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Now we would like some information about *each* of your pregnancies, starting with the first.

17. (a) Did your first (2d, 3d, etc.) pregnancy end in a live birth, or did the baby die before delivery?

(b) About how long were you pregnant?

(c) When was the baby born? or When did the pregnancy end?

(d) Is that child now living here in this household?

	1st	2d	3d	4th	5th	6th	7th
a. Live-birth, miscarriage, still-birth.							
b. Length of pregnancy.							
c. Date of termination month and year.							
d. Living here?							

Total number of live births? _____

Total number of children in this household? _____

18. Did you and your husband plan to have any more children at the time of your hospitalization?

19. Was your husband in good health at the time of your marriage?

Yes _____ No _____ (skip to Q–21).

20. Has his health remained good?

Yes _____ No _____

21. What serious illnesses has your husband had within the year that you went to the hospital? That is, illnesses which caused him to seek medical attention repeatedly or go to a hospital?

HOSPITALIZATION

Illness	Year	Yes	No	Name of hospital