	Pill	1	IUD	2	Injections	3	NORPLANT	4	Vaginal Method	5	Diaphragm	6	Condom	7	Female Sterilization or Ligation	8	Vasectomy	9	Billings (abstinence)	10	Rhythm	11	Withdrawal	12	Don't know	13	Other:	14	<hr/>		Specify			
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511a	From when to when did you use it?	From: <input type="text"/> <input type="text"/> Month Year To: <input type="text"/> <input type="text"/> Month Year
512	What was the main reason you stopped using (METHOD)?	Became pregnant while using method 1 Wanted to become pregnant 2 Spouse/partner disapproved 3 Side effects 4 Worries about health 5 Access/availability 6 Wanted more effective method 7 Inconvenient to use 8 Infrequent intercourse 9 Cost 10 Difficulty becoming pregnant/menopause 11 Fatalist 12 Divorced/separated 13 Other 14 Specify Don't know/No reason 15
Now I would like to ask a few questions concerning the future.		
513	Would you like to have another child?	Yes 1 No 2 Don't know 3 (→ #515)
514	How long would you like to wait before the birth of another child?	Less than 2 years 1 Between 2 and 3 years 2 Between 4 and 5 years 3 More than 5 years 4 Don't know 5

515	Do you or your husband plan to use a method of contraception in the future?	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Yes</td> <td style="width: 40%; text-align: right;">1</td> </tr> <tr> <td>No</td> <td style="text-align: right;">2</td> </tr> <tr> <td colspan="2" style="text-align: right;">(→ #517)</td> </tr> </table>	Yes	1	No	2	(→ #517)																									
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517	When was the last time someone spoke with you concerning contraceptive methods?	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%; text-align: center;"> <input style="width: 100%; height: 15px;" type="text"/> </td> <td style="width: 20%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Year</td> </tr> <tr> <td colspan="3" style="text-align: center;">Don't Remember</td> </tr> <tr> <td colspan="3" style="text-align: center;">(check box if she doesn't remember)</td> </tr> </table>		<input style="width: 100%; height: 15px;" type="text"/>			Month	Year	Don't Remember			(check box if she doesn't remember)																				
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518	Who was this person?	<table style="width: 100%; border: none;"> <tr><td style="width: 60%;">Relative</td><td style="width: 40%; text-align: right;">1</td></tr> <tr><td>Friend</td><td style="text-align: right;">2</td></tr> <tr><td>Neighbor</td><td style="text-align: right;">3</td></tr> <tr><td>Doctor</td><td style="text-align: right;">4</td></tr> <tr><td>Nurse</td><td style="text-align: right;">5</td></tr> <tr><td>Midwife</td><td style="text-align: right;">6</td></tr> <tr><td>Pharmacist</td><td style="text-align: right;">7</td></tr> <tr><td>Clinic worker</td><td style="text-align: right;">8</td></tr> <tr><td>Don't remember</td><td style="text-align: right;">9</td></tr> </table>	Relative	1	Friend	2	Neighbor	3	Doctor	4	Nurse	5	Midwife	6	Pharmacist	7	Clinic worker	8	Don't remember	9												
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519	Do you plan to breastfeed the child you just had?	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Yes</td> <td style="width: 40%; text-align: right;">1</td> </tr> <tr> <td>No</td> <td style="text-align: right;">2</td> </tr> <tr> <td colspan="2" style="text-align: right;">(→ 521)</td> </tr> </table>	Yes	1	No	2	(→ 521)																									
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520	Until (s)he reaches what age?	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%; text-align: center;"> <input style="width: 100%; height: 15px;" type="text"/> </td> <td style="width: 20%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">Months</td> <td style="text-align: center;">Years</td> </tr> </table>		<input style="width: 100%; height: 15px;" type="text"/>			Months	Years																								
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521	Why not?	Mother ill/weak	1
		Child ill/weak	2
		Child premature	3
		Nipple/breast problems or pain	4
		Insufficient milk	5
		Mother working	6
		Child refused	7
		Mother taking medication	8
		Other	9

**Interviewer's comments concerning
this interview:**
